EARLY IMPACT OF COVID-19 ON MUSLIM & BLACK MINORITY ETHNIC WOMEN IN SCOTLAND: ANALYSIS OF SURVEY DATA

Sarah Armstrong, February 2021
Glasgow University in partnership with Amina, The Muslim Women's Resource Centre

[Amina, The Muslim Women's Resource Centre](#), a third sector organisation working with women in Scotland, circulated a survey early in the pandemic to learn how its constituent communities were affected by the Covid-19 pandemic. The survey gathered experiences especially of Muslim and Black minority ethnic women and those in minority religious groups in Scotland, offering an important source of data on the experiences and perspectives of under researched groups. Amina shared this data in a partnership with researchers from the [Glasgow University Scotland in Lockdown study.](#) This briefing presents an analysis of survey responses, distilling key messages.

This analysis includes 58 responses received between May and June 2020. The survey included questions about how Covid-19 was impacting people's lives, with specific questions on employment, finances, physical and mental health, faith practices and hate crime. The survey was designed, publicised and overseen by Amina on SurveyMonkey (an online survey provider) allowing for online completion. The survey questions and comments of respondents were in English. The survey was first made available on 8th May 2020 and has remained open through the date of this report. Data was anonymous and shared via secure transfer with researchers, guided by a data sharing agreement between Amina and the University of Glasgow. Comments may be slightly edited for typos but are otherwise verbatim. Not all comments are included but are selected to display typical views on given issues.

The survey data comprises a small sample but one which offers an important qualitative picture of experiences of Muslim and Black minority ethnic women in Scotland. To date, there is little research exploring the Scottish experience of Covid-19 and lockdown for people in minority ethnic and religious groups, and this data offers a baseline for the early phase of the pandemic. Analysis of further waves of the survey can continue building the picture up for those who may face disproportionate risks, not only in terms of health outcomes but also in terms of the gendered nature and cultural specificities of coping with lockdown.

About the respondents

Respondents were overwhelmingly female (all but one) and of minority ethnic and/or religious backgrounds, affording an opportunity of capturing intersectional gender, ethnicity, religious/cultural dynamics of pandemic experience. Respondents ranged in age across cohorts between 18 and 65, but the majority were between 26 and 45 years old (34 people, or 59%).

The largest ethnicity grouping of respondents was South Asian (25 identified as having Pakistani, Bangladeshi or Indian heritage), followed by White Scottish/British or White Irish (12), and then people of Arab heritage (8) with smaller numbers identifying respectively as Black, or of African, Caribbean, Mixed and Polish heritage.[1] Slightly more than one-tenth (6) said they had a disability. Religious group was not specifically asked about, but comments suggest many are members of religious minorities (primarily Muslim or Hindu).

The survey reached an ethnically diverse sample across Scotland, offering an important picture of Muslim and Black minority ethnic women's experience of Covid-19 in this part of the UK.

Most people responding to the survey live in the central belt. Half are based in Glasgow (29), followed by Dundee and surrounding areas (13, 22%), with Edinburgh (7, 12%) the third most common region.

Closure of places of worship had impacts beyond practicing one's faith, affecting wellbeing, a sense of community and more

52%

said Covid-19 impacted their faith practices

While some issues reported by respondents will be familiar to all going through lockdown, there are some specific issues facing respondents that suggest distinctive pandemic impacts for minority communities. Over half of respondents (30, 52%) said Covid-19 had impacted custom and faith practices. The key message of comments was loss of access to places of worship. This lack of access also was connected to increasing feelings of isolation and worsening mental health. There were more comments on this topic than to any other question, underlining the significance of this issue.

Comments highlighted the central importance of faith-based institutions for people of minority ethnic and cultural backgrounds, suggesting a disproportionately greater impact than for the Scottish population, which as a whole is more secular, and for whom social and community life is less dependent on such institutions.

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[1] Response options grouped ethnic and national identities, e.g. 'Pakistani/Pakistani Scottish/Pakistani British'.

'We are unable to attend prayers in mosques and take part in iftar at mosque which is important for the children to see they are part of a Muslim community and to see our community is made up of different ethnicities.'

'We have had to close our church, for the purpose of safeguarding public health. The right thing to do, absolutely, but has had an impact on the congregation, and financial implications for the church community.'

'Not able to go mosque'

'Unable to attend my church'

'Missing fellowship'

'Unable to attend congregational prayers and Eid family get togethers'

'The Gurdwara was closed, so we could not celebrate Gurpurab or Vaisakhi.'

'Night prayers in Ramadan, Friday prayers etc.'

While many comments mention specific examples of worship, faith-based institutions served a broader purpose for many respondents. Closure of temples, mosques, Gurdwaras and churches had impacts on social networks and support, community connection, practical support, keeping up with others and even economic circumstances.

Mixed views about discrimination and hate crime – the pandemic has brought out both the best and worst in people

Covid-19 hit at the same time as Britain's departure from the EU was in its final stages, and both the pandemic and Brexit have been associated with some uptick in discriminatory behaviour and in hate crimes across the UK. In Scotland, most respondents (35, 63%) said they had not noticed any changes in hate crimes in the early months of the pandemic, while almost a third (17, 30%) felt it had increased. A separate question revealed 16 (28%) had witnessed or experienced a hate crime at some point in the preceding two years.

58%
Had had contact with police at some point

A striking feature of the sample were the number of respondents who have had contact with the police. Well over half (58%) reported police contact at some point in their lives, and from comments this appeared largely in the context of witnessing or experiencing victimisation/abuse or participating in demonstrations. Of those who had had contact, views

were evenly divided over whether this had been a positive (15, 45%) or negative to mixed (14, 42%) experience.

Comments about discrimination and hate crime mentioned casual acts of abuse, but also drew attention to increasing levels of stress and suspicion created by Covid-19 which can heighten tension and the conditions for hate crime to occur:

'someone shouted 'stupid paki' when driving'

'I have been disturbed by the blame culture around the covid-19 crisis.'

'The racial element of it [Covid-19] has been exacerbated even with regards to Islamophobia. Attacks against people who look as though they're foreign and especially South East Asian is really high.'

'Even though we look like a family, my parents and I were shouted at from a car on a late night walk by someone saying "don't you know its lockdown". The car turned around at the top of the road and came back the same way a few minutes later as if they were on patrol.'

'Had more incidents in supermarkets people are being more verbal when being racist and this has increased since covid19'

While most did not feel hate crime was rising, comments to questions about health and work revealed perspectives of discrimination 'behind closed doors':
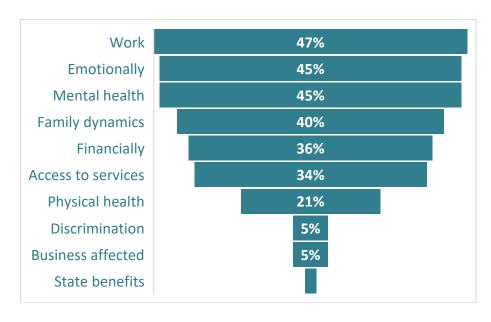
'As a BAME [Black, Asian, minority ethnicity] health worker I have seen the effects of subtle yet catastrophic racial discrimination which equates ethnic lives less than white lives. I have a holistic health business which I have closed.'

'I am now employed, but am aware of an increase in gender as a barrier among colleagues.'

Impacts already visible early in the pandemic: Emotional wellbeing and economic security

Two other issues dominated in terms of the impacts of Covid-19 – emotional wellbeing and work. Near majorities said Covid-19 had impacted their mental health (26, 45%), emotions (26, 45%) and work (27, 47%). Other significant issues included impacts on family dynamics (23, 40%), finances generally (21, 36%) and access to services (20, 34%). Physical health impacts were noted by one-fifth of respondents (12).

How are you currently impacted by the Covid-19 outbreak? (n=58)

Work	47%
Emotionally	45%
Mental health	45%
Family dynamics	40%
Financially	36%
Access to services	34%
Physical health	21%
Discrimination	5%
Business affected	5%
State benefits	

Comments to questions asking about how Covid-19 impacted respondents show restrictions affected wellbeing less than two months into lockdown, offering an early glimpse of experiences faced specifically by Muslim and ethnic minority communities:

'Children have been indoors for 7 weeks now, I wish I can take them out especially my youngest he's 2 and half years and he has a low immune system than normal so we r only in our home or garden, no walks for us.'
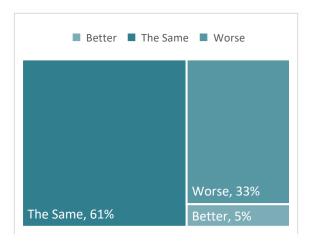
'Restrictions on exercise. Lower mental health state impacting poorer health choices.'

'I also miss connection with family and friends and faith. Although I do access these online, it is not the same as a welcoming hug.'

It is notable that at this stage (May-June 2020) financial concerns were not reported by the majority. Most said their money situation was the same as before the pandemic though it is notable that for one-third of respondents, just 8-10 weeks into the pandemic, finances had gotten worse.

How is your money situation during the Covid-19 outbreak? (n=57)

Comments suggest, however, some uncertainty over finances and the dependence of these on the contingencies of both lockdown and the Government's support through the pandemic:

'my financial situation hasn't changed much. I should be working, but I live at home so I am financially secure at the moment.'

'I'm … able to save as not spending much on petrol and eating out.'

Others did express financial concerns, in comments like 'Everything is so expensive', and saying that finances like 'Paying all my bills' were on their minds.

Government efforts to buffer the economic impact seemed to have helped some people, but did not provide full security or overcome a weakened jobs market.

'Lost two jobs, provided with some furlough but this has now decreased.'

'[My finances are] technically worse but I still get 90% so I'm not complaining'

'mental health has declined due to being on furlough'

'No specific barriers - just difficulty finding employment (unsuccessful applications/interviews).'

For those with physical conditions, maintaining health was challenging

38%

had health impacts from the first wave of Covid-19

While 60% (35) reported no health impacts as of June 2020, 38% (22) said the health of themselves or their family had been affected by Covid-19 and lockdown. Comments resonate with the broader evidence showing disproportionately higher numbers of Black and minority ethnic people in key worker jobs, and with greater exposure to and risk of infection, noting the implications of this for health experiences:

'My husband had covid 19 which he got from working in a hospital ward. He is a doctor. As a result he has been off work 4 weeks, it will be another 2 weeks before he will be fit enough for work.'

'I am looking after 2 people who have to be isolated due to their health issues. I also don't keep well but have to deal with it; at least we are safe so far.'

Management of one's own or family member health conditions and accessing Covid-19 testing also presented challenges:

'We had no car when we needed to have my mum tested. The govt website was one big maze which was difficult to navigate for booking tests or finding out information on what to do if you do not have a vehicle.'

'Daughter has a chronic condition and has had lack of access to medical care, medicine, on-going diagnosis, medical advice, etc.'

'Reduced access to management of pre-existing medical conditions (myself, family, friends).'

Some positives and displays of resilience through humour

While the survey highlights key negative impacts for Muslim and Black minority ethnic communities in Scotland, there were more than a few mentions of positives as well as use of humour as a sign of strength and coping skill. A small number also stated they felt Covid-19 had not affected their lives.

Positives included having more time with family and children, and for reflection, as well as supportive relations with (non-minority) neighbours:

'Well, Ramadan [was spent] at home. But that was a beautiful experience. "Impacted" doesn't automatically mean negative.'

'Masjid closed so no taraweeh. But being home and walks in park have allowed more time for spiritual reflection.'

'When my husband was ill and was taken away in an ambulance, we were isolating ourselves, our white neighbours were so so supportive, continuously asking if we needed anything, bringing us juice, sweets for kids, ice lollies and one neighbour gave us a huge bag of toys for all 4 children.'

Humour came out in responses to questions about discrimination and hate crime:

'Positive [relations with neighbours]. I bring them cake, they can't dislike me.'

'I'm at home – no hate crime here.'

Humour also was employed in sharing wry reflections on family life in lockdown:

'shouting this survey to my husband while he cleans the kitchen.'

'our food expenditures have doubled. 🤔 apparently we have too much time to cook fancy dishes'

Conclusion

Covid-19 has exposed the ways communities feel valued and or disvalued, are made safe or unsafe, secure or insecure. Surveys such as this can reveal specific ways that those in minority ethnic and faith groups may be affected, which can assist understanding how state and other actors can understand culturally specific dimensions of the pandemic as well as support health, wellbeing and community.

Responses show how a descending health crisis interacted with issues affecting minority communities in Scotland. Closure of places of faith-based activity disproportionately affected respondents, women who mainly come from minority ethnic and faith communities, and this had impacts beyond loss of worship – affecting levels of isolation mental health, social interaction and support, sense of community and cultural connectedness. As this report was being written we heard anecdotally that when some faith-based places re-opened, briefly over the summer, they were opened only to men. If this applied across places of worship, it suggests women from these communities never had a reprieve from lockdown, and is worth paying attention to as the UK considers easing of restrictions.

The combined effects of impacts noted in this survey have revealed growing isolation, as well as resilience. These responses came in during Ramadan in the lead up to Eid in 2020.

While the UK Government urged Muslim families to stay at home for Eid, it encouraged people to meet up in beer gardens, throwing into relief disparate cultural messaging and impact of managing this health crisis.

At this early point of Spring/Summer 2020, many respondents reported negative changes to physical and mental health and a third said finances were worse. At the same time, it is important to note that most people answering the survey seemed to be managing without any significant impact on their financial or emotional wellbeing. It is now over half a year during a second Covid-19 wave and third lockdown phase, and it will be important to conduct further community engagement and data collection to understand how people are coping now and what supports might keep people from the worst outcomes.

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