

## CoronaVirus Disease (COVID-19) and Women in Pakistan

### Abstract

*This study focuses on the problems faced by women during lockdown due to Covid-19. It is based on the analysis of research papers, newspaper articles, books, UN reports and other online sources. The study summarizes that this pandemic has negatively impacted women who experienced more domestic violence at homes during the lockdown period. The study concludes that during the pandemic, women suffered a lot and beside other difficulties, they experienced domestic violence as well. Women also have limited access to health facilities due to which their medical issues become much more severe. Moreover, the pandemic has left women economically vulnerable as their income sources have shrunk. The study suggests that there should be women-friendly planning so that their issues are resolved on priority basis. Women should be made part of the National Command and Operations Centre so that they can share their problems with the policy makers.*

**Keywords:** COVID-19, Women, Pakistan, Violence, Health

### INTRODUCTION

On March 11, 2020, the World Health Organization (WHO) stated that an outbreak of the viral disease COVID-19 – first known in December 2019 in Wuhan, China – has attained the level of a worldwide virulent pandemic (Javaid, & Javaid, 2020). More than 200 countries/regions have reported confirmed COVID-19 cases, as of late February and early March, 2020. As far as the number of COVID-19 infected patients is concerned, the USA stands at the top of the list followed by other European nations (Rawat, 2020). Keeping the severity of the pandemic in view, the WHO asked all the governments to initiate activities on urgent basis to control the spread of COVID-19

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(Human Rights Watch, 2020 a). It is now an admitted fact that COVID-19 is not merely a global physical health problem but is also a major cause of social, economic, and psychological distress especially for the weaker sections of society including women and people with disabilities. Like other countries of the world, Pakistan has also taken various steps to control the spread of the Corona pandemic (Jamal, 2020). These include closing down educational institutions throughout the country from March 11, 2020 onwards. Inter-city and intra-city travel was banned, while international and domestic flights were also banned, whereas businesses and all types of gatherings were prohibited (Safdar, & Yasmin, 2020). Various states/governments stopped all kinds of festivals including social, cultural, sports and religious gatherings like Umrah and Hajj so that crowds could be avoided (Chakraborty & Maity, 2020). In addition, the government of Pakistan, with the help of the Civil Aviation Authority, established a screening system to screen every passenger who arrives from China and other infected countries. Although there were some lapses in the screening system, with time the monitoring system was improved (Saqlain, Munir, Ahmed, Tahir, & Kamran, 2020). Countries throughout the world are executing various types of 'social distancing' measures to slow down the spread of this viral disease. According to Human Rights Watch (2020b) lockdown, social distancing and suspension of business activities has further added to the problems of people especially the marginalized sections of society. Due to the lockdown 12.3 million to 18.5 million people in various sectors are expected to withdraw from their jobs resulting in economic problems on a massive scale.

Like other countries across the globe, there is a growing realization of the significant threat that the new Coronavirus poses to Pakistan's population of 222 million, about half of whom are women. This includes at-risk populations, such as, 33 million persons with disabilities, 60 percent of whom are estimated to be women. Since early March 2020, cases have continued to increase across Pakistan, with the highest number of cases recorded in Punjab. COVID-19 has further depressed the already weak economy and taxed an insufficiently resourced health system already grappling with inadequate tertiary-care facilities and health care personnel.

Women are expected to be further affected as COVID-19 adds challenges to the systematic discrimination of women, their limited access to political rights, a weaker socio-economic situation and higher rates of vulnerable employment (Tariq & Bibler, 2020). According to Malik and Naeem (2020), apart from the primary impacts of pandemic there are secondary impacts as well which have a more serious implication and which are difficult to understand and settle when sex-disaggregated data is either not available or is inauthentic. Unluckily the affected nations have still not released their national disaggregated information which is creating hurdles in gender sensitive planning. Hence it is of utmost importance that the government consider the damages caused by Covid-19 particularly on women and devise suitable strategies for handling

its primary and secondary impacts. The nursing profession in Pakistan is considered as a feminine job and that is why it is mostly women who work as nurses in different hospitals. This exposes them even more to the Coronavirus. Due to quarantine and lockdown, women are at increased risk of violence at home and have no access to legal aid. This has added to the problems of the women and led to stressful situations, physical and mental ailments (Sandoiu, 2020).

The current study aims to identify the impact of Covid-19 on women in Pakistan. In addition, it explores whether this pandemic has added to the existing problems of women especially in the spheres of domestic violence, healthcare and employment opportunities.

## **RESEARCH METHODOLOGY**

The purpose of this study was to determine the problems faced by women during COVID-19 pandemic. Primary data collection from female respondents was not possible due to cultural sensitivity and lockdown in the country, due to which the study was based on review of available literature regarding COVID-19 and its impact on women in Pakistan. The review of literature was conducted with the help of various search engines e.g. Google, Yahoo etc. accessing online material including newspapers, published research papers and magazines. Works of social scientists have been analyzed and an attempt has been made to identify the weak areas in the research studies already conducted on the subject. Policy recommendation is also given on the basis of the findings of the study.

## **LITERATURE REVIEW**

### **Domestic Violence**

Domestic violence is not a new phenomenon in developed and developing nations. During Covid-19 pandemic an alarming increase was noted worldwide – the World Health Organization has called it the ‘shadow pandemic’. According to media reports, the number of domestic violence cases increased during the lockdown. Due to lack of protection and supportive remedial measures, women are facing psychological distress, bodily harm and deaths (Bari, 2020b). The Pakistan Demographic and Health Survey further elaborated that nearly 28% of men (and 32% of women) agree that a husband is justified in beating his wife if she goes out without telling him while men are not bound in any way (International Growth Centre, 2020). Due to cultural norms, women cannot go outside their houses without the permission of male family members, therefore they are unable to get the required treatment at the proper time.

Lockdown and stopping of business activities due to Covid-19, which continued for an indefinite period, may lead to stress and related risk factors for families. In

addition, lack of employment, reduced income and scarcity of resources led to family quarrels and resulted in domestic violence (Catalá-Miñana, Lila. Oliver, Vivo, Galiana, & Gracia, 2017). Such types of cases have been reported from China where the number of cases increased three times while in France studies have shown a 30% increase, Brazil jumped to 50-50 and Italy has also witnessed increased number of violence related cases against women during Covid-19 lockdown (Campbell,2020). Incidence of domestic violence is not a new phenomenon in Pakistani society (Plan International, 2020) but there is no official data available regarding such cases during the lockdown in Pakistan (Dossa & Mysorewala, 2020). The central government imposed a lockdown due to which the survivors and victims of Sexual and Gender Based Violence could not access services like policing, shelter, counseling and legal aid (UNODC, 2020). The Human Rights Ministry, through its helpline 1099, registered about 40 thousand calls for help in just the month of March 2020, out of which only 13 calls were related to Gender Based Violence. In Khyber Pakhtunkhwa province 25 calls were registered during the same period at its helpline number 15. The police data shows 399 cases of murder of women registered at the police stations during March 2020. The Sindh police records show a distressing growth of violence against women, where 10 cases of *karo-kari* (honor killing) occurred in just one month – March 2020 (Agha, 2020).

The mental health professionals who are providing online therapy have also reported that during the lockdown due to COVID-19, a tremendous increase in the number of cases of domestic violence was noted in Pakistan (Haider, Tiwana, & Tahir, 2020). The female health workers who make up about 70 percent of the workforce in the world performed their duties efficiently during COVID-19 (Boniol, Mclsaac, Xu, Wuliji, Diallo, & Campbell, 2019). Majority of these are female nurses and are delivering services on the frontline against the virus. In China, 90 percent of paramedic staff is women (Wenham, Smith &Morgan, 2020).

### **Healthcare of Women**

Women in developing countries are more prone to health problems especially where adequate resources and infrastructure is not available. Compared to other fields, women have a higher number of employment in the health sector in Pakistan. Due to the lack of facilities in the health services, they are exposed to infection. Data gathered after the 2014-15 Ebola outbreak in West Africa shows that the major reason for the high female infection rate was the same factor (OECD, 2020). Pakistani society is highly patriarchal having visibly segregated gender roles with differential access to resources of all types exist (Durrant & Sathar 2000). In Pakistan, women are considered lower in marital and household relationships due to which they live a restricted life (Ali, 2020). Because of the rigid social structure, rooted in patriarchy and attribution of clearly defined gender spheres, many member of the female population has to ask for the permission of the male head of the family

like father or husband before a visit to the hospital or a clinic (Bari, 2020) or even to decide the place of her delivery without the will of the husband (Gabrysch, 2009). In a situation where socio-economic inequalities are on the rise, the pandemic will lead to an increase in the existing gender inequalities (World Health Organization, 2020). Pakistan's population is estimated to be 207,862,518 (July 2018), 101,186,679 of these are women whereas only 55% of the women have access to proper healthcare, and just 34% have reported consulting a doctor or a medical professional for treatment (Home Office, 2020). Restrictions on movement during pandemics can increase the chances of women not receiving timely care for COVID-19 (Malik, & Naeem, 2020).

In Pakistan, compared to other professions, the number of women in the health sector is more, though still less than required. In the current pandemic too, these female doctors and nurses are working in hospitals for the treatment of COVID-19 patients and are thus at a risk of exposure to the infection (Javed, Sarwer, Soto, & Mashwani, 2020). Although nurses and paramedical staff play a vital role in patient care, they are not provided with sufficient protective gear which makes them more at risk of being exposed to virus contraction (United Nations, 2020). The COVID-19 pandemic during the lockdown has also affected the reproductive health services due to the poor reproductive health system which even before the outbreak had major weaknesses in terms of availability of required machinery and operational capability. At present almost 66 percent of deliveries i.e. around 300,000 per month take place in hospitals; almost 15 percent of these are expected to pass through complications due to unavailability of prenatal care (UNDP, 2020). The maternity wards in Islamabad and the closing down of gynecology in Lady Reading Hospital (LRH) Peshawar can worsen the already grim situation especially for the poor and needy who cannot afford treatment in private hospitals. The maternity ward of LRH hospital was closed because 29 staff members were tested positive for the virus (Ijaz, 2020).

### **Impact on Women Employment**

The spread of COVID19 has affected the world economy and is in recession for the first time since the financial crisis of 2008. The spread of this pandemic has greatly affected the world economy and workers were asked to stay at home. Due to the lockdown, companies stopped operations and the jobs of thousands of workers were at risk (ILO, 2020). Past experiences of economic and health emergencies point out that Covid-19 will affect men and women in a different way (Rubery & Rafferty, 2013). Because of the local socio-economic situation, women are at a higher risk of losing their jobs (OECD/ILO, 2019). The current Covid-19 pandemic has cast negative impact on almost every working woman: women who came under normal employment; women who were underemployed; and women who worked underpaid.

Women used to teach at home as private tutors, or at private schools, but the recent pandemic has made them lose their jobs because schools were unable to generate any income from the students and private tuitions too stopped. Due to the social distancing parameters, most of the migrant or internally displaced women who worked at people's homes as domestic help have lost their jobs. Since these women earned a livelihood for themselves, they were not registered at any income support of other welfare initiatives. They thus became completely vulnerable during the outbreak. Also, most of them had already been underpaid because of their feeble negotiating positions. Like several other groups of women, these women will bear the brunt of the Corona pandemic (Naz, 2020).

In Pakistan's context, female workers are mostly engaged in the informal sector where they are paid minimum wages (Zohu 2017). This is the sector, which is severely affected by public emergencies. Likewise, Home-based Workers' (HBWs) analysis depicts that presently 12 million HBWs whose average income is between PKR 3,000 to 4,000 each will experience multidimensional uncertainties due to absence of social protection schemes for them, financial insecurity and unprecedented economic vulnerability during the lockdown (Ministry of Human Rights 2020).

## **CONCLUSION**

According to the Pakistan Bureau of Statistics (2019) women constitute 48.03% of the Pakistani population. Women in Pakistan suffer from various socio-economic problems and are not treated equally in different spheres of life. They are not given access to services like health, education, justice and participation in political activities, while men have more access to these services. Due to these disparities their status is low and is considered inferior to men. The spread of COVID-19 compelled the government of Pakistan to impose lockdown in the affected areas which increased the problems of the women who were already suffering due to other socio-cultural restrictions. Due to lockdown the women had to stay at home, especially working women who were working in government and private sectors, and either lost their jobs or had their salaries cut down. Due to stay-at-home the number of cases of domestic violence also increased considerably. Women who were expecting had to pass through difficult times because of the closure of maternal health centers and ban on movement of doctors and female health workers. Consequently chances of complications during pregnancy and delivery also increased resulting in poor health both for the mother and the child. Although men were also restricted to their houses during lock down, women were suffering more as their access to services was subject to the will and permission of their husbands or male head of the house. In order to provide health care facilities, the government as well as nongovernmental organizations need to provide medical care and testing facilities as well as vaccination through mobile teams and lady health visitors so that women's lives can be saved.

**RECOMMENDATIONS**

On the basis of the study it recommended that the government should take measures to minimize women's sufferings. Women already suffer because of the patriarchal structure of the society where they are denied certain basic rights e.g. inheritance of land. As per the teachings of Holy Quran and Hadith of Prophet Muhammad (peace be upon him) every woman is entitled to inherit property but practically they are not given their due share in the property. Implementation of Laws of inheritance is the responsibility of the courts and law enforcing agencies leading women to economic independence and empowerment. The role of religious leaders i.e. The Pesh Imam of the mosques is very important as they can better guide the followers regarding the rights of women according to the Quran and Sunnah (UNICEF, 2021). During the lockdown or compulsory social distancing, it needs to be ensured that children and women are protected from domestic violence (UNODC, 2020). In this regard, free legal aid should be provided to the victims of violence. In order to ensure the reporting of such cases, free toll numbers should be made public so that women can easily communicate their problems to the concerned quarters. Separate cells should be established at the Disaster Management Authority for women's protection during calamities both natural and manmade. In addition national and international civil society organizations should be involved in relief and rehabilitation for women.

A research study conducted by Atif, & Malik, (2020) confirms that during the pandemic people in Pakistan have been affected in terms of morbidity, morality and economic burden, mainly because of lack of access to health facilities during COVID-19. In order to save precious lives, people should be provided health care facilities at the doorstep. As far as the health problems of women are concerned, men have more opportunities to access health facilities as compared to women (Arbab, 2020). According to the World Bank about 50 % women report participating in decisions regarding their own health related issues and nearly a third opined that the decision to allow them to get medical treatment or visit the vaccination centers, is in the hands of their husbands or male head of the house. Educational institutions can also play an important role in creating awareness regarding preventive health care in Pakistan. The subject of preventive health care, especially regarding epidemics should be introduced at educational institutions so that the students both girls and boys, may learn about its causes and impacts on their health as well as on the general public. The current pandemic proved fatal not just to those who contracted it but also to those who survived. Covid 19 increased domestic violence, professional inequalities related to jobs, inequalities in terms of earnings, and resulted in increased insecurity, with the main sufferers being women, who are already enjoying a low status in society. Immediate response from the government is thus urgently needed.

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