

## **THE IMPACT ASSESSMENT OF COVID-19 ON PAKISTANI WOMEN: A SOCIO-ECONOMIC PERSPECTIVE**

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### **Abstract**

The impact of COVID-19 across the globe has been profound because emerging evidence on the impact of COVID-19 shows that women's lives have been affected disproportionately and differently. Presently, the epidemic of COVID-19 has had a major impact on every sphere of human life. All aspects of human life (social, economic, political) were directly or indirectly affected by the outbreak of the novel Coronavirus. Women are greatly affected by the outbreak of COVID-19 as compared to men. Women are half of the population of the world. They are involved in every sphere of life. A large number of women are working in the health, economy, security, hospitality, social protection, and education sectors all over the globe. Furthermore, the workload on women is higher than men in all fields (domestic and economic) of their lives. In COVID-19, women cannot fulfil their socioeconomic responsibilities, so the level of depression is increased in them. Due to COVID-19, the percentage of unemployed and depressed women has also increased worldwide in Pakistan. This research study aims to evaluate the impact of COVID-19 on Pakistani women. Data is collected through the non-probability snowball and convenient sampling technique to achieve the target. A total of 60 women were interviewed from different segments of society for the collection of primary data. The clinical studies, international reports, working papers, and peer-reviewed articles are secondary data. This research highlights that COVID-19 has harmed women in all areas of their lives. Furthermore, results point out that working women are more likely to spend their incomes on their families than men. Therefore, in the present situation of the COVID-19 pandemic, women are fired from their jobs and livelihoods and facing vulnerable situations which created unbelievable depression, panic, and anxiety in them.

**Keywords:** COVID-19, Socio-Economic, Pandemic, Gender, Coronavirus

## Introduction

Natural disasters have always affected human lives. In the event of an earthquake, the whole city may be demolished, sometimes in the form of floods, everything of human being demolished, and epidemic diseases change the whole scenario of human beings. For instance, from 1918 to 1920, the Spanish flu swallowed the lives of 17 to 100 million people; in the first year of the 19th century, 12 million people died due to plague in Asia, and approximately 2,500,00 people were affected, and 78,000 people lost their lives in the earthquake of 2005 in northern areas of Pakistan (Sajid, 2020). These large-scale disasters affect the developed and developing countries equally; however, developing countries provide fewer facilities to their people than developed nations.

These disasters affect the whole society, but women are more affected by them than men (Li et al., 2020) because they are already spending their lives in subordinate positions in almost all societies worldwide. Patriarchal social structures do not permit women to get their basic human rights (Frank, 2020), so they are affected in terms of unemployment, less income, augmented load of unpaid care work, physical health, and mental health (Mamun & Griffiths, 2020a) education, fear of infection, gender-based violence, harassment, intimate partner violence (IPV), social insecurities, increase household chores, (Organization for Economic Cooperation and Development, 2020). Like the past epidemics, COVID-19 has created unbelievable depression, fear, gloominess, dread, horror, stress, and anxiety in public and among psychiatrists and professionals (Sakib, 2020; Montemurro, 2020). Moreover, it enhanced the social, political, and economic gender inequalities in women's lives. However, socially, women are responsible for providing a relaxed life for their families, and economically, they are liable to contribute to income-generating activities to fulfil the economic needs of their families. Socially, they are bound to provide relaxed lives to their families. However, due to COVID-19, they have failed to provide comfort to their families, and economically, they are unemployed, so they cannot fulfil the economic needs of their families.

According to Tariq (2020), the death ratio of men is higher than that of women from COVID-19. However, the reality may not be the same because, due to patriarchal social structures, women's death cases are not disclosed publically. The testing rate among women is very low compared to men, while the coronavirus infection rate is the same for both genders. On the contrary, Wenham (2020) found that the ratio of COVID-19 infection in males is higher than in females, while Guan (2020) describes that about 58% of patients are males, (2020) imply that the death rate in males was 65% more than female. Furthermore, The Organization for Economic Co-operation and Development (2020) suggested that the reason for the death ratio of women is the powerful immune system of females. On the other hand, some research shows that hypertension, physical activities, eating habits, smoking, and use of alcohol are the main contributing factors that increase the risk of more deaths in males by COVID-19 than in females (Boniol, 2020; CARE, 2020).

Women's domestic responsibilities are much higher during COVID-19 because all family members are at home, and in almost all societies, only women are responsible for looking after, nurturing, and providing facilities to all family members (Alon, 2020). World Bank (2020) argues that Pakistani women spend 10.5% more time on their domestic responsibilities (household chores, child nurturing, and caring for older relatives) than men regularly. These responsibilities prevented Pakistani women from improving their health, economics, education, and other skills.

It has become certain that the COVID-19 pandemic crisis will have broad economic effects. It is not harmful only to health but is also dangerous to the world economy (International Labor Organization, 2020). The economic crisis of 2008 pointed out that males settled their employment more quickly than women (Perivier, 2014) because males have more employment opportunities than females. "Stay-at-home" government policy has restrained women from economic activities. Already, women are engaged in low-paid work, part-time, and informal income-generating activities, so the loss of incomes may contrast by gender because of these prohibitive measures (Organization for Economic Co-operation and Development, 2020). The Human Rights Commission of Pakistan indicated that complete lockdown, closure of income-generating activities, quarantine, and social distancing greatly affected women's employment because most of them were employed in garments and textile, home-based workers, domestic workers, daily wages, and earn from the informal sector. Approximately 20 million Pakistan's population comprises home-based workers, of which 12 million are women. Furthermore, an unofficial estimation is that 75% of the informal labour force comprises women (OECD, 2020). The government does not officially register all these informal and domestic workers, so they are not entitled to gain any benefit from the government schemes during COVID-19, so they economically suffer from COVID-19. On the other hand, lots of Pakistani businesswomen face economic loss due to covid-19. Current research points out that these women received 8 per cent more loss of their business than their male counterparts during the coronavirus (Uzma, 2020).

This research study aims to clearly determine the main socio-economic effects of COVID-19 on Pakistani women and how they face and cope with these problems. The present research study provides current information regarding the impact of the novel COVID-19 pandemic on Pakistani women. However, more studies are required to ensure the safety measurements and aftershocks of COVID-19. As well as the results will help to understand the government and policymakers, how women were affected in Pakistan, and which policies are beneficial for them.

### **Rationale of Study**

While some studies have been conducted on the impact of COVID-19 on women in Pakistan, there is a lack of comprehensive research that provides a socio-economic perspective. By conducting an impact assessment of COVID-19 on Pakistani women, this study aims to fill this research gap and shed light on the challenges faced by women in the country during the pandemic.

Moreover, this study also intends to explore the potential solutions to address these challenges and inform policymakers about the necessary steps to mitigate the negative impact of COVID-19 on women in Pakistan. Additionally, the study will contribute to the existing literature on the gendered impact of pandemics, which is essential for future pandemic preparedness and response.

### **Statement of Problem**

The COVID-19 pandemic has brought unprecedented challenges for societies worldwide, including Pakistan. While the health consequences of the pandemic have been widely discussed, its socio-economic impact on different segments of society remains a crucial area of study. One such segment that has been disproportionately affected is Pakistani women. The pandemic has exposed pre-existing structural inequalities and has exacerbated the challenges faced by women in terms of their access to education, employment, healthcare, and basic services.

### **Research Questions**

Pakistani women also face many problems during the coronavirus due to their weak economic and social status. This research study focused on such questions:

1. What did women face as the main socio-economic problems during the outbreak of COVID-19 in Pakistan?
2. What are the effects of COVID-19 on women's personal lives in Pakistan?

### **Research Objectives**

The fundamental purpose of this quantitative research study is to analyse the effects of COVID-19 on women because, during the lockdown in COVID-19, women have faced social and economic issues globally.

### **Literature Review**

The word Corona is a Latin word that means crown or halo. The shape of the coronavirus looks like a halo of the sun, so it is called coronavirus. The first reported case of coronavirus in human beings was in 1960, with the names E229 and OC43 (Shereen, 2020). Some researchers suggested that the influenza pandemic, which came in 1957 and 1968, is the same as COVID-19. This influenza killed about one million people, but the degree of social and economic destruction and ruin of COVID-19 are not compared to any other pandemic like coronavirus (Pakistan socio-economic framework, 2020). In the contemporary era, COVID-19 was first found in December 2019 with the name SARS-cov-2 or COVID-19 in Wuhan (China). In a very short time, it spread to 206 world countries (UN Women, 2020). World Health Organization (WHO) declared it a global epidemic on 11th March 2020 due to its fastest spread worldwide.

COVID-19 has had a profound social and economic impact on women worldwide. On the other hand, the United Nations (2020) implies that females in

Bangladesh and Pakistan are less informed about COVID-19 than other women worldwide. About 70% of women are directly or indirectly attached to the healthcare workforce globally, making them more likely to experience this infection (Wenham, 2020; World et al., 2020; United Nations Funds for Population Activities, 2020). Similarly, the Pakistan Bureau of Statistics (PBS, 2018) describes that approximately 108474 nurses, 19910 lady health workers and 40,272 midwives provide health amenities to the public. All these health facilitators are estimated to be females (Asim, 2020). In Pakistan, only 55% of Pakistani women have access to sufficient healthcare institutions, and 34% of women have access to consulting medical professionals. These percentages clearly show that women probably obtain fewer medical services, so during COVID-19, women may not be able to receive medical assistance and become affected by this disease. They expire (WHO, 2020). Furthermore, a female doctor claims she was forced to provide health facilities to COVID-19 patients without specific protective measures. She also claims she continued to work after being infected with the COVID-19 virus (Falaha, 2020).

Epidemics have a profound effect on societies. These effects are so pervasive that they sometimes become part of social values. Zika, Spanish flu, SARS, and Ebola are the big disasters of the world that change many social circumstances in societies around the globe (Li, 2020). Usually, women have very weak socio-economic status in almost all societies in third-world countries due to the patriarchal social structures of the societies. Similarly, they are more affected by COVID-19 as compared to men.

Males have been in homes for a long time because of COVID-19. They have plenty of time. They are dominated in almost all societies of the world. Societies permitted them to do anything with their counterparts, so it is observed from many researches that gender-based violence, intimate partner violence, exploitation, and cases of harassment within the family are quite common during COVID-19 (Wenham, 2020; WHO, 2020; Chattu, 2020). Furthermore, quarantine, self-quarantine and staying at home during the lockdown increase the level of gloominess among the people (United et al. for Gender Equality and the Empowerment of Women, 2020). Usually, men vent their frustrations, sadness, and depression to women, but the ratio of venting during COVID-19 has increased. This domestic situation gives insecurity to women with COVID-19. WHO (2020) agreed that the ratio of intimate partner violence (IPV) has rapidly increased during COVID-19. From 17th March till date, the cases of domestic violence have increased by 30% in France (United et al. for Gender Equality and the Empowerment of Women, 2020), while in China, only in February 2020 the cases of domestic violence are three times more as compared to the previous year (Usher, 2020). According to the United Nations Office on Drugs and Crime (2020), the rate of domestic violence increased during COVID-19, i.e. 65% in the UK, 30% in France and Cyprus, 33% in Singapore, 25% in Argentina, 40% in Australia, 12.5% in Spain, 30% in Cyprus, 2% in India, etc. These ratios mention that during COVID-19 women are more likely helpless to gain any assistance from anywhere, so they bear out this oppression silently.

The first case of COVID-19 in Pakistan was reported on 26 February 2020 in Karachi. After this date, COVID-19 quickly spread, and on 23rd March 2020, the whole country was completely locked down by the government. All the institutions, marriage

halls, mosques, markets, and public places, except healthcare institutions and grocery shops, were not closed (Kaleem, 2020). The constant spread of COVID-19 increased sensational behaviours in society. The attitude of media, myths, blame games, frustration, boredom, social distance, fear, health issues, economic instability, and government policies are the main factors that significantly create problems for the people (Wang, 2020; Cao, 2020). Many researchers point out that people in Pakistan have committed suicide due to the economic downturn during COVID-19 (The Express Tribune, 27 April 2020). Similarly, in Bangladesh and India, people commit suicide due to fear of disease, economic instability, and social boycotts (Thakur & Jain, 2020; Bhuiyan, 2020; Dsouza, 2020).

Due to the rapid spread of COVID-19, the world adopted a strict lockdown policy. Pakistan also adopted a lockdown strategy and closed everything, including educational institutions. The ratio and standard of women's education are already very low in Pakistan. COVID-19 has pushed the women's/girls' education rate downwards. During COVID-19, due to the closure of schools, females are more burdened with household responsibilities than males. Prolonging the shutting down of educational institutions in Pakistan may exacerbate the discrimination between genders. It is more likely that female enrollment and registration in the education sector will drop out in Pakistan after COVID-19 due to the male preference attitude of the society (UN Women, 2020). Many research articles, commentaries, and reports are internationally generated on the effects of COVID-19 on women. However, no statistically authentic and accurate data or text is presented on the socioeconomic effects of COVID-19 on women (Hannah et al., 2020).

### **Research Methods**

The study is about the socio-economic issues of women during the period of lockdown in Pakistan. The study is quantitative. For this purpose, a Survey is used as a quantitative research method. The area of the universe of this study is based on the region of the metropolitan city of Pakistan, i.e. Karachi, Sindh. Karachi is an economic hub of Pakistan. The area of Gulistan-e-Johar Karachi was selected for conducting this research study to find out the consequences of this pandemic. Sixty women involved in income-generating activities were selected as respondents through snowball and convenient non-probability sampling techniques. The questionnaire is used as a data collecting tool consisting of 24 items of profile and research questions. The foremost purpose of the research study is to find out how Pakistani women face and manage their socio-economic problems during this pandemic while they are already living in the patriarchal social structure.

### **Study Design**

The data were collected from 15th March 2020 to 15th April 2020 during the lockdown from 60 respondents. The researcher interviewed by herself to produce accuracy in results. About 76 million Pakistanis use the Internet, while 37 million have access to social media platforms (Anjum, 2020); therefore, some interviews were conducted online due to the lockdown.

## **Survey Instrument**

An intensive writing study of important articles and rules led to planning the review instrument. The questionnaire had 24 items with five parts. In the 1st part, the researcher collected the demographical data of the respondents, including respondents' age, occupation, income, religion, mother tongue, qualification, marital status, and residential address. In the 2nd part, the researcher gathered knowledge about the social problems faced by women during COVID-19. In contrast, in the 3rd part, the researcher tried to collect information regarding women's economic issues in the current pandemic. In the 4th part, the researcher gathered data about government policies and assistance during the pandemic disease. Finally, in the 5th part, the suggestions and opinions of the respondents about COVID-19 have been collected.

## **Data Analysis**

After collecting the data, the researcher used simple frequency distribution tables and percentages to analyse the data by using the chi-square technique.

## **Findings and Discussion**

Coronavirus is a highly overwhelming, devastating, and challenging global health crisis. No other disease except Spanish flu (1918-1920) was this destructive to human lives on a large scale. According to WHO (2020), approximately 4.2 million people have been infected, and 292046 succumbed to death. It is extremely painful for all nations. This infectious disease developed nervousness, panic, turbulence, and fear among all people without discrimination of gender and age. Women experienced many socio-economic issues for about three months due to the shutting down of all public and private departments due to the coronavirus in Pakistan.

The data clearly explains the age group of the respondents, which shows that the highest range, 51.7%, belongs to the interval of 32-38 years of age, while 21.6% of respondents were between 18-24 years, and 18.3% fall in between 25-31 years of age. Data also show that 8.3% of respondents fall between the age group of 39-45. Most of the respondents, 95% of the research study, were engaged in income-generating activities to fulfil their family's economic needs, and they belong to lower-middle-class families. Only 5% of respondents were unemployed and stayed in their homes. These unemployed respondents said they were also engaged in economic activities, but due to their children, older persons, or illness, they have left their jobs. Outcomes of the data indicate that most of the respondents 48.3% used to earn approximately 10,000-15000 rupees, whereas 21.6% of respondents said that they used to earn a maximum of 15001-20,000 rupees in a month, and 15% of respondents reported that they used to earn about 20,001-25,000 rupees per month or more than 25,000. Data indicates that most of the respondents, 45%, had a graduation degree. In comparison, 30% of respondents said they completed their higher secondary school certificate (Intermediate), whereas 13.3% reported that they completed their matriculation and engaged in income-generating activities. Only 11.6% of the targeted population describes that they have a master's degree and earn a good amount in terms of salaries (More than 25,000 rupees).

Outcomes of the data show that 68.33% of the respondents were unmarried, while 31.66% of the targeted population was married. The results clearly show that most of the respondents, 66.33%, were unmarried. The topmost ratio of unmarried females indicates that norms, myths, traditions, and strong male-oriented social systems of the society made marriages a tricky task (see Annexure for demographic data).

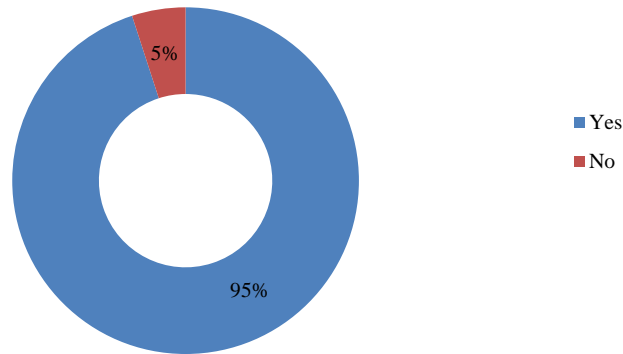


Figure 6: Knowledge of COVID-19 to Women

The results mentioned above suggest that during the strict COVID-19 lockdown, sensational media reporting and social environment provided full awareness to all the people about COVID-19, so the research results find that 95% of respondents were well informed about COVID-19. They also know about the symptoms, precautions, and treatment (quarantine) of COVID-19. Only 5% of respondents were not well informed regarding coronavirus.

**Effect of COVID-19 on women’s personal & social lives**

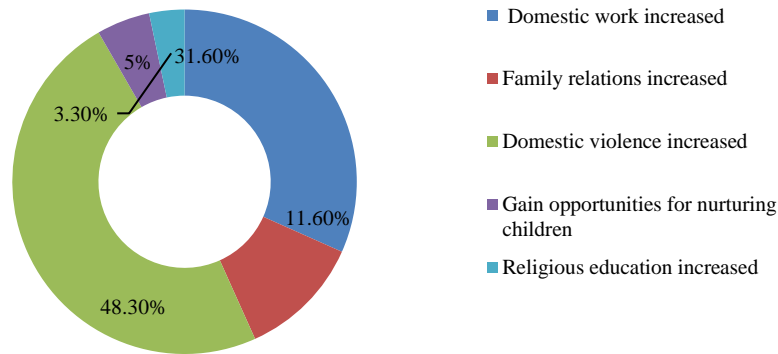


Figure 7: Effect of COVID-19 on women’s personal & social lives



The above presentation mentions that domestic violence is common in all societies worldwide. Patriarchal social structures provoke males to apply violence to women in all aspects (Facio, 2013). Even in some societies, women have the psyche that violence is the tradition, so they face it silently. The study results show that 48.3% of respondents said that during COVID-19, domestic violence increased. In addition, it is also reported by the United Nations (2020) that social isolation, quarantine, and restricted movement of women increase the rate of gender-based violence exponentially. It is also observed that women are compelled to stay at home with their abusers at their houses and cannot immediately access any assistance from any government or private institution due to COVID-19. In addition, there is a similarity of this study with another study done by Bibler and Tariq, sponsored by IFES Canada, which indicates that this study entitled COVID-19 Impact on Pakistani Women (2020) discusses that Violence against Women (VAW) is a major public health problem and a violation of women's human rights. The 2017-2018 Pakistan Demographic and Health Survey<sup>19</sup> found in four provinces that 28 per cent of women ages 15 to 49 have experienced physical violence since age 15. Eight per cent of married and divorced women report that their husbands display three or more specific types of controlling behaviours. Thirty-four per cent of married and divorced women have experienced physical, sexual, or emotional spousal violence. 31.6% of respondents reported that due to the lockdown, family members stayed home, so domestic work increased. Similarly, the United Nations (2020) also points out that women's unpaid care work has increased due to COVID-19 because children are at home, older persons need more attention, and males demand more time from ladies. At the same time, 11.6% of respondents suggested that the only positive impact of COVID-19 is that family relationships positively increased during the coronavirus. However, results also confirmed that 5% of respondents said they get much time during COVID-19 to look after nurturing their children.

### Effect of COVID-19 on Women's Economic Lives and Income Decline During COVID-19

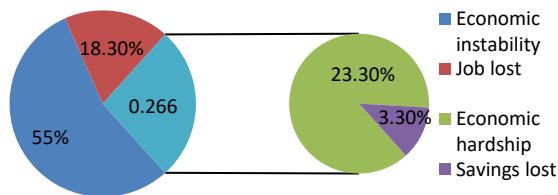


Figure 8: Effect of COVID-19 on women's economic lives

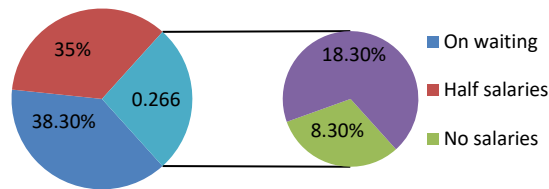


Figure 9: Effect of COVID-19 on women's income decline

The research study's results clearly mention that women are half of the population of Pakistan. United Nations (2020) suggested that COVID-19 will negatively affect women's economic and productive lives disproportionately globally. It is also pointed out that usually, women earn less, save less, have less secure jobs, and are employed in the informal sector, so they have no access to social protection. They are not able to bear out economic shocks as the men. The research study's results clearly indicated that 55% of respondents reported that they faced economic instability due to the coronavirus, while 23.3% said that they faced economic hardships. Women spend much time on their domestic responsibilities, so their jobs are affected by these domestic chores. 18.3% of respondents reported that they lost their jobs due to COVID-19. Their salaries support their families financially as well as increase the living standard of their families. Women spend a major part of their earnings on their children, siblings, and parents compared to men, but during COVID-19, women's economic activities were closed or partially stopped. During the complete COVID-19 lockdown, women are laid off from their jobs. Due to job loss, women become poorer and exacerbate food insecurity. 3.30% of the targeted population describes that they lost all their savings during COVID-19 because income-generating activities are almost closed, so they spend their savings to fulfil their daily needs.

The research found that 100% of respondents' incomes declined due to the coronavirus. The fallout of the research study mentioned that 38.3% of respondents reported waiting for their employers due to COVID-19, while 35% said they have jobs. However, due to economic turn down in income-generating activities, they received half of their salaries from their employer, whereas 18.3% of respondents suggested that their employer said that they could come back and join their jobs after the COVID-19 pandemic; furthermore, they have not received any remuneration from their employer. 8.3% of respondents reported that they are appointed to jobs and perform their duties regularly but do not get their salaries. On the other hand, according to UN Women Female Leadership during COVID-19 (2020), there is a success story that COVID-19 allowed them to help others by providing a job. This is the story of a young female former. A young woman helps unemployed (persons), both men and women, to earn during a pandemic. A former lady, Sehar Iqbal, started by converting waterlogged barren land into a productive landscape to provide women forced to work in fields with better wages. Since the lockdown happened in Pakistan, "I instantly realised that it is going to impact my agricultural community too". Coronavirus is another major threat to those farmers who are already going through hard labour producing crops and putting them in the hands of the consumer. In March, With COVID-19 cases rising and the lockdown extended in Pakistan, Sehar Iqbal could also feel the stress in her community. Many of

our community was already working in an urban setup, and with the sudden lockdown, most of the daily wagers were forced to leave their jobs and return to rural areas. The migrants who came back had no financial help, which hit us hard as a community. My husband and I decided to help them settle in our community. Sehar Iqbal said she started working with 25 women, and the enterprise has now grown into almost two hundred women. They work full-time or part-time in Sehar Iqbal's fields, where they grow potatoes, maize, wheat, and rice. In this story, we learned that during the COVID-19 lockdown, not everyone lost, but some gained and provided better jobs for the unemployed to get better salaries (Asia Pacific Forum, 2020).

### Overcome from economic deficit

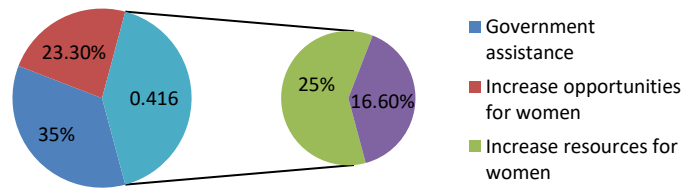
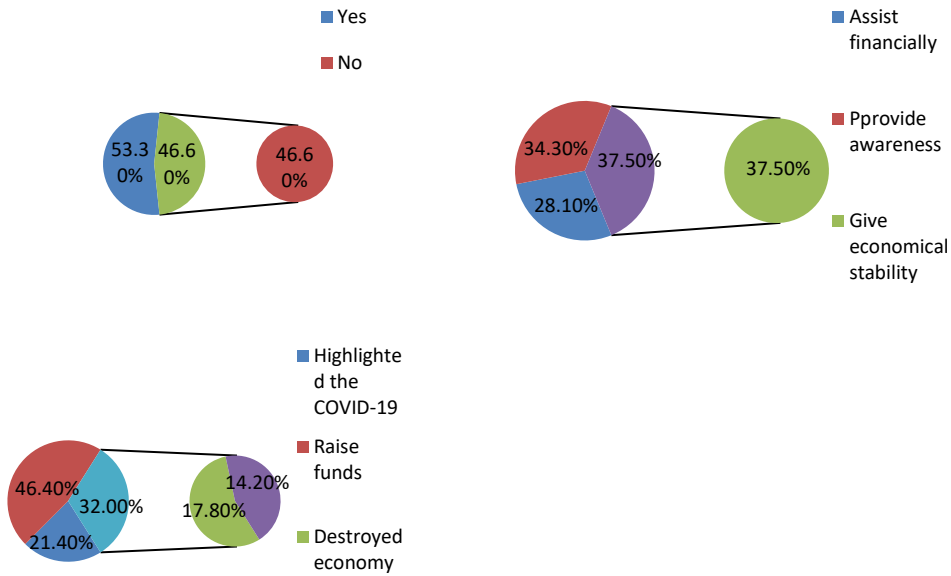


Figure 10: Overcome from economic deficit

The deep analysis of the data mentions that 35% of respondents said that government assistance is necessary to get rid of the economic deficit during COVID-19 because the government has the full authority to do everything for the welfare of the public, whereas 25% of the targeted population reported that the only way to give economic stability to women is to increase the resources specifically for women. In comparison, 23.3% of respondents describe that economic deficits due to COVID-19 may only be fulfilled if employment opportunities increase for women because males have many economic opportunities to accomplish their financial needs. However, women do not have enough employment opportunities due to the patriarchal social structure, and 16.6% of respondents suggested that providing interest-free loans to women would be the best way to get rid of the economy.

Figure 11-13: Women are satisfactory during COVID-19 from government policies (favourable & unfavourable frequencies)



The government of Pakistan launched a program, “Ahsan”, for needy people to get 12000 rupees at once during the COVID-19. 53.3% of respondents were satisfied with this program, while 46.6% reported dissatisfaction. When discussing satisfaction level with government policies about COVID-19, approximately 37.5% of respondents said that smart lockdown gives economic stability to people. In comparison, 34.3% of respondents imply that the government provides complete awareness regarding COVID-19, whereas 28.1% of respondents suggested that the government assist them financially during COVID-19. On the contrary, according to the results of the data, the targeted population independently disagrees about government policies and steps during the pandemic disease. The results indicated that 46.4% of respondents reported that the government exposed COVID-19 to raise funds and take extensions on debts. In comparison, 21.4% of respondents reported that the government just highlighted COVID-19 and cannot do any practical work to secure the public, and 17.8% of respondents analysed that government policies destroyed the whole economy and the impact of these wrong policies is long-lasting.

**Suggestions for COVID-19**

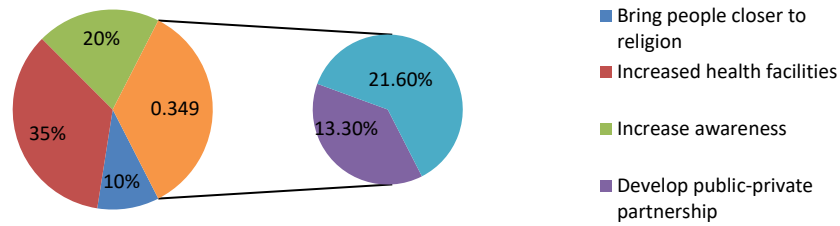


Figure 14: Suggestions for COVID-19

The research indicated that 35% of respondents reported that increased health facilities might protect people from COVID-19. In comparison, 21.6% suggested that maintained hygienic environments protect people from coronavirus, whereas 20% of respondents said that awareness is the key to guarding people. 13.3% of respondents imply that public-private partnership is the best way to control COVID-19 from the environment. Only 10% of respondents agree that being closer to religion may assist in handling the negative impact of COVID-19 perfectly.

### Safety Measures from Covid-19

According to (2020), to maintain (social, economic, and psychological) and fight against COVID-19 by applying the following rules in their lives:

- Listen to counsel and proposals from the specialists.
- Maintain a healthy daily routine (Schedule wakeup and sleep time, take care of hygiene, eat a healthy and balanced diet, exercise regularly, maintain working hours as well as resting hours, and take time for entertainment and fun)
- Avoid depressive news, which creates anxiety and sadness. Take one or two times daily to update current information.
- Connect with your relatives and friends through different online channels and telephone because these relations eliminate social anxiety and depression.
- Do not take any drugs that provide temporary enjoyment and remove depression, anxiety, frustration, and social isolation.
- Try to balance everything in your life and face the COVID-19 pandemic with courage.
- Do not share and promote misinformation about COVID-19 on social media.

### Recommended measures to prevent infection include

- Hand washing,
- Maintaining physical distance from others (especially from those with symptoms),
- Quarantine (especially for those with symptoms), covering coughs,
- Keeping unwashed hands away from the face, nose, eyes, etc...

- The use of cloth face coverings such as a scarf or a bandana has been recommended by health officials in public settings to minimise the risk of transmissions, with some authorities requiring their use.
- Health officials also stated that medical-grade face masks, such as N95 masks, should only be used by healthcare workers, first responders, and those who care for infected individuals.

An early key to the diagnosis is the tempo of the illness. Early symptoms may include a wide variety of symptoms but infrequently involve shortness of breath. Shortness of breath usually develops several days after initial symptoms. Shortness of breath that begins immediately, along with fever and cough, is more likely to be anxiety than COVID-19. The most critical days of illness tend to be those following the development of shortness of breath.

### **Conclusions**

Pandemic diseases are not new for human beings. The novel coronavirus (COVID-19) pandemic negatively affects Pakistani women. It is essential to pay more attention to the marginalised gender of society. Being a Muslim, it is important to follow Islam's health and hygiene rules. The consequence of the results indicated that COVID-19 has unenthusiastic effects on the socio-economic status of women in Pakistan. The in-depth discussion on COVID-19's effects on women points out that socioeconomic position should not be neglected during the pandemic because women already possess submissive status, so if during COVID-19, socioeconomic status declined, then it is more difficult to improve it again.

### **Recommendations**

- Try to decrease the effects of COVID-19 on females' education.
- Guarantee the continuation of essential well-being and health services for females.
- Assist women to recover from COVID-19 disease and construct economic pliability.
- Try to provide knowledge about the pandemic disease to females on their doorstep.
- Try to involve women in the policy-making process and leadership
- Women should form their social (CBOs / NGOs and trade unions as well as economic organisations such as saving societies (cooperatives)).

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Annexure

Figure 1-5: Demographic Characteristic of the Respondents

