

## Protocol scoping review: Gender and COVID-19 among Indigenous and marginalized populations

### Background

Consequences of the coronavirus disease (COVID-19 pandemic) are being experienced differently across gender (1). Even though morbidity and mortality seem to be affecting predominantly men more than women, there are multiple drivers of vulnerability shaping how the disease and policy responses are impacting both health and other aspects of wellbeing differently (2). Sex and gender are two key determinants of direct and indirect effects of COVID-19 because they could be related to worse clinical outcomes,(3) or create more social disparities (4), especially when other socio, economic or cultural determinants that intersect with gender (e.g. type of occupation, income, ethnicity, language, sexual orientation), are not being considered (5).

Sex refers to the biological characteristics (male, female, intersex persons), while gender refers to “*socially constructed roles, behaviours, activities, and attributes that a given society at a given time considers appropriate for men, women, girls, and boys*”.(6, 7) Sex is usually determined by genetic or physical characteristics, while gender is shaped by each society and culture, implying that health risks, such as COVID-19, may be experienced differently by each gender. In other words, COVID-19 experiences are being framed by the context, rules, and behaviours that each society practices. A lack of sex-disaggregated data and a gender approach to fully understand the behaviour of the COVID-19 pandemic could make gender inequalities invisible (8).

The consequences of COVID-19 and policy responses, for Indigenous People, would have multiple intersections with gender as well, although seems under-investigated. First, Indigenous social and cultural practices are related to reciprocity and contribution of both women and men, to the health and wellbeing, of families, communities, and land (8), thus this health emergency would have activated gender roles and responsibilities. Second, because of the historical process of colonisation (e.g. displacement, intergenerational poverty, trauma), there are several social, economic, and environmental changes influencing Indigenous self-autonomy, as well as gender social roles, with implications for how men or women, have access to the land, economic and educational resources relevant to protect their health,(9, 10), especially during a pandemic (11). For example, in many Indigenous communities, it is the role of women to care for the elderly, sick, youth and children, and it is likely COVID-19 lockdown policies have increased their workload as they are expected to care for more sick relatives, monitor, and tutor youth and children while schools closed, and have greater household chores such as cleaning and cooking as families stay at home (12). Multiple chores could lead to women having limited access to health services. Policy responses that are not sensitive to Indigenous gender practices, risk increasing the vulnerability of indigenous families and communities (13).

Researchers have reported higher seroprevalence (14), risk of infection (15, 16), and in some places, higher risk of death for COVID-19 among Indigenous people compared with non-Indigenous people or the general population (17, 18). Possible explanations proposed for the disproportional excess risk of COVID-19 among indigenous people included: previous chronic or infections health conditions (15, 19), poor access to health care (20), low socioeconomic status (14), and “*dissolution of indigenous culture*”(19). However, neither

of these explanations were referred to be experienced differently by different gender. A recent systematic scoping review examining how COVID-19 has impacted IPs suggested a lack of publications addressing gender (21).

In response to this deficit and the importance to inform global and regional policies focused on addressing poor health and social inequities during COVID-19 recovery, we aim to conduct a systematic scoping review to understand how the academic and grey literature is mainstreaming gender when reporting impacts, experiences, and responses to COVID-19 among Indigenous and marginalized communities.

To identify whether a similar revision was being conducted, we searched PROSPERO and the Cochran Database of Systematic Reviews, and no current or in-progress systematic reviews similar to our topic were found. This study is conducted as part of the COVID-19 Observatories, a multinational collaborative research conducted with Indigenous and non-Indigenous people from 12 regions: United Kingdom, Uganda, Namibia, Ghana, South Africa, Peru, Sri Lanka, India, Fiji, Russia, Australia, and Canada.

## Methods

### Review Question

How is the academic and grey literature mainstreaming gender when reporting impacts, experiences, and responses to COVID-19 among Indigenous and marginalized communities? We posed the following sub-questions to interrogate the literature:

- I. How is literature approaching, using, and reporting gender, to analyse the impacts, experiences, and responses to COVID-19 among Indigenous and/or marginalized communities?
- II. What were the main gender approaches that researchers were using when reporting the impacts, experiences, and responses to COVID-19, among Indigenous people and/or marginalized populations?
- III. Is literature predominantly gender-sensitive, gender-responsive, or gender-transformative when presenting experiences, impacts, and responses to COVID-19 among indigenous people?

### Research framework

We identified gender mainstreaming as the main framework to investigate how impacts, experiences, and responses are being characterized in the literature that reports on Indigenous and marginalized communities affected by COVID-19 (22). This framework supports gender health equity, by promoting the representation of both women's and men's experiences, different needs, preferences, and interests (23, 24). Mainstreaming means that researchers are not assuming that everyone experiences COVID-19 the same, consequently, we have used specific tools in the design, to present the results or during the discussion by considering how each gender is affected by COVID-19 (22, 25). Since we recognise diversity within the categories of gender, we have also used an intersectional approach (26) that recognises the multiple ways that gender intersects with other social factors including age, class, ethnicity, race, disability, migrant status, and marital status among others to explain health inequities (27). In this way we will be able to go further to simply identify gender by male and female, or men and women, and map how impacts of COVID-19 were differently experienced by older/younger women, women living with disabilities, or living in poverty, lesbian, bisexual, queer or non-binary women, transgender women, and other diversities.

Previous work has identified three key dimensions to investigate gender mainstreaming in the literature related to climatic risks (28): gender sensitivity, gender responsiveness, and

gender transformativeness. Gender sensitivity refers to articles that identify or recognise needs and experiences, separately for different genders, men, women, and others; gender responsiveness refers to articles that are framed in a gender-disaggregated manner, and/or when progress indicators measure the different impacts of a policy intervention on both men, women or other genders. Gender transformativeness is when the article critically appraises social values, organizational practices, and policies.

#### Research approach

Scoping reviews employ a systematic methodology to provide an overview of the literature on a topic, identifying sources of evidence and gaps (29, 30). Unlike a systematic review which focuses on a narrow topic with well-defined questions, a scoping review addresses broader questions, suitable for emerging issues, such as COVID-19, and clarifies how gender is being mainstreamed in the literature related to Indigenous populations (29, 31).

Following recommendations to complete a scoping review, we will use the following guidelines (29) to identify three key components for this scoping review: Population (P), context (C), and concepts (C).

#### Population

For this study, we follow the recommendations of the United Nations Permanent Forum on Indigenous Issues (UNPFII) (32) and use the Indigenous population, community, or group as defined by and included the following criteria:

- Self-identification as indigenous peoples at the individual level and accepted by the community as their member
- Historical continuity with pre-colonial and/or pre-settler societies
- Strong link to territories and surrounding natural resources
- Distinct social, economic, or political systems
- Distinct language, culture, and beliefs
- Form non-dominant groups of society
- Resolve to maintain and reproduce their ancestral environments and systems as distinctive peoples and communities
- There may be a preference for other terms including tribes, first peoples/nations, aboriginals, ethnic groups, Adivasi, Janajati.
- Occupational and geographical terms like hunter-gatherers, nomads, peasants, hill people, etc., also exist and for all practical purposes can be used interchangeably with “indigenous peoples”.

Based on previous revisions and the expertise of the COVID-19 observatory team, we have completed a list of specific names or ethnicities for Indigenous peoples (**Supplementary Material 1**).

In some countries in the African continent, some Indigenous People are generally called “marginalized” or “excluded” communities, or populations; for example, Namibia is one of the countries that are participating in this revision. Because of this reason, we will include studies that refer to marginalized or excluded communities or populations, linked to ethnicity, language, or cultural background within their countries, in the African region. We acknowledge that literature could be using “marginalized”, or “excluded” populations to the Hispanic, black or Asian communities in countries like the USA or Canada, however, we want to keep this revision with a focus on Indigenous populations based on the criteria of the UNPFII, because of this, we will only include studies referring to “marginalized” or “excluded” communities or populations when it is in the Africa continent. Consequently, we will exclude studies that refer to marginalized or excluded populations in countries outside the African region. Studies that refer to marginalized or excluded populations for different

reasons of ethnicity, language, or cultural background would be also excluded. For example, incarcerated, people with disabilities, and poverty.

### Context

This scoping review is conducted in the context of the COVID-19 pandemic. We are interested in literature that documents impacts, experiences, and responses to the COVID-19 infection or pandemic.

### Impacts, experiences, and responses to COVID-19

COVID-19 pandemic is the reported presence of a new infectious disease, caused by the SARS-CoV-2, affecting human health and/or livelihoods, spread globally, from the end of the year 2019 to the present time. Impacts referred to the direct or indirect effects of COVID-19 virus infection in human lives and human systems (33). Direct effects are symptomatic, asymptomatic or long-standing health conditions, including related deaths, reported or observed as a consequence of the SARS-CoV-2 virus. Indirect effects are those social, economic, environmental, cultural or health consequences related to the implementation of protocols (e.g., delay in treatment for non-Covid-19 cases), policy or other strategies to contain the spread of the virus, including lockdowns and vaccine implementation. Experiences refer to the personal subjective emotions, feelings, and opinions reported by persons affected directly or indirectly by the COVID-19 pandemic. Responses refer to the decisions, actions or lesions taken and reported by individuals, households, community or institutions to help to mitigate COVID-19 pandemic impacts.

### Concept

Gender analysis of literature. It means that researchers are not assuming that everyone experiences COVID-19, as the same and have used specific tools and strategies either in the title, abstract, introduction, methods, results and/or in the discussion to bring out aspects of gender or sex differentiating approaches.

### Type of literature

We will conduct this scoping review by using the two different following literature resources: 1. Peer review articles published and included in scientific databases. 2. Grey literature, defined as literature produced by academic, governmental and other types of institutions, "but are not produced by commercial publishers" (34). Grey literature will include conference abstracts or proceedings, policy briefs from UN databases, and key documents suggested by Indigenous and non-Indigenous researchers and participants as part of the COVID-19 observatories research.

### Inclusion and exclusion criteria

We will prioritize literature that is in any of the following languages: English, Spanish, Portuguese or Russian, based on the cultural knowledge, and background diversity that we have in the COVID-19 Observatory team. Literature that would be in a different language will be excluded. We are going to include documents that have been published from 1 November 2019 to the 19<sup>th</sup> or 20<sup>th</sup> of April 2022. Documents published before or after that time frame will not be reviewed. Peer review literature and grey literature, including conference abstracts or proceedings, policy briefs published by UN organizations, or documents suggested by collaborators in the COVID-19 Observatory will be included (e.g., case studies or local NGO reports). Studies that are going to be conducted, protocols, or study designs for further studies, will be excluded. Newspaper articles, book chapters, and blogs will also be excluded. Studies that refer extensively to Indigenous populations as defined by UNPFII, or named in the list of ethnicities (**Supplementary Material 1**), without the restriction of ages, or sex will be included. When studies refer to marginalized or excluded communities or populations, they will be included, only, when it is linked to ethnicity, language, or cultural background within countries in the African region. Studies that refer to marginalized or excluded populations in countries different from Africa, will be

excluded. Studies referring to marginalized or excluded communities or populations, for different reasons of ethnicity, language, or cultural background will be excluded independently of the country.

Studies focusing on impacts, experiences, or responses to the COVID-19 infection or pandemic will be included (see context section for the definition of impacts, experiences, and responses to COVID-19). We will exclude studies reporting on data or situations that occurred during the period of the COVID-19 pandemic but are not related directly to COVID-19 infection or the pandemic. Studies that focus explicitly on gender or sex, that are reported extensively in the document, for example in at least two sections of the study: Title, abstract, introduction, methods, results, or discussion, will be included in the final analysis. See **table 1** for a summary of inclusion and exclusion criteria

**Table 1.** Inclusion exclusion criteria

	<b>Inclusion</b>	<b>Exclusion</b>
Language	English Spanish Portuguese Russian	languages other than English, Spanish, Portuguese, or Russian
Time of publication	Studies published between 1st of November 2019 and 19 <sup>th</sup> /20 <sup>th</sup> April 2022	Studies published before November 2019 or after April 2022
Type of literature	Peer-reviewed journal articles including original research, editorials, commentaries, revisions, essays, and reports. Gray literature, including conference abstracts or proceedings, policy briefs published by UN organizations or literature, or documents suggested by collaborators in the Observatory (e.g., case studies, local NGOs)	Newspaper articles, book chapters, blogs, protocols (studies that are not yet conducted), non-peer-reviewed articles
Population	Studies that refer explicitly to Indigenous populations (see list of <a href="#">ethnicities</a> and definition) of different ages, located in any part of the world  Studies that refer to marginalized or excluded communities or populations, linked to ethnicity, language, or cultural	Studies that do not explicitly identify Indigenous populations  Studies that refer to marginalized or excluded populations within countries outside the African region.

	background within countries in the Africa Region.	We will not include Hispanic or black communities in countries like the USA or Canada. Studies that refer to marginalized or excluded populations for different reasons of ethnicity, language, or cultural background. For example, incarcerated, people with disabilities, and poverty. Substance use, low income, experiences of violence, homelessness, and/or mental health challenges, drug users, homeless persons, sex workers, transients and migrants.
Context	Studies that directly and significantly focus on impacts, experiences, and responses to the COVID-19 infection or pandemic.	Articles that are not directly and significantly focused on COVID-19 infection, the COVID-19 pandemic, or SARS-CoV-2  Articles reporting on data or situations that occurred during the period of the COVID-19 pandemic, but are not related directly or indirectly with COVID-19 infection or the pandemic.
Concept	Studies that focus explicitly on gender or sex, that are reported extensively in the document, in at least two sections of the study: Title, abstract, introduction, methods, results or discussion.	Studies that do not focus explicitly on gender or sex, in less than two sections of the document.

## Searching process

### *Identification of key terms*

Key search terms were informed by previous research. Articles by Teti, M *et al.* and Bunce, A., & Ford, J. provided search terms for gender (28, 35), of Bishop-Williams *et al.* and Liam *et al.* for marginalized communities and indigenous people (36, 37). For COVID-19, previously defined search terms developed by the Canadian Agency for Drugs and Technologies in Health were used. The identification of Indigenous peoples' nationalities keywords was supplemented by additional COVID Observatories researchers who provided this information based on their knowledge and experience in doing research in their regions.

### **Supplemental Material 1.**

A consultation with a librarian helped to identify databases, to refine syntaxes of terms for gender diversity. The librarian helped us to identify key databases to complete the searching



process for peer-reviewed literature at MEDLINE (Ovid), Web of Sciences, and CINAHL (EBSCO).

#### *Identification of grey literature*

Grey literature was sought from several avenues. These included COVID-19 Observatories collaborators, UN agencies, select NGO's

#### *Identification of scientific data bases*

The search was conducted on April 18th and 20th, 2022. We used MEDLINE (Ovid), Web of Sciences, and CINAHL (EBSCO). In all of these, the search was conducted with time restriction to only include papers from 2019 onwards. The search terms are available in **Supplementary Material 2a** for scientific databases and on **Supplementary Material 2b** for grey literature.

#### *Training session for screening homogenization*

The publications from the search was uploaded to Rayyan (add copyright or trademark symbol), an online tool for screening (38). Prior to the screening, the six pairs of screeners attended a workshop on using Rayyan and completed three training sessions of 50 randomly selected reports the results were compared against CZ-C and CA-R's screening criteria. The training sessions will provide an opportunity for the homogenization of screening criteria among screeners. Ideally, after the three sessions, the conflict will be lower than 10%. If not, another session will be assigned to the screener.

#### *Study selection*

Results from each database were downloaded and saved in EndNote where duplicates will be removed. A second search for duplicates will be conducted while using the Rayyan online tool(38). Titles and abstracts (TiAbs) will be independently reviewed by two researchers, and discrepancies will be solved by consensus or a third party. The first screening will follow inclusion/exclusion criteria, with a special focus on the identification of studies that refer explicitly to our Population (Indigenous populations or marginalized or excluded populations) and the Context (COVID-19 pandemic) of interest. We will use a flowchart for this phase (**Figure 1**). After this first screening phase, selected reports will be again uploaded to Rayyan and independently studied in detail by two researchers to apply again inclusion/exclusion criteria with an especial focus to identify studies that refer to our Concept of interest (gender or sex). This second phase, named Full-text screening, will be carried out previous to data extraction. Again, discrepancies will be solved by consensus or by a third party. Finally, selected reports on the Full-text screening will be scrutinized by two researchers, independently, to check for data duplication, i.e., different reports that used the same data (e.g., studies in the same population but focused on a different variable) and to extract the data that will help us response our research questions.

#### *Data extraction and analysis*

An extraction form has ben developed by the authors and will be tested with a random sample of selected reports (**Supplementary material 3**). This form includes the study's characteristics as well as the information that may help answer our main and three sub-research questions. We anticipated that the form will not be modified after data extraction starts. In case, any, all modifications will be detailed in the full scoping review report. Two reviewers will be conducting the data extraction.

We will follow a sequential stage for the analysis: first, a general description of the paper will help us to map whether the literature is approaching, using and reporting gender, to analyse the impacts, experiences, and responses to COVID-19 among Indigenous and/or marginalized communities, and what were the main approaches reported. Second, we will analyse if the literature is predominantly gender-sensitive, gender-responsive or gender-transformative by using our mainstreaming research framework.

### Funding

The COVID Observatories (Project Reference Number: EP/V043102/1) is funded by a Collective Fund Award: 'UKRI GCRF/Newton Fund'. The work is also supported by Foreign, Commonwealth and Development Office, International Programme - Russia (Arctic Voices, INT RSM 2021 006). CZC was supported by the National Institute for Health Research (NIHR) (using the UK's Official Development Assistance (ODA) Funding) and Wellcome 218743\_Z\_19\_Z under the NIHR-Wellcome Partnership for Global Health Research. The views expressed are those of the authors and not necessarily those of Wellcome, the NIHR or the Department of Health and Social Care.

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