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PROTOCOL

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The impact of COVID-19 on migrant women in son Gotleu (Palma) and the development of outreach tools to improve health and social care

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Abstract

Aims: The objectives of this research protocol are as follows: to examine the influence of the COVID-19 pandemic on health and social care for migrant women in the Son Gotleu district of Palma de Mallorca, Spain, and to develop outreach tools to target this specific group.

Design: This is a qualitative study that uses content analysis to obtain in-depth knowledge of personal experience (manifest content) and contextual experience (latent content) in a specific social setting.

Methods: The study population are migrant women living in Son Gotleu district, who are segmented by their age and experience of COVID-19, defined as positive or negative according to whether or not they have been infected with the disease.

Results: The shortcomings and needs relating to communication and health care that affect this group's current and future quality of life will be identified.

Conclusion: The study of migrant women offers a gateway allowing vulnerability in health care to be detected. An awareness of their needs will allow prototype tools to be developed to facilitate communication and care for general and acute health needs between the scientific community and the vulnerable population.

KEYWORDS
COVID-19, health access, health information access, migrant women

1 | INTRODUCTION

The health and social care crisis triggered by the COVID-19 pandemic takes on specific characteristics among certain vulnerable groups, such as migrants, who possess fewer resources to mitigate its consequences and experience sociocultural interference that exacerbates their situation (Consell Econòmic i Social de les Illes Balears, 2019).

In 2020, the Regional Ministry of Health warned of the negative impact of the pandemic on these groups due to the difficulties they face in accessing and understanding information and the intersection between the pandemic's impacts and other factors causing vulnerability in the case of families with children at risk of poverty, individuals at risk of abuse, etc. (Conselleria de Salut i Consum del Govern Balear, 2020).

Son Gotleu is not only one of Palma's poorest and most densely populated districts in the Balearic Islands but also in the whole of Spain: its residents have a mean annual per capita income ranging from €5000 to €8000 (INE, 2019). Thirty-five percent of the district's residents are migrants. Up to 68 different nationalities, particularly African, are estimated to live alongside one another in crowded conditions with inadequate financial resources to withstand the crisis (Ajuntament de Palma. Equip de Gestió de la Diversitat Cultural, 2018) and up to 56% of the district's residents are at risk of social exclusion (Conselleria de Salut i Consum del Govern Balear, 2020). The Urban Vulnerability Observatory (2011) uses four basic indicators to determine urban vulnerability: percentage of unemployed residents, percentage of uneducated residents, inadequate housing and level of immigration. Based on this, Son Gotleu has a moderate level of urban vulnerability. Furthermore, the district's density population is 292.1 residents per hectare compared with a municipal average of 89 residents per hectare, and 37% of residents do not have any education at all, 23% finished primary school and only 2% have a higher education.

Two different social and urban planning analyses carried out by Alcobenda (2017) and the Palma City Council's Social Welfare Department (2017) list the most pressing problems facing the district: serious technical deficiencies in housing stock, giving rise to a need for renovation and an increase in illegal building work; problems arising from a lack of maintenance and cleaning, including inadequate waste collection, lack of maintenance of street furniture and lack of civic-mindedness.

The situation caused by the COVID-19 pandemic has been exacerbated by a lack of information on health promotion, according to a group of experts who have studied the district. According to these experts, Merchante (2011, they highlight the insufficient efforts made by healthcare professionals to address the difficulties faced by residents in the district and the rise in the number of people asking for information. The district's multicultural character increases the need for information because residents struggle to access information due to language barriers and differences in values and beliefs surrounding the concept of health and disease. These characteristics make the district's residents particularly vulnerable and there is an urgent need for public health measures that take their specific cultural and socioeconomic context into consideration.

2 | BACKGROUND

The SARS-CoV-2 pandemic has had an extremely negative impact on socially disadvantaged groups around the world. Inequality and related social determinants are associated with adverse health outcomes among vulnerable groups during the pandemic. People from disadvantaged communities tend to be more exposed to the virus, to have poorer access to medical care and to display higher rates of comorbidity. These groups are also more susceptible to the negative economic impacts of the pandemic (McNeely, Schintler, and Stabile, 2020). To explore the impact of the public health crisis on vulnerable migrants, a framework based on social, health and cultural considerations must be developed.

2.1 | Social and health framework

From a health and social care perspective, minority and disadvantaged groups in the United States have been found to experience disproportionately high levels of infectious disease and other health inequalities (McNeely, Schintler, and Stabile, 2020). These health inequalities tend to follow broader patterns of residential segregation and poverty, combined with problems such as inadequate medical care, especially among workers on low wages without paid sick leave or health insurance; inadequate sanitation and infrastructure and exposure to pollutants and other diseases. As a result, these groups are more vulnerable to infection.

Around the world, unemployment rates have risen among all age groups during the pandemic, but those at highest risk are young adults and women. Intersectional analyses have documented the way in which factors such as age, gender, education and ethnicity come together to cause vulnerability. For example in the labour market, black men aged 20–29 with a university degree have a lower chance of finding work than white people aged 50–60 (Moen et al., 2020).

In Spain, the incidence of COVID-19 is 42% higher in lower-income neighbourhoods than in higher-income areas. Statistically significant correlations have also been found between the proportion of Latin American and North African migrants in a district and COVID-19 incidence (Amengual-Moreno et al., 2020). This demonstrates the impact of social determinants on people's health and the differences in variables such as availability of healthcare resources between districts.

In the Balearic Islands, as a result of the data published by Amengual-Moreno (2020), the Dirección General de Salud Pública del Gobierno Balear [the Directorate-General for Public Health of the Government of the Balearic Islands] issued a decree (BOIB 156/2020 of 9 September) imposing a lockdown on Son Gotleu, which was found to have the highest incidence of COVID-19 in the city of Palma (23.5 cases per 100,000 inhabitants). A programme

was also launched to send community workers to the area's streets to promote compliance with prevention measures (handwashing, use of hydroalcoholic gel and masks, etc.) and to visit homes to track cases.

2.2 | Social and cultural framework

From a sociocultural perspective, Han et al. (2020) identify five categories of measures that can be taken to help limit the public health impacts of the pandemic: data and indicators on the incidence of cases; capacity of the Public Health System to conduct diagnostic tests and track, and isolate cases; the central role given to scientists; border control measures and community involvement.

The measures in the 'community involvement' group are particularly relevant to this study and include the correct application of protective measures by the population, communication to build trust and ensure cooperation and protection of vulnerable groups.

As well as putting pressure on public health systems around the world, the COVID-19 pandemic is also highlighting the way in which gender, ethnicity and class intersect to impact equality in access to healthcare resources. An intersectional gender perspective will therefore be applied to this study, focusing on the different ways in which gender converges and intersects with variables such as race, class and ethnicity (Gkiouleka, Huijts, Beckfield, & Bambra, 2018).

According to Gkiouleka et al. (2018), intersectionality is a useful, reliable analytical tool to obtain a holistic understanding of health inequalities. The concept encompasses multiple layers of privilege and disadvantage, including race, migration status, ethnicity, gender and sexuality. Combining intersectionality with other institutional perspectives allows institutions to be studied as heterogeneous entities that play a part in producing privilege and disadvantage beyond socioeconomic (re)distribution. This enables a deeper understanding of the interaction between macro and micro facets of health politics and policies.

Adopting a similar perspective, a report titled *Primers impactes de la COVID-19 a la societat de les Illes Balears* [Initial reflections on the social impacts of COVID-19 in the Balearic Islands] by the Observatori Social de les Illes Balears [the Social Observatory of the Balearic Islands] (2020) shows that the pandemic has had a particular impact on women, who perform many of the jobs considered essential. Women represent 70% of the labour force around the world in areas such as health care, education, community work and, above all, domestic work. Services linked to tourism, such as catering and cleaning, are also highly feminized and have been among the hardest hit by the COVID-19 pandemic. It is particularly important to acknowledge that many women working in the domestic sector are migrants, making them especially vulnerable (Observatori Social de les Illes Balears).

It goes without saying that women are not a homogeneous group. Their problems, interests and demands are influenced by different factors and by their varying material circumstances. Therefore, an intersectional methodology is key in understanding the complex dynamics that shape specific experiences of oppression and privilege. The different variables contributing to discrimination against women should not be understood additively or as a mere accumulation; instead, they should be explored in terms of their transformative effects, allowing the specificities of each experience of multiple discrimination or oppression to be acknowledged and understood (Viveros Vigoya, 2016).

2.3 | Gender and health framework

A conceptual framework for studying the intersectionality between gender and health can be found in the essays published by Kimberle Crenshaw (1989), the study of the 'matrix of domination' by Patricia Hill Collins (1990) and the transnational approach presented in *Feminism without Borders: Decolonizing Theory, Practicing Solidarity* by Chandra Mohanty (2003) and *Pedagogies of Crossing* by Jacquie Alexander (2005). The concepts of 'matrix of domination' and 'intersectionality' have become popular in discussions of power relations (patriarchy, racism, capitalism). In the academic literature, the focus has been placed on three main systems—sexism, racism and classism—but other factors such as age can also be incorporated (Depuis-Déri, 2016). This conceptual framework allows us to explore and analyse the unique health risks and outcomes experienced by women as a result of their gender, as well as to obtain an overview of the ways in which these gender differences have been exacerbated during the COVID-19 pandemic.

According to Connor et al. (2020), men suffer greater morbidity and mortality once they are infected with SARS-CoV-2. However, an analysis of health care, economic and social systems during the COVID-19 pandemic reveals gender differences that have a negative impact on women in terms of employment, health, development of medication and gender-based violence, resulting in even poorer access to medical care among many women during the pandemic.

The intersectional gender perspective adopted in this study leads us to the work of Alexander (2005) and Moganty (2003), who advocate for a transnational feminist approach to teaching (social) justice. To achieve this, it is necessary to address a series of critical imperatives (colonialism, political economy and racial formation), which contemporary neoimperialism and neocolonialism have rendered more visible in a reconceptualization of modernity seeking to justify the heteronormative regulatory practices of modern state systems. In this regard, the feminist movement must embrace transgenerational memory as a vital spiritual practice within differently constituted communities of women of colour, as it acts as a powerful antidote to counter oppression and inequality. Reflecting on the limitations and failings of liberal pluralism and embracing transgenerational memory allows alternative histories to be written and new forms of knowledge to be constructed to shape alternative futures.

Unequal health outcomes during the COVID-19 pandemic are caused by social inequalities as well as biological factors. Negative health outcomes are an issue that cuts through social class and

TABLE 1 Inclusion and exclusion criteria

Inclusion criteria	Exclusion criteria
Being a migrant woman Being aged over 18 Residing in Son Gotleu Being of non-Spanish nationality Being competent in Spanish, Catalan, Arabic, English (broken English) or French	Having physical or psychological problems impeding participation in the study Experiencing oral communication difficulties

TABLE 2 Profile of participants

	COVID-19 experience+Test	COVID-19 experience−Test	
Young women (18–34 years old)	4 women	4 women	8 women
Adult women (35–64 years old)	4 women	4 women	8 women
≥65 years old	4 women	4 women	8 women
Total	12 women	12 women	24 women

Abbreviations: +Test, the woman has been infected with SARS-COV-2; −Test, the woman has not been infected with SARS-COV-2.

status and is influenced by economic and corporate organization as well as by ethnicity, class and gender (Viveros Vigoya, 2016).

To return to existing health inequalities, which include gender disparity, an intersectional gender perspective is essential to address both immediate and long-term consequences. This type of approach enables us to understand power dynamics, the historical structure of inequality and the role of certain social determinants and life experiences to develop a gender-informed, multidimensional response to the current pandemic and to similar future scenarios (Ryan & El Ayadi, 2020).

This theoretical approach views the State as more than an auxiliary tool or institution used by social actors and movements to generate (social) justice, that is as a State per se that participates in and enables a system of domination, oppression, appropriation and exclusion that interconnects with other mutually influencing systems (Depuis-Déri, 2016).

3 | THE STUDY

3.1 | Aims

The objectives of this research protocol are as follows: (1) to examine the influence of the COVID-19 pandemic on health and social care for migrant women in the Son Gotleu district of Palma de Mallorca, Spain; and (2) to develop outreach tools to target this specific group.

The specific objectives of the study are

1. To analyse the main health and social issues provoked by the COVID-19 pandemic (PHASE 1).
2. To develop prototype tools for communication and linguistic and cultural support to improve understanding of topics related to COVID-19 and to health more generally, which are adapted to reflect the relevant intercultural and linguistic contexts (PHASE 2).

In PHASE 1, the obstacles and difficulties experienced by women during the COVID-19 pandemic are examined and ways of improving care for this group are explored. PHASE 2 focuses on scientific outreach, developing communication tools to suit the needs of migrant groups from different backgrounds.

3.2 | Design

A qualitative methodology based on content analysis is used in this study. This type of design offers the opportunity to obtain in-depth knowledge of personal experiences (manifest content) and contextual experiences (latent content) in a specific historical context, or, in other words, to explore the study phenomenon from the perspective of the study population (Calderón-Gómez & Fernández de Sanmamed, 2003). Using this methodology, dominant and emerging social discourses on knowledge, attitudes, beliefs and needs relating to COVID-19 and the vulnerable study population can be explored in depth.

Qualitative methods enable a richer approach to the study phenomenon, as the different phases in the study can be modified as it progresses on the basis of the findings emerging during the fieldwork. This methodology is flexible, open, evolving and circular: each phase can lead to modifications to subsequent phases, reinforcing the circularity and reflexivity inherent in the process.

3.3 | Participants

The study population are migrant women living in Son Gotleu district, who are segmented by their age and experience of COVID-19: this experience is defined as positive if they have been infected with COVID-19 or negative if they have not been infected with the disease. The inclusion and exclusion criteria are shown in Table 1.

3.4 | Sample

Purposive sampling will be used to gather a range of different discourses, with a cumulative, sequential method employed until data saturation is reached, that is when additional interviews no longer reveal any new information.

For study feasibility reasons, the discourse profiles will be segmented by age and by whether or not they have been infected with SARS-COV-2 (Table 2). To ensure that the sample is as diverse as possible, the following heterogeneity criteria will also be taken into consideration: country of origin, years living in Son Gotleu, education, occupation, age group, living group and dependants.

3.5 | Data collection/recruitment

The process for selecting the discourse profiles among the women will be as follows:

Stage 1: The researchers from Son Gotleu health centre will conduct an initial screening of women who meet the inclusion criteria for the study based on their vehicular language. The candidates who only speak Arabic, English (broken English), and/or French will be interviewed by the cultural mediators at Son Gotleu health centre. The women who are able to communicate in Spanish or Catalan will be interviewed by the expert research team.

Stage 2: The researchers from Son Gotleu health centre will fill out the form listing the inclusion and exclusion criteria, as well as a data sheet collecting secondary data.

Stage 3: These documents will be sent to the principal investigator, who will distribute them to the rest of the research team and ensure that they are stored safely.

In the event that one of the profiles does not reach saturation, snowball sampling will be used to access other participants from outside the primary care setting and enrich the study results.

3.6 | Measures and data collection

Semi-structured, individual interviews will be used to collect the data for this study until a preliminary analysis indicates that data saturation has been reached and the study objectives can be fulfilled. The interview script was developed by consulting key informants.

This type of interview was selected because of the personal nature of the study topic. It can also be adapted to suit different schedules and venues, ensuring that the women interviewees and the research team will be able to participate. The use of this type of interview allows individual experiences of COVID-19 to be explored directly.

It was agreed that all interviews would be held in person rather than by telephone. To make face-to-face interviews possible and, above all, feasible, a series of times and shifts for the interviews will be established according to the needs of the study participants. The interviews will be held at Son Gotleu health centre, including the outdoor garden areas and safety measures to prevent COVID-19 infection will be respected at all times.

The interviewers will adopt an empathetic approach throughout the interviews and the research team will receive training to ensure that they are able to create a conducive atmosphere for the interviews, avoiding any leading questions and collecting data as reliably as possible.

All the interviews will be recorded using digital recorders and transcribed by the research team. The duration of each interview is estimated at 1–1.5 h. The interviews held in a vehicular language other than Spanish or Catalan will be recorded and translated by the cultural mediators.

As is common in this data collection method, field notes will be taken to record impressions, unrecorded comments and aspects of non-verbal communication that may be of interest to the study. These will be supplemented by a sociodemographic questionnaire and the researchers' field notes.

Finally, most of the interviews will be attended by an additional member of the research team, who will be responsible for part of Phase 2 of the study (creation of graphic tools).

3.7 | Ethical considerations

To ensure that the study follows the best practice regulations in place, this protocol was evaluated and approved by the Primary Care Research Committee in December 2020 and by the Research Ethics Committee of the Balearic Islands (CEI-IB) on 13/04/2021, with reference number IB 4454/21 PI.

In addition to the protocol, an information sheet for patients (ISP) and an informed consent form (ICF) to be signed in duplicate have been drawn up. One of the copies will be given to the study participants, while the other will be stored in the principal investigator's archives. Both models have been adapted from the original models held by the CEI-IB.

The ISP includes a brief explanation of the study's purpose, possible risks and benefits, data confidentiality and, most importantly, the voluntary nature of participation. It also lists the contact details for the principal investigator and informs future participants that they will receive a small sum not exceeding €6 at the end of the study to thank them for their participation. The ICF focuses more on the women's desire to participate in the study and on the possibility of withdrawing from it at any time without any explanation or impact on their future medical care.

The researchers will also explain that the information provided by the women during the interviews will only be used to fulfil the study objectives. The recordings and data obtained will be stored in encrypted files with no identifying data, so each interview will be coded and all personal details will be anonymized during the transcription of the recording.

The code for each interview will comprise the letter D for *dona* (*woman* in Catalan), followed by the initial of the interviewer's name (L, P, A, M, B, S), then the number corresponding to the interviews

carried out by each interviewer (1, 2, 3, etc.), the participant's age, and a plus (+) or minus (−) sign to indicate whether or not the participant has been infected with COVID-19. For example: *DL1.55+*, *DL2.24−/DP1.24+*, *DP 2.35−/DA1.30+*, *DA2.40+/DM1.21−*, *DM2.55−*.

The database linking each code to the participants' personal data will also be encrypted and stored in the principal investigator's archive.

In addition to the ISP and ICF produced for participation in the study, another ICF has been drafted to cover the recording and use of the participants' images so that Phase 2 of the project can begin.

3.8 | Data analysis

A content analysis of the interview transcripts will be carried out, establishing a priori categories based on the study hypotheses and objectives. Analysis by categories is conducted when the aim is not to reconstruct the social discourse as a whole but to draw out themes, ideas and feelings from the narratives (Echevarria, 2005). The data analysis process will involve the following steps: literal transcription of the interviews, close reading, creation of a coding tree, assignation of codes to text excerpts and analysis and interpretation of the results.

To conduct an analysis by categories, these categories must be established and clearly, rigorously defined in advance (Table 3). To allow these categories to be used in the analysis, each type of situation, idea, opinion, etc. must be explicitly stated and included in each category.

Finally, once all the excerpts have been assigned to the predefined categories, topics will be constructed. When there are excerpts that do not 'fit' the a priori categories, emergent categories based on the analysis rather than on predefined definitions will be created (Echevarria, 2005).

3.9 | Validity and reliability/rigour

Qualitative research may be described as heterogeneous due to the multiple disciplines with which it intersects, including sociology, philosophy and anthropology (Calderón-Gómez, 2002). This heterogeneity limits the establishment of criteria for evaluating qualitative research and ascertaining its quality. In an attempt to address this, Guba and Lincoln (1985), among other scholars (Ruiz-Olabuénaga, 2005; Tuckett, 2005), have sought to adapt the following positivist criteria to qualitative methodology over time:

- Reliability and validity: The instruments used to collect data are confirmed to be credible and reliable.
- Credibility: To avoid potential bias, interviews will be audio-recorded and the transcriptions will be supervised by members of the research team.
- Transferability: To avoid bias, women from a wide range of backgrounds and profiles will be included in the study and a conceptual framework has been established to explore the study topic in terms of gender and culture.

The primary data analysis will be compared by two experts to triangulate the results and ensure the study's internal validity. The study will be conducted using ATLAS.ti qualitative analysis software. Finally, a second analysis of the interview data will be carried out to detect dominant and emerging discourses, and these will be discussed in relation to the existing literature to generate new contextual knowledge.

4 | DISCUSSION

The SARS-CoV-2 pandemic has had an extremely negative impact on socially disadvantaged groups and neglected populations around the world. Inequality and related social determinants are associated with adverse health outcomes among vulnerable groups during the pandemic. People in disadvantaged communities tend to be more exposed to unfavourable sociocultural conditions. When combined with limited access to health care, this leads to higher levels of comorbidity (McNeely, Schintler and Stabile., 2020). This suggests that social determinants have a significant impact on the health of groups among whom variables such as availability of healthcare resources and access to information cannot be assumed.

TABLE 3 Coding and pre-defined categories

Category	Definition
COVID-19 impact	Opinion on how the COVID-19 pandemic has affected them
Impact=home	How the COVID-19 pandemic has affected the organisation of the home
Impact=paid work	How the COVID-19 pandemic has affected their work
Impact=domestic care role	How the COVID-19 pandemic has affected their domestic care work
Access to healthcare system	Opinion on access to the healthcare system during the COVID-19 pandemic
New needs	Description of the new needs that have emerged during the COVID-19 pandemic
Institutional response to new needs	Opinion on how the authorities should respond to these new needs
Knowledge of COVID-19	Answering questions on what they know about COVID-19 and what information they have about the disease. Covers false beliefs and myths
Experience of COVID-19	Account of their experience of having had COVID-19 or not. When was it, how was it, etc.
Information about COVID-19	Information received, where and who it came from, etc.
Access to information	Opinion on the way in which information about COVID-19 should be conveyed to their community

One of the strengths of this study is that it will cast light on the issue from a gender perspective, exploring intersectionality in social determinants of health and the ways in which gender, ethnicity and country of origin intersect in particular. Although Crenshaw introduced the term 'intersectionality', she was not the first to address the concept. In 1977, a group of black lesbian feminists called for gender, class, race and sexuality to be included in all feminist analyses of power and domination (Magliano, 2015).

According to Magliano (2015), the notion of intersectionality lends greater complexity to the concept of gender by conceptualizing it as one of several dimensions in the complex fabric of social and political relations and by reviving central elements of contemporary feminist philosophy, such as an awareness of the impacts of different forms of social classification on women's identities and experiences, and on their struggle to transform power relations. To this end, the concept must be applied to the difficult task of revealing different types of oppression, false universalisms and multiple social classifications, and their impact on people's lives.

Another of the study's strengths is that it is based on a qualitative methodology that will provide a richer understanding of what people do and think in response to a public health event, as well as of social and contextual factors (Auli et al., 2013).

Finally, the aim of this study was to provide useful knowledge to detect shortcomings in care and communication among vulnerable groups, whether or not they live in the community. The research team believes that healthcare services and professionals must take each individual's beliefs and values into consideration as part of their culture. A community approach is needed to adapt specific programmes to ensure that they meet the needs of the study population (Auli et al., 2013).

4.1 | Limitations

This study has several limitations, including the type of sampling used, the data collection technique and the conceptual framework.

On the one hand, purposive and theoretical sampling is used in the study, focusing primarily on the variables of age and experience of COVID-19 (positive or negative). For feasibility reasons, the sample of women was screened in advance by cultural mediators at the local health centre, which provided information and enabled access to the vulnerable population. Since the women belonged to a health centre, the risk of being unable to access more anomalous or extreme experiences due to women's fears and irregular status was accepted by the research team and the sampling technique used provided more homogeneous but less enriching results.

This limitation is closely linked to the fact that it was not possible to contact women who had been assisted by the Community Worker Programme, so the participants are likely to provide more correct answers to the questions about their knowledge of the disease and how to prevent it.

With regard to the interviews, verbal accounts can enable a greater understanding of what people do and think in response to a public health event. However, these accounts may not coincide with participants' behaviours in their everyday lives. As a result, there may be certain discrepancies between what the women think, say and do (Taylor & Bogdan, 1987). For this reason, techniques and strategies to ensure rigour will be applied to the data obtained during each successive stage in the study (Tuckett, 2005).

Finally, according to Sales (2018), the intersectional shift in feminist theory has been critiqued as a clumsy attempt to generate a 'catch-all' theory capable of responding to critiques of 'hegemonic feminist theory' to internalize and mitigate the limitations of second wave feminist theory. Sales (2018) and other scholars identify an inflation of basic categories (differentiation, inequalities, oppression, identity, representation and revendication), which hampers rational discussion within a single theory and prevents the development of a critical feminist framework.

On the other hand, the incorporation of intersectionality into social, human and anthropological feminist theory disrupts the dichotomy between concepts that take a more material approach and those that are more symbolic in nature. This allows feminist anthropology to revive a materialist feminism, overcoming certain debates surrounding the mystification and/or sterilization of categories or axes of interaction related to class, gender and race/ethnicity and demonstrating its ability to transcend scientific knowledge and contribute to an emancipating transformation of the social reality.

However, care should be taken to ensure that intersectionality does not become the focus of a closed conceptual and methodological approach, used without reflection on its analytical categories in surrender to the neoliberal dynamics of academia and public policy.

5 | CONCLUSION

This study uses a qualitative methodology to obtain a greater understanding of migrant women's experiences with regard to information and access to health care during the pandemic. It also aims to plan or begin to develop tools to improve their health and social care and their interactions with the public health services to enhance their quality of life in terms of acute and general healthcare needs.

The aim is to obtain a series of results that will allow potential shortcomings and new needs in the communication and healthcare circuits that have undermined access to healthcare for the most vulnerable groups—in this case, migrant women—during the pandemic to be detected. Migrant women represent a gateway to vulnerable (and sometimes acute) healthcare situations that affect not only them, but also their partners and young children.

Therefore, the results of the study will be highly useful in planning Phase 2 of the project, which will involve developing prototype tools to facilitate communication and general health care between the scientific community and the vulnerable study population.

The results will be transferred to different audiences, with a particular focus on health and social care circuits, including health centre professionals, cultural mediators and social workers, to establish more holistic communication and healthcare processes for this vulnerable group.

Moreover, the launch of Phase 2 will allow other, higher level healthcare services to create programmes to help improve this care, as the results of both phases are expected to facilitate access to health and social care information among the migrant population and enhance their current and future health by creating tools to encourage communication between both communities.

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CONFLICT OF INTEREST

There is no conflict of interest in this manuscript.

AUTHOR CONTRIBUTIONS

Maria de Lluc Bauzà-Amengual conceived the study. Maria de Lluc Bauzà-Amengual, Mireia Guillén-Solà, Patricia García-Pazo and Oscar O. Santos-Sopena participated in the study design. Mireia Guillén-Solà and Macarena García-Avelló participated in the design of gender framework. Additionally, Mireia Guillén-Solà and Patrici García-Pazo are responsible to acquired data collection. Maria de Lluc Bauzà-Amengual, Mireia Guillén-Solà and Patricia García-Pazo drafted the manuscript protocol and Oscar O. Santos-Sopena and Macarena García-Avelló made critical revisions of the manuscript for key intellectual content. All authors read and approved the final manuscript.

PEER REVIEW

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DATA AVAILABILITY STATEMENT

Authors do not wish to share the data.

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