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THE MOST IMPACTFUL FINANCIAL CHALLENGES SĀMOAN WOMEN IDENTIFIED UNDER DIFFERING COVID-19 RESPONSE STRATEGIES, 2020–2021

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Abstract

This article examines the differing financial challenges faced by Sāmoan women across four countries during the COVID-19 pandemic, with a focus on the impact of national response strategies. Utilising survey data from 325 participants, the study reveals that 48% of respondents experienced negative financial effects, with younger women disproportionately affected. Textual analysis highlighted increased household costs, employment disruptions, business losses, and diminished remittances, compounded by limited government support in several contexts. The discussion situates these findings within an intersectional framework, demonstrating how gender, culture, socioeconomic status, and policy responses shaped financial vulnerability and resilience. The article underscores the necessity for culturally responsive and equitable policy interventions, advocating for the inclusion of Sāmoan perspectives in decision-making processes. These insights contribute to a deeper understanding of the structural and cultural determinants of financial wellbeing among Sāmoan women during global crises.

Keywords

COVID-19, Sāmoan women, pandemic response strategies

Introduction

On 31 December 2019, the China Country Office of the World Health Organization (WHO, 2020b) was informed that cases of pneumonia with an unknown cause had been detected in Wuhan City, in Hubei Province. On 9 January 2020, WHO reported that Chinese authorities had determined the cause of the "pneumonia" was a novel coronavirus, now commonly referred to as COVID-19. WHO (2020a) began a succession of meetings with their research and development team as they began to look at this as an epidemic.

While WHO was trying to understand the COVID-19 situation better, governments worldwide began planning and developing their pandemic responses. Governments had to consider the various strategies that could be employed to best protect their public health, while also

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factoring in resource availability (e.g., personal protection equipment, staffing, and facilities) and geographic location (Institute of Environmental Science and Research [ESR], 2023).

On 25 March 2020, Aotearoa New Zealand went into a "Level 4" lockdown, and people's lives changed abruptly. The ways in which work, study and socialising occurred now had to be undertaken remotely. Given the unprecedented circumstances and uncertainties people faced, their stress levels increased dramatically.

As a Sāmoan woman who at the time was worrying about housing and job security, as well as the health and wellbeing of my dad—and also trying to plan a PhD topic—I was aware that my research project would likely reach individuals who like myself were overwhelmed by the uncertainties of the pandemic, as well as individuals who were distressed or in crisis because of it. As a Pacific researcher, I have always understood that I have a duty of care when it comes to the safety and wellbeing of my research participants, and I felt that in order to create a research project that would be culturally and socially safe for participants, it would be best that I focus solely on Sāmoan women.

The aim of my doctoral research was to capture an understanding of the experiences of Sāmoan women throughout the COVID-19 pandemic, with a focus on the sociocultural contributors that impacted their positive wellbeing and how they mapped their way of coping. I sought to examine the global experiences of Sāmoan women by conducting an online survey followed by in-depth talanoa. Utilising a strengths-based approach, I envisioned that this research would contribute to informing and developing health promotion strategies and assist towards developing mental health and help-seeking frameworks grounded in the lived realities of Sāmoan women.

Literature review

The main strategies employed by governments around the world during the COVID-19 pandemic were focused on elimination, suppression, mitigation, and exclusion. As the pandemic progressed, countries often changed their approach.

Elimination strategy

An elimination strategy aims to reduce the number of disease cases spread within a specific geographic location or country to zero (ESR, 2023). While there is no internationally agreed-upon definition for a COVID-19 elimination strategy, Aotearoa epidemiologist Professor Michael Baker has outlined three main elements that can be expected:

a. An aim for zero community transmission with an understanding that outbreaks from border control failures may occur.
b. An investment into three broad categories of public health infrastructure: "border management with closely supervised quarantine of all arrivals from places that have not eliminated the virus; case based control measures, notably testing, case isolation, contact tracing, and quarantine; and population based interventions such as physical distancing and mask use".
c. Outbreaks from border control failures require swift and decisive actions. (Baker, Wilson, & Blakely, 2020, p. 2)

The New Zealand Government chose an explicit elimination approach after observing the effects COVID-19 had on Northern Hemisphere countries (Baker, Kvalsvig, & Verrall, 2020; Baker, Kvalsvig, Verrall, et al., 2020; Baker, Wilson, & Blakeley, 2020). Aotearoa's first case of COVID-19 was reported on 26 February 2020 (Baker, Wilson, & Blakeley, 2020).

The elimination strategy served Aotearoa well, resulting in the lowest number of COVID-19 cases, hospitalisations, and deaths among the 38 Organisation for Economic Co-operation and Development (OECD) member countries between 21 March 2020 and 2 December 2021 (Ministry of Health, 2022). On 21 March 2020, the New Zealand Government introduced a four-tiered alert-level system, which was continuously reviewed by the government based on the rapidly growing scientific knowledge about COVID-19 and emerging information about effective control measures (Baker, Kvalsvig, & Verrall, 2020; Department of the Prime Minister and Cabinet, 2022).

The alert levels, applied nationally and regionally, successfully eliminated three COVID-19 community outbreaks in March–May 2020, August–September 2020 and February–March 2021 (Vattiato et al., 2023). However, in August 2021, the "Delta" variant was detected in the community without a clear link to the border, and the rapid and effective public health response failed to eliminate the outbreak, which was mainly restricted to the Tāmaki Makaurau Auckland region (Vattiato et al., 2023). A nationwide vaccine roll-out campaign saw 94% of the population receive at least one dose of Pfizer-BioNTech's BNT162b2 vaccine by early December 2021, at

which point Aotearoa effectively transitioned from an elimination strategy to a mitigation strategy (Vattiato et al., 2023).

Suppression strategy

A suppression strategy aims to control the disease and keep the number of cases very low for as long as possible (Baker, Wilson, & Blakely, 2020; ESR, 2023). This approach implements strong measures to reduce the opportunity for the infection to spread, such as quarantining or isolation of infected people (ESR, 2023). The aim is to ensure that the healthcare system is not overwhelmed by keeping the infection rate low and delaying outbreaks (ESR, 2023).

Success of a suppression strategy requires quick identification and isolation of infected individuals and their contacts to prevent further spread. However, this can be challenging as cases may not be identified due to infected people being asymptomatic or experiencing only mild symptoms and therefore not seeking medical treatment (ESR, 2023). It is important to note it can take some time before the effectiveness of a suppression strategy is known for new pathogens (ESR, 2023).

Australia is a federation comprising six states and two territories. This allows each jurisdiction to have significant decision-making independence, including constitutional responsibility for health protection (Basseal et al., 2022; Commonwealth of Australia, 2022). Because of this structure, Australia manages disease outbreaks primarily through jurisdictional teams coordinating the data collection, analysis, and public health response (Basseal et al., 2022). The country officially had an elimination goal for COVID-19, but its approach has been described as "aggressive suppression" (Basseal et al., 2022; Blakely et al., 2020; Trauer, 2022).

Lockdown policies were intermittently implemented throughout 2020 and 2021 to achieve COVID-zero status and strict social distancing restrictions (Shergold et al., 2022). Despite periods without recording a single case of COVID-19, Australia's policies were only the seventh-most stringent of the OECD nations (Shergold et al., 2022).

Mitigation strategy

Mitigation looks to control an infectious disease outbreak instead of eliminating it. This strategy looks to ensure the healthcare system is not overwhelmed by progressively strengthening measures as the outbreak progresses and cases increase (ESR, 2023).

The approach of the United States to the COVID-19 pandemic is an example of a mitigation strategy. The federal response was slow to develop, leaving states and localities to lead their own responses; this resulted in uneven exercising of public health powers (Alexander et al., 2022; Haffajee & Mello, 2020). Following the first confirmed case of COVID-19 in the United States on 20 January 2020, a Coronavirus Task Force was established by the White House and the US Department of Health and Human Services, and a public health emergency was declared (Alexander et al., 2022).

A national emergency was then declared on 13 March 2020, and the White House introduced national recommendations such as "15 Days to Slow the Spread", a nationwide voluntary lockdown, which was then extended to 30 days (Alexander et al., 2022; Moreland et al., 2020; O'Grady et al., 2020). By 27 March, all 50 states and the federal government had declared emergencies for COVID-19 (Hodge, 2021).

Despite federal powers to ensure the public adhered to the lockdown, there was no unified, enforced response, and each state and locality determined their own measures (Alexander et al., 2022). By March 2020, 30 states had shut all non-essential businesses; 39 prohibited gatherings of any sort while others banned gatherings of more than 10; 44 closed dine-in seating in restaurants and bars; 47 mandated school closures; and 42 had a mandatory "Stay at Home" order in place at some point during the lockdown (Alexander et al., 2022).

The White House published an unmandated national plan for reopening in mid-April 2020, with reopening criteria depending on a downward trend of cases, sufficient hospital capacity, and vigorous testing infrastructure (Alexander et al., 2022). The reopening criteria also included a three-phase plan which outlined the gradual easing of public health measures, such as limits on public gatherings and restrictions on non-essential businesses (Alexander et al., 2022). Before the end of the national lockdown, however, several states had reopened without meeting the federal plan's key criteria (Alexander et al., 2022).

Exclusion strategy

An exclusion strategy aims to achieve zero community transmission and was successfully utilised by some Pacific nations and territories, such as American Sāmoa and Sāmoa. A State of Emergency (SOE) was declared in Sāmoa on 20 March 2020 in response to the COVID-19

pandemic ("Samoa Officially on Lockdown", 2020; Tamaalii, 2020). The head of state, Afioga Tuimaleali'ifano Va'aletoa Sualauvi II, adhering to Article 106 of the Constitution and with advice from the Cabinet, approved Emergency Orders deemed necessary to secure public safety and to safeguard the interests and welfare of Sāmoa (Parliament of Samoa, 1960; Tamaalii, 2020).

During the period of closed borders, the Sāmoan Government approved repatriation flights to bring citizens home (Government Press Secretariat, 2022). These flights were intended for those who had been unable to return to Sāmoa before the SOE, such as those overseas on Aotearoa's Recognised Seasonal Employer scheme, scholarship students, and those who had to travel abroad for approved medical care (Government Press Secretariat, 2022).

On 15 April 2020, the government eased some restrictions, allowing for the resumption of inter-island travel, the use of public transport, and the reopening of markets and restaurants with limited operating hours (United Nations in Samoa, 2020).

Government financial support

In Aotearoa, the government introduced the COVID-19 Wage Subsidy in March 2020. This subsidy provided financial support to employers, enabling them to retain non-essential staff who could not work from home during lockdowns (Ministry of Health, 2021; Work and Income, 2020). Full-time staff (working 20 hours or more per week) were eligible for $585.80 per week, while part-time employees were granted $350 (Work and Income, 2020). However, this was merely a subsidy and did not fully replace an individual's full wage. Employers had the option to top up the subsidy using their profits or employees' paid leave entitlements.

In Australia, the Melbourne Institute's (2020) *Taking the Pulse of the Nation* report revealed high rates of stress in April 2020, with almost 25% of Australians reporting that they were stressed about their ability to afford essential goods and services (Broadway et al., 2020). Following the implementation of government supports such as the Coronavirus Supplement and JobKeeper, financial stress dropped to around 20% and remained seemingly steady through June and July 2020 (Broadway et al., 2020; Campbell & Vines, 2021). However, financial stress spiked following the announcement of plans to reduce income support during Melbourne's second wave of COVID-19 (Broadway et al., 2020; Campbell & Vines, 2021).

While the Sāmoan Government introduced a limited form of a fiscal stimulus package which was directed primarily to former workers of the tourism sector, it was reported that it did not extend far enough; nor did it reach those in the informal sector or meet the needs of those living in poor conditions (Connell, 2021). This was further illustrated by the fact that more than 71% of households were struggling to service their loans and debts by mid-2020 (United Nations in Samoa, 2020). The only viable option for Sāmoa to provide sufficient economic support would have been to borrow internationally, a process described as unsustainable (Connell, 2021).

The US federal government did not establish any support funds and instead the onus was placed on employers to find ways to reduce their expenses while being subjected to COVID-19 restrictions, which often meant that, as in other countries without fiscal support for businesses, employees were asked to take unpaid leave (Jones et al., 2021).

Methodology

The current study focused on financial challenges Sāmoan women faced under differing COVID-19 response strategies and draws on data collected for a wider project that sought to understand how the COVID-19 pandemic impacted Sāmoan women.

An online survey was employed using a semi-structured questionnaire with eight closed-ended and four open-ended items. This type of survey is an effective tool for gathering data in a relatively short period and provides an opportunity to analyse and test the broader applicability of current theories and to verify the findings of previous studies (Albudaiwi, 2017; Ashcroft et al., 2022). The overarching aim of the wider project was to understand how Sāmoan women were experiencing COVID-19.

Designing a semi-structured survey allowed for the use of both open- and closed-ended questions. Closed-ended questions were constructed as a means of capturing the pandemic experience, including the negative and positive impacts of COVID-19, and help-seeking actions. Having open-ended questions was deemed important, as it provided an opportunity for participants to share their thoughts without being influenced by the answers to closed-ended questions (Brosius et al., 2022; Ranganathan & Caduff, 2023). The survey was administered online via Qualtrics, targeting Sāmoan women aged 16 years and older who were willing to share their experiences of the COVID-19 pandemic. The survey was live from 27 October 2020 until 20 October 2021.

Ethics approval was granted for this research by the University of Auckland Human Ethics Committee on 27 October 2020 (Ref. UAHPE-C2802).

Sampling

As this was a new study for which the location and size of the target population were unknown, labelling a sampling frame and implementing a sampling system was challenging. As this was the initial data collection phase, a sampling criterion was formed to allow as many responses as possible from the target population.

To recruit participants, an online advertisement with a link to the survey was shared among the researcher's personal and professional networks. Personal networks included social media (Facebook, Twitter, Instagram), and a post was shared across the researcher's Facebook and academic Instagram page (S. McLean-Orsborn, Instagram post, June 1, 2020, no longer publicly available). On 10 December 2020, the researcher paid NZ$28 to boost the post as an advertisement across these social media platforms, stipulating it was for Sāmoan women aged 16 years and older. The advertisement reached 23,390 people, and 118 people accessed the survey link on the boosted post.

The survey began with the Participant Information Sheet, which explained the study in lay terms and included contact information for people who had questions regarding the survey. It was explicitly stated on the survey's first page that completion and submission of the online questionnaire signalled consent to participate. The main questions posed by participants pertained to the aims of the research project and expressions of support. Upon completion of the survey, participants were informed that they could enter a prize draw and express interest in participating in a future talanoa about their COVID-19 experiences in more depth.

Participants

This study was made possible thanks to the participation of 325 Sāmoan women. While responses were expected to be received from Sāmoan women living in Aotearoa, Sāmoa, and Australia, when the survey closed it was discovered that responses were also received from Sāmoan women living in American Sāmoa, the United States, Fiji, France, Japan, Oman, and the United Kingdom.

Table 1 provides a comprehensive breakdown of participants' demographic information.

Data analysis

Survey data was exported from Qualtrics and processed into a dataset in Microsoft Excel. The data were analysed in line with the research aims and objectives to establish a context for the talanoa question guides. Of the 333 responses received, eight (2.40%) were excluded from the final dataset because those respondents had completed less than 80% of the survey.

Quantitative analysis began with calculating the total number of responses for each question. Frequencies (counts) and proportions (percentages) were then derived across participants' country of residence and age bracket. This approach enabled the identification of patterns in the data, specifically whether certain responses became more common or varied in prevalence, depending on demographic characteristics.

Open-ended qualitative responses were collated in an Excel spreadsheet and organised according to the corresponding survey question. Responses were then systematically coded to identify country of residence and recurring ideas and patterns. Once themes had emerged, they were refined into subheadings, under which related codes were grouped. This thematic organisation enabled the researcher to review the qualitative data holistically and determine which responses were most relevant for deeper analysis.

Results

When considering how best to present the findings of this research, it quickly became evident that the COVID-19 response strategies employed by different countries significantly shaped the experiences of Sāmoan women during the global pandemic. While existing literature highlights the complexities of responding to pandemics, there remains a scarcity of scholarship on the lived experiences of Sāmoan women, making it difficult to assess whether their realities align with global patterns (McLean-Orsborn, 2023).

The wider project this article originates from begins to fill this knowledge gap by documenting the heartaches, grief, love, joy, care, and support experienced by Sāmoan women during the COVID-19 pandemic. To honour and respectfully present the measina gifted by participants, the findings are organised according to the main countries (Aotearoa, Sāmoa, United States, and Australia) in which participants resided.

The findings reported here focus on two key questions posed to participants. The first was a multiple-choice question: "Select all the ways in which COVID-19 has affected you negatively",

TABLE 1 Demographic overview of survey participants (*N* = 325)

Location of participants	n	%
Aotearoa New Zealand	217	66.77
Sāmoa	47	14.46
United States	25	7.69
American Sāmoa	4	1.23
Australia	22	6.77
Fiji	5	1.54
France	1	0.31
Japan	2	0.62
Oman	1	0.31
United Kingdom	1	0.31

Ethnicity	n	%
Not applicable	189	58.15
New Zealand European	36	11.08
Māori	24	7.38
Chinese	21	6.46
Niuean	15	4.62
Tongan	13	4.00
German	12	3.69
Fijian	6	1.85
Irish	6	1.85
Tokelau	5	1.52
Cook Island Māori	5	1.52
Hawaiian	4	1.23
Indian	4	1.23
Scottish	3	0.92
American	3	0.92
Australia	3	0.92
British	2	0.62
Caucasian	1	0.31
Dutch	1	0.31
Fijian Indian	1	0.31
Filipino	1	0.31
French	1	0.31
Italian	1	0.31
Japanese	1	0.31
Korean	1	0.31
Mexican	1	0.31
Native American	1	0.31
European	1	0.31
Undisclosed	1	0.31

Age group	n	%
16–19	32	9.85
20–29	126	38.77
30–39	83	25.54
40–49	59	18.15
50–59	16	4.92
60–69	4	1.23
80–89	1	0.31
Undisclosed	4	1.23

Household size	n	%
1	10	3.12
2	29	9.03
3	42	13.08
4	46	14.33
5	60	18.69
6	48	14.95
7	39	12.15
8	15	4.67
9	7	2.18
10	10	3.12
11	6	1.87
12	3	0.93
13	1	0.31
14	1	0.31
15	1	0.31
17	1	0.31
20	2	0.62

Note: Ethnicity percentages do not add up to 100% due to participants selecting the multiple ethnicities that make up their identity. Age group and household size percentages do not add to 100% due to some participants opting to not share this information.

with options including Health, Housing, Employment, Education, Family, Friendships, Relationships, Fa'alavelave, Financially, Travel, and Other (please specify).

Almost half of the respondents (48%) reported that their finances were negatively affected during the COVID-19 pandemic (n = 153). This impact was most pronounced among younger participants, with 69% (n = 22/32) of those aged 16–19 years and 56% (n = 71/126) of those aged 20–29 years reporting financial difficulties.

The second question was a qualitative follow-up: "In light of the negative effects of COVID that you have selected, which was the most impactful and why?" The following subsections unpack participants' responses to this question.

Aotearoa

Aotearoa has a large Sāmoan population and is where this research project was situated. These factors explain why Sāmoan women living in Aotearoa comprised the largest cohort of respondents, with 217 taking part (68%). Over a quarter of participants reported that their finances had been negatively impacted (n = 82/217) by the pandemic, with 16 identifying their finances as their "most negatively impacted aspect of life".

Participants wrote that they supported their family and, in one instance, their church family because they were able to work during the lockdown. One explained how she had to assume primary responsibility: "Financially, the main income earner was forced to stay home during this period as he was 70+ and so the burden was left on myself to try and juggle study and work" (P61, 23 years). Another participant shared:

> My sister and I live together, and because we were essential workers were able to make that decision to support our parents and brothers with living costs. This left the one income earner up in Auckland (our Mum was an essential worker, too) mum to concentrate on only paying rent, and we covered everything else. As well as maintaining our living costs here in Te Whanganui-a-Tara, Wellington. (P127, 34 years)

Participants who reported increased cost of living attributed this to higher household consumption levels due to family members being at home more. Many participants described their attempts to remedy their situation by budgeting, but for some the financial impact of the lockdowns continued to linger:

> Our bills amount of usage has gone up, affecting us until now. Because during the COVID-19 pandemic, hours of work for my husband has been a crazy roller coaster, and we were struggling to make ends meet, budgeting with what we had in our pockets. So, the pandemic's [effect] on us financially is continuing in our family. (P53, 36 years)

Samoa

Among the 47 participants living in Sāmoa, 37 reported that COVID-19 had negatively impacted their finances. For 45% of these participants this was their "most negatively impacted aspect of life". Business owners elaborated that their operations, which catered primarily to tourists or individuals returning from overseas for special events, were significantly affected by the border closures. For example:

> I run a hair and beauty salon and usually I get a lot of bookings for weddings from overseas all throughout the year but with the borders shutting down no one has booked, and also the weddings that were booked from last year and deposited money, I had to refund their money into their overseas accounts because they couldn't travel over to have their wedding. (P292, 42 years)

Businesses catering for local clientele were not spared the financial impacts, as they also experienced a downturn when the State of Emergency Orders (SoEO) impacted their clients. For Participant 147, who ran a boutique store, the SoEO led to a decrease in social occasions and functions, which meant their customers had no need to make purchases, thus reducing her sales to zero for many weeks. Service-based businesses were not immune to this ripple effect either:

> My family owns a small security business, and our profits have dropped enormously because our clients are not doing so well at the time being, and also the people of Sāmoa are not stable enough to spend according to what they desire. So of now, we are trying to get used to the situation. (P120, 17 years)

With the absence of formal financial support from the Sāmoan Government to sustain businesses and employment, businesses were compelled to adjust their services. This often involved asking employees to work reduced hours, or, if the business was struggling, staff were asked to stay home without pay or were let go:

> We have worked accordingly to the hours given by the Restriction orders. Some of my family members could not continue working as the company that they use to work at is closed due to borders been closed. And there is no income coming in to help out raising our family. COVID-19 has impacted us financially as it affects our jobs and leads to be unemployed. With this financial problem, we have nowhere to turn to, no financial assistance from the government. I as a mother, I'm struggling to provide for my family and raising my child. (P280, 26 years)

Some participants shared that the financial support they received from family in the form of remittances was also impacted during this time:

> We depend most in our families overseas for money to do fa'alavelaves, kids' education and especially family things like food, etc. We normally received shopping and money every fortnight, but during this pandemic, our family working overseas are limit their support because of the financial effect in their homeland. (P186, 35 years)

> We rely on my husband for our everyday needs so does his family. Since COVID, his pay doesn't really keep us afloat. My husband lives in Australia, while we live in Sāmoa. We get to see him once at the end of the year. We have two daughters; everything was fine before COVID. His mother's job is unstable. So as my side. (P304, 26 years)

There were two participants that disclosed that the financial stress they were enduring had also resulted in additional mental distress. One felt she was being overwhelmed by the pressures she was facing:

> Due to stressing out over being stuck in Sāmoa from returning to continue my studies, I've struggled with depression more than ever. It's so much harder to be optimistic now than I was before. I find myself crying silently at night just to avoid my parents knowing because I don't want to stress them over my problems. Life in Sāmoa is really expensive, and since I'm here now but haven't finished my degree yet, I'm left to work in low-paying jobs. I'm my family's main financial resource, and I'm finding it really hard to cope. It has impacted me so bad that I find myself wanting the easy way out. (P287, 25 years)

United States

COVID-19 had a financial impact on 17 out of the 25 participants based in the United States, with 29% of these respondents indicating that this was their "most negatively impacted aspect of life". The qualitative responses revealed that for three participants this was due to losing their job. One participant shared that their family members' health prevented them from seeking additional employment, resulting in financial stress:

> During COVID, I lived with my whole family, including two immunocompromised persons. For this reason, even though we struggled financially during COVID, none of us could seek additional employment, and alternative housing was not an option for us. Thus, we lived on a very small paycheck which was a struggle to meet weekly grocery and utilities bills. (P157, 29 years)

Australia

While nine Australia-based participants reported that the COVID-19 pandemic positively impacted their finances, 11 participants reported negative impacts. Two participants, both living in households double the average number of people per household in Australia (2.5), reported that their finances were "the most negatively impacted aspect of life" (Australian Bureau of Statistics, 2021). Participant 16 was a 17-year-old living in a household of eight who collectively struggled to pay rent and bills, nearly going without food for one week.

The free-text responses also reflected the impact of redundancies and challenges in gaining (re) employment, with many forced to adjust to survive on a single income. Participant 249 detailed that she had lost her job due to the pandemic and had to utilise her savings; she eventually regained employment as an essential worker.

Discussion

The results presented in this study demonstrate that the financial impact of COVID-19 was a significant and unifying consequence for Sāmoan women across the four national contexts examined. While participants' experiences varied in relation to local public health measures, labour market structures, and access to government relief, financial strain consistently emerged as a pervasive and consequential outcome of the pandemic. For many participants—particularly younger women—this strain was intensified by the rise in the cost of living, increased household

consumption during lockdowns, and disruptions to employment and business activity.

This study provides the first global examination of the pandemic's financial effects on Sāmoan women. Of the 325 respondents, 48% reported that their finances were negatively affected during the COVID-19 pandemic. The quantitative results underscore the centrality of financial disruption in women's pandemic experiences, while the qualitative results illuminate how sociocultural expectations, family structures, and state policies shaped the intensity and nature of the disruption.

Utilising an intersectional lens reveals how gender, culture, socioeconomic status, and national context intersected to determine Sāmoan women's financial resilience or vulnerability during the pandemic (Matada Research Group, 2022). In highlighting the financial dimension as the dominant theme, this discussion section examines how government responses, labour market realities, and familial obligations interacted to produce layered and unequal financial impacts. Together, these findings deepen understanding of the structural and cultural factors that shaped Sāmoan women's financial wellbeing during the COVID-19 pandemic and point to the broader gendered inequities that such crises tend to exacerbate.

Lockdowns and restrictions

Quarantine was employed to separate those who were still healthy but potentially had been exposed to COVID-19 from those who had not (Kearns et al., 2021). The regional lockdowns that Aotearoa and Australia utilised as the pandemic progressed can be understood as a *cordon sanitaire* (sanitary cordon), as this refers to the restriction of people and movement within a larger, defined geographic location (Huremović, 2019). Implementing a quarantine is a significant public policy measure as it transcends the realms of public health, international relations, and law. It often results in vitriol being levelled at the state regarding the "unjustifiable" curbing of individual rights (Huremović, 2019). Most countries imposed a mandatory quarantine at the start of the pandemic to reduce the spread of COVID-19 variants within their borders (Huremović, 2019; Kearns et al., 2021).

Lockdown and restriction experiences varied depending on participants' health status, age, location, and socioeconomic status. Due to Pacific peoples being more likely to reside in overcrowded houses, the New Zealand Government allocated a budget to provide Pacific peoples with the option of isolating outside their homes if they were unable to isolate effectively (Ministry of Health, 2022; Tukuitonga, 2021).

Family support, or lack thereof

Participants often spoke of their pandemic experience with their "bubble". This term was adopted by the New Zealand Government, public health authorities, and the media to describe the primary household unit in which an individual lives (Freeman et al., 2022; Kearns et al., 2021). The term was used in a public messaging campaign to reinforce the idea of "staying in one's bubble" (Freeman et al., 2022; Kearns et al., 2021). Initially, one's bubble comprised one's household; however, as the pandemic progressed and restrictions were revised, one's bubble could span multiple households in cases of shared custody or blended families (Freeman et al., 2022; Kearns et al., 2021).

Participants who had lived or lived with someone "at-risk" of contracting COVID-19 due to living with a chronic health condition or disability, they were unlikely to report a boost in their connection to their community due to isolation, but they also were less likely to have been prepared for the pandemic due to their limited financial resources (Phibbs et al., 2015; Sibley et al., 2020).

Participants who reported living with six or more people may have been living with their extended family out of necessity. This could have been due to the family wanting to ensure they had secure housing, but because of their socioeconomic status, these participants required multiple income sources to afford it (Health Quality & Safety Commission New Zealand, 2021; Ratuva et al., 2021; Subica et al., 2023). This is common, as 40% of Pacific peoples in Aotearoa live in overcrowded houses (Ioane et al., 2021; Poulton et al., 2020). Before the pandemic, living in overcrowded houses had been associated with close-contact infectious diseases such as pneumonia and rheumatic fever, as well as a range of other adverse health outcomes, and this led to the increased COVID-19 infection rates among Pacific peoples (Baker et al., 2013; Derauf et al., 2020; Ministry of Health, 2021). This was also exemplified in the United States, where Pacific peoples experienced 10 times the COVID-19 infection rate compared with other ethnic groups due to living in overcrowded, multigenerational homes (Derauf et al., 2020; Kwan et al., 2022; Pillai et al., 2022).

A unique benefit of living with extended family during the lockdowns and restrictions was that Sāmoan women had access to social capital

(Chen et al., 2021). The social capital networks of the participants provided financial resources, information, aid, childcare, and emotional and psychological support (Aldrich & Meyer, 2015). While this could be seen as a means of minimising the impact on women who were often the primary caregivers and also working when schools and daycare centres closed, this was not the reality experienced by all participants or by women globally (Anderson et al., 2022; Australian Bureau of Statistics, 2020a, 2020b, 2022; Chen et al., 2021; Encarnacion et al., 2022; Thomsen et al., 2023; Workplace Gender Equality Agency, 2021).

Working through a pandemic

The pandemic resulted in the global disruption of how businesses, organisations, and institutions operated. With little to no advance warning, employees were either encouraged or required to work from home to meet their government's respective social distancing requirements (Workplace Gender Equality Agency, 2021).

Due to economic vulnerability, some participants, like many other Sāmoan and Pacific women, had to seek employment or additional employment to meet their living costs (Kwan et al., 2022; Pelizza et al., 2021). This was in addition to their domestic work and the unpaid care they provided to their family. Participants who had moved country before the pandemic took effect shared that their inability to gain employment due to restrictions put in place resulted in their bubble expecting them to carry out more unpaid care and domestic work (Encarnacion et al., 2022). Feminist economists refer to this inequity as the "third shift"; informally, it is also referred to as the "hypocrisy economy" because when people talk about empowering women, it has to do with work outside of the home in the paid economy, without any systemic attempts to enable or encourage men to take more responsibility (Power, 2020).

Although the COVID-19 pandemic had demonstrated that flexible work was possible and had the potential to reduce gender segregation and increase women's workforce participation, as mentioned by many participants, this was not a universal experience (Workplace Gender Equality Agency, 2021). Instead, women who could work from home were often always or often "actively" caring for children while balancing employment obligations (Workplace Gender Equality Agency, 2021). National and international studies have described this experience as the blurring of work-life boundaries for many people. This often led participants to do "hidden overtime", such as working longer than usual because they felt that they needed to make up for time spent caring for their children during work hours (OECD, 2021; Workplace Gender Equality Agency, 2021).

Prior to the pandemic in Aotearoa, Pacific communities had significant rates of in-work poverty compared with New Zealand Europeans (Plum et al., 2019). Evidence based on a single prioritised ethnic breakdown of poverty data indicates that Sāmoan women in Aotearoa are likely to be in the lowest socioeconomic bracket due to the substantial ethnic and gender pay gap that is deeply entrenched in society (Health Quality & Safety Commission New Zealand, 2021; Matada Research Group, 2022; Naepi, 2022; Plum et al., 2019).

This is not an isolated situation, as Pacific and Sāmoan women in the United States also face significant financial disadvantages. For instance, between 2007 and 2012, the poverty rate for Native Hawaiians and Other Pacific Islanders (NHOPI) in California increased by 97%, more than any other racial group (Ratuva et al., 2021). Understanding the pre-pandemic conditions of Pacific and Sāmoan women provides context for how the lockdowns and stay-at-home restrictions further exacerbated the living situations of participants and Pacific peoples in general.

Financial support governments provided during the pandemic

As noted above, the New Zealand Government established the COVID-19 Wage Subsidy in March 2020. Despite this support, however, participants still reported experiencing financial challenges, suggesting this aspect of the pandemic response did not adequately address the needs of the most vulnerable communities (Ministry of Health, 2021; Ratuva et al., 2021).

In Australia, 48% of participants indicated their finances had been negatively impacted, a figure higher than the nationally reported financial stress level of 25% (Broadway et al., 2020). The SOE in Sāmoa, while effective in preventing the spread of COVID-19, had significant financial implications, as reported by 79% of participants in Sāmoa. This was evident in responses describing how participants and their families struggled or could not afford living costs (see also United Nations in Samoa, 2020). During the pandemic, 54% of Sāmoan women residing in the United States reported that their income had been affected. This was due to employers needing to reduce their expenses in response to the COVID-19 restrictions. While flexible work arrangements allowed

for unpaid care work to be undertaken, women were less likely to have financial safety nets, such as savings, due to greater job insecurity and lower average pay rates (LeanIn.org & SurveyMonkey, 2020; Workplace Gender Equality Agency, 2016). Sāmoan women with pre-existing chronic illness(es) or disability/ies were even less likely to have access to the economic and social resources necessary for recovery (Chen et al., 2021).

For many participants, the financial support provided under their country's COVID-19 responses did not match their full wage. As a result, this aid did not help to relieve financial pressures and, in some cases, further exacerbated their financial situation. Rather than offering minimal subsidies, governments should look to establish a Universal Basic Income, as this would provide financial assistance during and after a pandemic, particularly supporting those who cannot work (Girum et al., 2021).

Conclusion

The main pandemic strategies adopted during the COVID-19 pandemic were elimination, suppression, mitigation, and exclusion. As the pandemic progressed, countries often changed their approach. The strategies focused on reducing the impact the virus had on people's health and wellbeing, but decision-makers generally failed to explore these approaches with an intersectional lens. This neglect to undertake an intersectional analysis resulted in homogenising of the expected experiences of the pandemic under each strategy (Crenshaw, 1989, 1991; Matada Research Group, 2022).

In both Aotearoa and the United States, Pacific peoples were identified as being more vulnerable to the impacts of COVID-19, reaffirming existing evidence and highlighting a correlation between inequitable pandemic experiences and being of a Pacific ethnicity and/or having low socioeconomic status. This research found that strategies that supported Sāmoan women were ones that had Sāmoan and Pacific stakeholders involved in the decision-making processes. In countries where Sāmoan and Pacific peoples are underrepresented, this resulted in limited to no additional resourcing, exacerbating the financial challenges faced by some within these communities due to the pandemic. The impacts of the pandemic on Sāmoan women differed largely due to variations in the entrenched inequities they experienced.

The research findings show the importance of being aware of Sāmoan communities and having an awareness of Sāmoan understandings, knowledge, and epistemologies when planning, designing, and implementing pandemic responses as well as policies that impact Sāmoan people. In Sāmoa, the pandemic, much like the measles epidemic, highlighted the severe underfunding of the public health and social welfare systems. These events serve as stark reminders of the critical need for a well-funded public health system. This includes well-equipped diagnostic facilities, public health disease control centres, and staff highly trained in the field of infectious diseases. The pandemic has also shown there is a pressing need to review and invest in Sāmoa's social welfare system (Olayemi et al., 2021; Thornton, 2020).

As nations and the world navigate their way out of the pandemic, the desire to return to "normal" can result in repression or amnesia surrounding the chaos and the trauma that preceded the recovery (Huremović, 2019). By providing a platform for Sāmoan women's experiences of the COVID-19 pandemic to be heard, this research helps to address the glaring inequities the pandemic highlighted, as well as ensure that when the next pandemic occurs, vulnerable communities are considered, consulted, and cared for.

Glossary

fa'alavelave	significant event, crisis, or ceremonial occasion that disrupts daily life
measina	treasure
talanoa	discussion

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