

HER SAY HER WAY

INCLUSIVE PANDEMIC RECOVERY PLAN

2022



Women and Gender
Equality Canada

Femmes et Égalité
des genres Canada



YORK REGION
WOMEN'S
FOUNDATION

ACKNOWLEDGEMENTS

PARTNER ORGANIZATIONS

Thank you for helping us raise the voices of Black and South Asian women and supporting an inclusive pandemic recovery.



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Featuring cover art by **Madison 'Madi Em' McKnight**.

Madi Em is a Afro-Canadian independent 2D illustrator and comic artist. From slice-of-life comics and fan works, to character focused illustrations, they strive to bring out and express their emotions through art, and to tell a story in the pieces they have to show. Madi also attends conventions and sells their work online. " Twitter [🐦: @OhMadiEm / @Nerdylazorz](#)

On the featured artwork:

"I use to attend art conventions every few months, and look forward to art crawls. The sense of community and family created was so important to me, as a shy artist. During the pandemic, like many things, it was lost. Two years later, I still find myself longing for those days. I drew this piece with that in mind. I'm hopeful things will get better, and communities can be like they were before."

This project was funded by **Women and Gender Equality (WAGE) Canada**.



COMMUNITY
RESEARCH
ETHICS OFFICE

This project has been reviewed and approved by the
Community Research Ethics Board.

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EXECUTIVE SUMMARY

The COVID-19 pandemic has touched aspects of life from country-wide policies and restrictions to individual aspects of daily living. For many the pandemic has been an unprecedented time of difficulty, inciting struggles with illness, extended symptoms, loss of work, changes in familial and social relations, mental health challenges, and much more, all with the absence of necessary resources required to overcome these difficulties.

As public health restrictions begin to roll back many are still left facing the aftermath of the pandemic - particularly racialized women. "In lots of ways, people have called it the women's pandemic," said Andrea Gunraj, vice-president of public engagement at the Canadian Women's Foundation. "It seems to be hitting women, in particular, in unique and difficult ways." As we look to take steps toward a post-pandemic world, we must ask: "What support is needed to form an **inclusive pandemic recovery plan**?"

The **Her Say Her Way** program was launched to answer this question. Black and South Asian women were asked how the pandemic impacted **their** lives, and the supports they feel are needed from policy-makers and organizations to recover. This report first goes into depth on issues raised for women by the pandemic, followed by their experiences and struggles and proposed solutions. Using Gender-Based Analysis Plus (GBA+), responses to both surveys and focus groups have been analyzed with an eye toward the intersectional needs of racialized refugee, immigrant, newcomer and LGBTQ2 women.

Her Say Her Way Asks:

What struggles have Black and South Asian women encountered during COVID-19?

What areas of Black and South Asian women's lives have been most affected by the pandemic?

What programs and supports are needed for equitable recovery in the GTA?

HER SAY HER WAY SNAPSHOT

Top 3 needs for an equitable recovery:

Financial Assistance



Physical Health Programs



Mental Health Programs



- **30%** of Black and South Asian women found the area of their life most affected by COVID-19 to be **psychological health**
- **50% attempted to access mental health care** throughout the pandemic
 - **1 in 3 could not access mental health services**
 - Women want **culturally representative** mental and physical healthcare
- **50%** of participants **experienced some form of racial discrimination** in the past month, with **28%** of participants experiencing **frequent discrimination**
- **65%** of participants reported household income of **\$50,000 per year or less**
 - For almost half of participants, this income supported 4 or more people
- **46%** of participants marked their **stress** about their finances during the pandemic as being **7 or higher out of 10**
- **64%** of survey respondents reported experiencing **access changes to their health care**
- **1 in 3** experienced a partner **hitting, grabbing, slapping, kicking, or otherwise physically harming them** at least once within the last month

INTRODUCTION

As COVID-19 impacted Canada, its effects were felt significantly differently by various portions of the population. “Women are among the hardest hit by the pandemic,” said Marie-Claude Landry and Karen Jensen of the Canadian Human Rights Commission in their address. Throughout the pandemic women have experienced a variety of hurdles in their family lives, within the work force, and on their mental and physical health (Krase et al., 2021), such as postpartum depression and feelings of isolation (Rice & Williams, 2021), inequality in expectation of childcare (with the average woman in Canada reporting nearly 50 hours more per week than men (Johnston et al., 2020)) and negative mental health impacts such as anxiety and depression (Alzaid, 2020; Davenport et al., 2020). COVID-19 also saw an increase in violence against women, who were trapped at home with abusers due to lockdowns and the inability to reach out to closed help resources (Lyons & Brewer 2021; Pfitzner et al., 2020; Macgregor et al., 2022).

These impacts fall harder onto the shoulders of minority women. Racialized women who suffered from mental health before COVID-19 experienced significant declines at the height of the pandemic that have not fully recovered even as pandemic restrictions have become to lift. (Barakat & Visano, 2022). “Social and economic barriers have been amplified for racialized women, Indigenous women, migrant women, women with low-income, single mothers, LGBTQ2I+ women and women with disabilities or mental health issues. The current situation has put women at greater risk of job loss, poverty, food insecurity, loss of housing and domestic violence.” (Landry and Jensen, Canadian Human Rights Commission). Even before COVID-19, South Asian, Arab, and

Black Canadians experienced both the highest rates of unemployment. These unemployment rates were also affected by gender; South Asian women had greater unemployment than South Asian men, and Black Women faced higher levels of unemployment than Black Men. (Statistics Canada, 2020). These higher rates of unemployment lead to higher levels of vulnerability to the financial impacts of job losses as they hit during the pandemic (Hou et al., 2020). Dyer’s 2020 study found that Black participants were experiencing increased discrimination and stigma as well as mental distress. These numbers further compound with the experiences of immigrant and racialized workers making up a majority of front line workers in Ontario; despite making up just over 25% of Ontario’s population, immigrant, refugee and other newcomers accounted for 43.5% of all COVID-19 cases (Guttmann et al., 2020).

As social restrictions begin to wind back and society begins to reach once more toward a state of ‘normal’ these inequalities must be addressed. “These disproportionate impacts could have long-term and far reaching consequences. If we are to restore momentum in our efforts to bring about gender equality in Canada, social and economic recovery efforts must take a feminist approach.” (Landry and Jensen, Canadian Human Rights Commission). Through listening to the voices of Black and South Asian women regarding their needs for recovery, this report aims to address these disproportionate impacts. **Only by including groups in conversation can we begin to understand how we can close the gaps in recovery between the minority and the majority.**

METHODS



Community Survey - February 1st - April 21st, 2022

- Distributed online
- Total Responses: **316**



Focus Groups - March - April, 2022

- Conducted via Zoom
- Total Groups: **6**
- Total Participants: **41**

Community Survey:

Online surveys developed through SurveySparrow were distributed through emailing lists for organizations within the GTA and surrounding areas. In total, 316 viable responses were collected.

Participants were provided with a 5 - 10 minute survey regarding their experiences with COVID-19, stressors during the pandemic, and their needs for recovery programs. In order to maintain confidentiality and provide the greatest comfort and flexibility to survey respondents, survey respondents were given the option to skip any questions they were uncomfortable responding to. Though this research would have liked to reach out to participants without access to technological devices, COVID-19 restrictions at the time of research did not make this possible.

Community Focus Group:

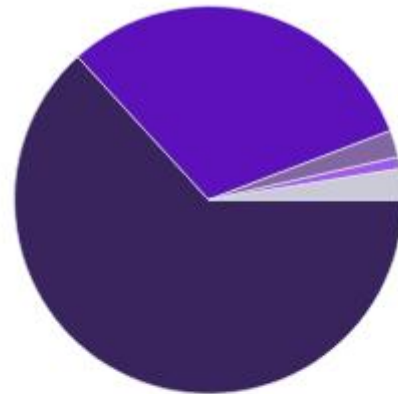
6 Focus groups were conducted with Black and South Asian women in the community. This served as a follow-up to the online survey to get a more complete picture of issues and experiences. Six, one and a half hour sessions were completed through Zoom. All sessions focused on the guiding questions presented in Appendix B. The focus groups provided an in-depth look at the experiences and difficulties faced by Black and South Asian women during the pandemic.

Data Cleaning

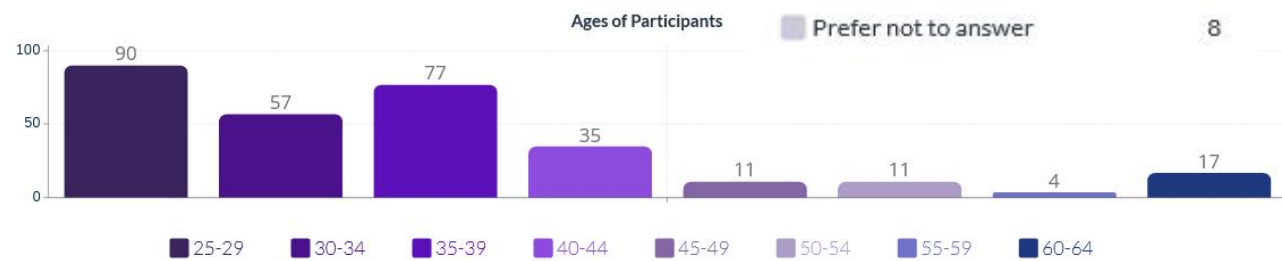
As the survey was conducted and held online, a variety of measures were taken to ensure that responses were from Black and South Asian women and not from any variety of fraud response. Responses were flagged for: multiple identical or nearly identical emails provided, repeated, identical response patterns, repeated, identical response times, and repeated, identical IP responses. A total of 785 responses were flagged for fraud.

DEMOGRAPHICS

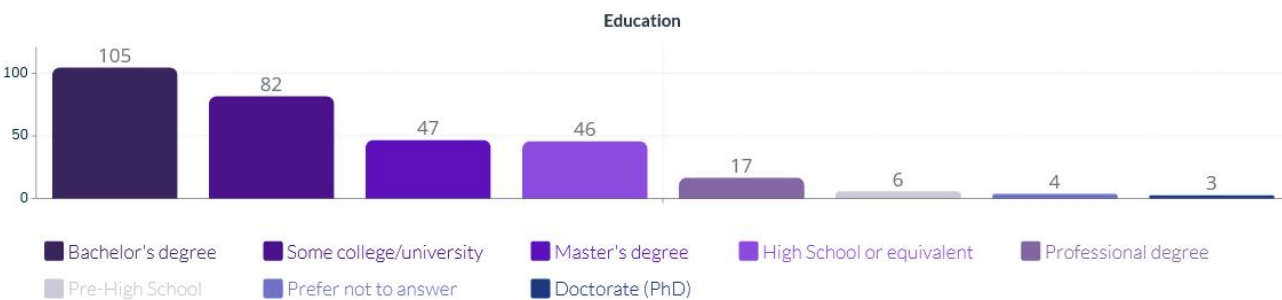
The online survey and research reached out to Black and/or South Asian women living in the GTA and surrounding areas between the ages of 25-64. A total of 316 responses were evaluated. Participants came from a wide variety of backgrounds and living circumstances.



Participants varied widely across the age spectrum, with a majority (28%) between 25 - 29. 16% identified as either LGBTQ2 or questioning. 41% of participants were born outside of Canada: 7% of respondents identified as newcomers, 2% identified as refugees. 53% of participants were born in Canada, with the remainder of respondents preferring not to answer.



Participants' educational backgrounds were highly varied, with the majority of participants (33%) having a bachelor's degree. Employment status at the time of the survey was equally mixed: 37% were working full-time, 24% were working part-time, 7% were self-employed, 10% were unemployed, 10% were full-time students, with the remainder of respondents being stay-at-home parents, part time students, retired, or unable to work for health reasons.

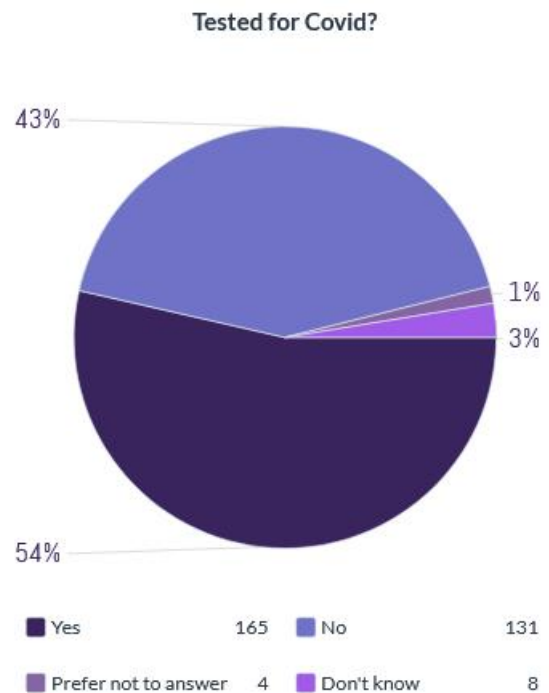


65% of participants reported household income of \$50,000 per year or less; for 44% of participants, this income supported 4 or more people. For 42%, this included supporting a child in need of daycare. 54% of participants were living in a house, condo or townhouse, 21% in an apartment, and 15% in a dormitory. Assisted living, shelters, and lack of a primary address were reported for the remainder of living circumstances.

EXPERIENCES WITH COVID-19 AND TESTING

Throughout the pandemic, 54% of participants experienced COVID-19 testing. Of the participants who experienced COVID-19, 18% experienced difficulties with testing, and 9% experienced difficulties with accessing test results after the completion of their tests.

26% experienced COVID-19 directly, and 29% had one or more people in their home test positive for COVID-19 throughout the pandemic. Of the respondents who experienced COVID-19 directly, 65 % experienced distressing symptoms. Symptoms experienced included fever, cough, sore throat, runny nose, shortness of breath, chills, fatigue, general lack of energy, loss of appetite, discomfort or pressure in the chest, vomiting, nausea, diarrhea, muscle aches, joint aches, headaches, seizures, shivering, dizziness, inability to stay awake, loss of taste, loss of smell, and abdominal pain. While a majority recovered fully, 18% experienced extended symptoms beyond 2 weeks past their diagnosis.

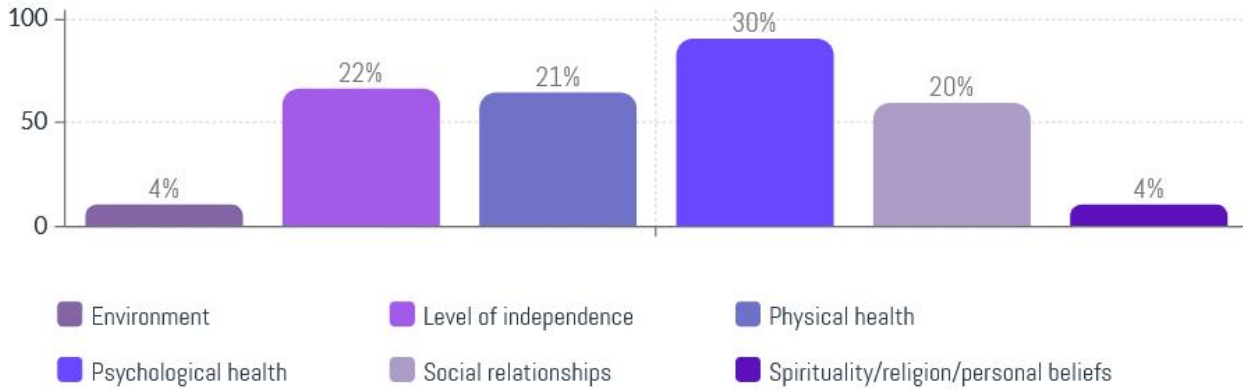


70% of participants were fully vaccinated, over half of whom also received a booster shot. 22% had one vaccination, and 4% were completely unvaccinated. 57% of individuals who received a vaccination experienced one side effect or more. Side effects experienced included pain, redness or swelling at the site of the shot, tiredness, headache, muscle pain, chills, fever, nausea, myocarditis, pericarditis, severe allergic reaction, irregular period and shortness of breath. While most recovered fully, 9% reported experiencing side effects 7 weeks post-vaccination.

RESULTS

EXPERIENCES DURING COVID

Quality of Life Area Most Affected

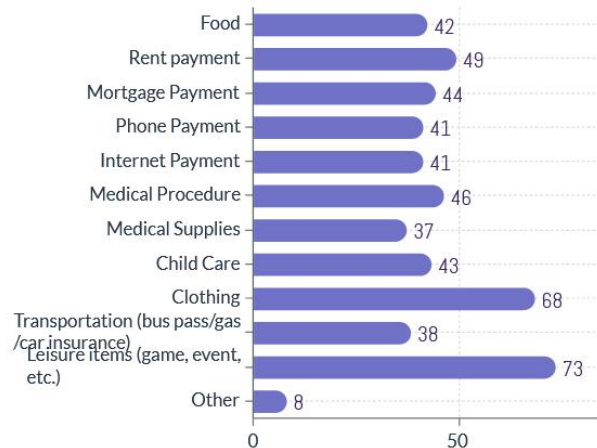


Responses supported previous research showing that racialized women were among the hardest hit by the pandemic. Black and South Asian women experienced a wide variety of challenges and difficulties in several areas of life, which was shown both in their responses to the survey and personal anecdotes during the focus groups. To get an idea of general experiences, participants were provided with the WHO’s six quality of life dimensions and asked which was most impacted for them by the pandemic. Psychological health was noted as being the most affected, with 30% of participants listing it as the area of their life most affected by the pandemic, though level of independence, physical health, and social relationships were also main areas of concern for many. One focus group participant remarked: “... One impacted the other, and I felt like it was sort of like a tower. You know, you remove one block, and the rest just kind of fall down.”

Financial stress was among the most noted issues for participants. On a scale of 1-10, 46% of participants marked their stress about their finances during the pandemic as being 7 or higher. Only 17% of participants’ household income did not change throughout

the pandemic. For 56% household income changes were minor - for 22%, these changes were moderate to severe, involving making large cuts to daily expenses and living and, for many, being unable to meet bills and other basic needs. 75% of participants had to put off or were unable to afford at least one expense throughout the pandemic; these expenses ranged from purchases such as leisure items like games or events to medical supplies and procedures.

Delayed/Unaffordable Expenses



41% of participants listed at least one federal or provincial support fund as a source of income during the pandemic (Canada Recovery Caregiving Benefit,

Employment Insurance, Ontario Works, Ontario Disability Support Program, Canada Recovery Sickness Benefit or Canada Recovery Benefit), but many participants found that these programs were insufficient for meeting their needs or making ends meet, if they were even able to access such recovery programs. As noted by a focus group participant, “Being on [social] assistance, I don’t think we had access to that. ... we didn’t have the same opportunity... Even if I did choose to get one of those benefits, I’d have to claim it on my income, and then social assistance will take it; either the whole thing, or half.”

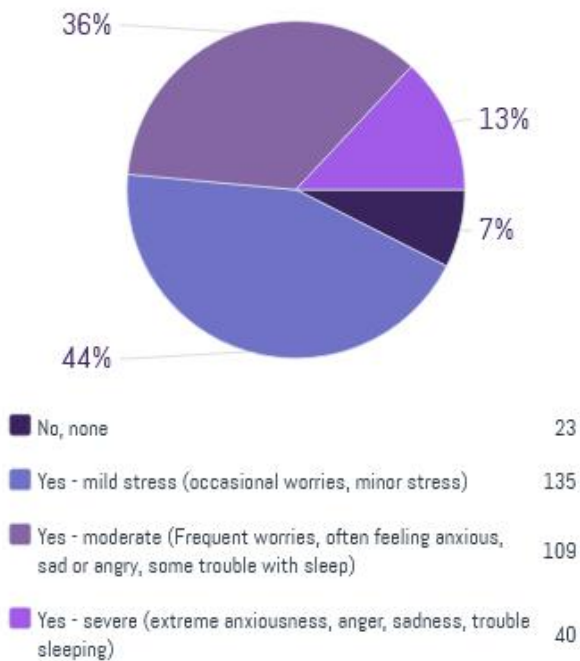
COVID-19 introduced a number of different changes to daily routines, from changing the mode and means of work to affecting food shortages and expenses. 51% of participants experienced moderate to severe changes to daily life. 58% of participants found some difficulty in either getting to stores during the pandemic or in being able to afford or access good quality food. Without being able to access good quality foods, 20% of participants found that they were eating much more or with more processed and significantly less healthy meals. Difficulty with access to healthy eating options was exacerbated by a loss of exercise following a wide variety of factors (particularly the closure of gyms and health programs), with 51% of participants’ exercise being reduced in duration or

intensity and 15% of participants’ exercise stopping altogether.

“I have not exercised since the pandemic hit. I’m just trying to keep afloat. Exercise seems like a luxury.”

Religious routines were also significantly disrupted. On a scale of one to five, 67% of participants rated the importance of access to a spiritual or religious community as four or five. When asked about how easy their access was to a spiritual or religious community during COVID-19 on a scale of one to five, only 30% rated their access at a four or five. Even including online access to religious and spiritual communities, individual needs were not being met. These needs were echoed in the focus groups. As one participant experienced, “The mosque is closed. We cannot go for prayer... this is the most important thing for me.” Another participant spoke about losses in her community, and the inability to reach out to a religious community for support. “I was not able to go to the gurdwara to pray, not able to mourn them with our loved ones.”

PANDEMIC STRESS

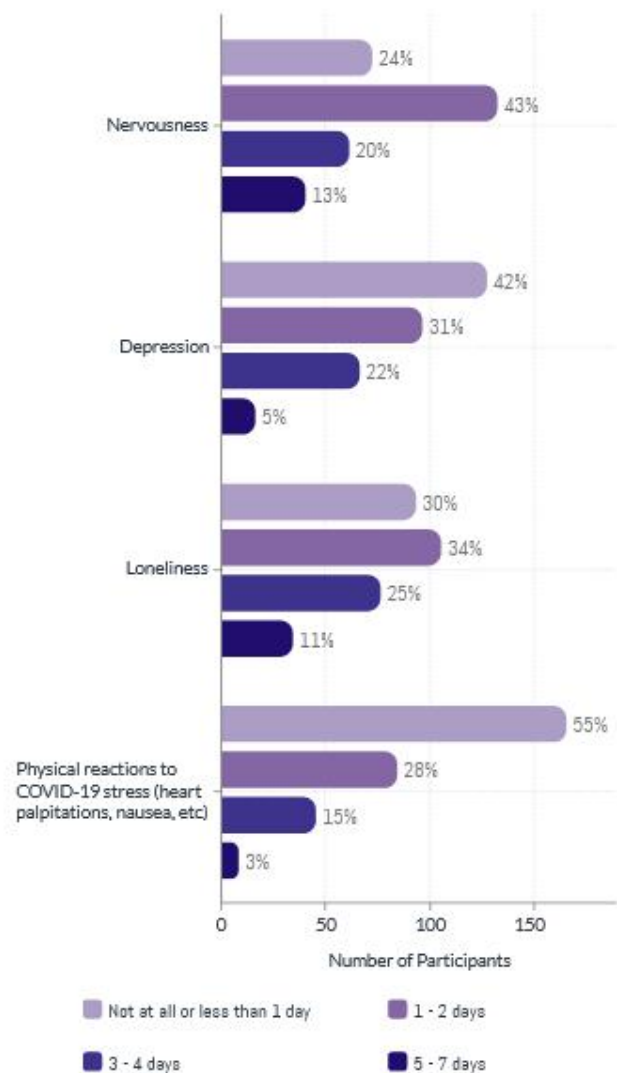


With such a wide variety of different stressors affecting participants individually, it's no surprise that stress responses and experiences were also highly individualized. Almost all participants experienced pandemic stress in one way or another; Though lockdowns were lifting at the time of the survey, 13% of participants still reported severe stress with regards to the pandemic.

Mental health impacts were a large concern for both survey respondents and focus group participants. 50% of respondents attempted to access mental health care throughout the pandemic; with the overflow of the mental health system (and the healthcare system) throughout the pandemic, 30% of participants who attempted to find mental health assistance were unable to do so. Of those who were able to access mental health care, the mean satisfaction was 3.5 out of 5. Many focus group participants noted that being able to access mental health services was a big issue for them throughout the pandemic. The unequal burdens of gendered expectations and childcare roles in their daily lives, without any suitable support from friends or

mental healthcare, was also voiced both in focus groups and in survey responses. As reflected in focus group discussions, some participants who may have wanted to reach out to mental health services didn't have that option: **"[I] can't focus on my own mental health. I have to worry about my children."**

Stress in the Past Week

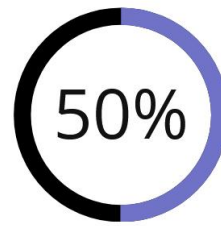


Stigma around mental health was another common theme of focus group discussions around accessing help. One participant said that: "No one in my family speaks about mental health." Another said that "[My] mental health was affected a lot. I

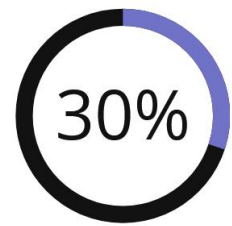
feel I need to be diagnosed, but I feel embarrassed to admit this.” For some in the focus groups, they felt as though this lack of conversation around mental health was affecting people in ways they themselves weren’t aware of. “I’m not sure that people are aware they were affected mentally. They’re just not in tune of what’s going on - It’s just not occurred to them that what they’re feeling and experiencing is a result of 2 years [of pandemic].”

What both Black and South Asian participants expressed was the lack of representative mental health care within the system. One participant said that there was: “... No suitable services for the Black community. ... [I] did not feel safe or secure with anyone. [I] don’t feel represented in the mental health system.” A survey respondent wrote: “... its difficult to find high-quality, and affordable mental health supports/services (psychologists, therapists) that are also culturally appropriate at the same time.” Women expressed a clear desire for culturally and racially appropriate mental health services, and a lack of services meeting their needs, both for themselves and for their families. One participant expressed her concern for her brother who, as a young Black man, was unable to find appropriate or affordable support for his mental health issues.

“The pandemic has shown how limited our mental health system is, and only the white and rich truly benefit from current support.”



Tried to access mental health services throughout the pandemic



Who tried could not access mental health services

Substance use in managing pandemic stress took many forms. Of survey respondents:

- ◆ 75% of smokers or vapers were smoking more than usual
- ◆ 67% of smokers or vapers wanted to stop smoking, but 48% were unable to get the help they needed to stop smoking
- ◆ 67% of drinkers were drinking more than usual, and 40% found they were unable to access a needed treatment program
- ◆ 78% of marijuana users were using more than usual
- ◆ 59% of marijuana users wanted to stop or use less, but 38% of users found they could not get the help they needed to stop using
- ◆ 71% of recreational non-prescription drug users were using more than usual
- ◆ 51% of recreational non-prescription drug users experienced some withdrawal symptoms, and 75% worried about withdrawal symptoms

Some substance users found that use of substances helped to alleviate stress, anxiety, and other negative mental health aspects of the pandemic, and some considered or used substances they would not usually use due to lack of availability of other mental health resources to assist with feelings of stress and depression. Others found their use patterns unhealthy, but were unable to receive the help they needed to stop using.

PHYSICAL HEALTH

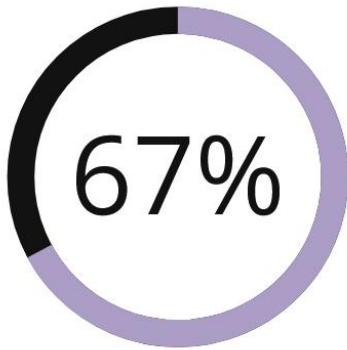
Along with mental health resources, physical health resources suffered throughout the pandemic, and Black and South Asian women felt the struggles of trying to reach out to appropriate care; physical health was the largest area of concern for 21% of survey respondents. Healthcare was a concern for participants who caught COVID-19 and for those trying to access health services for other reasons alike. 64% of survey respondents reported experiencing access changes to their health care. Women experienced both changes to the general accessibility of baseline care (seeing a doctor, having prescriptions filled, receiving medical follow-up, etc.) and to the quality of the care they received. “The doctor was only available by phone,” recounted one focus group participant trying to have their knee pain evaluated, “And the appointment was four months away.” Participants found that even while they were managing to stay safe from COVID, their health was suffering in other ways: “I’m avoiding catching Covid-19 but might have other health issues I’m unaware of because I haven’t done anything preventative, such as blood tests or pap smears.”

Lack of access to medical health care came from multiple areas. The taxing of hospitals and physical care systems was the first point of loss of access for many.

Similarly, urgent medical supplies were running low on stock, causing many to need to wait on medical procedures or medical supplies. Of the 20% of survey respondents with pre-existing medical conditions before COVID-19 that required medication, 25% had difficulty obtaining a prescription refill. 38% of participants who used birth control had difficult access or no access to their birth control method of choice - for 27% this was due to needing medical approval or support for resources such as birth control pills, IUDs, and more 36% of all respondents had to postpone at least one medical procedure throughout the pandemic. **57% of respondents who had to postpone their procedure were still waiting for that procedure.**

For others, the loss of medical care came from losses of work and benefits. Medical insurance loss was felt by survey respondents - in additional comments, women mentioned loss of health coverage and dental coverage leaving them with an absence of support. Still, those who had access to medical health care throughout COVID-19 were drawing from a heavily overworked system, and many found it was not meeting their needs. “[My family doctor] personally I feel has [sic] felt lazy in the pandemic. And I don’t like how every small symptom is just easily linked to COVID even when it’s not,” wrote one survey respondent.

COMMUNITIES, ISOLATION, AND RACIAL DISCRIMINATION



Were lonelier due to COVID-19

Throughout COVID-19, social and community structures changed thoroughly. Social isolation was one of the core struggles of the pandemic for many, and for 21% of respondents their social lives were the most impacted under the weight of the pandemic. A large majority of survey respondents reported that their lives were lonelier due to COVID-19. 65% experienced stress as a result of being unable to see friends and family.

For many Black and South Asian women, lockdowns involved missing important cultural and social festivals. “I miss the routine of Ramadan, for fast breaking and seeing people. That was a very difficult time for me,” mentioned one focus group participant. Another spoke on the absence of festivals: “I miss all the events and festivals that Toronto has. Like CNE, or Carabana, or Afrofest... I miss those.” For artists relying on sales at such gatherings, the loss of community was also intricately tied with loss of finance.

For some, communities and social ties were a source of strength. 46% of respondents had neighbours check in on them throughout the pandemic. 37% shared grocery and errand tasks to minimize risk. 42% felt that they and their neighbours were taking care of each other.

Overall, most survey respondents felt safe within their communities throughout the pandemic. 77% felt as though their community was safe to very safe. Women felt as though their communities were generally similar in levels of violence and crime, with slightly more feeling as though levels of violence and crime had gone down since the beginning of the pandemic. While 70% of respondents felt safe within their homes, 18% felt not very safe to not safe at all. 16% of participants felt that their home was less safe than it had been before the pandemic, while 20% found their home felt more safe.

“ ... Dismantling racism is an ongoing thing for us just because we exist. Our very existence is a disruption to these systems and it is exhausting work, especially for those of us in the public sector.”

Over the past month, 50% of participants experienced some form of racial discrimination, with 28% of participants experiencing frequent discrimination and 6% experiencing near constant discrimination. Only 17% found that this was more discrimination than they experienced prior to COVID-19; 14% found that they experienced less. In focus group discussions and in survey comments participants noted the different ways in which racism and discrimination were affecting their lives, some noting that in particular systemic racism was affecting their access to support and the trajectory of their recovery.

PANDEMIC RELATIONSHIPS AND FAMILIES

“I gave birth to my second child [during the pandemic]. I could not get help from family or friends through my recovery. I had to manage a toddler whose child care facility had shut down, a newborn and deal with a spouse who was a front line worker who had to go into work.”

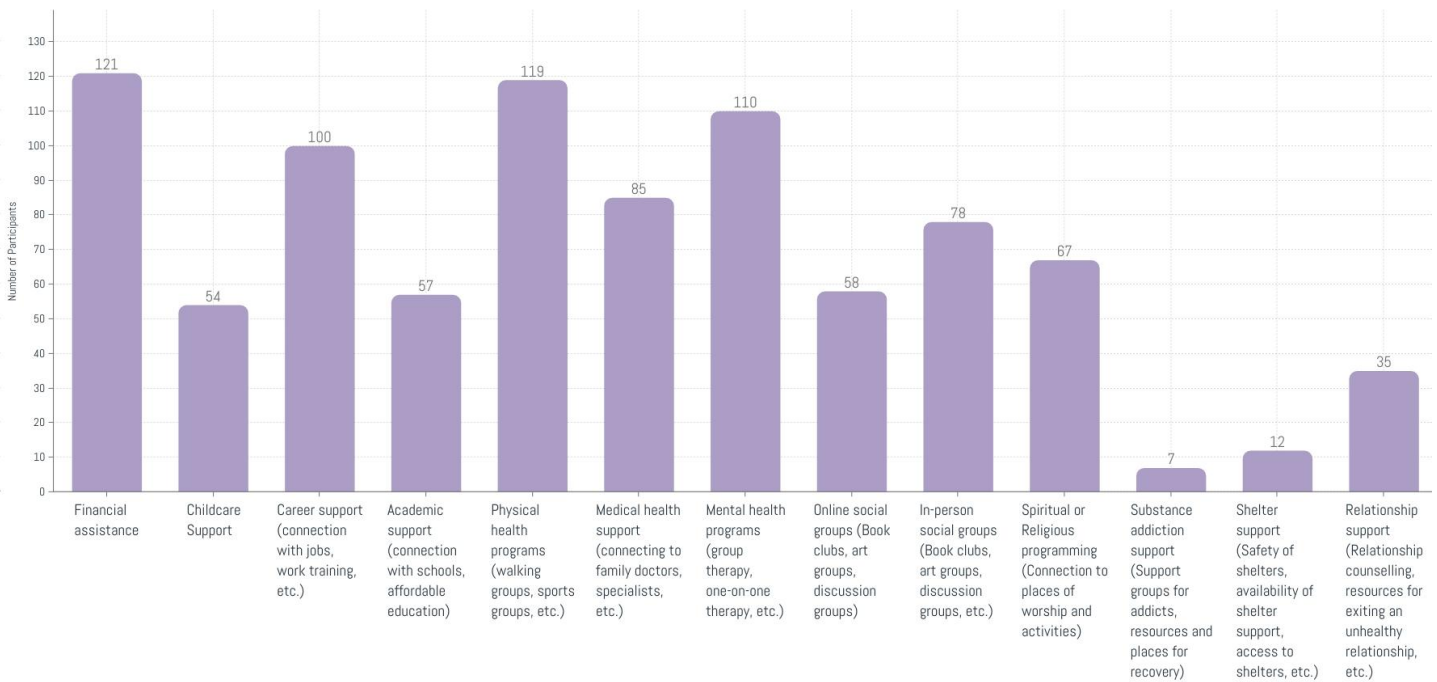
For many participants, their relationships were greatly shaped by the course of the COVID-19 pandemic. 57% of participants were married, 11% were in a relationship, 6% were in more than one relationship, and 1% were engaged. For 66% of participants in relationships, their

relationship had been going on for 5 years or longer. For some, these relationships provided much needed stability and support. For others, the pandemic added new and difficult challenges. Pregnancies, both planned and unplanned, and caring for newborn children amidst a pandemic landscape that left them under-supported were common difficulties faced by women. Almost half of the women surveyed had a child in need of childcare at home, and 90% struggled to get their child care due to financial costs, distance to childcare, safety concerns or closures.

For some, being in lockdown at home meant exposure to abuse in dangerous and unhealthy relationships. Of the participants in relationships, 9% had a partner yell at, embarrass in front of others, or frighten them fairly often to very often. 34% experienced a partner hitting, grabbing, slapping, kicking, or otherwise physically harming them at least once within the last month. One out of five experienced a partner touching them or pushing sexual behaviour onto them without consent. As emphasized in previous studies, pandemic circumstances make leaving unhealthy relationships difficult due to lack of resources available for individuals attempting to do so. One focus group participant felt isolated and alone in her bad relationship, but unable to leave due to a lack of will and confidence.

CONCLUSIONS - MOVING FORWARD

Program Support Needs



Through looking at a wide variety of factors in COVID-19 experience, it’s evident that recovery needs for Black and South Asian women are many. When asked what programs they needed most and able to select as many programs as needed, the three top most requested supports were **financial assistance (38%)**, **physical health programs (38%)**, and **mental health programs (35%)**.

As evidenced by many of the experiences represented throughout the survey, there are a wide number of financial stressors being faced by Black and South Asian women - some of which existed before the pandemic, and were only exacerbated by COVID-19. Finances are integrally tied to many of the other issues faced; without adequate supports, women don’t have the

resources they need to attend school, reach out to the mental and medical health resources they need, leave unhealthy and unhappy relationships, care for their families, begin their businesses, or otherwise live their lives with dignity and quality of life. Ensuring women have the financial recovery programs they need is integral to ensuring they’re able to address issues in other areas of their lives. As one graduate student said, “Where I want to be comes at a financial cost.”

As COVID-19 restrictions lift, women want to see more physical programs addressing physical health issues that arose during the pandemic. Yoga, meditation, swimming classes, walking, and city exploration were among the suggestions we received.

Women expressed a desire for available and affordable mental health programs, addressing pandemic stressors and issues, as well as general mental health problems. Women are looking for both individual programs and group programs looking at mental health. Most importantly, women want mental health resources targeted toward their demographic, with Black and South Asian counselors that can meet their cultural needs.


“Making sure some of the supports are culturally appropriate and trauma informed, given some might want to speak to therapists that they can connect with, right? People from their community who can relate to, for instance, racism and discrimination that they’re facing during Covid.”

Having applicable career support to get back into the working world was another large concern for women. “While I do feel like I have the skills, I don’t feel like I have much recent experience that I can speak to,” mentioned one focus group participant. For many, getting laid off or being unable to apply to new jobs or experience is still a large issue as they look to find new career paths and opportunities moving into a post-pandemic world, whether that meant looking for a job or looking to start a business. “Starting a business during COVID has barred us from a lot of funding from the government because they all require you to have been in business before the pandemic,” wrote one survey respondent. Another noted that the job market is especially difficult for older adults.

Echoed in many of these support requests was a core theme of social connection. Isolation and a loss of feelings of community have increased poor mental health outcomes, levels of fitness, and overall feelings of belonging, and women want to begin to reach out and rebuild their social lives. Issues of isolation came up frequently even while discussing issues of finances, mental health, and general wellbeing - much like finances, a lack of social connection has rippling effects. Women indicated interest in neighbourhood groups, shopping groups, storytelling groups, and social support groups for beginning to re-develop social skills many women found were lost.

These recommendations are a starting point for addressing the inequalities and the needs proposed by this paper. The pandemic impacted many layers of women’s lives, and the most effective recovery will be multi-faceted. It must also be noted that though this survey reached out to Black and South Asian women from a variety of backgrounds, both the survey and focus group required internet connection -many women at greatest risk do not have consistent access to the internet (Reback et al., 2015). Further programs should seek to address this research gap. Women in abusive households and relationships need the financial resources and support to get out of their current circumstances. Women with children need affordable childcare. Women experiencing difficulties with substance use need support programs available to them. Women need housing support in an extraordinarily overinflated housing market. Women need all of these issues approached through a lens of intersectionality understanding how race and gender impact their recovery. One focus group participant put it best when asked what she needed to recover from the pandemic:

“Everything. All of the above.”



WHAT DOES INCLUSIVE COVID-19 RECOVERY MEAN TO YOU?

“We have to hold each others’ hand and come out of it ... come out of it together.”

*“Everybody should be able to recover almost at the same time. If any sector or anybody is lagging, **there should be help for them.**”*

*“More **opportunities.**”*

*“Having the **independence** to live a normal life.”*

*“It’s really hard if you’re on low income. ... providing the support so that **people continue to receive the care they need.**”*

*“... **acknowledging** that a lot of marginalized communities are not receiving the proper care or attention... on top of the systemic issues that already exist.”*

*“Ageism or sexism, or, you know, the various ‘isms’ we gift to various sectors of society, **those should be looked at.**”*

HSHW INDIVIDUAL PLEDGE

Make equitable recovery a part of your personal practices by joining the York Region Women's Foundation in taking the Her Say Her Way Pledge for Inclusive Recovery!



I pledge to:

- 1** Incorporate the findings of the Her Say Her Way report into my efforts toward equitable COVID-19 recovery
- 2** Acknowledge that the impacts of COVID-19 unequally affected diverse women, and that the journey to recovery requires addressing these inequalities
- 3** Make space for diverse women to express their needs directly, and listen to those needs
- 4** Remain accountable by examining my own thoughts and actions for biases

Learn more and take the pledge at:
yrwf.ca/HerSayHerWayPledge

HSHW ORGANIZATION + POLICY MAKER PLEDGE

Make equitable recovery a part of your organization's goals by taking the York Region Women's Foundation in taking the Her Say Her Way Pledge for Inclusive Recovery!



We pledge to:

- 1** Incorporate the findings of the Her Say Her Way report into our efforts toward equitable COVID-19 recovery
- 2** Acknowledge that the impacts of COVID-19 unequally affected diverse women, and that the journey to recovery requires addressing these inequalities
- 3** Create opportunities for diverse women that meet their needs
- 4** Make space for diverse women to express their needs directly, and listen to those needs
- 5** Remain accountable by addressing inequality in current programs and opportunities

Learn more and take the pledge at:
yrwf.ca/HerSayHerWayPledge

REFERENCES

Alzaid, E.H., Alsaad, S.S., Alshakhis, N., Albagshi, D., Albeshar, R. and Aloqaili, M. (2020), "Prevalence of COVID-19-related anxiety among healthcare workers: a cross-sectional study", *Journal of Family Medicine and Primary Care*, Vol. 9 No. 9, p. 4904.

Barakat, G. and Visano, S. B. (2022) "Who Gets to Heal? The Negative Mental health Outcomes of COVID-19 on Racialized Working Women"

Davenport, M.H., Meyer, S., Meah, V.L., Strynadka, M.C. and Khurana, R. (2020), "Moms are not ok: COVID-19 and maternal mental health", *Frontiers in Global Women's Health*, Vol. 1, p. 1.

Dyer, O. (2020). Covid-19: Black people and other minorities are hardest hit in US.

Hou, F., Frank, K., & Schimmele, C. (2020). Economic impact of COVID-19 among visible minority groups.

Krase, K., Luzuriaga, L., Wang, D., Schoolnik, A., Parris-Strigle, C., Attis, L., & Brown, P. (2021). Exploring the impact of gender on challenges and coping during the COVID-19 pandemic. *International Journal of Sociology and Social Policy*.

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. International Credential Evaluation Service (ICES). <https://www.ices.on.ca/Publications/Atlases-and-Reports/2020/COVID-19-in-Immigrants-Refugees-and-Other-Newcomers-in-Ontario>

Johnston, R. M., Mohammed, A., & Van Der Linden, C. (2020). Evidence of exacerbated gender inequality in child care obligations in Canada and Australia during the COVID-19 pandemic. *Politics & Gender*, 16(4), 1131-1141.

Lyons, M., & Brewer, G. (2021). Experiences of intimate partner violence during lockdown and the COVID-19 pandemic. *Journal of Family Violence*. <https://doi.org/10.1007/s10896-021-00260-x>

MacGregor, J. C., Burd, C., Mantler, T., McLean, I., Veenendaal, J., Rodger, S., & Wathen, C. N. (2022). Experiences of Women Accessing Violence Against Women Outreach Services in Canada During the COVID-19 Pandemic: a Brief Report. *Journal of Family Violence*, 1-9.

Pfifner, N., Fitz-Gibbon, K., & True, J. (2020). Responding to the 'shadow pandemic': Practitioner views on the nature of and responses to violence against women in Victoria. *Australia during the COVID-19 restrictions*.

Rice, K., & Williams, S. (2021). Women's postpartum experiences in Canada during the COVID-19 pandemic: a qualitative study. *Canadian Medical Association Open Access Journal*, 9(2), E556-E562.

Reback CJ, Ferlito D, Kisler KA, Fletcher JB. Recruiting, linking, and retaining high-risk transgender women into HIV prevention and care services: an overview of barriers, strategies, and lessons learned. *Int J Transgender*. 2015;16(4):209–21.

Statistics Canada. 2020. "Labour Force Survey, May 2020." In *The Daily*, 5 June. Ottawa: Statistics Canada. At <https://www150.statcan.gc.ca/n1/daily-quotidien/200605/dq200605a-eng.htm>. Google Scholar