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## Immigrants facing Covid 19 containment in France : An ordinary hardship of disaffiliation

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### ABSTRACT

In order to limit the spread of the SARS-CoV-2 virus, the majority of governments have introduced population containment. Certain population groups, including immigrants in precarious situations, are experiencing the impact of this measure in a brutal manner. This article is based on accounts of containment experiences collected by telephone within the framework of a pre-existing intervention research carried out among immigrants to France from Sub-Saharan Africa who are in a precarious situation. It highlights certain social effects of containment and the logics at work in the precarious situations. This research shows how this a priori unprecedented situation affects individual capacities to act and generates a 'disaffiliation process' causing individuals to shift towards 'social non-existence', repeating lived experiences and exacerbating pre-existing logics. The ordeal of containment proves to be an ordinary experience for these individuals.

### Introduction

In the face of the global spread of SARS-CoV-2 since March 2020, one of the key population health protection measures promulgated in Europe and the rest of the world is containment. Containment is a conventional public health measure in epidemic settings to prevent contagion (Campeau et al., 2018; Tognotti, 2013) and aims to reduce contact and movement of individuals to a minimum. In France, the measure came into force on 17 March 2020, at a time when the number of cases and deaths was increasing and the virus was circulating throughout the country (France, 2020). It would remain in effect for eight weeks. Travel and outings were prohibited except in certain exceptional circumstances and upon certification. Containment became the new rule governing daily life. The watchword was 'stay at home'. This measure made social and health inequalities particularly evident and contributed to their increasing (Joannès et al., 2020; Lambert et al., 2020; Marmot and Allen, 2020). Some population groups experienced the impact of this measure in a brutal way (Fassin, 2020; Lancet, 2020). Immigrants in precarious situations were among those for whom containment 'adds precariousness to precariousness' and constitutes 'a time of cumulative hardship' (Desgrées du Loû, 2020). While this observation is widely shared in the literature published in recent months

(Bhopal, 2020; Martinez-Juarez et al., 2020), it is rarely explored and based on qualitative research data that considers the views and experiences of the people concerned. This article aims, based on immigrants' accounts of the experience of containment, to highlight some of the social effects of containment and the logic at work in the increasing precariousness of the situations.

### Materials and methods

We conducted an exploratory qualitative study in April 2020 by in-depth telephone interviews with immigrants from Sub-Saharan Africa who were in precarious situations. This study is part of the Makasi Intervention Research Project. The Makasi intervention is a community-based outreach intervention aiming to reduce HIV exposure among sub-Saharan and Caribbean immigrants living in France by improving empowerment in sexual health and reducing social vulnerability. All participants provided written informed consent prior to participation. The study was approved by the French Data Protection Authority (Commission Nationale de l'Informatique et des Libertés, CNIL, declaration n°2215270) and the Committee for Persons' Protection (Comité de protection des personnes, ID RCB 2018-A02129-46). It has been fully de-

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scribed elsewhere (Gosselin et al., 2019; Gosselin et al., 2020) and is registered on clinicaltrials.gov (NCT04468724).

The intervention is evaluated by a mixed qualitative and quantitative estimate. During containment, we re-contacted fifteen people who participated in the Makasi qualitative study through repeated in-depth interviews in 2018 and 2019. We sent to them an SMS to check up on them and offer them a telephone interview to share their experience of the containment. We made an appointment with the volunteers (only two people did not follow up on the re-contact SMS), depending on the possibility for them to speak under conditions of confidentiality, in the absence of or at a distance from their cohabitants. We conducted the study during the fourth and fifth week of containment. In depth-interviews ranged in length from 35 min to over an hour. Our pre-established relationships with these people and the trust established during the interviews conducted before the Covid-19 outbreak made it possible to continue remote exchanges on their experiences and the effects of containment.

The anthropologist in charge of both data collection and analysis developed the main themes, according to the Makasi research objectives. Main following themes were approached using a semi-structured guide : immediate living conditions, the changes (economic, relational...) induced by the containment and the adjustments required, and their relationships to risk, to Covid-19 and to their daily living space.

Data collection was stopped when the discourses collected no longer provided new information on the themes previously defined for this study. The individuals' discourses overlapped and made it possible to meet our main objective.

Each interview was recorded, transcribed, anonymized and manually. A cross-sectional thematic analysis was conducted using an inductive method (Patton, 1999). Codes were initially defined by the first author (an anthropologist) and then validated by the research team. Analytical themes were generated by hypothesis and confirmed or re-evaluated by data collection. Textual analysis was then undertaken, identifying specific subthemes through occurrences and recurrences and analysis of correlations. Preliminary results were discussed during two meetings in order to triangulate qualitative evidence with first, the researchers' team and then the whole Makasi team. This one includes the health mediators who implement the Makasi intervention, follow these individuals in the framework of our intervention research and have a very good knowledge of these populations.

## Results

### *People in precarious situations, on the fringes of isolation facilities*

Thirteen people participated in the study: 10 men and 3 women, aged 24 to 49 years (median age 31 years). All of them were from French-speaking Sub-Saharan African countries and spoke French. Their level of education varied from primary to higher education. They arrived in France between 2015 and 2019, fleeing conflicts or difficult living conditions in their countries of origin. Six of them left their children behind. In France, they were undocumented. Twelve had health coverage for illegal immigrants (State Medical Aid). Most were engaged in day-to-day paid work in the informal sector, intermittently. Two had regular, undeclared part-time work. None worked during containment. The majority were housed by a compatriot. Two of them usually lived in squats (Table 1).

During containment, all were housed with a relative or an acquaintance in individual accommodations. They thus benefited from protection through family or informal networks of acquaintances. Some shared a room with other adults, or with a couple and their two children; others benefited from a makeshift mattress in the main room of an apartment or, more rarely, a single room. The overcrowding in most of these places is an immediate impediment to the isolation required in the event of Covid-19 contamination of one of the cohabitants. *'We're really tight. Can you put one meter between yourself and the people you're living within*

**Table 1**  
Participants' characteristics.

First name	Sex	Age	Country of birth	Educational status	Marital status	Number of children in the country of origin	Year of arrival in France	Administrative situation	Ordinary place to live	Place of containment	Number of co-residents	Financial means
<b>Aboubacar Abdel</b>	H	28	Côte d'Ivoire	primary	single	0	2018	undocumented	squat	shared room	4	None
<b>Dembele</b>	H	49	Côte d'Ivoire	primary	separate	4 (in the country of origin)	2018	asylum application denied	connaissance	single room	4	None
<b>Fadhila Joseph Mathurin</b>	H	27	Mauritanie	high school	single	0	2018	asylum application denied	compatriote	shared room	5	None
<b>Moussa</b>	H	32	Côte d'Ivoire	S Superior college level	single	0	2018	undocumented	compatriote	single room	1	savings
<b>Ousseynou</b>	H	34	Cameroun	college level	single	0	2018	undocumented	famille	shared room	4	None
<b>Raoul Steeve</b>	H	39	Congo	college level	married	2 (in the country of origin)	2015	undocumented	famille	shared room	2	None
<b>Emma</b>	F	34	Cameroun	high school	single	1 (in France 1 in the country of origin)	2015	undocumented	famille	shared room	3	None
<b>Elise</b>	F	24	Côte d'Ivoire	not enrolled	single	0	2016	asylum application denied	squat	shared room	1	None
<b>Sandra</b>	F	30	Congo	Superior high school	single	0	2015	undocumented	compatriote	single room	1	savings
	F	31	Côte d'Ivoire	high school	separate	2 (in the country of origin)	2017	asylum application denied	compatriote	shared room	3	part-time employment
	F	25	Côte d'Ivoire	primary	single	1 (in the country of origin)	2018	undocumented	compatriote	Living room	3	None
	F	32	Cameroun	college level	separate	3 (in the country of origin)	2018	undocumented	compatriote	single room	2	part-time employment
	F	26	Côte d'Ivoire	collège	célibataire	0	2019	undocumented	compatriote	Living room	3	None

*five square meters ? I can't do that!*' said Dembele, who shares a room with five fellow countrymen. However, for these people, no isolation facilities are provided. The specialised accommodation centres for those non-seriously ill with Covid-19 targeted people who were homeless or living in collective accommodation structures. Our interviewees, who are neither in great precariousness, nor housed in collective housing, turned out to be on the fringes of the isolation devices set up in the Paris region during the containment.

### **Containment: a social bridge deficit**

The solicited persons no longer had any income during containment. Only two men mentioned savings that would allow them to subsist. Informal self-help networks to borrow money from relatives became inaccessible. Some deplored the closure of money transfer agencies; others deplored the precarious nature of monetary solidarity. For lack of means, some could no longer call their relatives in their country of origin: *'We think about eating first, not calling'* explained Aboubacar, who had stopped his occasional activities in mechanics and depended on the family with whom he shared a room during the containment. In addition to the uncertainty and stress generated by this economic deprivation, not working or looking for work cut individuals off from their professional social networks and took them further away from their potential sources of income.

Two participants were, prior to containment, volunteers in associations. This activity allowed them *'to go out, to get to know people'* (Emma) and was seized as a means of consolidating their application for regularisation and to gain recognition for themselves, to consolidate their presence on the territory and to make themselves useful. Stopping them contributed to cutting them off from this anchorage in the French society.

Containment also imposed the suspension of administrative procedures and processes. Two men whose applications for asylum had already been refused had their court appointments postponed. Expectations and uncertainties were prolonged. The situation was all the more worrying for Steeve, who had been ordered to leave the territory before the containment. His papers were blocked at the prefecture, including his *'passport'* which, beyond a simple administrative formality, was a guarantee of his existence. The containment thus resounds like an additional pitfall: *'we had problems before, it has increased our problem'* Steeve said - now people are out of the regularization system.

### **From repressive management of containment to the resurgence of fear**

In France, the containment measure was the subject of a deployment of the law enforcement agencies responsible for enforcing the measure, in particular by punishing any unjustified exit with a fine of 135 euros. *'When you go out now, there are two problems: the disease and the police'*, lamented one participant. The outside is described as *'risky'* and *'dangerous'*. The interviewees feared the identity check associated with the control of certificates: *'If they ask me for an identity document, they ask me to pay, what am I going to say? I don't have anything. I'm not going to take that risk anyway! I don't work, if I get a fine, who's going to pay it? I am dead! If you don't find enough to pay, they'll take you to the police station'*, Dembele worried. These controls were also perceived as a risk of verification of residence permits, crystallizing the threat of expulsion and generating stress expressed in the stories as *'fear in the stomach'*, and *'heart not quiet'*.

Thus, *'fear of facing the outside'* dictated conduct. The constant surveillance embodied by the police presence *'below the windows'*, the establishment of active control of populations and the pressure of punishment, shaped the relationship to the public space of individuals. Being in an irregular situation was perceived by those concerned as condemning them to stay at home. The forced disinvestment of public space resulted in a withdrawal into the domestic space and led to a reconfiguration of intra-residential relations.

### **Proven identities**

This loss of autonomy was worrying economically and, for some men, defied the socio-cultural values associated with masculinity, thereby undermining their self-esteem: *'A man's pride is to contribute'*, recalled Mathurin, a 39-year-old Congolese man and father of one child. And Ousseynou, a 24-year-old Ivorian, who explained: *'Deep down inside, I am not comfortable. Morally, it's complicated for me. (...) You have all your limbs, someone takes care of you, you're there like that (...) It's not done at home over there (...) It's a shame for us'*.

Sandra, 26 years old, arrived in France in 2019, hosted by a compatriot couple who had asked her to leave a few weeks before the containment, was forced to be at their service: *'They take me for a handywoman'*, she explained. She was thus forced to perform daily household chores without any help or recognition from her hosts. *'I take it upon myself. I'm exhausted, I'm really exhausted, I'm angry ... but there's no point in freaking out'*, she added.

During containment, the asymmetry in the relationship between the hosted and the host was thus exacerbated, leading to self-deprecation and lack of recognition.

### **Day-to-day risk reduction strategies**

The interviewees were in good health. They demonstrated a good understanding of the health situation, the measures to limit the spread of the virus, and the challenges of containment. Some of them protected themselves from the risk of getting ill by applying barrier gestures as much as possible and by taking care to drink traditional lemon and ginger-based remedies on a daily basis. They experienced containment on a daily basis by rigorously following the measures. The majority did not go out, not even to run errands. Most of them organized themselves with their cohabitants: food was provided by those who were in a regular situation in order to reduce the risk of arrest. The others went out with a certificate. None of the people we met broke the rules. This observance of the containment, largely dictated by fear of the police in addition to fear of illness, testified to their ability to protect themselves.

### **To deal with : the development of sustainable forms of life**

In the face of such adversity, the persons encountered responded with resignation, expressed sometimes by the recurrence of expressions such as *'we have no choice'*, *'we have to make do with it'*, and sometimes by placing it *'in God's hands'*. These attitudes, although expressing weakened capacities to act, seem to help people to cope with the shock wave.

The stories of the people concerned also show an ability to adjust to make daily life viable in hostile spaces and contexts. For example, *'taking it upon oneself'* on a daily basis, releasing tensions by playing sports at home on a daily basis, or tacitly releasing tensions that are usually omnipresent, can ease relationships and cohabitation. Respect for the containment is also part of a desire to calm down: *'Even if it is difficult, it is necessary to be able to lighten the period. It's not by strutting around outside that you're going to find a solution'*, confides Joseph, who is particularly careful to get along well with his hosts, with whom he had *'a lot of disagreements'* before the containment.

In addition, intra-residential solidarity was strengthened for the majority of the people we contacted. This solidarity manifested itself through material support (some people usually living in squats were taken in by fellow countrymen during the containment), economic support (food expenses were covered by those who could, without compensation), or moral support (*'we must encourage each other'*) which seems to be a survival imperative. Awareness of sharing similar difficulties related to the economic situation encourages mutual aid. Thus, although they are based on asymmetrical relationships that sometimes made them stressful, cohabitations can be vectors of solidarity that facilitate the daily management of containment.

## Discussion

Analysis of the accounts collected from participants included in the Makasi study highlights some of the social effects of containment for a precarious population that is often invisible because it is at the interstices of care devices (Gossetin et al., 2020) and, in the current epidemic context, isolation facilities. The rare studies on the impact of Covid-19 targeting immigrant populations have included people living in collective accommodation structures or in camps (Agier, 2020; Longchamps and Melchior, 2020), suggesting that the vulnerable immigrants included in this study are also at the interstices of research systems.

For the persons solicited in our research, who were undocumented and whose resources were outside their place of containment, the restriction of mobility was taking an alarming turn. The suspension of their efforts to get out of precariousness and illegality (work, creation of professional social networks, administrative procedures, etc.) increased their initial lack of social, legal and economic ‘social bridges’ (Ager and Strang, 2008). Containment exacerbates the ordinary experience of lack of access to rights, work and citizenship that undocumented migrants experience on a daily basis (Currie, 2016; Sahraoui and Sahraoui, 2020; Larchanché and obstacles, 2012). Precariousness and isolation in relation to the ‘integration bodies’ of the immigration society are thus gaining ground. Keeping individuals on the margins of the law and unable to act is reminiscent of, and for some, probably a continuation of, the experience of people threatened with expulsion and caught up in the wheels of deportation (Barnier et al., 2019; Agier, 2011). Confined at the territorial level because they are prohibited from crossing the borders but without authorization to work or to renew a regularization procedure, these persons, like those who are confined, experience, when asked, a ‘feeling of containment, the impression of being hindered in their movements’ (Courant, 2018). Containment is thus set up as the reproduction of a context of destitution and contributes to placing these people even more on the margins of society.

House arrest and the repressive management of this measure converge towards the invisibility of undocumented immigrants. In this respect, the experiences of containment are similar to those that mark the daily lives of exiled persons described in the literature on refugees, which highlights the logic of exclusion of exiles from the public space (Agier, 2002; Bontemps et al., 2018). Moreover, during containment, the people we encountered had the experience of being recluses and being under surveillance, rather than under protection. In the name of controlling the Covid-19 epidemic, containment emerged as a new way of monitoring identities, bodies and existence, thereby renewing the logic of control and expulsion that underlies current migration policies (Barnier et al., 2019).

The enclosed daily life of our interlocutors, marked by the alteration of autonomy, the experimentation of one’s own incapacities, the loss of self-esteem, uncertainty and the fear of expulsion, although made viable thanks to saving capacities of resilience, operates a constant reminder of their fragile position in the domestic, social and political space. These results show that the suffering expressed with modesty during the interviews was thus embedded in a complex network of macro- and micro-social causalities, revealing social suffering (Kleinman et al., 1997) eroding individual capacities for existence.

In short, for these individuals, the measure of containment and its repressive management tended to reinforce the illegitimacy of their presence in the territory as well as the social non-existence to which their condition as undocumented immigrants assigned them. These individuals were initially in a ‘zone of vulnerability’ (Castel, 1994) marked by socio-economic and administrative precariousness. Containment further weakened this situation and generated a shift of individuals into a ‘disaffiliation zone’ marked by social non-existence. If for Castel, the disaffiliation zone combines absence from work and social isolation, in the context of containment it combines absence from work and isolation from the French society and not with respect to community social

networks. The process of disaffiliation thus takes place in relation to the ‘integration bodies’ of French society (Ager and Strang, 2008) with which the links were initially tenuous and are therefore non-existent. Highlighting this process of disaffiliation leads us to apprehend and understand the experiences of containment as the outcome of a dynamic of fragility that manifested itself even before it produced these effects. While situations may vary from one individual to another, with some people having more constraints than others and each not having the same initial economic and cultural social capital, the process at work is similar.

These observations cannot freeze the experiences of containment gathered in the total negation of their existence because in this chaos, forms of resilience emerge or persist. The conditions of precariousness, although multiplied, do not immediately produce strategies for circumventing containment. The collective experience of destitution generates saving solidarity and adjustments in daily life, witnessing a persistent form of empowerment (Ninacs, 2003) and recalling in this respect the capacity to recreate a common world and to re-appropriate the daily life of refugees in the camps (Agier, 2002). Most of the people we met arrived in France at the risk of their lives by crossing the Mediterranean on makeshift boats, among other things. Containment is one more wave, but these precarious and fragmented lives testified to consistent resistance.

This exploratory qualitative study does not escape some methodological limitations. It was set up within a short timeframe dictated by the evolving schedule of containment and the need to collect an ongoing experience, favouring the narrative by our interlocutors. The aim was to capture the experiences and needs of a targeted population during the period of containment in a context of global health crisis. This specific context obviously determines the collection of data (Johnson and Vindrola-Padros, 2017). The challenge was also to feed into reflections on future deconfinement, or even reconfinement measures, so to produce an initial analysis before decontainment and to disseminate them in a format that can be used to inform decision-making (Carillon, 2020). The prior knowledge of the interviewees was a major asset, which shortened the recruitment time. However, the study sample was small which complicates the generalizability of findings. It does not allow the results to be refined. It compromises, for example, a gendered analysis of containment experiences or considering situations of individual vulnerability.

## Conclusion

These results make it possible to show how containment affects individuals’ abilities to act and generates a ‘disaffiliation process’ by tipping individuals towards ‘social non-existence’. These results illustrate the structural aggressiveness of a response to the epidemic that does not take social inequalities into account (Marmot and Allen, 2020). This reminds us, if there is still a need, of the urgent need to develop measures that consider the social, economic and social recognition needs of individuals... by relying on the views and experience of those affected and not only on those of distant experts, bureaucrats and politicians (Campeau et al., 2018). The process of disaffiliation highlighted in this study shows that one of the current challenges is to re-establish a link with the individuals concerned in order to avoid settling in this area of disaffiliation. This calls for programmes aimed at mobilising the capacities of individuals to move out of this disaffiliation zone (Wallerstein, 2006). Moreover, this process of disaffiliation took on a particular challenge in the context of the fight against Covid-19 when containment measures were lifted and contact tracing became the major strategy for limiting the virus (Kretzschmar et al., 2020). If, on the one hand, the police presence generated secluded lives and generated fear and mistrust in the population, on the other hand, public health policies subsequently called for people to report any symptoms. In this context, the three commandments announced by the French Prime Minister on April 28th: ‘protect, test and isolate’ would be in vain (Philippe, 2020).



These research findings lead to four policy recommendations : (1) Targeted outreach intervention : Reach out to the precarious immigrants concerned by mobilizing neighborhood associations and community associations (2) Participatory approach and deliberative spaces : the people concerned can take part in the decisions that affect their lives and develop health responses that are adapted and proportionate to their living context; (3) Promote health promotion intervention : to take into account the living environments of individuals and enhance their ability to act (empowerment approach, versus infantilization) ; (4) Right based intervention : regularizing undocumented immigrants because the legal status is key to general improvement of migrants' living and working conditions and access to healthcare.

Finally, these results show that if the Covid-19 crisis was unprecedented and caused many upheavals for part of the population (Lambert et al., 2020), for immigrants in precarious situations, it was only an exacerbation of pre-existing difficulties. The logics at work were ordinary, and the situations were not so new for these people.

### Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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