EXPERIENCING THE PANDEMIC AS A REFUGEE IN CANADA: THE INTERSECTIONALITY OF IMMOBILITY, GENDER AND FOOD INSECURITY

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Vulnerabilities of Refugees During the Pandemic

The widely discussed disproportionate impacts of the COVID-19 pandemic on migrants and refugees are largely attributed to the various barriers that prevented them from accessing health, social, and financial supports. In Canada, for example, refugees faced various barriers to accessing healthcare and economic and social support during the pandemic (Edmonds and Flahault, 2021). Federal government programs such as the Interim Federal Health Program (IFHP) provide 'limited, temporary coverage of health-care benefits for specific groups of people' such as refugee claimants and resettled refugees, they still faced significant challenges. These included, for example, documentation and language barriers needed to complete application forms, and a lack of awareness and misunderstanding of the program among both healthcare providers and refugees. Often, there is also a lack of resources on top of these structural barriers which were significantly exacerbated as the pandemic unfolded (Hamilton et al. 2020).

Studies of the experience of refugees in Canada during the pandemic reveal the gendered nature of the economic and social impacts on women and men. For example, one study of Yazidi refugees from Iraq found that while both male and female refugees lost their jobs because of the pandemic, women were much concerned than men about the impact on the economic future of their family, primarily because of their dual responsibility for caregiving and breadwinning (Banerjee et al. 2022). Another study of skilled immigrant women showed that it was less feasible for women to work from home due to limited social support and increased family responsibilities (Nardon et al. 2022). Despite their critical role in long-term care facilities, women working as health care aides faced economic exclusion, workplace precarity, and broader social exclusion (Lightman 2022). The situation was even more challenging for migrant women without legal refugee status who faced 'acute social economic

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and health risks due to lack of access to healthcare, poor working conditions, employer abuse and exploitation, and the stress of living in constant fear of deportation' (Abji et al. 2020). Nondocumented women were largely invisible in the public health response and support programs, although they were more likely to be living in poverty, to be single parent household heads, and to enter Canada as dependents. They were also excluded from accessing emergency income supports provided by the Canadian government such as CERB and the Canadian Child Benefit.

The profound connections between migration and food security have long been overlooked in the policy agendas of international organizations and states (Crush 2013, Smith and Floro 2020). In terms of the impact of the COVID-19 pandemic on migrant food security, studies prior to the pandemic indicated that 40-70% of refugee households resettling in high-income countries were food insecure, significantly higher than the local population (Mansour et al. 2020; Wood et al. 2021). Food insecurity is especially acute in the first two years of resettlement (Girard and Sercia 2013). In Canada, refugees also found it challenging to 'be independent' after the first year of resettlement, as required by government and supporting organisations. During the pandemic, the persistence of institutional barriers and the lack of access to support programs contributed to an additional increase in food insecurity among migrants and refugees (Sharma 2020). Even where support was available, refugees found it inadequate, as medicines and food were often not included in the support provided to those in isolation and quarantine during the pandemic (Cardwell et al. 2022; Saheb Javaher 2020).

This research brief presents survey and interview data which was collected in the Kitchener-Waterloo (K-W) area in Ontario in 2022. It aims to depict the experience of refugees in Canada during the COVID-19 pandemic, with reference to their household food security and how gender and COVID-19 reproduced the structural challenges faced during resettlement in Canada. Drawing on the notion of intersectionality in conceptualizing subjectivity, defining identity, and shaping lived experience (McCall 2005; Nash 2008; Birchall 2021), the research sheds light on the intersectionality of health, gender, and the food insecurity of vulnerable groups which was exposed by the pandemic. This research brief also highlights areas of policy intervention needed to improve food security and long-term livelihood viability for refugees in Canada.

Refugee Research in K-W

The Waterloo Region in Ontario consists of three cities (Waterloo, Kitchener, and Cambridge) and four townships and is the fourth largest location for refugee resettlement in Ontario, Canada. In 2021, the region has approximately 33,000 refugees as part of the overall immigrant population of around 150,000 (IRCC 2021). This includes those who have arrived in the region through various refugee programs over the years. Additionally, the region had a significant population of non-permanent residents, including asylum seekers. Accompanying the continuous growth of immigrants, refugees and asylum-seekers, there has been a rapidly increasing demand for food assistance (Food Bank of Waterloo Region 2020). COVID-19 control measures led to the closure of community food distribution points, further reducing food assistance available to refugee households.

The MiFOOD research team in Canada conducted a survey of 85 refugees and 37 in-depth interviews from July to September 2022 funded by the Canadian Institutes of Health Research (CIHR). The research was conducted with refugee households from three countries of origin: Afghanistan (10 surveys and 7 interviews), Somalia (40 surveys and 20 interviews), and Syria (35 surveys and 10 interviews). Significant populations of socially and economically marginalized refugees in the Waterloo Region are from these three countries. According to Statistics Canada, there were 2,765 refugees from Syria, 1,080 from Afghanistan, and 800 from Somalia in the year 2021. Syria and Afghanistan are the top origin countries of Asian refugees in the region. All three countries are WHO-defined fragile, conflict-affected and vulnerable (FCV) settings. The respondents consisted of household members responsible for food provision or those with knowledge of the household's food access. Notably, 61% of the respondents were household heads.

Key Research Findings

- Living conditions, escaping war, for education, and personal or family safety were the most important reasons for seeking asylum in Canada (Table 1). Food and hunger were cited by 27% of respondents.

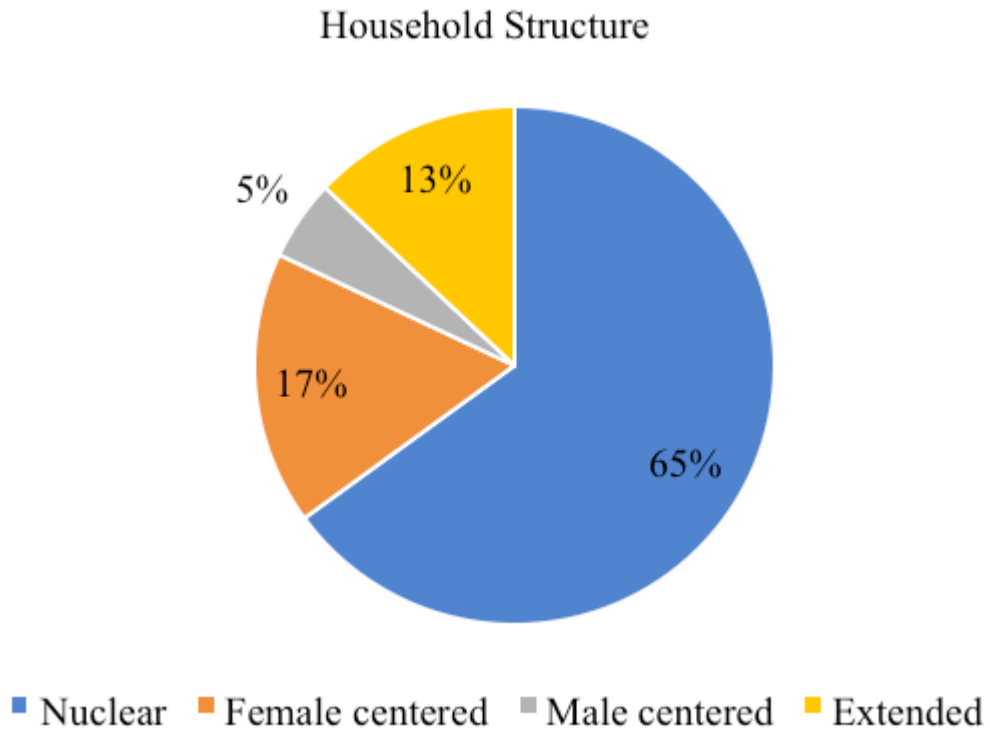
TABLE 1: Main Reasons for Migration to Canada

Reasons	Frequency	Percentage (%)
Overall living conditions	69	81.2
To escape war/civil war/armed conflict	67	78.8
Education/schools	50	58.8
Safety of myself/family	49	57.7
Moved with family	45	52.9
Food/hunger	23	27.1
Drought/flooding/climate change/natural disaster	13	15.3
Illness related	9	10.6
Religious reasons	4	4.7
Eviction	1	1.2
Crime	1	1.2
Other	2	2.4
Note: Multiple-response question		

- 44% of the respondents were unemployed. Among those who did work, a significant proportion were in the service sector such as sales, customer service, cook, baker, waiter, hairdresser, plumber and Uber driver. Some had occupations in education and government services but very few had business, finance, administrative, health or science related occupations.
- 56% came to Canada through government sponsored programs that often provided them one year of support after landing.

- Two-thirds of the households received child benefits and 41% other social assistance such as Canada Emergency Response Benefit (CERB) and the Ontario Disability Support Program (ODSP).
- The average refugee household was relatively large with 5.7 members. About two-thirds of the surveyed households were nuclear in structure. Another 17% were female-centred (that is, with a female head and no spouse or partner present).

FIGURE 1: Structure of Surveyed Refugee Households



Status of Food Security

The survey results demonstrate that migration is a critical coping response to food insecurity among refugee households. In total, 72% of surveyed households reported that migrating to Canada had improved their household food security. On average, refugee households spent CAD1,142 on food in the month prior to the survey, which was 26% of their average household income and 31% of their total expenses. Using the FANTA food security metrics, we aimed to quantify the food security level of refugee households. The HFIAS score for each household is calculated based on responses to a set of nine questions about its experience of food access. The HFIAS ranges from a minimum of 0 to a maximum of 27. The higher the number, the more food insecure the household. The HDDS indicates the number of food groups the household consumed in the previous day, ranging from 0 to 12. The higher the score, the more diverse and nutritious the diet.

Table 2 compares the average HFIAS and HDDS scores of refugee households from the three countries of origin. Despite the reported improvements in food security after migration, these refugee households faced a significant food insecurity challenge during the pandemic, with HFIAS scores above 6.0 in all three groups. Refugees from Syria were the most food insecure on average. When answering HFIAS questions about food access, 64% of households had worried that they would not have enough food in the previous month and 70% had had to reduce food variety due to a lack of financial resources to purchase desired food. However, these refugee households still enjoyed a diverse diet, with HDDS scores ranging from7.5 (Afghanistan) to 9.5 (Somalia).

TABLE 2. The Household Food Security of Refugee Households from Different Countries

Country of origin	HFIAS	HDDS
Afghanistan	6.3	7.9
Somalia	6.7	9.5
Syria	6.9	8.1

The HFIAP provides a more nuanced picture of differences in food insecurity among the three refugee groups (Table 3). As many as 89% of Afghani refugee households, 82% of Somali refugee households, and 74% of Syrian refugee households were experiencing a degree of food insecurity. Syrian refugees were most likely to be food secure (at 27%) but also to be severely food insecure (27%). Somali refugees were most likely to be moderately/severely food insecure (44%) compared to Syrian refugees (31%) and Afghani refugees (22%).

TABLE 3. Variations in Levels of Household Food Insecurity by Country of Origin

HFIAP categories	Afghanistan	Somalia	Syria
Food secure	11.1%	17.9%	26.5%
Mildly food insecure	66.7%	28.2%	32.3%
Moderately food insecure	11.1%	38.5%	14.7%
Severely food insecure	11.1%	15.4%	26.5%

The in-depth interviews with refugees identified three general food security challenges. The first is the lack of ethnic food stores and restaurants in the Waterloo Region. As a 62-year-old female Somali refugee observed:

> It can be difficult to find Somali culture food in Kitchener, especially if you don't drive. Most people travel to Toronto to find Somali cultural foods. When we need to buy Somali food, I always ask friends who drive to take me to Toronto.

The second major challenge is low mobility and poor public transit. It was common for refugees to travel to multiple stores to get the food they need, which can be especially time-consuming. As one Syrian refugee noted:

> The main thing is that we have to go to several stores to get everything we need, so it takes up an entire day. You cannot find everything in one store. It takes up 4-5 hours from a weekend.

The third food security challenge is the high price of food, coupled with other increasing living costs that drain their relatively low income. Meat and vegetables such as spinach and okra were frequently mentioned as the most expensive food items in the interviews. One Somali refugee noted:

> COVID-19 did change our food security situation negatively. Other than reduced income, we could not freely purchase food as we used. This means we limited quantity of food we consumed on a daily basis. In addition, the higher cost of food makes it difficult to buy food nowadays. Therefore, we have to be strategic and purchase only the necessary stuff and consume less if needed.

Food Access During the Pandemic

The COVID-19 pandemic further increased vulnerability to food insecurity by reducing food sharing among neighbours within the refugee community due to social distancing practices and quarantine measures. Accessing cooked food became challenging for those who did not have cooking skills, while others were forced to reduce the frequency of grocery shopping and stock up on food items. Some found grocery shopping to be more difficult due to long waiting times, reduced store capacity, and empty shelves. As a single mother from Syria for example said: 'Going to the supermarket in itself was hard. The weather was cold and you had to wait in line for a long time. I would change what we wanted to cook based on that. If we had to wait for a long time, we would go back home and make with what we had. Also, a lot of the shelves were empty, so you wouldn't even find what you wanted.'

Food banks played an important role in facilitating food access for refugees during the pandemic. However, insufficient supply, the poor quality of food, and poor service were mentioned in interviews. The insufficient quantity of food supplied by food bank was a particular problem for big families which were common among refugees. One Afghan refugee noted:

> You know that Afghan families are big, and the food bank assistance cannot address the needs of a family of eight, for example.

Many respondents pointed out that they received culturally inappropriate food such as soybean-based food and beans which would be wasted. There was also a lack of halal food. One Syrian mother with two children mentioned:

> They cater to one part of the need, but it is not sufficient for an entire family. And they do not cater our Arab community as they do not offer everything we are looking for. So, if Muslim organizations also participate, it would be more inclusive.

Another respondent also mentioned,

> A lot of it (food provided by the food bank) is not culturally appropriate. For example, we do not eat beans. So if I get beans, what should I do with them? Another thing I noticed is, because I was not at the receiving point, that the volunteers are unkind to receivers. So if someone asks for a replacements, the volunteers reply harshly and refuse.

Gender and Food Security

Female-centred refugee households had the lowest levels of food security (8%) and the highest incidence of moderate/severe food insecurity (53%). However, nuclear households were the most likely to be severely food insecure (25%) (Table 4).

TABLE 4: Household Structure and Food Insecurity

	Food secure	Mildly food insecure	Moderately food insecure	Severely food insecure	Total number of households
Male centred	67%	33%	0%	0%	3
Nuclear	22%	31%	22%	24%	54
Extended	18%	45%	27%	9%	11
Female centred	8%	38%	38%	15%	13

The in-depth interviews showed that women and girls were disproportionately affected by the pandemic because of the pre-existing gendered labour division within the household. The daily lives of women were especially affected by the sudden increase of housework, including both food-related and health-related. As a 40-year-old Afghan mother pointed out:

> I think it affected women, especially housewives and mothers differently than men because suddenly we were responsible for the health of everyone in the family. All the important things that could prevent COVID, like cleaning and healthy diet are all women-related duties. We had to take all the burden for cleaning, cooking, and taking care of the children and everyone else in the house. I had to make sure that everyone was eating on time and enough, sleeping on time, washing their hands, and taking all other important steps like wearing a mask.

The stress of the pandemic also exacerbated domestic gender-based violence within the community. As another Afghan refugee noted:

> There were some women in our community who complained about how their husbands became aggressive and had low temper because they either lost their jobs or were not making enough. It was stressful times and affected everyone in some ways.

Discrimination

The conundrum of pandemic-induced precarity faced by refugees was further exacerbated by discrimination against the refugee population, particularly in the work environment. As one Afghan refugee who worked in a restaurant noted:

> They do discriminate against immigrants, that's for sure. In our workplace, we have both white people and immigrants. So, if a white person gets upset or mad at our manager for the amount of work that they have to do, the manager doesn't say anything or react in a harsh way. But if a similar behavior is repeated by an immigrants

> or Indians or any other immigrant, they will be fired the next day. I also remember now that they usually put the white people in the front, which is less work, but the immigrants are in the kitchen. Yeah, that's discrimination too.

Conclusion

As Smith and Wesselbaum (2020) point out, the COVID-19 pandemic has been a critical factor driving and disrupting both internal and international migration. This case study of a special group of international migrants – refugees – in a mid-sized Canadian city-region shows the multiple food security challenges facing refugees during the pandemic. Despite the supports provided to refuges by the government, civil society and the private sector, refugee wellbeing during the pandemic has been significantly affected by intertwined issues including health, employment, food security, and discrimination. This intersectionality is clearly seen in the experience of one Syrian woman:

> (The) pandemic has completely changed how we carry out food related activities. I am no longer in charge of purchasing and cooking food due to my mental health status. My husband was in a long comma due to after contracting COVID-19. I was forced to take care of him leaving the responsibilities of purchasing food to my children who were also affected by the COVID-19 and their father's demise. So, we did not pay much attention to food as we used to before the pandemic. High cost of living and increased food prices also meant we had to reduce the amount of food we purchased as a family. It was truly a difficult moment for us."

Food insecurity, therefore, is not simply a matter of food access. Food assistance programs alone cannot effectively address the long-term food security of refugee households. The field-work for this study found that tackling the language barrier is an initial priority for many refugees, followed by efforts to better recognize their previous education and work experience in their home countries. Additionally, increased support for housing is crucial, as housing expenses are consuming an increasingly significant portion of refugee income. Furthermore, it is imperative that social assistance programs are gender responsive, aiming at mitigating the disproportionate impacts of the pandemic on women refugees. This entails providing more assistance to alleviate the burden on women in food-related and health-related household responsibilities and addressing issues of domestic violence.

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