



Immigrant Integration and Vaccine Hesitancy Among Somali Immigrants in Stockholm

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INTRODUCTION

The sociocultural aspects of integration are an important, but sometimes overlooked, component of immigrant success in their new homeland. Interacting with ethnic majority members can provide important sources of social and cultural capital to newcomers, which may help them learn local customs and language, as well as successfully navigate unfamiliar institutions. Furthermore, these social interactions can facilitate feelings of acceptance and belonging for the newcomer.

On the other hand, if immigrants are isolated from ethnic majority group members, their integration can be stunted. Without acquaintances who can help them figure out their new environment, they may struggle to succeed in local labor, education, and housing markets, especially if these markets function very differently from those in their country of origin. Further, a lack of social interaction with natives may make immigrants

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L. Lerpold et al. (eds.), *Migration and Integration in a*

Post-Pandemic World, https://doi.org/10.1007/978-3-031-19153-4_14

feel as if they do not belong in their new homeland, thereby reducing feelings of social cohesion, trust, and national identification.

For these reasons, the communities that immigrants live in can have important consequences for their integration. Some neighborhoods, by demographic composition or urban design, encourage inter-ethnic interaction, while others inhibit it. Research suggests that developing tolerance requires both the presence of diverse groups in neighborhoods and an urban layout that facilitates interactions; otherwise, tolerance may be hindered (Wessel, 2009). In neighborhoods composed of diverse ethnic or socioeconomic groups, residents are more likely to encounter others who are different from themselves. They may engage in types of meaningful intergroup contact that helps individuals overcome their negative attitudes toward outgroups (Allport, 1954), thereby increasing feelings of tolerance and acceptance of diversity on all sides. These effects are multiplied if neighborhoods contain social infrastructure, such as parks or libraries, that encourage social mixing. However, when neighborhoods contain few members of the ethnic majority group, the segregation of immigrants results, cutting them off from valuable sources of hegemonic cultural capital and diverse sets of social capital that can aid integration.

A plethora of research shows the many negative effects of segregation, but the Covid-19 pandemic reveals one potential outcome that is largely overlooked in the social sciences, namely, vaccine hesitancy. Marginalized groups, including immigrants, are more likely to oppose vaccination (Crawshaw et al., 2021; Rogstad, 2023, this volume), which is attributed to (1) a lack of information about the safety or efficacy of vaccines; (2) a lack of access to medical systems that provide vaccines; or (3) a lack of trust in governmental or medical institutions. Since segregated immigrant communities do not receive the information flowing through ethnic majority social networks and may feel distinct or unwelcome in their new homeland, it is easy to see why their members may lack the trust necessary to vaccinate at rates similar to the ethnic majority group.

In this chapter, I examine two neighborhoods known to house a group identified as vaccine hesitant, Somali immigrants, in two adjacent areas of northern Stockholm. Thus, insights are gained into the compositional and built environment factors that may lead to this group to deviate from the norm, thereby signaling low levels of integration. I show that the group is quite residentially segregated, but also argue that the community may be undergoing a transition into a ghetto, which could slow future integration. Understanding those neighborhood characteristics that help or

hinder integration is especially important as new waves of immigrants arrive in Europe and as current second-generation immigrants come of age in these communities during the pandemic and beyond.

NEIGHBORHOODS AND INTEGRATION

Residential segregation perpetuates inequality because geographic isolation leads to social isolation (Wilson, 1987), and when one group is socially isolated from another, access to social and cultural capital is restricted. Thus, segregation has important consequences for a group's success upon arrival in a new country. For both native-born and immigrant residents, segregation patterns determine the quality of a group's access to jobs, schools, and cultural capital necessary to successfully navigate bureaucracies, educational systems, and labor markets. Issues of access are particularly important for newly arrived residents because they must learn to utilize a new set of institutions, often with limited language skills. Many barriers are eased for the second generation, but their outcomes are still dependent on the social networks within which they are embedded, as demonstrated in case studies on second-generation groups in the United States (Portes & Zhou, 1993). To the degree that their social networks isolate them from access to types of cultural capital that aids in successfully navigating new institutions, assimilation should be more difficult for immigrants.

Segregation can be thought of as groups being separated from each other, both in terms of where they live and where they conduct the daily routines of their social life. Because neighborhoods structure human interactions, they have important implications for the ways in which immigrants are either integrated or marginalized. Low levels of segregation are, in general, best for immigrant integration when measured in terms of quantifiable outcomes such as income, employment, and education. High levels of segregation into ghettos have the opposite effect, tending to lead to poorer outcomes for the segregated minority group (see also, Ahmed et al., 2023, this volume). However, moderate levels of segregation can lead to the development of vibrant ethnic enclaves that facilitate integration. In this chapter, I consider two factors that affect segregation levels—the ethnic composition of a neighborhood and the built environment of a neighborhood. The former determines the probability of encountering diverse others if interactions are randomly determined, while the latter structures patterns of interactions.

Ethnic Composition

The demographic composition of an area has important consequences for intergroup contact because it determines, *ceteris paribus*, the probability that one encounters a member of an outgroup. Integration is eased when segregation is low because when immigrants are exposed to the majority population, they are also exposed to valuable forms of cultural capital. Majority group members can help newcomers figure out how to navigate institutions in their new homeland. For example, they can help them figure out how to find an apartment, dress for a job interview, book a medical appointment, or choose a school for their children. Since cultural capital flows through network ties, the level held by an individual is determined by the level held by persons in his network. In diverse neighborhoods, where both ethnic majority and minority members live, there is greater possibility for immigrants to be exposed to majority group members who hold the deepest knowledge of hegemonic forms of cultural capital needed to aid success.

Ghettos, on the other hand, are neighborhoods whose residents are highly segregated from the rest of the population, thus hindering integration. These areas are described in the literature as areas where marginalized groups are concentrated, living involuntarily either because they have been forced by the state, in the case of apartheid and other forced segregation policies, or because residents are trapped in cycles of poverty that limit mobility (Philpott, 1978; Varady, 2005). The conditions that create ghettos lead to high concentrations of minority groups in these areas, thus ensuring that it is difficult for residents to escape. African American neighborhoods in the United States are examples of modern ghettos because they were created through racial separation policies (Massey & Denton, 1993) and persist as racially isolated areas that have concentrations of blacks as high as 90% (Peach, 2009). Ghettos often reflect or perpetuate social hierarchies, hence limiting the ability of residents to achieve parity with dominant groups. They may be marked by inferior housing, poverty, and low-quality schools or other amenities. In the case of immigrants, living in disadvantaged areas separate from the ethnic majority group impedes their ability to fully integrate into the host society.

In terms of segregation levels, ethnic enclaves fall somewhere between integrated neighborhoods and ghettos. These areas are marked by a concentration of an ethnic minority group, but are dually dilute, meaning that the ethnic minority does not comprise a majority in the neighborhood,

nor does a majority of the group live in such a neighborhood (Peach, 2009). They are communities where people live voluntarily, and they offer social and economic benefits to residents. Newly arrived immigrants settling in these neighborhoods can tap into the social networks of co-ethnics who preceded them, figured out the local cultural landscape, and can now help them integrate through a process of segmented assimilation whereby assimilation into the local co-ethnic community facilitates assimilation into the broader society (Portes & Zhou, 1993). For example, established migrants can help new arrivals find employment in co-ethnic businesses, or explain how the educational, medical, and housing markets differ from that of their shared country of origin. In this sense, they serve as sort of “translators” of cultural capital.

Ethnic enclaves are seen as vibrant, ethnic communities from the outside; so, unlike ghettos, they attract members of the ethnic majority group. These areas may, for example, have a relatively large share of majority group residents but also serve as destination neighborhoods. Their unique offerings, such as specialty ethnic shops and restaurants, musical performances, and cultural festivals, attract non-residents, who then spend time in the area, thereby facilitating interactions between minority and majority group members. Examples of these types of neighborhoods include Chinatown in New York City and Little Havana in Miami. Residents of these areas do not suffer the poor social and reputational costs of minorities living in ghettos. And they are generally not stuck in these areas due to a level of poverty or set of policies that limit their residential mobility.

These three types of neighborhoods are based on the ethnic composition of residents: integrated areas, highly segregated ghettos, and moderately segregated ethnic enclaves (Poulsen et al., 2001; Johnston et al., 2002). The categories are listed in Table 14.1, with host communities being those where the ethnic majority group is the majority in the neighborhood and minority enclaves being those where the ethnic majority are a minority.

Minority enclaves can be further divided into four types, each with an increasing level of minority isolation. Residents of pluralist enclaves (called *associated assimilation-pluralism enclaves* by Poulsen et al., 2001) are the least isolated from other groups while residents of polarized enclaves and ghettos are the most isolated. This implies that residents of polarized enclaves and ghettos are least likely to encounter outgroup members in the neighborhood, most notably ethnic majority group members.

Table 14.1 Types of neighborhoods, according to demographic composition

	<i>Ethnic majority</i>	<i>Ethnic minorities</i>
<i>Host Community</i>	<i>Must be a majority</i>	<i>Must be a minority</i>
isolated	>80%	<20%
non-isolated	<80%	>20% and ≤50%
<i>Minority Enclave</i>	<i>Must be a minority</i>	<i>Must be a combined majority</i>
pluralist	≥30%	one group ≥20%
mixed-minority	<30%	70%–100%
polarized	<30%	70%–100% with one group ≥60%
ghetto	<30%	70%–100% with one group ≥60% (and ≥30% of that group's total city population live in such areas)

Source: neighborhood typologies derived from Poulsen et al. (2001)

Built Environment

The built environment also has important consequences for intergroup contact because it serves to either enhance or impede social interactions between groups. Social infrastructure, including community centers and sports fields, encourage interactions between individuals, especially among diverse sets of people who may otherwise not meet, which makes them sites that Pettigrew (1998) finds should increase tolerance through social contact (Wessel, 2009). These places, which are described as “spaces that facilitate social connection” (Latham & Layton, 2019, p. 9) can help overcome obstacles caused by social problems like poverty and discrimination because they generate social ties within the neighborhood, thereby increasing levels of social capital and increasing feelings of belonging within the community (Klinenberg, 2018). This ability of social infrastructure to increase social capital and counter the tendency toward homophily in social networks is beneficial to integration because it increases the likelihood that members of the ethnic majority and minority groups will interact, even in segregated neighborhoods where the chance of an encounter would be much lower in the absence of such amenities.

Furthermore, locations and neighborhood boundaries can have an impact. Even if a neighborhood is segregated and inhabited primarily by immigrants, if it is centrally located and the neighborhood boundaries are porous (for example, it is not set apart by a freeway, river, or railroad

tracks), non-residents will likely pass through with some regularity. They may work in the neighborhood or visit local restaurants and bars. This is particularly the case for ethnic enclaves, whose specialty restaurants, shops, and celebrations attract visitors, so the neighborhood becomes a destination rather than a place to avoid.

Unfortunately, however, many of the immigrant-dense neighborhoods in European cities are located in unattractive suburbs, such as the *banlieues* of Paris, the council housing estates of London, and *Miljonprogrammet* (the Million Program) projects of Stockholm; the latter discussed in this chapter. These types of neighborhoods serve to exacerbate residential segregation because they discourage social mixing. They are located far from city centers and are often quite isolated with distinct rather than porous boundaries, meaning that non-residents are unlikely to pass through during the course of ordinary daily life. These factors, combined with their generally unappealing architecture and often undeserved reputations as dangerous areas, mean that ethnic majority group members rarely choose to spend free time there. Hence, patterns of residential segregation are mirrored in social interactions and these neighborhoods serve to keep immigrants in the area isolated.

SOMALI NEIGHBORHOODS IN STOCKHOLM

Most Somali immigrants arriving in Sweden have done so since 2006. Fleeing Somalia's ongoing civil war, refugees seek asylum in Sweden because of its generous migration regime. Using data covering 1990 through 2017 from Statistiska centralbyrån (SCB—Statistics Sweden), I describe the residential patterns of Somali immigrants in Stockholm and show that they are a highly segregated group living in areas that may be undergoing ghettoization. The data contain information on country of birth, which I use here to proxy ethnicity, as there is no other measure of ethnic identity available in Swedish register data.¹

At the beginning of the period under study, in 1990, there were 481 Somalis and their children living in Stockholm. By 2017, this number had increased to 13,076. Over this period, members of this group settled primarily in two neighborhoods located in northern Stockholm, Rinkeby and

¹This distinguishes it from the United States, for example, where the census includes self-reported race/ethnicity.

Tensta. Local reputations suggest these are the most disadvantaged, immigrant-dense areas in the city. In 2017, only 3.6% and 8.5% of the populations of Rinkeby and Tensta, respectively, were ethnic Swedes. This low proportion of ethnic majority residents, combined with the fact that no one minority group comprises at least 60% of the neighborhoods' populations, qualifies these as mixed minority enclaves (Poulsen et al., 2001).

Though the numbers of immigrants from Somalia increased by several magnitudes over this time period, one thing that remained constant were their neighborhoods of choice. Rinkeby and Tensta were always the areas with the highest number of Somali immigrants. Just over 100 Somali immigrants lived in Rinkeby and Tensta (41 and 63, respectively) in 1990. Though those numbers are small, they represent 21.6% of the Somalis living in Stockholm that year—more than any other neighborhood. This was still true at the end of the period under study, though the numbers had grown. In 2017, there were 5453 Somali immigrants and their children living in the two neighborhoods, comprising 41.7% of all Somali immigrants in Stockholm.

Based on these trends, these neighborhoods could be moving closer to becoming a Somali ghetto. They satisfy one of the two criteria of the typology applied above. Namely, more than 30% of the Somali population of Stockholm live in one of these neighborhoods. However, the second criterion is not met because neither neighborhood is composed of at least 60% Somali residents. In 2017, 18% of Rinkeby and 27% of Tensta were migrants of Somali descent. The criteria that 30% of the group's population live in an area that is highly segregated is an important factor above and beyond the 60% threshold at the neighborhood level because it indicates that the group faces systemic disadvantage. It indicates a limited choice of neighborhoods due to factors such as discrimination, poverty, or segregation-inducing policies.

Furthermore, Somali immigrants in these neighborhoods are highly segregated from the majority Swedish population. The dissimilarity index (D) of Somali immigrants and their children in Rinkeby and Tensta hovered around 0.8 throughout the period under study (Fig. 14.1). This means that roughly 80% of Somali immigrants would need to change neighborhoods in order to achieve an equal distribution in the city. The dissimilarity index ranges from 0 to 1, and 0.8 is exceptionally high—on par with hyper-segregated black communities in the United States. As a point of comparison, Fig. 14.1 also contains the dissimilarity index of the next two largest migrant groups in Rinkeby and Tensta (Iraqis and Turks).

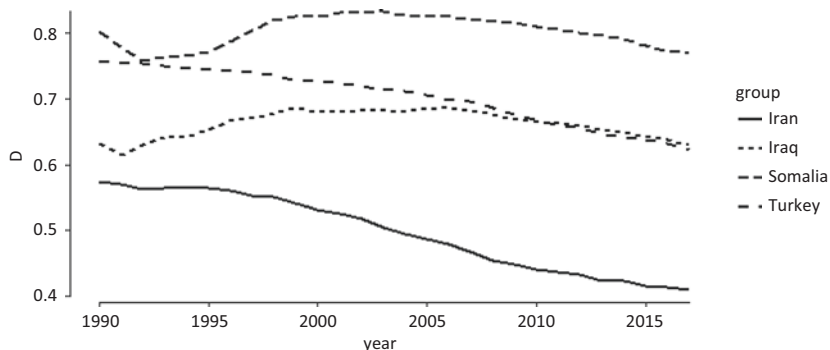


Fig. 14.1 Segregation index (D) of most populous groups in Rinkeby and Tensta. *Source:* compiled by author using register data from Statistics Sweden-)

It also includes immigrants from Iran, who were identified in previous work as a monoethnic group in Stockholm segregated at levels falling between those of US Hispanics and African Americans (Musterd, 2005). Immigrants from Somalia have been more segregated than any of these groups since at least 1990, when the data starts.

As mentioned above, one indication that the neighborhoods may be a ghetto is due to the voluntary (or not) nature of immigrants settling there. I stated that Rinkeby and Tensta were the neighborhoods of choice for immigrants from Somalia, but I use that term loosely. Though there are no official state policies that place them in these areas, immigrants likely live there due to severely constrained options. Rental housing in Stockholm is often rent-regulated and administered through a queueing system. Newly arrived immigrants who sign up are placed at the bottom of the queue; as of 2021, the wait time is between seven and eleven years in the whole Stockholm area, according to Bostadsförmedlingen i Stockholm (the Stockholm Housing Agency; Bostadsförmedlingen, 2021), which manages the queue. As Rinkeby and Tensta are considered undesirable by ethnic Swedes, the wait times are shorter, which is why so many immigrants and so few Swedes reside there. Both neighborhoods were built as part of the Million Program, an ambitious housing project devised by Socialdemokraterna (S—Social Democrats) to alleviate housing shortages caused by post-war urbanization. The government built more than one million new housing units (for a population of around 7.5–8 million) during the 1960s and 1970s based on the latest design principles. Those

design principles, however, did not appeal widely and are now considered unattractive concrete blocks. So, while immigrants are not placed in the neighborhoods by official state policies, they may have no other practical choice because of the municipal housing policy.

In addition to their lack of aesthetic appeal, the locations of Rinkeby and Tensta are undesirable. They lie in the northern suburbs of Stockholm and, as part of the Million Program, they were constructed as self-contained communities for rural residents moving to the city for blue-collar employment during the post-war boom. They contain shopping centers, schools, and social service offices, and were even designed so that roughly half of the residents in the area could be employed inside the neighborhood, giving little reason for residents to leave the area daily and mix with residents of other areas. Furthermore, there is a lack of social infrastructure encouraging interaction within these areas. Using OpenStreetMaps data to measure amenities like libraries, community centers, sports fields, and cafes in Stockholm, I find that Rinkeby and Tensta are outliers, lacking this kind of social infrastructure. The city-wide average is 22.7 amenities per neighborhood: Rinkeby has 17 and Tensta only eight—both more than two standard deviations below the average.

These neighborhoods are surrounded by ring roads, separated from other neighborhoods by freeways and wooded areas. Hence, they do not have porous boundaries that encourage passing through. However, it should be noted that the exception to this lack of porousness lies between Rinkeby and Tensta themselves. Though they are two neighborhoods administratively speaking, it may make sense to consider them one community. They are adjacent neighborhoods connected by footpaths passing through manicured green areas. Residential units in each neighborhood are approximately 75 meters (246 feet) apart at their closest point and about double that at their furthest adjacent point. Thus, it is reasonable to assume that people move fluidly between the two and that there are likely cross-cutting social ties that bind the two areas together.

The Swedish national police consider Tensta/Rinkeby one neighborhood and classify it as the most extreme type of vulnerable area (*särskilt utsatt område*) in the country. “Vulnerable area” (*utsatt område*) is a categorization by police that indicates an area is “characterized by a low socioeconomic status and where the criminals impact the local community” (Polisen, 2021). For instance, due to social unrest and vandalism in Rinkeby/Tensta, the only remaining bank and social welfare office have moved out of the area, along with several other commercial enterprises,

such as mobile phone provider Tele2 (Sanandaji, 2020, p. 236). The designation as an extremely vulnerable area, the most severe classification available, indicates that there are parallel social structures operating and that the police consider it difficult or impossible to enforce laws in this neighborhood.

When taken together, it seems likely that Rinkeby/Tensta might be considered a ghetto or perhaps moving in that direction. Although there is no one ethnic minority group that forms a majority in the neighborhood, Somalis are a plurality because no other ethnic group has as large a number of residents there. Very few ethnic Swedes live in the area, likely because they consider it an undesirable location. Furthermore, it is an area marked by blight and disadvantage, thus making it difficult for newcomers to thrive and become integrated into the broader society. Consequently, this will make it difficult for them to acquire the resources necessary to move out of the area—reinforcing the neighborhood as a place one is forced to live, rather than chooses.

SOMALI IMMIGRANTS AND VACCINATION

Somalis in Stockholm are an interesting group to study when considering immigrant integration in a post-Covid-19 world because they have been identified by Folkhälsomyndigheten (Fohm—Swedish Public Health Agency) as vaccine hesitant. There is only one other community in Sweden that is also classified as hesitant: an anthroposophic group² living in the town of Järna near Stockholm with low levels of childhood vaccination against measles, mumps, and rubella (MMR). However, the Somali community living in the neighborhoods of Rinkeby and Tensta is the only immigrant group documented as having low vaccination rates and exhibiting hesitancy. While the Swedish average MMR vaccination rate for two year olds in 2012 was 97.2% in the general population, among Somali immigrants in Rinkeby and Tensta it was nearly 30 percentage points lower (Fohm, 2015).

Vaccination rates are an important proxy for integration because they signal an acceptance of local norms and institutional trust (Rogstad, 2023, this volume). Vaccinations have long been the backbone of global health initiatives, and we know that it can be difficult to reach and vaccinate

² Anthroposophy is a spiritual movement that embraces holistic medicine. It is perhaps best known for being started by Rudolf Steiner, the founder of Waldorf education.

isolated or poverty-stricken communities. The Covid-19 pandemic revealed that marginalized groups living in wealthy, developed countries can also be hard to reach. For example, several minority groups, such as blacks in the United States, Palestinians in Israel, and Māori in New Zealand are less likely to be vaccinated against Covid-19 than majority populations in the same country. Likewise, ethnic-minority immigrants in high-income countries also have lower vaccination rates (Crawshaw et al., 2021).

Vaccine hesitancy, defined as “the reluctance or refusal to vaccinate despite the availability of vaccines” (MacDonald, 2015, p. 4163) is generally attributed to three factors. First, individuals are less likely to vaccinate due to a lack of institutional trust (Rogstad, 2023). They may not, for example, trust the medical establishment due to past mistreatment, as is the case with blacks and the Tuskegee experiments in the United States. Likewise, they may not trust the government or other social institutions more broadly. There appears to be institutional mistrust in Rinkeby/Tensta, as evidenced by vandalism of banks and commercial chain stores, as already noted. Further, residents’ unwillingness to cooperate with police investigations signals mistrust of law enforcement. Additionally, related directly to vaccines, Somali mothers in the area report facing discrimination at local medical centers. They say that nurses have preconceived notions about Somali’s attitudes toward vaccination and resent them without giving them a chance to explain their beliefs (Jama et al., 2019).

A second reason for vaccine hesitancy among marginalized groups in wealthy countries is a lack of access to medical care. While this should not be an issue in Sweden, due to universal healthcare provision, there are still barriers for some groups. For example, some Somali mothers in the survey mentioned above decided to receive care at health centers outside their neighborhood due to perceived discrimination by nurses in health centers in Rinkeby and Tensta. This increases the time and expense associated with accessing routine medical care, which could be onerous to socially disadvantaged groups. Additionally, some migrants are discouraged by the online booking system for medical appointments. In Sweden, it requires using a smartphone app linked to one’s bank account and personal identification number, which verifies one’s identity on a website containing personal medical information, including test results and appointment times. However, using such an app, which requires the cross-linking of multiple pieces of personal information, may be uncomfortable to individuals from countries with less stable or trustworthy government and banking systems. In a United Nations report on the vulnerability of minorities in the

Nordic region during the pandemic, the operations manager of a Somali cultural group said, “Instead of using bankID [the smartphone app], maybe you should create a line where all can book vaccinations, or even be on site to answer questions that people have” (FN, 2021). So, while they are provided free medical care, some immigrants may find the process of accessing it to be inconvenient or invasive.

The third reason for vaccine hesitancy is a lack of information, which seems applicable to Somali immigrants in Rinkeby and Tensta. One of the primary reasons given for MMR hesitancy is the fear that their children may stop speaking based on the false link between childhood vaccines and autism (Godoy-Ramirez et al., 2016). Because of low vaccination rates in the community, the Swedish public health agency has launched Somali-language vaccination campaigns, but much of the reason parents choose not to vaccinate is based on information they receive from other mothers in the community, not from official information campaigns (Jama et al., 2018). This further reinforces the importance of social contact in impacting behavior. More interaction with Swedes who have vaccinated children with no side effects may help reduce vaccine hesitancy more successfully than government-led information campaigns.

I posit that neighborhood composition and the built environment has helped to stunt integration among the Somali community in Stockholm and that vaccine hesitancy serves as an indicator of this. Vaccine hesitancy is also documented in Somali immigrant communities in Minnesota and Oslo, which suggests that it may be based on a belief brought from the country of origin that has not been challenged by updated information or customs in their new homeland. This may also explain why other prominent immigrant groups in the same neighborhoods, those from Iraq and Turkey, are not as vaccine hesitant. I could find no evidence of vaccine hesitancy among these groups in Sweden or elsewhere, which indicates it is unlikely that Iraqis and Turks arrive in Sweden with negative attitudes toward vaccination. Therefore, even if they live in areas that do not promote integration, their previously held beliefs on this issue are already in line with the general attitudes of the ethnic majority population in Sweden.

However, the vaccine hesitancy exhibited in Somali immigrant communities in various countries indicates that they likely arrive with this belief. That they retain these fears in Rinkeby and Tensta means that Somali immigrants are not enmeshed in social networks that promote trust in local institutions and spread accurate vaccine information. This is consistent with Rogstad’s (2023) findings that trust in public institutions

is an important factor in explaining vaccine rates among immigrants. Living in a highly segregated environment, where Somali immigrants have little routine exposure and interaction with ethnic Swedes, or even many other immigrant groups, means that they are less likely than residents of other neighborhoods to encounter information that challenges their beliefs about vaccinations.

DISCUSSION

The high levels of segregation of the Somali group in Stockholm may be hindering their integration into broader society and this has had health effects beyond low levels of childhood vaccinations. The Somali community in Sweden and, in particular, Stockholm was hit hard by Covid-19, with excess death rates estimated at 220% (ECDC, 2021). Unfortunately, this is not only a sign of a lack of current integration but may also have negative consequences for integration after the pandemic because this group may feel they were neglected or stigmatized during a public health crisis when citizens relied on the government and fellow citizens to protect them. This experience could increase distrust in the healthcare system or other state institutions.

These high mortality rates are a sign of a lack of economic integration because they are partly due to low socioeconomic standing among the group. The increased transmission of Covid-19, alongside elevated mortality, is correlated with living in suburban areas like Rinkeby and Tensta as well as working in service professions. Public health authorities in Sweden describe the problem as, “poor living conditions make some populations more exposed to the virus, that is, more affected populations live in more densely populated areas and in smaller apartments, and they have no alternative but to use public transport. Their vulnerability is also enhanced by the fact that the same group of people are exposed to the virus at work; many of them are, for instance, taxi/bus drivers, cleaners, and care workers” (Bredström & Mulinari, 2022, p. 6). Many of these factors associated with Covid-19 transmission—overcrowding, smaller housing, and working in precarious service professions—are also signs of a lack of full economic assimilation.

However, integration is a two-way street. Full integration of an immigrant population not only requires that the immigrants achieve parity on socioeconomic measures but also that the majority population adapts to

and accepts the presence of immigrants and the diversity they bring. Unfortunately, it appears the Covid-19 pandemic may have driven a wedge between native Swedes and the immigrant Somali community. A study of public discourse on the pandemic in Sweden reveals that public figures deployed arguments that attributed high mortality rates to cultural differences between Swedes and immigrants. For instance, the leader of *Kristdemokraterna* (KD—Christian Democrats), Ebba Busch, wrote in a major daily newspaper that immigrant mortality was elevated because the Swedish strategy does not work for them. It was based on norms familiar to people born in Sweden, but unfamiliar to those living in the suburbs who come from “culturally remote societies” (Bredström & Mulinari, 2022, p. 8).

This “blame the victim” discourse, understandably, further distanced some immigrants. In the same study of public discourse, Somalis who were interviewed for a news report said Swedes blamed Somali’s illiteracy and cultural differences for their high infection rates. For instance, the high rates of Covid-19 transmission in Swedish elder care homes were attributed to immigrant care workers not understanding Swedish well enough to follow health guidelines. This discourse placed a double blame on immigrants. They were blamed not just for the deaths of Swedish elders in care homes due to “illiteracy” but also their own high rates of infection, which were partially due to the lack of privilege of working remotely from home.

CONCLUSION

The Covid-19 pandemic may have set off a dynamic process between Swedes and Somali immigrant groups, whereby the lack of integration, reflected in low socioeconomic status, increased vulnerability to the virus. Subsequently, this vulnerability led to a discourse of blame that only served to further marginalizing immigrants. Not only did this likely reduce feelings of social cohesion and trust between ethnic Swedes and their Somalian counterparts it also reduced national identification among Somali migrants. This, coupled with segregated living conditions, makes it unlikely that these problems will be remedied quickly; however, as we move into a post-pandemic world, it is important to incorporate marginalized migrant groups along several dimensions.

But the opposite seems to be happening in the Rinkeby and Tensta Somali community, as the area seems to be moving closer to being categorized as a ghetto over time. Approximately 40% of all Somalis in Stockholm live in the area, which is one criterion for classification as a ghetto (Poulsen et al., 2001). They constitute a plurality in the area and their proportion has been increasing since 2010. If Somali immigrants become a majority, the neighborhood will meet the second criterion required for ghetto status. Concentrations of minority groups to the degree that their neighborhoods can be considered ghettos typically signal a lack of residential choice and mobility indicative of poverty traps. We would expect that if Rinkeby and Tensta become ghettos according to the criteria described, their residents will continue to be isolated and their integration into broader society further hindered.

Prime Minister Andersson stated that, “Segregation has been allowed to go so far that we have parallel societies in Sweden. We live in the same country but in completely different realities” (Reuters, 2022). Stopping the process of ghettoization will require changing not just the demographic composition of Rinkeby and Tensta but also its built environment. The Swedish government is trying to tackle the first issue by preventing concentrations of immigrants in certain areas by, for example, withdrawing social aid if they chose to live in an immigrant dense area rather than one assigned to them by the municipality. Greater levels of ethnic diversity combined with an urban space that invites more people to interact across ethnic lines will help newcomers integrate, especially if ethnic Swedes are willing to live in, or spend time in, the area. As Wessel (2009, p. 12) states, “Friendship feeds on extended and repetitive contact, which may grow from trivial contact, which in turn depends on enabling and constraining opportunities of the larger context.” Positive intergroup relations that may help Somali immigrants to trust Swedes, their institutions, and medical system depends on, at least partially, both physically co-locating Swedes and Somalis in geographic space as well as providing the social infrastructure that invites them to spend time interacting with each other, thereby exchanging valuable cultural capital.

Acknowledgements Funding for this research was provided by Formas, project number 2018-02226.

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