SPECIAL SECTION ON COVID-19: COMMENTARY



Understanding the blended impacts of COVID-19 and systemic inequalities on sub-Saharan African immigrants in Canada

Received: 2 March 2021 / Accepted: 25 June 2021 / Published online: 11 August 2021 © The Canadian Public Health Association 2021

Abstract

The COVID-19 pandemic poses a grave health threat and has serious socio-economic implications for all. However, crises are not experienced equally; the pandemic has disproportionately affected immigrants in several countries, including Canada and the United States. The effects of COVID-19 have exposed the realities of societal and structural inequities, worsened the socio-economic status of many immigrants, and placed them at higher risks of poor health outcomes. Emerging research on COVID-19 and race in Canada addresses the structural inequities that shape the disproportionate harms of COVID-19 on immigrants. For sub-Saharan African immigrants, these inequities are worse due to the intersecting systems of race, gender, and class marginalization. They tend to be more exposed and less protected amid the pandemic. Given the lack of research on sub-Saharan African immigrants' experiences in Canada, this paper discusses how multiple axes of inequities shape their health and livelihood during COVID-19. The objective is to provide a broader scientific understanding of issues related to systemic inequities and health for sub-Saharan African immigrants in Canada and the related implications for public health advocates, policymakers, and the public.

Résumé

La pandémie de COVID-19 pose une grave menace pour la santé et a de graves conséquences socioéconomiques pour tous. Les crises ne touchent cependant pas tout le monde également; la pandémie a démesurément touché les immigrants dans plusieurs pays, entre autres au Canada et aux États-Unis. Les effets de la COVID-19 ont mis au jour la réalité des iniquités sociétales et structurelles, réduit le statut socioéconomique de nombreux immigrants et exposé ces immigrants à de plus grands risques de mauvais résultats cliniques. Des études émergentes sur la COVID-19 et la race au Canada abordent les iniquités structurelles qui déterminent les préjudices disproportionnés causés par la COVID-19 aux immigrants. Pour les immigrants d'Afrique subsaharienne, ces iniquités sont pires en raison de l'entrecroisement des systèmes de marginalisation fondés sur la race, le sexe et la classe sociale. Ces immigrants tendent à être plus exposés et moins protégés au milieu de la pandémie. Étant donné le manque d'études sur les expériences des immigrants d'Afrique subsaharienne au Canada, nous abordons ici l'influence des nombreux axes de l'iniquité sur leur santé et leurs moyens de subsistance durant la COVID-19. Notre objectif est de présenter une interprétation scientifique plus vaste des problèmes liés aux iniquités systémiques et à la santé chez les immigrants d'Afrique subsaharienne au Canada et des conséquences qui en découlent pour les défenseurs de la santé publique, les responsables des politiques et le grand public.

 $\textbf{Keywords} \ \ \text{Sub-Saharan African immigrants} \ \cdot \text{COVID-19} \ \cdot \text{Systemic inequities} \ \cdot \text{Racial discrimination} \ \cdot \text{Canada} \ \cdot \text{Precarious work}$

Mots-clés Immigrants d'Afrique subsaharienne · COVID-19 · iniquités systémiques · discrimination raciale · Canada · emploi précaire

Introduction

The African population in Canada is growing significantly, at a rate faster than the general population. Forming a small percentage of the Canadian population (1.9%) in 1970 (Statistics



School of Public Health and Health Systems, University of Waterloo, Waterloo, ON, Canada

Canada, 2011), the population of African immigrants rose to 13.4% in 2016, with sub-Saharan African immigrants constituting one of the newest and fastest-growing populations of newcomers to Canada (Statistics Canada, 2017). Despite this significant growth, almost nothing is known about the settlement and integration experiences of sub-Saharan Africans, and Africans still remain the least studied of all immigrant groups in Canada (Mensah, 2010). The paucity of research is part of a bigger picture of persistent inequities and discrimination that derails the successful settlement of Africans in Canada (Kyeremeh et al., 2019). While settlement barriers may exist for other immigrant groups, sub-Saharan African immigrants are disproportionately affected because of their race and social location (Elabor-Idemudia, 1999). Using an intersectional framework, this paper discusses how race intersects with gender and related factors to create socio-economic strain for sub-Saharan African immigrants during COVID-19, with a focus on three key domains: employment conditions, housing and neighbourhood conditions, and health inequalities.

Employment conditions

Sub-Saharan African immigrants are well educated and more likely than general-population Canadians to be university graduates (Kyeremeh et al., 2019). Their educational advantage should, per the human capital theory, lead to better labour market opportunities (McKernan & Ratcliffe, 2002). However, the educational credentials of sub-Saharan African immigrants are unrecognized by Canadian institutions, an act of deskilling that has caused the overrepresentation of sub-Saharan African immigrants into low-status jobs. As well, the absence of vibrant measures to bridge foreign and Canadian credentials keeps them there (Creese & Wiebe, 2012). African immigrants are arguably the most vulnerable group of all Canadian immigrants because they are more likely to be found in lower skilled, lower paying jobs and they face high unemployment rates (Yssaad & Fields, 2018). Furthermore, Black African immigrants are likely to face additional challenges in the labour market due to the deeply structured anti-Black racism in Canadian institutions (United Nations Human Rights Council, 2017). Black African women have it worse, as they face both racialized and gendered barriers in the Canadian labour market. They experience long and frequent periods of unemployment, slower career advancement, and more long-term entry-level jobs (African Canadian Legal Clinic, 2008). All of these have contributed to their being disproportionately affected by poverty and marginalization.

Canadian reports show that immigrants are at the forefront of the COVID-19 pandemic with their jobs in hospitality, retail, and manufacturing (Guttmann et al., 2020). In a nowin situation where sub-Saharan African immigrants' work

is considered "non-essential," they are vulnerable to layoffs, causing increased economic hardships; and when their labour is deemed "essential," they are at an increased risk of COVID-19 exposure (Learning Network, 2020). For instance, the major outbreaks of COVID-19 in Canada happened in long-term care facilities and meat-packing industries where female, racialized, and immigrant populations are disproportionately employed (Bouka & Bouka, 2020). Black women in healthcare are also exposed to abuse and harassment and this may compound the stress of working amid a pandemic (Estabrooks & Keefe, 2020). Despite Canada's lack of comprehensive race and ethnicity data, an analysis of sub-Saharan African immigrants' vulnerable position in the labour market (due to their race, social marginalization, and gender) reveals their likelihood to suffer higher adverse effects of COVID-19. Before the COVID-19 pandemic, there were many discussions of the need to provide enabling policies to protect precariously employed workers who are mostly Black immigrants, but this has seen little policy attention (Mahboubi, 2019). It seems that the social location of these workers prevents them from being recognized for their valuable contributions. The bottom line is that it took a pandemic to reveal the value of precarious workers, who are mostly Black and the most economically vulnerable in Canada.

Housing and neighbourhood conditions

Environmental conditions have significant impacts on health and well-being. During COVID-19, communities with overcrowded housing conditions and poor air quality are more susceptible to the disease as physical distancing from household members or quarantining is impossible (Guttmann et al., 2020). Crowded housing arrangements and poorly maintained neighbourhoods are more common for Black and immigrant populations in Canada (Bowden & Cain, 2020), who often live in crowded conditions with relatives or immigrants of the same ethnic background. Living in crowded housing arrangements is associated with higher COVID-19 test positivity among Canadians in general, but more so for immigrants and refugees (Guttmann et al., 2020). Black communities—where most substandard housings are located and most African immigrants live—are disproportionately impacted by COVID-19; and this may explain why locations with many Black immigrants, such as Toronto and Montreal, have emerged as COVID-19 epicentres (Bowden & Cain, 2020). For sub-Saharan African immigrants, these housing difficulties are amplified when combined with structural barriers, such as anti-Black racism and lack of knowledge about the Canadian housing market. For sub-Saharan African women, the intersection of their race, gender, and low social status usually confines them in deprived and substandard neighbourhoods which badly affect their physical and mental health (African Canadian Legal Clinic, 2008).



In Canada, the impoverishment of racialized and immigrant communities has been described as a result of non-inclusive policymaking at both governmental and corporate levels (Learning Network, 2020). For example, official planning policies of municipalities with immigrant and racialized populations such as the city of Toronto only acknowledge the economic benefits of immigration "without explicit statements on developing a permissive policy environment to support ethnic communities" place-making efforts and settlement needs" (Zhuang, 2021, p. 122). Thus, the substandard living conditions that ethnic communities suffer could be attributed to the failure of planning policies to proactively accommodate their diverse settlement needs.

Health inequalities

In Canada, racialized and immigrant populations are mostly vulnerable to negative health effects arising from persistent discrimination and disparities in socio-economic domains, such as work and housing conditions (Waldron, 2010). Discrimination often triggers psychosocial stressors that lead to health problems and also forms barriers in accessing and utilizing health resources by racialized groups. In Canada, discrimination is a determinant of chronic disease and its risk factors, and Blacks are far more exposed to experiences of discrimination than the rest of the population (Siddigi et al., 2017). For Black African immigrants, the intersection of race, gender, immigration status, and other factors predisposes them to discrimination at multiple levels of society: individual, interpersonal, institutional, and societal discrimination that each and altogether adversely impact their health. Between 2010 and 2013, the prevalence of mental health described as "fair or poor" for Black women in Canada (including Black African women) reached 15.0%, the highest among the Canadian population (Pan-Canadian Public Health Network, 2018). Aside from the health inequities posed by race and gender, Black African immigrants face considerable barriers such as linguistic, cultural, and economic challenges in accessing healthcare services in Canada (African Canadian Legal Clinic, 2008). Thus, a healthcare system that is discriminative and culturally inappropriate contributes to health deterioration and the marginalization of the population.

These underlying causes of health inequities are amplified in the COVID-19 context. In Canada, Black and immigrant communities are disproportionately affected by COVID-19 (Guttmann et al., 2020). Then, once infected, they are more likely to die because they face built-in barriers to accessing healthcare and experience a greater burden of chronic diseases (Wallis, 2020). And for African immigrants, the burden of diseases is significantly higher due to the stress stemming from racism and poverty (African Canadian Legal Clinic,

2008). Since COVID started, immigrants and visible minorities such as sub-Saharan Africans are three times more likely to experience harassment, attacks, and stigma than other groups because of their overrepresentation in front-line work and skin colour, adding to the health and economic impacts of COVID-19 (Statistics Canada, 2020). At present, the only known data on COVID-19 infection and its related discrimination and stigma on mental health across ethnocultural groups in Canada found that Blacks (38.72%) had the greatest virus exposure among all ethnocultural groups. Black participants also experienced the worst mental health outcomes when exposed to COVID-19 virus and/or its related discrimination, compared with other socio-cultural groups (Miconi et al., 2021). Such evidence supports preliminary reports from the United States and the United Kingdom that communities of colour are disproportionately affected by COVID-19 due to the long-existing social and economic disparities they face.

Conclusion

Anti-Black racism/discrimination is one of the top longstanding social prejudices that hinder Black immigrants' successful integration in Canada (Galabuzi, 2006). And the COVID-19 pandemic has also exposed the systemic inequalities underlying Black immigrants' experiences in Canada (Bowden & Cain, 2020). The pandemic has transcended being a medical crisis to being a pressing social justice issue and so addressing it requires an intersectional approach. Implementing COVID-19 risk measures alone will not ensure protection. Targeted interventions are required to address the underlying causes of socioeconomic and health inequities associated with racism and structural discrimination. Following the Learning Network (2020), we recommend three essential interventions to support the health of African immigrants:

- Collecting data by race, and critically examining findings in the context of intersecting systems of gender, sexuality, class, and migration. This will help develop evidenceinformed policies to support vulnerable populations.
- Adopting a critical race perspective in protecting workers' rights. This will also hold employers and policymakers economically and socially accountable for discriminative work conditions and practices.
- Emphasizing strengths-based strategies that connect public health with anti-racism. Everyone including policymakers and health service providers should rise to challenge implicit racial biases and create opportunities to support the health of vulnerable populations.

Availability of data and material The authors confirm that the study data and findings are available and accessible in the cited literature.



Code availability Not applicable.

Author contributions All the authors contributed to the study conception. Material preparation and synthesis of the perspectives were performed by Joyceline Amoako. The first draft of the manuscript was written by Joyceline Amoako and all the authors commented on previous versions of the manuscript. All the authors read and approved the final manuscript.

Declarations

Conflict of interest The authors declare no competing interests.

Ethics approval This article does not contain any studies with human participants or animals performed by any of the authors.

Consent to participate Not applicable.

Consent for publication Not applicable.

References

- African Canadian Legal Clinic. (2008). Report to committee on the elimination of discrimination against women in consideration on the review of Canada's 7th Periodic report. Retrieved from https://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/CAN/INT_CEDAW_NGO_CAN_42_8226_E.pdf. Accessed 5 January 2021.
- Bouka, A. & Bouka, Y. (2020). Over the long term, Canada should collect better health data that looks closely at the intersecting issues of race and immigration. *Policy Options*. Montreal, QC. Retrieved from https://policyoptions.irpp.org/magazines/may-2020/canadascovid-19-blind-spots-on-race-immigration-and-labour/. Accessed 20 January 2021.
- Bowden, O. & Cain, P. (2020). Black neighbourhoods in Toronto are hit hardest by COVID-19 — and it's 'anchored in racism': experts. Global News. Retrieved from https://globalnews.ca/news/7015522/ black-neighbourhoods-torontocoronavirus-racism/. Accessed 20 January 2021.
- Creese, G., & Wiebe, B. (2012). "Survival employment": Gender and deskilling among African immigrants in Canada. *International Migration*, 50(5), 56–76. https://doi.org/10.1111/j.1468-2435. 2009.00531.x.
- Elabor-Idemudia, P. (1999). Racialization of gender in the social construction of immigrant women in Canada: A case study of African women in a prairie province. *Canadian Woman Studies*, 19(3), 38–44 https://cws.journals.yorku.ca/index.php/cws/article/view/7873/7004
- Estabrooks, C., & Keefe, J. (2020). Women are 90 percent of paid staff in long-term care. In *Gender must be considered during policy-making, and women must have a seat at the table*. Montreal, QC. Retrieved from https://policyoptions.irpp.org/magazines/may-2020/covid-19-crisis-in-nursing-homes-is-a-gender-crisis/. Accessed 2 January 2021.
- Galabuzi, G. E. (2006). Canada's economic apartheid: the social exclusion of racialized groups in the new century. Canadian Scholar's Press.
- Guttmann, A., Gandhi, S., Wanigaratne, S., Lu, H., Ferreira-Legere, L.
 E., Paul, J., Gozdyra, P., Campbell, T., Chung, H., Fung, K., Chen,
 B., Kwong, J. C., Rosella, L., Shah, B. R., Saunders, N., Paterson, J.
 M., Bronskill, S. E., Azimaee, M., Vermeulen, M. J., & Schull, M. J.
 (2020). COVID-19 in immigrants, refugees and other newcomers in
 Ontario: Characteristics of those tested and those confirmed

- positive, as of June 13, 2020. IC/ES Report. Retrieved from https://www.ices.on.ca/Publications/Atlases-and-Reports/2020/COVID-19-in-Immigrants-Refugees-and-Other-Newcomers-in-Ontario. Accessed 2 January 2021.
- Kyeremeh, E., Arku, G., Mkandawire, P., Cleave, E., & Yusuf, I. (2019). What is success? Examining the concept of successful integration among African Immigrants in Canada. *Journal of Ethnic and Migration Studies*, 1–19. https://doi.org/10.1080/1369183x.2019. 1639494.
- Learning Network. (2020). "More exposed & less protected" in Canada:
 Racial inequality as systemic violence during COVID-19.
 Backgrounder. Retrieved from http://www.vawlearningnetwork.ca/ourwork/backgrounders/covid19gbvcanada/covid19_genderbased_violence_in_canada_key_issues_and_recommendations.html. Accessed 2 January 2021.
- Mahboubi, P. (2019). Canada's vulnerable and precarious workers need more support. The Globe and Mail. Retrieved from https://www. theglobeandmail.com/business/commentary/article-canadasvulnerable-and-precarious-workers-need-more-support/. Accessed 6 January 2021.
- McKernan, S-N., & Ratcliffe, C. (2002). Transition events in the dynamics of poverty. The Urban Institute. Retrieved from https://aspe.hhs.gov/report/transition-events-dynamics-poverty/human-capital-theory. Accessed 16 January 2021.
- Mensah, J. (2010). Blacks in Canada: History, experiences, and social conditions. Fernwood.
- Miconi, D., Li, Z., Frounfelker, R., Santavicca, T., Cénat, J., Venkatesh, V., & Rousseau, C. (2021). Ethno-cultural disparities in mental health during the COVID-19 pandemic: A cross-sectional study on the impact of exposure to the virus and COVID-19-related discrimination and stigma on mental health across ethno-cultural groups in Quebec (Canada). BJPsych Open, 7(1), E14. https://doi.org/10.1192/bjo.2020.146.
- Pan-Canadian Public Health Network. (2018). Key health inequalities in Canada a national portrait. Retrieved from https://www.canada.ca/ content/dam/phac-aspc/documents/services/publications/scienceresearch/key-health-inequalities-canada-national-portrait-executivesummary/key_health_inequalities_full_report-eng.pdf. Accessed 13 May 2021.
- Siddiqi, A., Shahidi, F., Ramraj, C., & Williams, D. (2017). Associations between race, discrimination and risk for chronic disease in a population-based sample from Canada. *Social Science & Medicine* (1982), 194, 135–141. https://doi.org/10.1016/j.socscimed.2017.10. 009.
- Statistics Canada. (2011). Immigration and ethno-cultural diversity in Canada national household survey. Retrieved from https://www12.statcan.gc.ca/nhs-enm/2011/as-sa/99-010-x/99-010-x2011001-eng.pdf. Accessed 1 May 2021.
- Statistics Canada. (2017). Immigration and ethnocultural diversity: Key results from the 2016 Census. Retrieved from https://www150.statcan.gc.ca/n1/daily-quotidien/171025/dq171025b-eng.htm. Accessed 6 February 2021.
- Statistics Canada. (2020). Impacts on immigrants and people designated as visible minorities. Retrieved from https://www150.statcan.gc.ca/n1/pub/11-631-x/2020004/s6-eng.htm. Accessed 11 May 2021.
- United Nations Human Rights Council. (2017). Report of the Working Group of Experts on People of African Descent on its Mission to Canada. Human Rights Council. Retrieved from https://ap.ohchr. org/documents/dpage_e.aspx?si=A/HRC/36/60/Add.1. Accessed 8 May 2021.
- Waldron, I. (2010). The impact of inequality on health in Canada: A multi-dimensional framework. *Diversity in Health and Care*, 7, 261–270.
- Wallis, C. (2020). Why racism, not race is a risk factor for dying of COVID-19. Scientific American. Retrieved from: https://www.



scientificamerican.com/article/why-racism-not-race-is-a-risk-factor-for-dying-of-covid-191/. Accessed 6 February 2021.

Yssaad, L. & Fields, A. (2018). The Canadian immigrant labour market: Recent trends from 2006 to 2017. Statistics Canada. Retrieved from https://www150.statcan.gc.ca/n1/pub/71-606-x/71-606-x2018001-eng.htm. Accessed 8 May 2021. Zhuang, C. Z. (2021). The negotiation of space and rights: Suburban planning with diversity. *Urban Planning*, 6(2). https://doi.org/10.17645/up.v6i2.3790.

Publisher's note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

