Structural otherism and the pandemic transmission

-a qualitative study on Covid-19, non-European immigrants’ life conditions and health inequality in Sweden

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Abstract

This qualitative study examined the situation of the non-European immigrants living in Swedish socio-economically disadvantaged suburbs and the role of the Public Health Agency of Sweden (FHM) during the Covid-19 pandemic. More specifically, how the FHM approached this group during the pandemic and how this approach affected the immigrants' lives. The study aims to understand the agency's impact on the mentioned group who lived under different housing and working conditions than the average European born in Sweden. The research data were collected through semi-structured interviews with experts who worked with health, migration, and communication.

The study can contribute to a profound understanding of the Swedish health institutions' impact on the mentioned group to improve future communication between institutions and immigrant communities. Furthermore, the study findings contribute to the theoretical perspective regarding institutional power (including abnormality and surveillance), stigma, and Structural discrimination.

Word count 141

Keywords: COVID-19, non-European immigrants, FHM, institutional power, structural discrimination
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1. Introduction

The Covid-19 pandemic struck the whole world without any warning. It spread among humans beyond geographical limitations. However, the exposure to the virus spread unequally among different groups in society, affecting mainly the elderly, people with underlying diseases and the people who live in poverty. In Europe, the Covid-19 virus struck harder on the socio-economically disadvantaged ethnic minorities (Whitehead 2021).

The same pattern was shown in Sweden (Hansson et al. 2020). Sweden is a country that is considered to have a high level of socio-economic equality according to Gini coefficient 2019 (UN data 2020). Nevertheless, the non-European immigrants living in Swedish socio-economically disadvantaged suburbs had the highest excess death rates compared to natives and other Europeans (Hansson et al. 2020).

When the Covid-19 pandemic spread in Sweden in 2020, the Public Health Agency of Sweden (FHM) gave general recommendation strategies to handle the situation and limit the exposure. These recommendations had generalised content and were initially given only in the Swedish language, with translations on the website starting in April 2020 (Ekblad et al. 2021). Generalised recommendations might not be unusual during emergencies; however, what became a problem was that the FHM was noticeably delayed with adjusting the information to meet the different needs of the Swedish society, and this despite the alarming reports raised by researchers and civil society (Al-Nahar et al. 2020; Aftonbladet 2020; Expressen 2020).

Health inequality and socio-economic conditions in relation to the Covid-19 pandemic have been researched in Sweden. According to previous research by Hansson et al. (2020), "Large differences in excess mortality in March-May 2020 by country of birth in Sweden" immigrants from Syria, Iraq, and Somalia living in socio-economically disadvantaged suburbs in Sweden had the highest excess mortality compared to native or other European born living in Sweden, with an excess rate of 220%. The research in this study stress that the language difficulty combined with working, crowdedness, cross generation-homes were some of the factors behind the differences (ibid 2).

Another study in the same field published by Ekblad et al. (2021) concerning the socio-economic conditions and Covid-19 distribution in the Järva suburb in Stockholm city also outlined the housing and working conditions as the main factors for exposure among immigrants in the suburb. The researchers stressed the need for modified recommendations and suitable communication for the immigrants to support them in facing the pandemic. The
qualitative study by Ekblad also provides us with the people's interpretations of the FHM's working policies and the life-reality of the non-European immigrants in the suburbs (ibid 10-12).

Furthermore, similar conclusions were stated in an early report from the UK. The report "An unavoidable crisis, the disproportionate impact of Covid-19 on Black, Asian and minority ethnic communities" (NHS 2020). The study outlined structural factors and discrimination in the house- and job market as another reason behind the inequality in health and the high exposure to the Covid-19 virus.

Despite current studies and incoming research results, the FHM acted relatively slowly and did not change its working policies to meet the needs of immigrants in the disadvantaged suburbs during the Covid-19 pandemic. Nevertheless, the FHM itself has in different reports pointed out the housing and working conditions as the reason for unequal health in Sweden (Folkhälsans utveckling 2020; Folkhälsans utveckling 2021).

Furthermore, the FHM did not address the non-European immigrants as a group with a particular need to be protected from exposure and high death rates. However, the category "immigrants" group can be seen in a statement from FHM's spokesperson. According to the Swedish news-press Aftonbladet, the FHM addressed the immigrants' exposures in an interview on a national TV channel through their official spokesperson, epidemiologist Anders Tegnell (Zangana 2020). In this interview, Tegnell pointed out immigrants as the reason behind Sweden's high Covid-19 death rates. He did that without mentioning structural factors such as the housing and working conditions the immigrants live under. Tegnell addressed his statement after the critic as an "unfortunate choice of words" (ibid). Such a statement is both problematic and stigmatising. It gives the impression that the non-European immigrants living in Swedish socio-economically disadvantaged suburbs suffer from high death rates due to their ethnicity.

With this knowledge, I examined how the FHM approached the mentioned group, non-European immigrants living in the disadvantaged suburb, during the Covid-19 pandemic with a main research question:

- How do experts working with health communication and migration evaluate the FHM's approach to immigrants living in socio-economically disadvantaged suburbs during the Covid-19 pandemic?
Furthermore, to get a broader view, I used three sub-questions regarding the FHM categorisation, the FHM approach, and how these combinations affected non-European immigrants living in socio-economically disadvantaged suburbs.

The questions were answered through semi-structured interviews with informants who had significant experience working as a link between the institutions and civil society, especially with immigrant communities. The informants were experts working with health, migration, and communication. Some work with pandemic issues as a profession, and others work with immigrants through immigrant community associations. All the informants were involved voluntarily in Covid-19 communication work for immigrants during the pandemic. I chose to interview this group because I wanted to take part in their experiences and significant knowledge among experts working both in the institutions and in the immigrant communities.

The study aims to understand the impact of the FHM as a Swedish institution during the pandemic on the mentioned immigrant group. Moreover, health inequality regarding the needs of the non-European immigrants living in Swedish socio-economically disadvantaged suburbs will be the main focus of this report. Due to the relevance to International Migration and Ethnic Relations (IMER) field, this report will look mainly at the mentioned group in disadvantaged suburbs and their needs during the Covid-19 pandemic. I will cover that by analysing the data I collected from the interviews. Further, I analysed how the FHM's institutional power was exercised over the non-European immigrants living in Swedish socio-economically disadvantaged suburbs to understand how it resulted in health inequality. Furthermore, I hope this limited study contributes to a more profound understanding of different health institutions working strategies in Sweden to help us improve future communication between institutions and immigrant communities. That, in turn, would result in rearming our society in general, supporting it to face new pandemics and achieving health equality goals.

Moreover, I am interested in this subject as a first-generation immigrant woman working professionally and voluntarily with health communication and immigrant communities. In my daily contact as a resident of one of Malmö city's suburbs and through my interaction with the immigrant communities, I witnessed the communities' oral histories on unequal health treatment and institutional otherness. Furthermore, during the pandemic first period in 2020, I witnessed how immigrants in the suburbs struggled because of their limited access to the healthcare system. This limitation was first because of difficulties with the Swedish language,
making it challenging to navigate the healthcare system. Secondly, disadvantages in housing and working conditions made following Covid-19 recommendations difficult.

I saw how the immigrant communities were doing their best to help each other survive the pandemic. However, many of them were disadvantaged because of a normative healthcare system that communicated to the majority in Sweden. I also saw the difficulties that arise due to the inequality in life conditions. Nevertheless, at the same time, I witnessed individuals coming together in groups working in solidarity to support those in need.

There are many professional reports concerning immigrants' health inequality, from reports by the WHO to reports by the FHM. Unfortunately, despite the descriptions and recommendations, we cannot yet see the changes we need to overcome inequality in health in Sweden. The pandemic is an opportunity to make social and health inequality more visible. The Covid-19 pandemic just put health inequality under the spotlight since the virus spreading among immigrants directly threatened our society.

When we know this is a problem worldwide, we need to address the problems in our systems, communicate and work together to help the most vulnerable in society.

This research provides us with more "in real life" information beyond the institutional power and beyond the non-European residents of the disadvantaged suburbs interpretations.

In the following chapters, I will first explain the background to give a broader description of the socio-economic disadvantaged non-European immigrant's living conditions in general and describe the Covid-19 pandemic through previous research. Further, I will explain the theoretical perspectives through three main theories starting with institutional power (Foucault 2000), including the abnormal (Foucault 2003) and institutional surveillance (Foucault 2000:1977). Second, I will use stigma theory to analyse abnormality as inherited tribal stigma (Goffman 2014). Third, I will refer to structural discrimination theory (De los Reyes 2006) to describe the theme that emerges from the interviews. Furthermore, the study methods will also be presented. The reader will get to know the informants closely but with confidentiality, followed by a thematic analysis of the different themes concerning the mentioned theories. Closing this chapter will be a presentation of the result of the themes. Finally, I will finish this paper with an open discussion for reflection, which opens possible future research in this subject.
1.1 Research question

How do experts working with health communication and migration evaluate the FHM’s approach to immigrants living in socio-economically disadvantaged suburbs during the Covid-19 pandemic?
- How did the FHM categorise immigrants in the suburbs?
- How equal was the FHM’s approach?
- How did the categorisation and the approach affect the immigrants in the suburbs during the Covid-19 pandemic?

I interviewed experts who work with health, migration, and communication to answer the research question. Some work with the Covid-19 pandemic as a profession in public health and primary healthcare, while others work with immigrants through immigrant community associations. Nevertheless, all the informants were in early 2020 involved voluntarily in communication work for immigrants during the pandemic.
1.2 Background

This section aims to provide the reader with a broader understanding of non-European immigrants' general situation in Sweden, focusing on living conditions in socio-economically disadvantaged suburbs. Furthermore, it will provide an insight into how the normative working policies generated otherism regarding the non-European immigrants during the Covid-19 pandemic.

1.2.1 The immigrant and the disadvantaged suburb

Save the Children's (Rädda Barnen 2020) report on child poverty in Sweden outlines the differences in living conditions. The report states the differences between children of immigrants living in socio-economically disadvantaged suburbs compared to children of native-born. In general, the work and housing markets conditions determine well-being (ibid 12). However, in 2019 Sweden had 2.8 per cent of native-born children counted as low-income households or receiving economic support. The number of children to foreign-born parents with similar economic conditions was 20.3 per cent, making it seven times higher (ibid 13).

Furthermore, the inequality in the household economy determines the family's living conditions. It has been stated that immigrants' housing and working conditions result from immigrants' discrimination in society. One of the reports which stated such is Evidence of ethnic discrimination in the Swedish labour market using experimental data (Rooth 2006), a report on ethnic discrimination of non-European immigrants in the job market. The study showed that job applications with Arabic names had fifty per cent fewer call-backs than identical applications with native names. Furthermore, Söderberg et al. (2020) outlined representation in occupations, finding an over-representation of immigrants in the service sector in Sweden, having a representation of 79% among pizza bakers/restaurants, 57% among cleaners, 48% among drivers of public transport and 47% among taxi drivers (ibid 2).

Moreover, the inequality in housing conditions concerning the immigrants in disadvantaged suburbs' has been stated in the study of Oudin et al. (2016) "Poor housing conditions in association with child health in a disadvantaged immigrant population: a cross-sectional study in Rosengård, Malmö, Sweden". The researcher pointed out that inequality in health was based on socio-economic conditions and ethnic segregation. Further, it is essential to
mention that disadvantaged suburbs have many Swedish names\(^1\) (Esaiasson 2020). However, the most known is the Swedish term förorten (ibid 15). The term is often negatively used in the political discourse. The residents of these suburbs are characterised from the normative society's perspective by their ethnicities and belongings. They are described mainly as non-European immigrants with low income and low educational levels (ibid 15-18). We can understand the life conditions in socio-economically disadvantaged suburbs through this background.

1.2.2 The Covid-19 pandemics and the immigrant

The Covid-19 pandemic spread in Sweden brought health and life conditions inequality into the spotlight. In practice, this means the inequality of non-European immigrants living in socio-economically disadvantaged suburbs. This group had the highest excess mortality in the early phase of the pandemic compared to natives and other Europeans (Hansson et al. 2020).

The Covid-19 virus (SARS-CoV-2) was announced as a pandemic on the 12th of March 2020 (World Health Organisation 2020). The virus became known in Sweden through media reports. When Sweden got its first case, the virus was not considered a threatening pandemic for Sweden, but more as a virus spreading in Wuhan- China which could be spread by travelling between the countries. Nevertheless, the virus was addressed as something that “can be controlled” (Folkhälsomyndigheten 2020).

After the Covid-19 spread in Sweden, different recommendations and restrictions for each country came as they did worldwide. Many countries chose to have regional or total lockdowns (BBC News 2020). Nevertheless, Sweden chose not to have lockdowns for different reasons. Instead, it decided first on recommendations and individual responsibility to limit exposure (SVT Nyheter 2020) and second in January 2021 on restrictions (Sveriges Riksdag 2021).

As I mentioned in the introduction, this recommendation had generalised content and lacked language communication in the largest immigrant groups (Al-Nahar et al. 2020; Aftonbladet 2020; Expressen 2020). The FHM also addressed this issue later as an existing problem with a desire to be handled better (Expressen 2020). Despite that, the problem with the lack of communication to the immigrants with other conditions kept going (ibid). The vacuum led to

\(^{1}\) Known in Swedish as <förorten>, <utsatta områden>, <segregerat område>, <utanför>, <ekonomiskt eftersatt>
different individuals with immigrant backgrounds’ involvement in translating the recommendations to their groups (TV 4 Nyheter). This situation also led to solidarity teambuilding of health experts with long experiences working with immigrants living in socio-economically disadvantaged suburbs to form more suitable recommendations. These modified recommendations differed partly from FHM’s general information and were based on the WHO’s pandemic recommendations. Furthermore, the recommendations were in the form of practical health advice for people who lived in overcrowded and cross-generational living homes. An example of the advice was wearing a face mask indoors for adults and older children when caring for sick persons in the household (Jakobsson et al. 2020:2).

Furthermore, as I also mentioned in the introduction, there are several studies regarding immigrants and Covid-19 exposure. All the reports have shown how health and social injustice affect each other. Some of the reports have FHM as the sender. Nevertheless, the FHM’s spokesperson, state epidemiologist Anders Tegnell, pointed out the immigrants in Sweden as the reason behind the high death rate in the country: “invandrare har varit väldigt drivande” (Zangana 2020) without linking the high death rates to socio-economic vulnerability, with overcrowded and cross-generational living or working conditions. He made that statement without further explaining the structural factors behind the virus spreading among the immigrants. This statement was made in an interview on the Swedish national TV channel (ibid). After criticisms from the research world and civil society, the state epidemiologist responded to the Swedish newspaper Aftonbladet, explaining that his statement was “an unfortunate choice of words” (ibid).

Moreover, that Tegnell used the term immigrant becomes problematic in this context. The term immigrant (invandrare) is complex in the Swedish discourse as it is associated with the racism and discrimination of often non-European immigrants (Antirasistiska Akademin. 2021). Additionally, as mentioned earlier, the term disadvantaged suburb (förorten) is also associated with non-European immigrants. Hence, Tegnell’s statement gets associated with non-European immigrants living in disadvantaged suburbs.
1.3 Previous research

I describe three research articles in the following sections, two from Sweden and one from the UK. All studies concern immigrants' inequality in health and their high exposure to Covid-19 in relation to the immigrants' ethnic backgrounds and living conditions. The studies provide a further understanding of the current pandemic situation.

1.3.1 Research reports on Covid-19 and health inequality- Sweden

The first review is a report by Hansson et al. (2020), "Large differences in excess mortality in March-May 2020 by country of birth in Sweden", a piece of quantitative research. The study shows that immigrants from Iraq, Syria, and Somalia aged 40-64 and 64+ which did have not lived for a long time in Sweden (according to the researcher as not fully integrated) had 220% death numbers between February and May 2020 compared to the same period for the years before. The same group was also compared to natives, European and North American born for the same period who had 19% higher death numbers for 64+ and 1% for the age 40-64 (ibid 1). The researchers emphasise that structural factors, such as work- and living conditions, lie behind these numbers (ibid 2).

Furthermore, the researchers state that indoor and outdoor environmental factors such as overcrowding, cross-generational living and limited access to open-air areas were directly connected to Covid-19 exposure among the groups (ibid). However, work conditions were also one of the factors which led to the increased virus spread (ibid). Furthermore, immigrants living in socio-economically disadvantaged suburbs often work in the secondary job market, mainly within the health and service sector with insecure jobs and a lack of Covid-19 protection. Furthermore, they were also dependent on public transport to transfer between work and residence, which in turn meant that many of them may risk bringing home Covid-19 to their overcrowded homes (ibid 2).

Moreover, the researchers underline the importance of understanding the structural factors behind the exposure and high death numbers among the mentioned groups and call for relevant information and adjustable recommendations rather than the general recommendations the FHM gave (ibid 1,2).

The second piece of Swedish research is a qualitative study by Ekblad et al. (2021), "Experts from within, Overcrowding in relation to COVID-19. Information, barriers and own strategies. An interview study in Järva", published by the Centre of occupational and
environmental health in Stockholm region. The study underlines the importance of relevant information and recommendations to residents living in socio-economically disadvantaged suburbs (ibid 16-17). Some of Stockholm's socio-economically struggling suburbs had 3-4 times higher exposure to cases of Covid-19 compared to other areas in the region (ibid). The Järva suburb had an overrepresentation in death numbers caused by Covid-19 among immigrants from Somalia (ibid 17). The study enrolment was in the Järva district in the Stockholm region between June and September 2020, with 36 local participants (ibid 20). The participants represented the area's residents, with the main languages represented being Arabic, Somali, Dari, Tigrinya, and a few participants speaking Swedish.

Moreover, this report also mentioned that the FHM's Covid-19 recommendation at the beginning of 2020 had generalised information about keeping distance from other people, working from home, good hand hygiene and staying home if you have symptoms (ibid 19). These recommendations were aimed to protect the FHM's addressed categories, such as "the elderly" and people with underlying diseases, which were called "risk groups" (ibid). These recommendations were hard to follow for the people in Järva. Further, the study, in line with Hasson et al. (2020), outlines socioeconomic status related to overcrowding, poor housing- and working conditions, and language barriers as the reasons behind difficulties following the FHM's recommendations and likely the most significant factors behind the high exposure (ibid 7).

Furthermore, another finding in this study was that the residents of Järva expressed their experiences of exclusion from society in general and the healthcare in specific caused by the lack of communication and suitable recommendations from the FHM to meet their needs (ibid). Furthermore, the Järva residents pointed out the lack of Covid-19 information in other languages as a considerable problem when most residents were immigrants with language difficulties. However, the problem was also related to the recommendation content and the digitalisation difficulties (ibid 27-28).

Financial problems were a problem for the many in Järva when people with insecure jobs could not reject a job offer (ibid). Most of these jobs were in the secondary work market, which required physical attendance. It also meant using public transport to work and back (ibid). Moreover, attending these jobs was expressed as a reason for increased anxiety caused by fear of bringing the Covid-19 virus to overcrowded homes (ibid).

As mentioned before, this interview study with the Järva residents provides us with the residents' experiences of the actual situation during the pandemic and the residents' interpretations of the FHM's working policy during the pandemic (ibid 10-12).
1.3.2 Experiences from the UK

Similar alarming reports concerning inequality and ethnic background (race) from other European countries have been published. Among them is an independent report promoted by the Labour Party, led by Baroness Doreen Lawrence "An unavoidable crisis, The disproportionate impact of Covid-19 on Black, Asian and minority ethnic communities" (NHS 2020). The study was released in April 2020, stressing urgent action for operational policies and enforcement to ensure equal health between White, Black, Asian, and other ethnic minorities in the UK.

Further, the report outlines inequality between the minorities mentioned groups and finds that the exposure to Covid-19 is significantly higher among them than the white population (ibid 7). The factors behind the overexposure were occupational, environmental, and household financial (ibid 13-15). Furthermore, many health workers in the National Health Service (NHS) are from the mentioned groups, making them even more exposed to Covid-19 (ibid 9). Among the NHS workers, the death numbers were 68 % among those with another ethnic background than natives and Europeans (ibid 7,13,14). These death numbers are highly related to ethnic minorities' working and housing conditions.

Moreover, other barriers behind this overexposure were the language and communication difficulties (ibid 10). The language problems and cultural differences led to discrimination in healthcare caused by stereotyping. Further, the report also underlines the lack of representation of Black, Asian, and other ethnic minorities within the NHS as board members and policymakers, which is also a reason behind the lack of communication between minorities and institutional health organisations.

The environmental problems with overcrowding and poor housing conditions are overrepresented among Black, Asian, and other ethnic minorities (ibid 15-15). The general Covid-19 recommendations regarding keeping distance from other people were not possible for the mentioned groups with existing problems with housing conditions (ibid).

Furthermore, the mentioned group lived under challenging socio-economic conditions caused by financial difficulties during the Covid-19 pandemic (ibid 17-18). Many of the mentioned groups have unsecured jobs, are low-paid or own smaller family businesses. Behind these conditions lies discrimination in the labour market (ibid).

This report, in general, does not diverge from experiences we have in Sweden regarding Covid-19. However, there are differences between Sweden and the UK. The previously
mentioned reports in this chapter are Swedish reports which point out many similar problems regarding immigrants living in disadvantaged suburbs.

1.4 The study's contribution

This study differs from the above-mentioned previous research. It provides us with an in-depth and subjective interpretation of the expert group, rather than the views of experts as spokespersons for an organisation or spokespersons for non-European immigrants living in the suburbs. However, the informants possess knowledge from working within an organisation and non-European immigrants living in the disadvantaged suburbs. By pushing for the subjective interpretations, I aim to dive into the informants' world and describe their actual thoughts.

Furthermore, the one-on-one interviews, outside of the organisation where the informants work, gives a sanctuary to the informants to express themselves freely. The subjective perspective of the study's findings helps us reflect on what happened during the Covid-19 pandemic, learn from it, and hopefully contribute to better understanding and better communication between institutions and the mentioned immigrant groups. Moreover, from the theoretical perspective, the research provides a current understanding of how institutional power and categorisation of the abnormal (the immigrant) operate and influence social (in)justice as well as health (in)equality.
2. The theoretical framework

In this research, I apply an inductive method. That means that the theory is built on the collected data. Further, analysing the material, the subjects of Institutional power and Stigma appeared. Based on the interview material, my analyses resulted in an understanding of how institutional discrimination was exercised. With this knowledge, I used institutional power (Foucault 2000) as the leading theory. However, understanding this theory requires knowledge of the conditions related to it. Therefore, I first consult Foucault's *power hierarchy* and *abnormality* (Foucault 2003). Furthermore, I use Goffman's stigma theory (Goffman 2014) to provide knowledge about abnormality. Moreover, I describe institutional discrimination De los Reyes (2006), also known as structural discrimination Roth (2008). These theories provided me with excellent analytic tools to examine and understand the Covid-19 pandemic and its consequences on the lives of the mentioned immigrant groups.

2.1 Institutional power and power relations

Foucault (2000), in *Power- How power is exercised*, explains the hierarchy of different kinds of power, how they interact with each other and rule over other types of power (ibid 336-339). Foucault states that how power is exercised is more interesting to understand than the power itself (ibid). His standpoints underline the importance of understanding the processes within power. Furthermore, Foucault continues in *Truth and Power*, emphasising that power builds on a kind of truth (ibid 120-133) and that every society creates its own truth to build regulations and operate. He stated:

> Each society has its regime of truth, its "general politics" of truth-that is the types of discourse it accepts and makes function as true; the mechanisms and instance that enable one to distinguish true and false statements; the means by which each is sanctioned; the techniques and those who are charged with saying what counts as true (ibid 131).

Furthermore, Foucault describes how power is exercised as an "act on others" (Foucault 2000; 340). He states that power is not a simple relation between individuals or groups, but it is a relation exercised on others from a power perspective (ibid 111-133). Foucault also explains that power relations are used as indirect actions on others rather than being direct powers in
themselves. With direct powers, he means what can directly be performed, such as police and military violence exercised upon the people, for example.

2.2 The abnormal

Through *Abnormal* (Foucault 2003), we can understand the abnormal and normalisation processes theory. Foucault's normalisation theory focuses on power relations between who is being understood as *normal* and *abnormal* and how power operates from the former upon the latter (ibid; Foucault 2000; 340). The normalisation theory goes back to the control of the body, sexuality, and the power of medicalisation (Foucault 2003; 167-171). Moreover, Foucault stresses the importance of identifying the abnormal category to understand the normative society. He stated:

> To find out what our society mean by "sanity", perhaps we should investigate what is happening in the field of insanity…. What we mean by "legality" in the field of illegality. (Foucault 2000; 329)

In this way, Foucault shifts the focus from the hegemonic understanding of the normal to highlight abnormality. The abnormal categorisation itself is created because of power relations.

Further, the disciplinary institutions of the abnormal are constructed from the understanding of prisons under the 19th century as a normalisation of the criminal, to discipline them back into normality (Nilsson 2008: 112-113).

Schwan & Shapiro (2011), in *How to read Foucault's Discipline and punish*, state that the way Foucault studied hierarchy, and the power process itself, was created within the prison as a disciplinary institution (ibid: 118-149). He believed that the prison as an institution has formal power, but the processes within the prison also have their own power relations. Furthermore, in the modern world, Foucault believed that all institutions have some disciplinary power to keep the norm hierarchy in a society (Nilsson 2008: 106-108). He starts with daily interactions with different institutions, such as school curriculums and examination forms and moves on to military discipline (Nilsson 2008; 112). Between these two, we can find numerous institutions, such as social service institutions, public jobcentre, and other institutions with an impact on daily life.
2.3 The institutional surveillance of the abnormal

As mentioned, Foucault's institutional power theory comes from his understanding of the prison as a normalisation penal system. Further, Foucault analysed the power processes within the prison itself and as the power of surveillance. He describes panoptic surveillance in prisons, and the panoptic theory refers to the authority's central observation of the residents. Nevertheless, as mentioned before, Foucault believed that surveillance in our modern world could be understood from how institutions, in general, observe and discipline civilians through different disciplinary systems. These systems can be as simple as the school examinations or a form of control at a health institution or other controls to secure the normalisation into society according to the society's norms (Nilsson 2008;112).

Further, Foucault explains how abnormal surveillance can be visible and unverifiable (ibid; Foucault 2003: 201). He exemplifies the visible form as the direct power performed. While the unverifiable surveillance is based on indirect observation, it is a control of the self, due the thinking of being under formal power surveillance even when not. Foucault describes this situation as "the inmate must never know whether he is being looked at any one moment, but he must be sure he may always be so" (ibid).

Moreover, Foucault (1977), in Discipline and punish: the birth of the prison, outlines surveillance as a system of registration (ibid 196). Furthermore, he analysed pandemics of plague and leprosy to describe how the discipline on the body was exercised and imposed upon the people (ibid 197). Foucault describes disciplinary institutional surveillance concerning the pandemics like this:

The constant division between the normal and the abnormal, to which every individual is subjected, brings us back to our own time, by applying the binary branding and exile of the leper to quite different objects; the exciting of a whole set of techniques and institutions for measuring, supervising and correcting the abnormal bring into play the disciplinary mechanism to which the fear of the plague gave rise. (Foucault 1979; 199).

These diseases were transferred by body contact. Further, the controlling power was performed by separating and excluding the sick (ibid 198-200). With the controlling and exercised power comes what Foucault calls “the political dream”. The political dream is the

2 Historically the prison guards’ observation of the prisoner’s cells from a tower in the centre of the prison (Foucault 1977;201-204).
institutional and political power exercised to regulate the individuals and the groups in a society.

2.4 Inherited stigma

The word stigma originates historically from Greek, and it refers to visible body symbols, like burns or body marks on the people who committed crimes, traitors, and slaves (Goffman 2014 pp. 9–20). The original definition of stigma lies in understanding how body marks differentiate people's status in society at a micro-level. However, stigma can operate on groups too and result in consequences on a macro level (ibid 38-40;156-158).

Goffman outlines three categories of stigma. The first one is the physical stigma associated with physical disabilities. The second stigma is the social heritage, a person's or family's history of alcoholism, mental illness, or criminal records. Finally, the third stigma is what Goffman calls the tribal stigma. The tribal stigma is associated with race, religion, ethnicity and belonging (ibid 12). Additionally, a person can have one or several stigmas simultaneously.

Moreover, understanding stigma requires understanding how power operates to categorise people individually and as groups. Goffman's stigma theories underline abnormality and how it affects a person's or group's life conditions (ibid 21). The stigmatised abnormal forces consciously or unconsciously form their lives to what is considered as the norm in their society (ibid 21-33).

Regarding stigma and institutions, there is so-called institutional stigma. Institutional stigma controls the stigmatised through different disciplines (ibid 105). This action can be performed directly and indirectly. The direct form can be through exercising power, by, for example, hospitalising patients when becoming physically and mentally ill. Furthermore, the indirect form can be understood as how institutions perform actions on the stigmatised through normalisation processes (ibid 102-105).

2.5 Structural discrimination

De los Reyes (2006), in Report of the Inquiry on Power, Integration and structural discrimination, outlined two forms of structural discrimination. She states that structural discrimination can be caused by everyday actions based on ethnic and cultural preconceived
perceptions. It can also result from institutional rules based on normative society but applied to individuals or groups with different needs and conditions. Furthermore, she states that the first form of structural discrimination contributes to maintaining the categorisations on an ethnic basis, and the second one creates inequality by applying similar rules to groups that lack equal conditions (ibid 11-14).

Moreover, Roth (2008) in *Discrimination* holds that structural discrimination can also be known as institutional discrimination or stands in solid relation to it (ibid 32). Further, Roth states that institutional discrimination is difficult to capture as a discrimination form because it is not categorised in the Swedish discrimination law (ibid 32-52). The Swedish discrimination law content seven categories. The Swedish discrimination categories are; sex, transgender identity or expression, ethnicity, religion or other belief, disability, sexual orientation, age (DO 2021).

2.6 The theories in relation to the research subject

As mentioned above, Foucault studied power and abnormality through criminality, sexuality, madness, and institutions (ibid, Schwan & Shapiro: 2011, 1-3). Further, Foucault theories stand in strong relation to each other. However, I needed to select what I considered helpful to my research subject. The abnormal in this research diverges from Foucault's original categorise as it categorises non-European immigrants in socio-economically disadvantaged suburbs in Sweden. However, Foucault's theory can be translatable, as the abnormality changes through time and society. Furthermore, by interpreting the previous research and analysing the interview material, we can understand how FHM used its institutional power during the Covid-19 pandemic upon the residents in Sweden. Nevertheless, the immigrants were stigmatised institutionally (even if not intentionally) through Tegnells statement when addressed them as the reason behind the increased death rates in Sweden.

Foucault's theories regarding institutional power and disciplinary control are vital for understanding the ongoing Covid 19 pandemic (Horton 2020:1383). To some extent, the institutional power seems to be repeating the same history of abnormality during previous pandemics (the plague and leprosy). Further, as was mentioned earlier, the abnormality controls through surveillance as an institutional disciplinary power (Schwan, & Shapiro: 118-120).
Moreover, Goffman's stigma theory provides us with an understanding of how the abnormal categorisation can be constructed and how the stigma of the abnormal can be inherited (Goffman 2014). The stigma in this research is characterised in two. First is the tribal stigma of the race (the non-European immigrants), and the second is through being a resident of a disadvantaged suburb (förorten). Both stand in strong relation to each other. Understanding abnormality in this study requires understanding stigma and its consequences individually and collectively at the micro and macro level. Further, the institutional stigma is highly related to this thesis.

Furthermore, the theory of institutional discrimination builds on normativity and the stigma of otherness. Therefore, I refer to De los Reyes (2006) and Rooth (2008) institutional discrimination (also known as structural discrimination) theories. I refer to this theory as it emerged from the interview data. Further, this study considers how the FHM agency working strategies affected the non-European immigrants living in socio-economically disadvantaged suburbs during the Covid-19 pandemic.
3. Methodology

This chapter will present my methodological framework and my data collection. I will also carefully describe my informants according to what they agreed to.

I chose a qualitative interview method because it provides an in-depth understanding of how the expert group interpreted the FHM's approach to the mentioned immigrant groups in disadvantaged suburbs during the Covid-19 pandemic. This approach can be understood as an *Interpretive Description*, as Mayan (2009:52) stated. Furthermore, the semi-structured interview was steered by the research question and study aim (ibid 35-36).

3.1 Qualitative method

A qualitative approach to this study's research question is the most suitable method to understand the informants' subjective narratives and interpretations of the FHM's approach. Ahrne and Svenson (2015) describe the qualitative method as the most appropriate approach to collect "soft data" (ibid 10). An interview study provides the researcher with which *terms* the informants use and why. It helps us to understand society and people's interactions within society. The qualitative methods also provide a deeper understanding of how norms, power hierarchies and injustice are expressed daily (ibid 10-24; Mayan 2009: 10). Kvale (2014) describe the qualitative method as a *powerful method* to understand the meaning of the subject's everyday life (ibid 10-11).

Further, Patel and Davidson (2019) stress the benefits of an interview research method, as it opens the possibility of follow-up questions (ibid 95). Furthermore, Ahrne and Svenson (2015), Mayan (2009) and Kvale & Brinkmann (2014) emphasise the *meaning* of an interview and interpretation of body language, gestures and ironies can be observed during an interview (Patel and Davidson 2019:104-109). Understanding these requires that the interviewer understand the respondent and interpret the context (ibid). Understanding the informants is one of the study strengths since I do, to some extent, know my informants and can understand both their verbal and body communication languages.

Moreover, Kvale and Brinkmann (2014:16-7) and Patel and Davidson (2019:74-75) outline two types of qualitative interview research, the first one is explorative, and the second one is descriptive. This thesis mainly has a descriptive method to construct a theory based on my empirical material (ibid).
3.2 A semi-structured interview

As mentioned above, a qualitative interview provides us with an in-depth meaning. The researcher must select a suitable method to answer the research question to understand the in-depth meaning. For this thesis, I chose semi-structured interviews. I find Kvale's (2014) description of semi-structured interviews most expositive:

A semi-structured life-world interview attempts to understand themes of the lived daily world from the subjects' own perspectives. This interview form seeks to obtain descriptions of the interviewees' lived world with respect to interpretation of the meaning of the described phenomena. It comes close to an everyday conversation, but as a professional interview it has a purpose, and it involves a specific approach and technique; it is semi-structured – it is neither an open everyday conversation nor a closed questionnaire (ibid 11).

Inspired by this, I set an interview guideline with open questions (Appendix 2). The open interview form with a "low standardised" structure opened for follow-up questions and gave the informants space to express themselves freely (Patel and Davidson 2019: 95-99). This method made it easier to keep control of the interview with the possibility to jump back and forth in the conversation, depending on the discussion, but still following the guideline to collect all the answers the interview aimed to provide.

3.3 Interviews and Zoom as digital form

Interviews usually take the form of real-life meetings (Kvale and Brinkmann 2014: 190-191). It is the best method to interact with interviewees, interpret meaning, and observe body language (Patel and Davidson 2019:104-109).

Unfortunately, I had to choose digital interviews done via Zoom because of the ongoing pandemic. This form was interesting as a new form. It had positive and negative sides. On the negative side, there were some internet connection difficulties during the interviews, which led to some interruptions, for instance, because of unscheduled software updates and connection problems. These interruptions disturbed the flow of conversations and were time-consuming because they led to a few "start over" conversations. However, from the positive side, both the informants and I communicated through digital channels before the pandemic.
and started using Zoom as a communication channel in early 2020. This digital form made it easy to choose the suitable time for the interviews, and it made it possible to reach each other despite the physical distance between us. Mayan (2009) stresses the digital form's opportunities in a qualitative inquiry (ibid 72). Nevertheless, during the pandemic and the recommendations regarding travelling between cities and staying home with any symptoms, there was no option for in-real-life, one-on-one interviews.

Further, the interviews were conducted in August 2021. They were recorded, and notes were taken. The informants and I were sitting alone in private rooms to avoid interruption and securely follow ethical guidelines regarding anonymity.

3.4 The informants and the interviewer

The selection of informants in this qualitative study was based on individuals who worked with Covid-19 and communication to immigrants living in socio-economically disadvantaged suburbs. The informants and I were already in contact through different fields before the pandemic. In this paper, I mention my informants as an expert group because of their health, migration, and communication expertise. Some of them worked with pandemic issues as a profession in public health and primary healthcare, and others worked with immigrants through immigrant community associations. They were involved voluntarily in communication work for immigrants during the Covid-19 pandemic.

I contacted seven informants but had one drop-off right before the interview. The drop-off was because the informant worried about being recognised by the organisation where the person worked. The reason behind the drop-off is the person's critical standpoint to how the organisation handled the Covid-19 and information for immigrants, believing that it should and could have been better. This person was Arabic-speaking and worked in healthcare with direct communication to the Arabic-speaking immigrants living in the south of Sweden. However, the rest of the informants participated fully in the study.

In terms of gender representation, three women and three men participated. As for working professions in daily life, four of the informants work in public health, and one of them works with direct contact to homecare patients in one of the disadvantaged suburbs. The verbal communication languages used in the interviews were Swedish and Arabic.
Regarding the group's relationships, some informants knew each other to some extent, and others had never been in contact. Their involvement in communication was based on different levels and was from different standpoints.

Furthermore, as for the geographic representation, the informants were spread over the cities of Malmö and Gothenburg, two big cities in Sweden. Gothenburg is the second-largest city after Stockholm, and Malmö is the third. Both Gothenburg and Malmö are the capital of their regions. However, it is worth mentioning that the informants worked during Covid 19, covering the whole of Sweden.

All the informants spoke Swedish, but interviews in the Arabic language were conducted because of comfortability in communication. Moreover, all the participants were Swedish citizens, but only four were native-born. The two Arabic speaking informants were born outside of Europe.

3.4.1 The informants

Before I start the description of the informants, I need to underline those the informants’ names are pseudonyms.

My first interviewee is Elias. Elias works as a doctor in the primary health sector in the south of Sweden. He was involved in forming suitable recommendations in different languages for immigrants living in over crowdedness and cross-generation homes. Furthermore, Elias wrote serval articles about the Covid-19 pandemic.

My second informant, Mona, works as the head of a department for a public health organisation in Gothenburg. The organisation works with direct communication with immigrants living in socio-economically disadvantaged suburbs. Mona was involved in forming suitable recommendations for the suburbs, using their knowledge and directly communicating with the residents. Their working strategies have been known nationwide and used in other suburbs.

My third informant, Sammy, has worked with immigrants from the Middle East. His location is in Malmö, but their organisation covers the whole south of Sweden.

Sammy started his commitment to helping immigrants in 1990. He has a broad and deep knowledge of the groups he works with and Swedish society. Sammy was also involved with communication with immigrants during the Covid-19 pandemic. He was one of the key
persons who translated the FHM's recommendations to the Arabic language when he noticed the lack of translation.

My fourth informant is Karin. Karin works in public health and has significant experience with medicine and health research. She has also worked with communication and research about and for immigrants living in disadvantaged suburbs. Karin was one of the leaders for the group who developed other Covid-19 recommendations based on what the WHO advised. These recommendations were for people with overcrowded conditions and who lived in cross-generational homes. It was translated into many different languages, representing the most significant minorities in socio-economically disadvantaged suburbs in Malmö, Gothenburg, and Stockholm. The recommendations were communicated to the mentioned groups through health communications, cultural translators, and SFI schools (Swedish for immigrants' schools).

My fifth informant, Emil, is a registered nurse in one of the most known socio-economically disadvantaged suburbs. As Emil requested, I will not give a further description of this area to avoid stigmatising the already stigmatised suburb. Emil has various experiences communicating health advice to people, especially health caretakers with immigrant backgrounds living in the suburb. Emil's daily interactions with patients in the suburbs give him an insight into the current situation. He was also involved in forming and translating Covid-19 recommendations to people living in disadvantaged suburbs, not speaking Swedish or mastering it fully.

My sixth interviewee, Alyia, is a day-care worker. In her interaction with families whose children are at the day-care, she experiences many of the mentioned immigrant groups' needs, as most of the children has immigrant parents working in the service sector. Furthermore, Alyia works voluntarily with women immigrants' groups. She leads a women's group with 60 active members from the Middle East. Most of the group members speak Arabic and have different identities. Alyia's experience working with women's groups through an immigrant organisation in Malmö started in 2001. She stresses the need to reach mothers specifically during the pandemic, stating that mothers had a different crucial role in managing the family during the Covid-19 pandemic.
3.5 Research ethics

Patel and Davidson (2019) stress the importance of ethical guidelines in research, among many others. They outline different stages to guarantee informants' security. They start with sending an information letter, a consent form, and information concerning confidentiality to describe for the informants how the collected data will be used (ibid 84). Further, and more critical, after consulting with my supervisor, I also sent an ethical application to Malmö University's ethical board, and I got their approval to start. In this study, all the informants received written information about the study's purpose, participants' rights, and my contacts to reach me. Furthermore, they received a personal invitation to a Zoom meeting and a consent form to participate in the study (Appendix 1). The consent was verbally collected at the Zoom meeting and recorded along with the rest of the interview.

Considering other ethical issues and as mentioned before, some of the informants knew each other. However, that did not jeopardise the ethical aspect since the interviews were done anonymously as one-on-one interviews. However, I explicitly announced my request not to share their participation in this study with other people to ensure the research's quality, independent contribution, and anonymity.

3.6 Transcription and notes

For the data transcription, I chose a manual method because of the mixed interview languages between Swedish and Arabic. Furthermore, listening to the recording was to my advantage. I could listen repeatedly, and I got a chance to self-reflect on my role as an interviewer. Kvale (1997) states that transcription can become a starting point for the work's analysis process (ibid 218–227). He also stressed cautiousness in being a writer, meaning exactness in transcription. Kvale explains the difficulties in capturing the observed body language or other verbal sounds like ironies and laughter in the written word (ibid). However, I tried to stay very close to what was said in the conversation when transcribed. Nonetheless, I did not include irony, gestures, or pauses when quoting the informants in this paper but tried to describe the situation of the conversation. Furthermore, in line with ethical requirements, all the recordings were safely transferred to my computer with no online access to the files. Additionally, some notes were also taken during the conversation.
3.7 Positionality

Kvale and Brinkmann (2014), among other scholars, stress the vital role of the interviewer. Kvale describes different researcher roles in the conversation and how the role influences the conversation (ibid 124-128). He also describes the "opinion seeker" and the "explorer" researcher (ibid). I see my role as both of these as I am interested in the interviewee's opinions and attitudes and diving to explore the in-depth meaning.

Furthermore, I, in general, have a post-colonial-feminist perspective. However, this study has a poststructuralist perspective. Furthermore, as mentioned in the introduction, I am a woman with an immigrant background in the Middle East. I am highly interested in understating how the abnormal category is constructed and how it develops into a stigma. Understanding these requires knowledge about the normative society. Norms and normativity differ from one place to another. Normativity is what I relate Foucault's meaning of the truth to, as every society creates its norms and truth to build its society. Moreover, my background and interaction with immigrants in Malmö's disadvantaged suburbs, specifically, my interaction with Arabic-speaking immigrants, makes me interested in understanding the dichotomy between the East and the West and how it shows itself in daily life through structural discrimination.

Furthermore, my role as an employee within health institutions and communication for immigrants triggers my curiosity to understand how the otherness of the immigrants develops in institutions built on equality principles.

Moreover, I have a long experience in health communication, healthcare, and diversity work. Through these fields, I came in contact with my informants. I believe that my relationships with the informants enrich the quality of the study as it is built on honesty. Nevertheless, most importantly, our relationships are built on a shared passion for contributing to a more equal and better Swedish society.
4. Thematic analysis

In this chapter, I present different sections as themes concerning the theoretical framework described in the abnormality, stigma, surveillance and institutional power. As stated, this research has an inductive approach, as it is a material-driven study. However, the material was combined with the theory to understand the findings in-depth.

4.1 The abnormal other

In the theory chapter, Foucault's theory of the *abnormal* was explained. Foucault (2000) describes the abnormal other as a stigmatised category from the normative society's perspective. Furthermore, he outlines how power shows itself and how the power operates from the normal upon the abnormal (ibid 340).

Moreover, as mentioned before, Goffman (2014) defined different stigmas from a historical perspective and how they influence a person's or a group's life. Nevertheless, the stigma of abnormality has changed through time from marking a person's body to becoming more of the social and institutional power of inclusion and exclusion.

In this study, I analysed stigma and abnormality in the interview data to examine if the non-European immigrants living in Swedish socio-economically disadvantaged suburbs got stigmatised during the Covid-19 pandemic. Further, I sought to understand the FHM's role in how the abnormal category was constructed through exercising institutional power.

4.2 Who is the abnormal other?

At the interviews' start point, all the informants seemed to have an underlying understanding of who the abnormal was in the Covid-19 pandemic situation from a migration perspective. This interpretation was grounded despite the informant's differences and their relations to the non-European immigrants in disadvantaged suburbs. However, I needed a more accurate definition. Therefore, I asked for clarification of the *normal* and *abnormal* categories.

Interestingly, the *immigrant* definition in this study differs from the Statistics Sweden agency's (SCB) categorisation. SCB, in general, means people born outside of Sweden who has been living in Sweden for at least 12 months (ibid 2021). However, the informants describe immigrants concerning this study in line with Hansson et al. (2020) and Ekblad et al. (2021) as non-European immigrants living in socio-economically disadvantaged suburbs. Furthermore, the category of socio-economically disadvantaged suburbs sometimes included
second-generation immigrants living in the suburbs too. Nevertheless, the informants tend to exclude second-generation immigrants regarding language difficulties but include them in the category of housing and working conditions living in the disadvantaged suburbs.

Moreover, in the interview with Elias, he describes the immigrants as people from other countries born outside of Europe and living under other conditions than Swedes or other European immigrants. Furthermore, Elias's refers to immigrants concerning the Covid-19 pandemic and this study as new arrivals in the country, not fully integrated into Swedish society. The integration measure he refers to is the group's working and living situations. Elias states: "Many of them (immigrants) are new arrivals in Sweden, working in service and care professions and so on" (10th of August 2021)

My second informant, Mona, stated that she was critical of how a categorisation like disadvantaged suburbs (utsatta områden) and its generalised definition of immigrants are used in society. However, she uses the definition, waiting for better terms in the future. Mona answers my question regarding the (ab)normal definition in line with Elias. Nevertheless, Mona does not mention the immigrants' integration. She instead speaks about the class perspective. Mona describes the mentioned immigrant group like this:

Many of them had occupations with attendance requirements. They work, for example, in healthcare, many work in the service sector. Many of them cannot afford their own car. I believe many cannot afford getting a driver's licence. Therefore, they could not follow the general recommendations (11th of August 2021).

Mona describes abnormality through inequality in the household economy and its impact on the mentioned group's lives during the pandemic.

Furthermore, Sammy also describes the immigrant group living in socio-economically disadvantaged suburbs as the two previous informants did. However, regarding categorisation, he, on the one hand, positions himself as belonging to the group, and on the other hand, as an outsider who helps the mentioned immigrant group. Moreover, Sammy follows the previously stated informants in categorising immigrants living in socio-economically disadvantaged suburbs. Sammy continues with his categorisation as "some of us", referring to belonging to the group. Sammy says, "Some of us are not very good at Swedish, others cannot manage the
internet. Many works in service sector… the recommendations were not for us". (10th of August 2021).

Sammy categorises himself as a representative for immigrants, speaking from what he and the group he leads experienced. Furthermore, he describes abnormality through immigrants' life and work conditions.

My fourth informant, Karin, describes who the normal was in her interpretation of the FHM's recommendations to define the abnormal. She says,

The recommendation and the restrictions that existed were easiest to follow for those who had a flexible job, who had the opportunity to work from home, had a home situation that made it possible to work at home. (12th of August 2021).

Karin clarifies that it was generally understood whom the normal group was from the FHM's perspective, referring to the Swedish majority who could follow the recommendations. However, she states that speaking about structures and living conditions is more needed than ethnicities. Karin continues, "For those who could not work from home, it was then about the possibility of how to get to work in a safe way. Work conditions could be very different from one to another" (ibid). Here she explains the conditions of the abnormal and their relation to Covid-19 recommendations.

Furthermore, my fifth informant, Emil's daily interactions with patients in the suburbs, provided him insight and perspective about the current pandemic's situation. In line with Mona, he describes the normal in the FHM's approach. Emil states:

It (the FHM recommendations) had well-functioning content for the elderly population in more wealthy, well sparsely populated areas where it is easy to keep your distance and scold the young people who do not keep their distance (15th of August 2021).

Emil describes the normative society as the opposite of the suburbs as he knows them with families facing socio-economic difficulties and living in overcrowdedness and cross-generational homes.

My last informant, Alyia, describes the abnormal during the Covid-19 pandemic as Middle Eastern people who live under complicated living and working conditions and with language
and digitalisation difficulties. However, Alyia describes the group based on her interaction with the women's group she leads. Furthermore, she uses her working situation to describe the abnormal who could not live as the FHM recommended. Alyia says:

Many could not stay home because they would not afford it… I work in childcare, and that is a job that cannot be managed from home. The children who came to us were from the whole society but most of them are children to immigrants who work in the service sector (19th of August 2021).

Alyia explains that she means the Swedish natives and other Europeans, to a large extent, could work from home and could afford to quit their work if they wanted to do so, making a comparison to the financial situation of immigrants.

In conclusion, the (ab)normal categorisations were defined in line with or contrary to the FHM's normative perspective from the informants' perspectives. Foucault (2003), in *Abnormal*, stresses that understanding abnormality requires knowledge of *normativity* (ibid 324-329). All the informants in this study understand normative society. They are a part of what is considered a normal-functional life compared to the non-European immigrants living in socio-economically disadvantaged suburbs. However, only two of them defined whom the normal seemed to be in the Covid-19 pandemic recommendations to answer the question about the abnormal.

Further, the stigma of the abnormal, as Goffman describes as the *tribal* stigma, clearly shows in the informant's categorisation of the non-European immigrants. According to the informants' answers, we can understand tribal stigma as it concerns immigrants' ethnicities and living conditions as residents of disadvantaged suburbs.

Moreover, the informants' interpretations of categorisations align with previous research on immigrants in Sweden. Immigrants are being identified by their socio-economic status concerning their ethnic backgrounds and belonging to the suburbs. Additionally, the UK study showed similar findings. Further, these research studies outlined the relationship between the Covid-19 pandemic's increased exposure among non-European immigrants in relation to housing and working conditions. Nevertheless, the studies stress the immigrants' differences regarding these conditions behind health inequality compared to the native Europeans. All the mentioned studies and the informants' interpretations of the situation point out otherness as an
existing structural problem before the Covid-19 pandemic. However, they stress otherness as one of the main reasons behind the high death numbers during the pandemic.

4.3 Institutions and power

In this study, I examined how the FHM as a formal health agency exercised their power to categorise residents in Sweden in general and immigrants specifically. I did that by examining how the FHM approached the non-European immigrants living in Swedish socio-economically disadvantaged suburbs. In the following sections, I present my collected data in a theme of (non)communication. The communication here refers to the translation of the Covid-19 recommendations to the largest spoken languages in the suburbs, the recommendations' content, and digitalisation problems. These subjects are complex to separate as they constantly cross and impact each other.

4.4 FHM and unequal communication

As mentioned earlier, the FHM categorised different groups and their needs for further support to survive the pandemic. In early 2020 they communicated that the elderly were the most needed help. However, other groups, such as those with poor working and housing conditions and immigrants with language difficulties, were not considered until later in 2020 (Al-nahar et al. 2020; Hansson et al. 2020; Ekblad et al. 2021).

Furthermore, the informants underline the mentioned reasons too. However, they point out language difficulties as another reason for increased exposure.

The previous reports (ibid) stated that the FHM recommendations were not translated to other languages until an extended period after the pandemic started. When I asked Sammy to describe the situation from the perspective of the organisation he works for, he described it like this:

We noticed the lack of information in other languages (Arabic in this case) directly at the start of 2020. We started to notice it was missing… the people began to spread incorrect information, information not given from trustworthy organisations. There were chains of messenger posts with more than 90% false news. And we needed to give our members the right information, but there was none (10 August 2021).
During this part of the interview, Sammy's voice changes when he describes what happens. I can notice some frustration which developed later to disappointment when his voice goes darker and lower. I asked what, in his opinion, was the reason behind the lack of information in other languages, and he answered:

I don't know. All the organisations in Sweden know about how immigrants' situations are. I mean, it doesn't matter why a person doesn't speak Swedish. It's a fact, no matter the reason behind it. So why not translate the information to reach most people? I don't understand.

Sammy continues describing the situation with apparent frustration. He compares the FHM to other Swedish organisations and their usual working policies to reach immigrants. Sammy continues:

If FHM wanted to reach the people (the immigrants), they could. A business company has many ways to reach a person, so why can't an organisation like FHM do it? I mean, when it is an election, they (they as representative organisations for Swedish society) do everything to reach immigrants, so why not during the pandemic? They could have called for a big conference to talk to representatives from immigrant organisations and inform them for further communication to their minorities. In that way, they could listen to what needs immigrant groups have during this situation.

In line with Sammy, Alyia underlines the exact need for translated recommendations. When I asked Alyia what reason behind the FHM's non-communication with immigrants or the lack of a translation of Covid-19 information, she said:

I don't know why they (the FHM) didn't communicate… It was also very general information. Wash your hands, keep distance to others but not more than that. We did not get the essential information about Covid-19 itself.

Alyia sounds surprised and disappointed. Further, she tells me how scared she was when the pandemic started. She means many of the women's groups she leads were scared. Alyia states:
I was scared. Many in our women's group were too. We heard on social media and tv channels in our home countries, but nothing from the Swedes. I hoped for a letter in the mail in our language to understand what was happening. 

Alyia describes here the feeling of being an outsider. As I mentioned before, Alyia does speak Swedish but finds it much easier to communicate in Arabic and understanding the content is best for her in the mother tongue.

4.5 Other communication problems

The informants described other problems in communication. However, these difficulties are related to language issues.

Alyia continues describing the situation, answering my question regarding if there were other problems than the lack of translation in the FHM's communication of the recommendations. She says that many people were forced to face the digitalisation problem. She explains how hard it was finding the information on the FHM website, referring to immigrants who do not speak Swedish fully and lack knowledge about Swedish society. Furthermore, Alyia explains the difficulties with using a computer and searching browsers. She says, "this was the first time we heard of the FHM, how can I then find them on the net?"

Alyia is an immigrant woman with language and digitalisation limitations. However, she compares herself to the women's group she leads, which is significantly harder for them.

Furthermore, Sammy also addresses the digitalisation difficulties. He also points out other obstacles the mentioned immigrant group faces. Sammy states:

An immigrant couldn't even call 1177 (1177 is the Swedish health advice calling centre) when sick because there was a non-Arabic speaking person or other languages of the suburb. Adding to that the difficulties to listen to the operator in Swedish to know which buttons to press to get the option talking to a nurse (11 August 2021).

Sammy is aware of the different roles between 1177 and the FHM agency. However, he refers to how the FHM and other health institutions communicated during the pandemic, advising the people to call 1177 for information and directions to healthcare. Further, Sammy describes the non-functional working plans from the FHM considering the immigrants' difficulties managing the Swedish healthcare system. Sammy's example of 1177 outlines the
normative system's working routines, which result in difficulties for immigrants trying to navigate the healthcare system.

Moreover, Karin outlines another communication problem, the actual content of the recommendations. She means that even if immigrants with language difficulties had managed to get help to reach the FHM website, they would not find the information helpful. Karin states:

Information in different languages was missing. Yes, that's right. But, I mean, it can be wrong to limit the difficulties to only a language issue. Because the information in Swedish was not situationally adapted.

She clarifies that, the immigrants in disadvantaged suburbs' homes- and working situations were fixed factors during this Covid-19 situation, and they had an impact on virus exposure among the group. Further, she says that their situation could not be solved by translating the recommendations on the agency's website. However, she stresses the importance of translation and wide-ranging spreading of recommendations, pointing out the importance of inclusion for the residents in the suburbs and giving them the possibility to access what the majority could access.

Furthermore, Alyia, as Karin stated, underlines the necessity of other recommendations. She describes her working conditions during the Covid-19 pandemic to explain these needs:

Many of these kids (meaning the kids coming to the day-care where she works) came to us with symptoms, and we had to call their parents to come and get them again. I mean, what can you do? We had to be at work.

Alyia describes an excellent example of the requirement of physically attending the workplace during the pandemic despite the recommendation to work from home. Further, the example underlines the risks attendance at the workplace brought and the risk of transferring the virus back home. Furthermore, as mentioned earlier, Alyia identified the children coming to the day-care as mostly children to immigrants who work in the service sector.
To conclude, the informants described what has been outlined in the previous research section. Hasson et al. (2020) outlined integration difficulties as one of the factors behind the increased death numbers among immigrants from Iraq, Syria, and Somalia living in the suburbs. Integration difficulties can be seen in representation in the working sector and ethnic segregation in the suburbs. However, the researcher stressed the structural factors in Sweden more than the country of birth. Further, Ekdal et al. (2021) also emphasise the living and working conditions. Nevertheless, they underline the immigrants' experiences of *otherness* when not being heard or communicated with.

Moreover, Foucault's theory helps us understand the informants' answers, analysing how the normative institutional power (the FHM and other health institutions) operated through their communication working routines to exclude the abnormal other.

4.6 Ignore or blame

As mentioned in previous chapters, institutional power can be exercised directly and indirectly. In the case of Covid-19 and the FHM agency during the pandemic, both forms were exercised. First through recommendations and later through restrictions because of the pandemic law (Sveriges Riksdag 2021). Further, the power was generally exercised upon all residents in Sweden, but only some explicit groups were categorised and condemned for the increased Covid-19 death numbers (Zangana 2020). In the coming sections, I describe how institutional power was exercised directly and indirectly upon the mentioned immigrant group. Here, I refer to direct power as *blame* and *ignoring*. I refer to indirect power as being *under surveillance*.

4.6.1 Blame

As mentioned before, during an interview with Anders Tegnell (the FHM spokesperson), he pointed out immigrants as the reason behind the high death rates in Sweden (Zangana 2020). Nevertheless, he responded later, explaining that his announcement was “unfortunate choice of words” (ibid). However, this is an excellent example of how abnormality and stigma are constructed and how intuitional power manifests.

During the interviews with the informants, when I asked them about how the immigrant was categorised and then about their future thoughts of how the FHM should work more equally, Tegnell's statement was discussed.
Mona reacted strongly regarding this subject, saying:

It's provocative. But that is his understanding as an ordinary middle-class Swede in his age… but it's so terribly unprofessional. He uses his personality ….. A person cannot use personal understanding in a professional role. He must use knowledge. He should have thought: I can ask those who know this…. But he thought: this is what I understand, this I can say.

Mona, getting wrought up, continues, "It's outrageous. I'm surprised .. I'm surprised and upset about this, I have a different picture of how Sweden should function. I'm maybe naive maybe, despite my age and experience".

Mona says that Tegnell, a spokesperson for the FHM, used his understanding to categorise and blame immigrants. She explains that he first talked about immigrants as a homogenous group and blamed them without outlining the reasons which led to the spreading among them. She also says that Tegnell refers to immigrants with an underlying understanding of who these abnormal people are and how society picked this statement as a fact with no further reflection on what was being said and why.

Furthermore, Mona refers to how this statement was used in right-wing discourse about how the immigrants' exposure threatened others (see, for example, the right-wing populist newspaper Fria Tider on 26 December 2020\(^3\); 13 November 2021\(^4\)). However, Mona explains that Tegnell might have acted individually, not as the FHM.

Nevertheless, understanding this from a power perspective does not matter if the statement were his thoughts or the agency's standpoint. The statement was an act of power because he spoke for the agency.

Moreover, Sammy was also troubled when he talked about the statements. He gives other examples of how otherness and focusing on the situated abnormality showed. Sammy says:

All of us remember how the pandemic started and how information about the spread was given. In Stockholm there was a gathering for a funeral for a person with an Assyrian background, and around the same time there was a birthday party for a

\(^3\) Fria tider. 2020. VarannanIVA-vårdad är invandrare (Every second ICU-carer is an immigrant)
\(^4\) Fria tider. 2021. Tegnell om 15,000 döda: Invandrarnas fel, inte mitt fel (Tegnell on 15,000 dead: The immigrants' faults, not my fault)
Swedish businessman who invited more than 200 people… it was a similar kind of gathering, but the focus was on the funeral and not the party, why?

Sammy continues:

Many immigrants followed the restrictions, helped each other so why this negative focus. Immigrants are just like other groups; some followed the restrictions, and others did not. Some had conspiracy theories, and others did not. In my opinion, I think the immigrants are more careful because they don't want to be blamed for anything. And yet, we got blamed for a lot.

Sammy clarifies that he refers first to an immigrant funeral in the city of Södertälje in Stockholm where people had gathered, compared to a native businessman's gathering for a birthday party in Stockholm. He means that the first-mentioned became news articles, while the other barely mentioned. Furthermore, he says that this focus on the "other" relates to society's perception of immigrants in general.

Furthermore, Alyia also criticises the generalisation of immigrants as one homogeneous group and criticises the focus on the group. She also talks about "they" as in Swedish society, meaning the normative society generalised perception. Alyia says:

“I was upset. Why this generalisation and focus on immigrants? Which immigrants? They (the FHM) aren't talking about the Europeans. Can I say all Swedes are the same? No, I cannot”.

Alyia stresses the need to understand the other in a particular situation. She refers to the necessity of including the European-born in the category of immigrants. Alyia points out the hierarchy of categorisation and the dichotomy between the West and the East. The European-born seems to be the good immigrant, and the non-Europeans are the generalised negative other.

Moreover, in the interview with Karin, Tegnell's statement did not come up naturally until I asked her. Karin explained that she had nothing to contribute concerning this. However, she wanted to talk about the FHM as an agency. Karin confirms the categorisation of the abnormal immigrant and how it was constructed in general during the pandemic. However, she underlines the importance of the FHM's role, talking about structural factors behind the Covid-19 spread among the immigrants. Karin says:
FHM talked about exposure among immigrants. But it should be from the perspective of talking about the reason behind the exposure. It would be more fruitful to talk about structural facts to explain the situation than what category is in the passport, where you come from.

To summarise, blaming the other (the immigrants) showed first, through direct power, when they were addressed by the FHM's official spokesperson on national TV. Second, the power was exercised indirectly through the generalised institutional categorisation of immigrants and an underlying understanding of a particular other.

Moreover, the statements can be analysed with Foucault's theory regarding Truth and Power, making it more explicit how power operates in relation to formal power.

4.6.2 Ignore

The informants' answers identified the exercised institutional power as a gap between the FHM and the residents. The informants say that this gap manifested through the agency's absence in the Covid-19 work for the mentioned immigrant group in the suburbs. Furthermore, the informants also stress an existing institutional gap between the FHM and other health organisations. Further, this gap can be understood as ignoring the other. Additionally, they underline that the FHM builds their understanding from the agency's power hierarchy perspective. In the following text, the informants' answers will be presented to help us understand the gaps.

Further, addressing the power of positions, Mona refers to how Tegnell exercised the power hierarchy through his statement regarding the immigrants and the Covid-19 pandemic. Further, she also refers to the responsibility behind the working policy. Mona states:

He (Tegnell) is not a person who goes back and says: we were wrong… They (the FHM) did not really listen, they do not understand. It is partly a question of personality, but it is also a question of the power structure. You are allowed to behave like that. You are allowed not to listen. They do not have to be afraid that someone will say to them: why did you not do this?
Monas addresses first, Tegnell as a spokesperson for the agency, and secondly the agency's power over other health institutions, neglecting to listen to other experts. Furthermore, she refers to the immigrants' situation lacking suitable recommendations.

Moreover, through Karin's following statement regarding the absence of the agency approaching the immigrants living in socio-economically disadvantaged suburbs, she refers to the subject's sensitivity of how the institutions should address the immigrants without creating otherism. Karin says:

Why were there signals from WHO and others that FHM chose not to respond to? However, one can also wonder: was there a sensitive point? Let us not talk about this as another immigrant problem. Let's avoid pointing out certain groups because...And then some kind of reverse misdirected care occurred… It was also part of many people's minds; let's not portray immigrants as a problem. This is the dilemma. Talking or not talking about

According to her expertise, the FHM did overlook the WHO recommendations, forming their advice from a Swedish perspective. However, the FHM recommendations were more suitable to the majority. Nevertheless, Karin underlines the dilemma behind addressing the immigrant minorities. She refers to how this dilemma is an effect of the current political discourses in Sweden. Her interpretation lies in line with what Mona earlier referred to regarding Tegnell's statement being used in the discourse of right-wing populists. However, Karin emphasises the need for correct information about the immigrants' conditions and the structural factors which led to health inequality during the Covid-19 pandemic.

Furthermore, Emil addresses the institutional gap as a gap between the FHM and other healthcare organisations. He means this gap is a lack of division of responsibilities, which resulted in ignoring the issues of immigrants in the suburbs. Emil states:

It is beyond my understanding how FHM or other institutions did not act when they knew all of that about the other conditions. But I think there is no clear responsibility for who should carry the work.
Emil refers to how the FHM lacks practical management of how the agency should have approached the mentioned group's needs through other health institutions. He means the housing and working conditions were already known within health institutions, but the directions from the FHM agency to other institutions regarding the Covid-19 pandemic was missing.

In conclusion, the power concentration in the FHM agency over other institutions and the power concentration within the agency led to creating a gap. This gap was caused by the institutional absence from the real situation. The FHM power position led to Tgnell’s statements, and the generalised recommendations based on their perspective as formal representatives who possess power.

However, another form of the neglection was pointed out as political discourse sensitivity. The sensitivity of discussing the other (the immigrant) is related to political discourse in Sweden. Nevertheless, the exercised power shows through how both forms led to the same outcome of neglect regardless of the perspective.

These findings were analysed with Foucault's theory of institutional power and power relations. As mentioned in the theory chapter, Foucault describes how power is exercised as "act on others" (Foucault 2000; 340). The power act here can be understood as the reaction to an actual or a possible act depending on the political discourse.

4.7 Under surveillance

Foucault's (2003) theory regarding abnormal surveillance was explained in the theory chapter. Foucault outlined two forms of surveillance, the visible and the unverifiable (ibid 201). However, surveillance performance has changed in our modern world to include all societal institutions involved in daily life.

During the Covid-19 pandemic, surveillance was performed through the FHM regulations of society. First through the responsibility of following the Covid-19 recommendations and second through government restrictions (Sveriges Riksdag 2021). However, the agency exercised its institutional power, particularly upon immigrants, when it addressed them as the reason behind the high death numbers in Sweden (Zangana 2020). According to the agency's *Country of birth and risk of Covid 19* (Folkhälsomyndigheten 2020), the agency's statistics were mainly collected from the SCB statistics.
Moreover, I outlined several reports and research articles focusing on the mentioned group in this paper. In general, from a critical perspective, all data, including this study, can be understood as surveillance of the mentioned immigrant group. Nevertheless, institutional surveillance has a crucial role in society as it sets the formal guidelines for regulating it.

Further, institutional surveillance was performed directly and indirectly. The direct form was visible surveillance through the pandemic law, while indirect surveillance was performed through Covid-19 tracking in its different forms. Both methods were in relation to the FHM's guideline of the Covid-19 pandemic.

Foucault (2003: 201) described unverifiable prison surveillance as a feeling of being watched even when not directly being so (ibid). In the case of Covid-19 tracking, it became clear how unverifiable institutional surveillance was performed. Residents could be contacted by healthcare institutions or other individuals (also restricted by the institutions) at any time if there was any suspicion of exposure (1177 vårdguiden 2021). Nevertheless, the tracking was meant to protect lives and limit the virus from spreading.

Moreover, the informants described different observation and controlling forms concerning the Covid-19 situation. Further, in the interview with Mona, she explains surveillance as general knowledge about the structural factors and inequality in health. She refers to already known existing knowledge. Mona says:

What we (as health organisations and experts) say now has been understood for many years. The overcrowding and everything .. it took a very, very long time to break in.

Mona points out the already existing knowledge about housing conditions and the immigrant situation in socio-economically disadvantaged suburbs. This knowledge was accumulated from before the pandemic. According to her, by "the long time to break in", Mona refers to the FHM's Covid-19 report in 2021. Mona's interpretation outlines surveillance through time, collecting information about the mentioned immigrant group's living conditions.

Further, Sammy's interpretation of the institutions' knowledge and working policies aligns with Mona. Sammy says:

They knew. They have always known. That led to the feeling of being a "second citizen", which resulted in ignoring the authorities. Immigrants think: why should we care when society does not care about us?
Sammy refers to "they" as the society in general and the institutions, specifically to the FHM. Furthermore, he says that the institutions' collected knowledge about the mentioned immigrants and their lives is a version of a control measure.

He also explains that the "control" with no positive result leads to the mentioned group's feeling of otherness with no real institutional intention to support a change in living and working conditions.

Moreover, a similar interpretation was expressed by the other informants. However, the means of control (the gathered information) for the immigrants, which I, in line with Foucault, address as surveillance, is not understood as a negative. This outcome can be understood from the informant's perspective as supporting actions for the immigrants in the disadvantaged suburbs.

In conclusion, visible surveillance was exercised over immigrants through the general restriction regarding all residents in Sweden. However, the focus on the immigrants in the socio-economically disadvantaged suburb through statistics, journalistic reporting and different statements can be understood as unverifiable surveillance.

Furthermore, Foucault outlined surveillance as a performed action aiming to normalise the abnormal into a society. In the Covid-19 pandemic, this surveillance of immigrants had a reverse effect that only stigmatised the immigrants. The immigrants were categorised through (in)formal statements as the reason behind the high death rates in Sweden without outlining the structural factors which led to it.

Moreover, the form of surveillance has changed through time. Nevertheless, regarding the Covid-19 pandemic, we got to, to some extent, experience how history repeats itself concerning the institutional power and its control of the body during pandemics (Horton 2020).

Furthermore, with this knowledge, we can understand that all forms of surveillance are a form of control, regardless of their intention. However, in this case, the immigrants' surveillance led to direct otherism and more exclusion.
5. Result

Answering the research question: How do experts working with health communication and migration evaluate the FHM's approach to immigrants living in socio-economically disadvantaged suburbs during the Covid-19 pandemic? This question resulted in a clear answer. The informants believe that the FHM's approach was poorly performed. It was stigmatising to the disadvantaged immigrants living under different housing- and working conditions.

Analysing the informants' interview data concerning the mentioned theories, we understood how the FHM exercised its formal power based on its perspective of the truth. Furthermore, we understood how this institutional power resulted in categorisation and otherness through blaming, ignoring and surveillance. Furthermore, the analyses showed that this combination resulted in institutional discrimination of the immigrants in disadvantaged suburbs concerning the Covid-19 pandemic.

5.1 The discrimination forms

By analysing the informants' interpretations regards how the FHM agency approached immigrants living in socio-economic disadvantaged suburbs, it revealed institutional discrimination.

Institutional discrimination is also known as structural discrimination or is solidly related to it (Roth 2008). The first form of discrimination showed when the FHM exercised its power by ignoring the issue of Covid-19 and its relation to migration issues. That manifested itself through the lack of translations of Covid-19 information and suitable recommendations for immigrants living under disadvantaged housing- and working conditions.

The second discrimination form was shown through the FHM's stigmatisation of immigrants when the agency's spokesperson addressed them as the reason behind the high death rates in Sweden (Zangna 2020).

Furthermore, the institutional direct and indirect discrimination can be understood as a consequence of how direct and indirect institutional power were exercised upon the abnormal other.

As mentioned in the theory chapter, De los Reyes (2006) outlined two forms of structural discrimination. She states that structural discrimination is a cause of daily actions based on
ethnic and cultural otherism, or it is a result of institutional rules founded from the perspective of normative society although applied to individuals or groups with different conditions.

Furthermore, in relevance to this study, the FHM did not translate their recommendations to other languages despite the alarming reports from representatives for immigrants and other health organisations. However, when the recommendations were translated to other languages, it was communicated only through the FHM website. This form of communication excluded many immigrants who could not fully speak Swedish, own a computer, or use digital tools. Furthermore, this form of discrimination is what De los Reyes (2006) outlines as the second form of structural discrimination, in which institutions apply normative rules to people with unequal conditions.

Moreover, the FHM's categorisation of the abnormal immigrant belongs to the first discrimination form De los Reyes (2006) described. This form contributes to maintaining the hierarchy of ethnic categorisation. However, Roth (2008) stated the structural discrimination is difficult to capture because it is not a discrimination category in Swedish law. Nevertheless, the FHM's discrimination towards immigrants does not necessarily mean it was intentional. I doubt any institution, specifically the FHM, which was forced to make a new rule during the pandemic of Covid-19, would act in a discriminatory manner. My hesitation lies in understanding how the agency is assigned to work. The FHM officially work to achieve equal health for all the residents in Sweden. However, the institutions are representative of the majority (Roth 2008). In line with Roth, I hold that the representatives of institutions carry unconsciously with them the inherited norms, which in turn manifest themselves in different ways (ibid). However, despite understanding the norms and the institution's role, it is hard to distinguish between the employee's inherited norms and the embedded institution's structures (De los Reyes 2006).

This complexity can be understood through analysing how Tegnell, as the spokesperson for the FHM, addressed immigrants in his statement. Whether it was him as a person or the agency's inherited norms remains unknown and complicated.

In conclusion, institutional (or structural) discrimination has been located regardless of the complexity in distinguishing the roles and intentions.

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5 The Swedish law of discrimination builds on seven grounds of discrimination, including sex, transgender identity or expression, ethnicity, religion or other belief, disability, sexual orientation, age (Wahl et al. 2018: 240).
6. Discussion

This research showed that the FHM's approach was unequal and resulted in the discrimination of the non-European immigrants living in Swedish socio-economically disadvantaged suburbs. That happened despite the agency's knowledge regarding the relationship between health inequality and living and working conditions, and despite the alarming reports from researchers, representatives for immigrants' communities, health reports from WHO and other European countries.

Moreover, the pandemic possibly counts as new from the western perspective (leprosy and the plague not included). However, there are other ongoing epidemiological outbreaks in other regions of the world to learn from. Ebola is a good example, as the Ebola virus transmission is also highly related to housing and working conditions (Fallah et al. 2015).

Furthermore, the Covid-19 pandemic brought the focus to the mentioned immigrant group's situation because the increased virus exposure among them was threatening all the other residents in Sweden. However, as was mentioned earlier, the long-standing life conditions were already well known to Swedish society. The ethnic discrimination of non-European immigrants in the job market (see Rooth 2006) forces immigrants to accept unsecured and short-term job contracts. We find these job contracts are mainly in occupations in the service working sector. Further, many immigrants who live in socio-economically disadvantaged suburbs work in the healthcare sector, transport sector, restaurants, and cleaning services (Söderberg 2021). In turn, the precarious working conditions affect the household economy and limit immigrants' choice of better housing conditions. As mentioned before, the working conditions determine poverty and segregation (Rädda barnen 2020). Furthermore, Hansson et al. (2020) has stated that the relation between living and working conditions, considering the Covid-19 pandemic exposure, lies in how the virus transfers between the workplace (the service working sector) and the family home (overcrowded and cross-generation homes).

Now, when the inequality is outlined and confirmed by many experts and organisations, including the FHM itself, the most crucial question is, how can society move forward to face future pandemics and health equality in Sweden? Answering that requires acknowledgement of what happened in 2020. Further, the acknowledgement requires forming new working policies with enforcements. The new working policies, in turn, require reflection on power hierarchies, institutional normative working structures, and the exclusion of the "other".
Furthermore, it has been stated that representation increases equality (Wahl et al. 2018). The representation perspective regarding the non-European immigrants living in Swedish socio-economically disadvantaged suburbs can be compared to gender equality work in Sweden, as it is about including the “other”. Increased representation leads to less marginalisation of the “other” and can provide the institutions with the current situation regarding the needs of the other (in this case, the immigrant). Furthermore, the representation requirement has also been stated in a Swedish policy brief *The migration studies delegation* (Hansson et al 2021) as one of the solutions for equality in facing new pandemics. However, representation requires new institutional working policies, which in turn require extensive anti-discrimination work (Wahl et al. 2018). Closing the institutions' equality gap cannot depend only on statistical diversity. It demands reflection on power hierarchy, transparency, and continuity (ibid).

Nevertheless, diversity work involves addressing the other (the immigrants) by categorising. However, the categorisation can cause stigma. For example, if we take the term *immigrant*, it is not necessarily understood as a harmful category unless another meaning is attached.

Further, as I mentioned in the background section, the term immigrant and the word suburb (in Swedish *invandrare och förorten*) are controversial in Swedish discourse today, especially for non-European immigrants. These terms are associated with the negative stereotyping of people who differ from the average European (Antirasistisk Akademi 2021).

Furthermore, all categorisation from the normative society's perspectives creates a certain “truth” of abnormality through negative stereotyping of the other (Foucault 2003). Therefore, acknowledging the structures which lay behind the abnormality is essential. Nonetheless, institutional categorisation has a more crucial role because it has an authorised power in formulating the rules for the inclusion and exclusion of the “other” (De los Reyes 2006).

To conclude, the FHM failed to approach non-European immigrants living in Swedish socio-economically disadvantaged suburbs to meet their needs for better recommendations to survive the Covid-19 pandemic. This is exemplified by the FHM discriminating the mentioned group through the agency's working strategy (by ignoring the group's needs through the normative working structures) and by stigmatising them in a formal statement without clarifying the structural factors that led to the high exposure among them. Whether Tegnell's statement was announced intentionally or not, it carried the institution's normative structures or the agency's official spokesperson's embedded norms, either way, the consequence of the stigma remains.
However, outlining in this study the long-standing life conditions the non-European immigrants living in Swedish socio-economically disadvantaged suburbs face makes us understand that maybe translating the Covid-19 recommendations would not have been enough to support the mentioned immigrant group's needs during the pandemic.

Further, as stated, the suitable recommendations and good communication would have led to the inclusion of the other, less marginalisation of the non-European immigrants and would have provided the agency with a better understanding of the current situation. That, in turn, would have led to less Covid-19 exposure among the immigrants in suburbs and lower death rates.

Nevertheless, the structural discrimination the immigrants in the socio-economically disadvantaged suburbs are forced to face in housing and working sectors are broader and deeper than the current Covid-19 situation. With that said, I still want to underline the FHM's vital role during the pandemic, worrying about its working policy and categorisation' impact on other Swedish institutions during and after the Covid-19 pandemic, as the FHM role did set an example for how formal power can exercise and what it can result in.
6. Reference

Aftonbladet (2020). *Information om virus på utländska språk saknas*. Available at: https://www.aftonbladet.se/nyheter/a/qLdrQ0/information-om-virus-pa-utlandska-sprak-saknas
Accessed 20211020


Antirasistiska Akademin. 2021. *Invandrare*, Available at: https://www.antirasistiskaakademin.se/invandrare/
Accessed 20211212

Al-Nahar, Lina, Jakobsson, Eskil, Hansson, Erik, Jakobsson, Kristina (2020). Livsviktigt med rätt information. *Dagens arena* 2020 16 April Available at: https://www.dagensarena.se/opinion/livsviktigt-med-ratt-information/
Accessed 20211001

Accessed 20211228

Accessed 20211001


Diskrimineringsombudsmannen (2021). What is discrimination? Available at: https://www.do.se/choose-language/english/what-is-discrimination
Accessed 20211020

Accessed 20211020

Expressen (2020). *Åtgärder i förorten dröjde två veckor trots dödslarm.* Available at: https://www.expressen.se/nyheter/qs/atgarder-i-fororten-drojde-2-veckor-trots-dodslarm/
Accessed 20211020

Accessed 20211120


Accessed 20211020


Folkhälsomyndigheten (2019). *Hälsa hos personer som är utrikes födda – skillnader i hälsa utifrån födelseland.* Available at: https://www.folkhalsomyndigheten.se/publicerat-
Accessed 20211120

Accessed 2021030

Accessed 20211229

Fria tider (2021). *Tegnell om 15.000 döda: Invandrarnas fel, inte mitt fel.* Available at: https://www.friatider.se/tegnell-om-15000-doda-invandrarnas-fel-inte-mitt
Accessed 20211229


Accessed 2021020
Jakobsson K, Al-Nahar L, Jakobsson E, Hansson E, Magnusson M, Frey B, Albin M.
Underlag för information om covid-19 vid trångboddhet och flergenerationsboende.
Göteborg: Göteborgs universitet/Sahlgrenska akademin, Avdelningen samhällsmedicin och
Accessed 20211020

Kvale, Steinar & Brinkmann, Svend (2014). Den kvalitativa forskningsintervjun. Tredje
[reviderade] upplagan Lund: Studentlitteratur


and minority ethnic communities, Available at: https://www.nhsbmenetwork.org.uk/wp-
content/uploads/2020/10/A-Review-by-Baroness-Doreen-Lawrence-An-Avoidable-Crisis-
27.10.20.pdf
Accessed 2021228


Patel, Runa & Davidson, Bo (2019). Forskningsmetodikens grunder: att planera, genomföra
och rapportera en undersökning. Femte upplagan Lund: Studentlitteratur

Oudin, Anna, C Richter, Jens, Taj, Tahir, Al-nahar, Lina, Jakobsson, Kristina (2016). Poor
housing conditions in association with child health in a disadvantaged immigrant population:
a cross-sectional study in Rosengård, Malmö, Sweden. BMJ open. Available at:
https://bmjopen.bmj.com/content/bmjopen/6/1/e007979.full.pdf
Accessed 2021229

Available at: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)32262-
5/fulltext
Accessed 2021129


Accessed 20220105


Accessed 20211228

TV4 Nyheter (2020). *Bristfällig information om coronasmittan på fler språk*. Available at: https://www.tv4play.se/program/nyheterna/bristfällig-information-om-coronasmittan-på-fler-språk/12532981

Accessed 20211228

UN Data (2019). *Gini coefficient Sweden*. Available at: UNdata | table presentation | Inequality adjusted human development Indicator

Accessed 20211220


Whitehead, Margaret. (2021) Poverty, health, and covid-19, *BMJ*, Available at: https://www.bmj.com/content/372/bmj.n376
Accessed 20211020

Zangana, Beri. 2020. Tegnell om uttalandet” Det var olyckligt” *Aftonbladet* 2020. 4 december Available at: https://www.aftonbladet.se/nyheter/a/gW3E1A/tegnell-om-uttalandet-det-var-olyckligt
Accessed 20211029

Accessed 20211029
Appendix 1

(Consent)

Samtyckesblankett/Informationsbrev

Slut syftet med undersökning är en skriven masteruppsatsen inom IMER området vid Malmöuniversitet. Här vill jag undersöka hur FHM och andra institutioner adresserade och nådde ut eller inte gjort detta, till människor med invandrarbakgrund och som lever under andra socioekonomiska förhållanden samt inte behärskade det svenska språket. För att ta reda på detta vill jag intervju nyckelpersoner och experter som arbetat med Covid-19 pandemin på olika sätt och varit en förlängd arm till institutionerna och målgrupperna.

I den här studien kommer alla informanter att vara anonyma.

• Jag deltar frivilligt som informant i föreliggande studie.
• Jag är medveten om att jag när som helst kan välja att inte besvara vissa frågor.
• Jag är medveten om att jag när som helst kan välja att dra tillbaka mitt deltagande, vilket skulle innebära att allt mitt intervjumaterial kommer att raderas och inte användas i studien eller i något annat sammanhang.
• Jag är medveten om att all information som jag bidrar med till denna studie kommer att behandlas med konfidentialitet. Det vill säga att min identitet kommer att förbli anonym.
• Jag är medveten om att om jag ger mitt godkännande till ljudinspelningar så kommer det att förvaras på säkert sätt och sedan att raderas efter avslutat arbete, det vill säga senast december 2021.
• Jag är medveten om att transkribering kommer att förvaras på ett säkert ställe och sedan raderas efter avslutat arbete, det vill säga senast december 2021.
• Jag är medveten om att den information jag delat endast kommer att användas till den avsedda studien.
• Jag är medveten om att jag när som helst kan kontakta den ansvariga för studien för mer information.

Informantens namn _____________________________
Informantens signatur _____________________________
Studentens namn _______________________________
Studentens signatur _______________________________

(På grund av Covid-19 pandemi restriktionerna som förhindrar fysiska träffar går det bra att ge ditt medgivande muntligt via ljudinspelning)
Appendix 2

Intervjuguide

Mitt syfte är att undersöka hur FHM adresserade, och nådde ut eller inte gjort detta, till människor med invandrarbakgrund i förorten och som lever under andra socioekonomiska förhållanden samt inte behärskade det svenska språket. För att ta reda på detta vill jag intervju nyckelpersoner och experter som arbetat med Covid-19 pandemin på olika sätt och varit en förlängd arm till institutionerna och målgrupperna.

1-Namn? (samtliga intervjupersonerna kommer att få fiktiva namn)

2-På vilket sätt har du arbetat med målgruppen/erna under Covid-19 pandemin?
Beskriv ditt arbete/frivilligarbete, engagemang och vad det innebar.

3-Vad gjorde ni (som myndighet, förening, vårdpersonal etc) och/eller andra ni har kännedom om när det insågs att rekommendationerna saknades på olika språk?
- vem/vilka uppmärksammade detta?
- vilka språk var det som behövdes kommuniceras mest/först?
- hur åtgärdades detta hos er, vad gjorde ni/andra organisationer?

4-Varför tror du enligt din expertis att FHM var försenad med informationen på olika språk?

5-Vad tycker du saknades i FHM myndigheten rekommendationer annat än språket för att möta behoven hos människor med migrantsbakgrund i förorten och som inte levde enligt rekommendationernas standard?
- Vilken målgrupp talade FHM till? Vad kännetecknar målgruppen/allmänheten FHM talade till. Beskrivning av gruppen enligt dig/enligt FHM
- Vilka andra behov fanns hos gruppen? Varför?
- Saknade FHM kännedom om dessa behov? Hur arbetade FHM med dessa?
- Hur har detta visat sig?

6-Hur tycker du att FHM myndigheten borde ha gjort för att arbeta mer jämlikt?
-Vad kan göras i framtiden för att undvika att upprepa misstag som inträffat under 2020?

Annat du vill tillägga?

Stort tack för att du tog dig tiden för att hjälpa mig!
Appendix 2- English

Interview guide

My purpose is to investigate how FHM addressed, and reached out or did not reach out, to people with an immigrant background in the suburbs who lived under other socio-economic conditions and did not master the Swedish language. To find out, I want to interview key people and experts who have worked with the Covid-19 pandemic in various ways and have been an extended arm to the institutions and the groups.

1-Name? (all the interviewees will be given fictitious names)

2-In what way have you worked with the mentioned group(s) during the Covid-19 pandemic? Describe your work/volunteer work, commitment and what it meant.

3-What did you do (as an agency, association, healthcare workers, etc.) and/or others you know of did when realized that the recommendations were missing in different languages?
   - who noticed this? which languages needed to be communicated the most / first? How was this handled at your organisation? what did you/others do?

4-Why do you think according to your expertise that FHM was late with the information in different languages?

5-What do you think was missing in the FHM agency recommendations other than language to meet the needs of people with a migrant background in the suburbs and who did not live up to the standard of the recommendations?
   - Which group did FHM speak to? What characterises the group / the public, FHM spoke to. Describe the group according to you / according to FHM. What other needs were there? Why? Did FHM lack of knowledge about these needs? How did FHM work with these? How has this turned out?

6-How do you think the FHM agency should have done to work more equally? What can be done in the future to avoid repeating mistakes that occurred in 2020?

Anything else you want to add?
Thank you so much for taking the time to help me!