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THE EFFECTS OF THE COVID-19 PANDEMIC ON THE HEALTH OF DISADVANTAGED GROUPS

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Review

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Abstract

In this review, attention was drawn to the effects of the COVID-19 pandemic on the health of disadvantaged groups. COVID-19, which emerged as an infection in China, has spread all over the world and has been declared a pandemic by the World Health Organization. The COVID-19 pandemic has caused many deaths worldwide. Those most affected by the effects of the pandemic have been vulnerable groups such as minority groups, people with disabilities, the elderly, women and children. The social, political, economic, etc. factors that these groups were exposed to before the pandemic, and inequalities as such have led to the neglection of their needs and resulted in inability to receive adequate health care during the epidemic. Studies have revealed the short- and long-term negative effects of the COVID-19 epidemic on these groups. Considering the inequalities that vulnerable groups are exposed to, planning interventions sensitive to the differences of these groups is very important in preventing the negative effects of the epidemic.

Key Words: COVID-19, Disadvantaged groups, Health, Pandemic

Özet

Bu derlemede COVID-19 pandemisinin dezavantajlı gruplar üzerindeki sağlık etkilerine dikkat çekilmiştir. Çin'de bir enfeksiyon olarak ortaya çıkan COVID-19 tüm dünyaya yayılmış ve Dünya Sağlık Örgütü tarafından pandemi ilan edilmiştir. COVID-19 salgını, dünya çapında çok sayıda kişinin hayatını kaybetmesine neden olmuştur. Pandeminin etkilerinden en yüksek oranda etkilenenler ise azınlık gruplar, engelli bireyler, yaşlılar, kadınlar ve çocuklar gibi savunmasız gruplar olmuştur. Bu grupların pandemi öncesinde maruz kaldıkları sosyal, politik, ekonomik vb. eşitsizlikler, salgın sürecinde gereksinimlerinin ihmal edilmesine ve yeterli sağlık bakımı alamamalarına yol açmıştır. Yapılan çalışmalar COVID-19 salgınının bu gruplar üzerindeki kısa ve uzun süreli olumsuz etkilerini ortaya koymuştur. Savunmasız grupların maruz kaldığı eşitsizlikler göz önüne alındığında, bu grupların farklılıklarına duyarlı müdahalelerin planlanması, salgının olumsuz etkilerinin önlenmesinde oldukça önemlidir.

Anahtar Kelimeler: COVID-19, Dezavantajlı Gruplar, Sağlık, Pandemi

1. Introduction

The COVID-19 infection, which emerged on December 31, 2019 in the city of Wuhan, Hubei province of China, spread worldwide, becoming the first pandemic caused by coronaviruses. The unexpected COVID-19 pandemic has led countries to be caught off guard. Despite the various measures taken by many countries, the inadequacy of health services during the epidemic process and the difficulty in the face of increasing demands made it difficult to heal the wounds of this process (Birinci & Bulut, 2020).

The COVID-19 pandemic has affected all areas of life, especially the health system, and the negative effects of the epidemic continue to increase on vulnerable groups (Connor et al., 2020). Although it is known that vulnerable groups are the most affected by the pandemic process, this process has a high potential to create new disadvantaged groups at a higher rate (Birinci & Bulut, 2020). Women, people with disabilities, ethnic groups, children, etc., who are already disadvantaged in certain respects, have suffered more from the health, economic, social and psychological consequences caused by the virus, and they have been less taken into account in the measures taken to reduce the effect of the virus (Şenyurt Akdağ, 2021). Past epidemic experiences have also revealed that disadvantaged groups are affected at a higher rate. In the

1918 Spanish flu pandemic, the spread and death rates differed in low- and high-income countries and between high and low socioeconomic groups. For example, death rate in India were 40 times higher than the one in Denmark, and 20 times higher in South America than in Europe (Murray et al., 2006) while mortality rates in the USA were higher among the unemployed and poor groups (Grantz et al., 2016).

Inequalities in COVID-19 infection and death rates arise as a result of inequalities in chronic diseases and social determinants of health. Minority groups, low socioeconomic groups, and other marginalized groups (such as the homeless, inmates, and street sex workers) often experience greater numbers of coexisting noncommunicable diseases at younger ages. These inequalities arise as a result of inequalities in exposure to the social determinants of health, such as working conditions, unemployment, access to basic services (cleaning, food, etc.), housing and access to health care. Individuals with chronic diseases during the pandemic are at a higher risk of morbidity and mortality (Saifee et al., 2021). People living in more socioeconomically disadvantaged areas and minority ethnic groups have higher rates in nearly all of the underlying clinical risk factors known to increase the severity and mortality of COVID-19, including hypertension, diabetes, asthma, chronic obstructive pulmonary disease. The restructuring of health services to primarily serve pandemic patients during the pandemic process adversely affected the diagnosis and treatment processes of these people with existing chronic diseases (cancer or cardiovascular disease, diabetes, etc.). Similarly, access to health services is lower in disadvantaged and marginalized communities. Decreased access to healthcare before and during the epidemic contributes to inequalities in chronic diseases and may have worse outcomes than COVID-19 in more disadvantaged regions and marginalized communities (Bambra et al., 2020). This review draws attention to the effects of the COVID-19 pandemic on vulnerable groups.

2. COVID-19 Pandemic and Disadvantaged Groups

2.1. Impact of the COVID-19 pandemic on the health of ethnic minorities

It is reported that the risk of mortality and morbidity on racial/ethnic groups of the COVID-19 epidemic will be higher. Disproportionate death rates from COVID-19 have been reported among minority ethnic groups in the US and UK. Some states in the USA are reported to have higher rates of COVID-19 infection and death among African Americans and Latinos compared to the white population (Greenaway et al., 2020). The higher incidence of COVID-19 in some ethnic minorities and immigrants is likely due to the effects of socioeconomic health determinants, barriers to

accessing health care, underlying health conditions leading to more serious illness, and genetic predispositions (Khunti et al., 2020; Tai et al., 2021). Some ethnic groups, such as African Americans, Latinos, and South Asians, have higher rates of diabetes, hypertension, and cardiovascular diseases, all risk factors for severe COVID-19 disease (Greenaway et al., 2020). On the other hand, ethnic discrimination causes these groups to be employed in occupations with lower wages and high risk of contamination, and reasons such as insufficient personal protective equipment and lack of opportunities to work from home increase the risk of contracting COVID-19 infection (Bambra et al., 2020). In addition, ethnic groups are at a higher risk of exposure to COVID-19 due to crowded living conditions, including quarantine, in workplaces and refugee camps (Greenaway et al., 2020). It is almost impossible to implement World Health Organization recommended practices such as social distance and hand sanitation in crowded refugee camps. Inadequate access to information about COVID-19, socio-cultural differences between refugees and host countries, limited access to health services due to closures, and access to accommodation, social care, and education services are among the problems (Saifee et al., 2021). In addition, due to cultural and economic reasons, the fact that these groups live in crowded multi-generational households and/or neighborhoods increases the risk of transmission and makes social distance and isolation impossible (Guadagno, 2020; Platt & Warwick, 2020). Taking into account the inequalities that marginalized groups are exposed to, public health interventions adapted to their linguistic, cultural and social conditions are essential to prevent contagion (Greenaway et al., 2020).

2.2. Effects of the COVID-19 pandemic on the health of people with disabilities

World Health Organization reports that approximately 15% of the global population has at least one disability, and this number is increasing. People with disabilities worldwide have difficulty accessing health services, may lack education, have less economic opportunity and higher rates of poverty. However, disabled individuals are at risk twice as much in terms of health personnel and facilities, three times as much in terms of being ignored in health care, and four times as much in terms of receiving poor treatment in health care (WHO, 2011). The COVID-19 pandemic has exacerbated the inequalities faced by people with disabilities. The combination of factors such as the disruption of services and support for people with disabilities, often accompanying chronic illnesses, disruption of health information, difficulty in accessing necessary goods and services, for people with disabilities, it increases the risk of contracting

COVID-19, developing severe symptoms, and resulting in higher death tolls as a result of the disease (WHO, 2021). In addition, individuals with disabilities may have other factors that increase the risk they are exposed to during the pandemic process. These factors include difficulties in understanding information or applying preventive measures such as hand sanitation and social distancing, inability to avoid close contact with people who may be infected due to their need for help, and inability to express symptoms of illness. These limitations increase the vulnerability of people with disabilities to the pandemic (Alsancak & Kara, 2020).

2.3. Effects of the COVID-19 pandemic on the health of women

Women constitute one of the high-risk groups adversely affected during the epidemic process. It is stated that the risk of serious illness and death due to COVID-19 infection is higher in men than in women. However, existing social inequalities may lead to an unequal burden of the pandemic (Lindberg et al., 2020). The pandemic process has paved the way for the loss of limited achievements in the last years for the prevention of gender discrimination and the emergence of a number of problems that may lead to the deepening of gender inequality. Due to gender-based inequalities in many societies, women and girls face barriers to accessing health, resources and services. With the quarantine conditions and social isolation measures, the economic and social crisis faced by women is getting deeper day by day, difficulties are experienced in meeting health care needs and in the use of resources, and gender-based violence against women increases exponentially (Evcili & Demirel, 2020). Restrictions made in many countries to prevent the spread of the infection have adversely affected the availability of necessary health services, especially for pregnant women and newborns (Stein et al., 2020). The World Health Organization reports that health services for non-communicable diseases are interrupted between 24% and 64% during the pandemic process (WHO, 2020a). It is estimated that maternal and child morbidity and mortality risks will increase due to the disruption of sexual and reproductive health services in this process (Hall et al., 2020).

2.4. Effects of the COVID-19 pandemic on the health of children

Pandemics and subsequent disease consequences may cause families and children to experience stressful and traumatic situations (Sprang & Silman, 2013). Considering the effects of COVID-19 on individuals, children are likely to be more affected by the effects of COVID-19 than adults due to their developmental characteristics such as cognitive, social, physical and language

development. COVID-19 has had a far more widespread impact on the daily lives of children and adolescents worldwide than SARS, MERS or H1N1. The United Nations (UN) Educational, Scientific and Cultural Organization states that school closures affect 862 million children and the youth, an estimated half of the global student population (Viner et al., 2020). Due to the fact that COVID-19 has focused on this group due to its significant effects on the elderly population, the acute psychosocial needs of children outside the education and training processes might often be ignored during the pandemic process (Akoğlu & Karaaslan, 2020). The lack of structure and support in schools, social isolation, lack of peer support, loneliness, and increased anxiety about COVID-19 may have negative effects on the mental health of children and young people (Crawley et al., 2020). Due to curfews, limited outdoor activities and confinement of children to their homes without interacting with friends of the same age have further increased the negative effects in this process (Wang et al., 2020). In a study conducted in Hubei province of China (Xie et al., 2020), depressive symptoms were found to be higher in primary school children (22.6%) compared to other previous studies conducted in China (Xu et al., 2020). In this process, especially for children and adolescents with physical or mental health problems, there may be much more serious consequences with the inadequacies in the ongoing treatment and support services (Crawley et al., 2020). In addition, family structure and situations such as domestic violence, neglect and abuse can directly leave negative and permanent traces on the psychosocial well-being of children. For this reason, the arrangements to be made by considering these possible variables will prevent negative effects in the short and long term. In this respect, it is very important to include psychosocial support services in emergency action plans created for situations that require home isolation for an indefinite period due to pandemics, and to structure these services according to the characteristics of families with the cooperation of different occupational groups (Akoğlu & Karaaslan, 2020).

2.5. Effects of the COVID-19 pandemic on the health of the elderly

It is known that elderly individuals are at high risk for COVID-19 infection. Especially elderly individuals with chronic health conditions such as hypertension, heart diseases and diabetes are more susceptible to the risk of COVID-19 infection (WHO, 2020b). According to the report by Centers for Disease Control and Prevention American Center for Disease Research, adults aged 65 and over account for 31% of cases, 45% of hospitalizations, 53% of intensive care unit admissions, and 80% of COVID-19-related deaths. The highest death rates are in people aged 85 and over

(CDC, 2020). Shortly after cases of COVID-19 began to be detected, several restrictions were introduced to reduce contact with older adults over the age of 65. However, this situation has led many elderly individuals to be deprived of the help they need in daily life. Being isolated during the pandemic process and being away from family, friends and social life may cause elderly individuals to feel anxious and sad (Binay, 2020). In addition, the increase in the physical health problems of the elderly may cause the psychological burden of isolation to become more severe (Ekici, 2020). Elderly people residing in nursing homes face two kinds of risks. First, it could be difficult to comply with social distancing rules in aged care homes. This, in turn, might increase the spread of COVID-19 infection. The second is that elderly individuals, whose visitor and group activities are limited by the social distance policies implemented, are negatively affected both physically and mentally (Morrow-Howell et al., 2020). During periods of isolation and quarantine, older people need safe access to food, basic supplies, money, medicine to support their physical health and social care. In addition, it is critical to provide accurate information for the elderly to stay physically and mentally healthy during the pandemic on what to do if they become ill (Altın, 2020).

2.6. Strategies for disadvantaged groups during the pandemic process

While the COVID-19 pandemic affects all areas of society, it is also important to protect vulnerable populations such as the disabled, the elderly, immigrants, children and women (Salar & Akel, 2020). The risks these groups are exposed to may increase during periods of crisis when institutional capacity and services are insufficient (Kara, 2020). Therefore, it is important for all societies to review their policies for disadvantaged groups and update them in accordance with the pandemic process (Başaran, 2021). Health facilities should be safe, prepared, well-maintained and durable so that infrastructure and basic services are not interrupted. In addition, providing public health trainings on how to protect the health of individuals and their families is among the practices that can be effective in reducing the risk of infection. Furthermore, vaccination priority of all disadvantaged groups will reduce the risk of death of the individuals in this group, and they will feel safer and freed from their disadvantages. In addition, the individuals in this group will need to be provided with shelter, food and cleaning materials. Providing local social assistance will contribute to reducing the risks (Başaran, 2021). Providing psychological support to individuals who experienced loss and mourning during the epidemic period will be effective in reducing the psychological effects of the pandemic (Kara, 2020).

Special attention should be paid to high-risk or disadvantaged women (immigrant, homeless, elderly, disabled, pregnant and lactating women) during the pandemic, and health services should be reliable and accessible to all women. In addition, the continuity of sexual and reproductive health services (such as safe abortion, prenatal / natal / postnatal care, newborn care, antiretroviral treatments for HIV/AIDS, treatment of sexually transmitted infections) should be ensured. Furthermore, barriers faced by women in accessing hygiene, medical supplies and services should be identified, and all women should have access to protective sanitary measures, including water, soap and disinfectants, without discrimination. A few of the important points are the protection of women against gender-based violence and abuse, the provision of safe housing opportunities for victims of domestic violence and their children in accordance with quarantine conditions, and the provision of mental health services and psychosocial support to affected individuals (Evcili & Demirel, 2020). In addition, in order to increase the psychological resilience of children during the pandemic process, families, teachers, school administrators and mental health workers should cooperate to establish a relationship of trust with the child, to inform the child by taking into account individual, environmental and spiritual factors, to encourage the child to share by listening effectively and to strengthen the social support resources. Care should be taken to help children gain coping and problem-solving skills (Çaykuş & Çaykuş, 2020).

During the pandemic process, it is important to detect and manage COVID-19 cases to identify risk factors for minority groups such as refugees and immigrants, to develop measures and interventions in this direction and to include these groups in the monitoring and health information system. These groups should be provided with accurate, timely accessible information about healthcare facilities caring for COVID-19 patients and about how they can seek testing, care and treatment through linguistically appropriate phone lines, visuals or other educational materials. In addition, measures to improve access of the migrant population to clean and safe water, sanitation and waste management and to promote good hygiene measures should be supported to prevent the spread of the epidemic among these groups. Improvements should be made to ensure that mental health and psychosocial support services, including adequate personal protective equipment in workplaces where refugee and migrant workers work, and that these groups have equal access to COVID-19 prevention, treatment, care, referral, rehabilitation and social protection (WHO, 2020c).

Considering the health status and self-sufficiency capacity of the disabled and elderly population during the epidemic process, these groups are under a significant health risk.

Psychological support to be provided through social and official networks to help elderly individuals during the pandemic process may help the elderly to cope with the new situation. During periods of isolation and quarantine, elderly people should be supported in their safe access to nutritious food, basic supplies, money, medicine to ensure their physical health and social care. Distance therapy mechanisms should be established, especially for elderly couples (Altın, 2020). On the other hand, it is important to improve health services and meet the urgent health needs of individuals with disabilities during the epidemic period. In this process, the health needs of disabled and elderly individuals with limited access to health services should be provided with home care services. In addition, the creation of accessible websites and information forms that enable disabled people to receive important information about the epidemic, the presence of sign language interpreters in news and press conferences about the epidemic for hearing-impaired individuals, the presence of health personnel who can speak sign language in health institutions, transmitting messages in a way that is understandable for people, and if caregivers need to be quarantined, making plans to provide continuous support to people with disabilities who need care and support are among the practices to improve the health of people with disabilities during the pandemic period (Salar & Akel, 2020).

3. Conclusion

Pandemics have led to higher morbidity and mortality rates for disadvantaged groups, especially in countries where social inequality is deeply experienced. These inequalities have had similar effects in the COVID-19 pandemic. COVID-19 has caused a worldwide crisis, deepened the effects of social, economic and political inequalities, and had negative effects on all areas of life. Undoubtedly, in this process, the elderly, the disabled, young people, women, the homeless and immigrants have been the groups most affected by the effects of the epidemic. For this reason, it is important to prevent discriminatory attitudes and behaviors towards vulnerable groups. In addition, it is critical to develop comprehensive and sustainable strategies that will minimize the negative effects of the pandemic, taking into account the inequalities and needs of disadvantaged groups in emergencies such as the epidemic that affects the world. In this direction;

- carrying out studies to determine the extent which vulnerable groups are affected by the pandemic.

- connecting the measures taken to reduce the effects of the pandemic on disadvantaged groups to rights-based rules without discrimination of race, gender and age,
- dissemination of public health education for disadvantaged groups,
- providing information on COVID-19 on platforms accessible to disadvantaged groups,
- providing sustainable support for the basic needs of disadvantaged groups such as food, shelter and sanitary materials during the epidemic,
- providing online/phone-based access to health services in cases where physical access is limited,
- providing home care services to meet the health needs of individuals with special needs and advanced age who have limited access to health services for various reasons,
- providing psychological support to reduce the psychological effects of the pandemic on vulnerable groups will contribute to reducing the health risks of disadvantaged groups.

In addition, the fastest way to end the epidemic is to ensure that vaccines are available to everyone, everywhere. In this respect, it is very important to make vaccines accessible especially for vulnerable groups such as refugees, migrants, displaced people and asylum seekers. Also, it is critical to strengthen health systems in order to ensure the sustainability of health services for disadvantaged groups in this and similar crisis periods.

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Conflicts of interest

The authors declare that there are no potential conflicts of interest relevant to this article.

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