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## Psychosocial Impacts of Covid-19 on Society with a special focus on Women and Special Persons: A Literature Review

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### Abstract

*The study aims to explore the impacts of COVID-19 on women and special persons who are the most marginalized sections of the society. In addition, the study examines the effects of pandemic on the psycho-social conditions of the people with the help of published literature including newspapers, research journals, UN reports and other online sources. The study summarizes that this pandemic has added to the existing problems of general public especially women and disabled population in all the affected nations of the world. Due to their weak physical and social status, the number of patients has increased in Pakistan, leading to their increased death ratio. This pandemic has also led to increase in psychological problems resulting in increased number of cases of domestic violence and suicides. In addition, incapability and lack of resources on the part of the government are also contributing factors to the increase in their problems. The study suggests that in order to overcome the problems of this venerable segment of the society, the governments, community and civil society organizations should come forward and protect them in this difficult time.*

**Keywords:** Corona Virus, Covid-19, Women, Disabled, Impacts, Stigma, Psychosocial

### 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 – had reached the level of a worldwide virulent disease (Javaid, & Javaid, 2020). More than 200 countries/regions have reported confirmed COVID-19 cases, as of late February and early March, 2020. As much 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 in view the severity of the pandemic, the WHO asked the governments to take urgent steps to control the spread of COVID-19 (Human Rights Watch, 2020a). It is now

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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 the society including women and disabled. Like other countries of the world, Pakistan has also taken various steps to control the spread of Corona pandemic (Jamal, 2020). These include closing down educational institutions throughout the country from 11th March 2020 onwards. Inter-city and intra-city travel has been banned, while international and domestic flights have also been stopped, whereas businesses and all types of gatherings have been prohibited (Safdar, & Yasmin, 2020). Furthermore, different states/governments have stopped all kinds of festivals including social, cultural, sports events and religious gatherings like Umrah and Hajj so that huge crowds can be avoided (Chakraborty, Maity, 2020). In addition, the government of Pakistan, with the help of Civil Aviation Authority, established screening system to screen every passenger who arrives from China and other infected countries. Although there were some lapses in the screening system but later on the monitoring system was improved (Saqlain, Munir, Ahmed, Tahir, & Kamran, 2020). As there are no vaccines available for the treatment or prevention of COVID-19 disease, therefore countries throughout the world are executing various types of 'social distancing' measures to slow down the spread of this viral disease. The positive aspects of social distancing can be observed in China while comparatively, in Italy social distancing was not observed more strictly (Greenstone, & Nigam, 2020). 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 the society. Due to lockdown 12.3 million to 18.5 million people in various sectors may lose their jobs resulting in economic problems for them.

## **Methodology**

The aim of the paper is to examine the impacts of COVID-19 on the weaker sections of the society including women and disabled population in general and Pakistan in particular. The paper is significant as it will contribute to the researches recently conducted in the field of COVID-19 and will help the policy makers to devise suitable steps to control this pandemic. The research paper is based on the analysis of secondary data and for this purpose research articles and online material were reviewed with the help of internet and newspapers.

### **1. Impacts of COVID-19 and Gender**

COVID-19 has affected every portion of the society. In a developing country like Pakistan, where socio-economic inequalities are on the rise, the COVID-19 will lead to increase in gender inequalities as well (World Health Organization, 2020). In a total

population estimated to be 207,862,518 (July 2018), 101,186,679 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 pandemic can increase the chances of women not receiving timely care for COVID-19 (Malik, & Naeem, 2020). In case of increase in the number of Corona patients, there will be additional burden of domestic chores on women resulting into increased risk of exposure to the virus. In addition, there is a large number of nurses 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 plays 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 (Bari, 2020;(United Nations, 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 mental health professionals who are providing online therapy have also reported that during the lockdown, due to COVID-19, there has been tremendous increase in the number of cases of domestic violence in Pakistan (Haider, Tiwana, & Tahir, 2020). The female health workers who make up about 70 percent of the work force in the world have performed their duties efficiently during COVID-19 (Boniol et al. 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).

## **2. COVID-19 and Disabled Population**

One billion people, or 15% of the world's population, are suffering from some form of disability, and mostly the number of disabled population is higher in the developing countries. Approximately one-fifth of the world population or population between 110 million and 190 million experience disabilities (Bashir, 2020).Persons with Disabilities (PWDs) have fewer opportunities to get health services due to the discriminatory laws and are stigmatized by the society. COVID-19 is an addition to the problems already faced by persons with disabilities especially in under-developed countries where 80 percent of persons with disabilities are living and they lack the capacity to respond to COVID-19(Global Health Security Index. 2019). In addition, during COVID-19 crises, the scarcity of resources, and shortage of medical supplies can add to the worsened mental health issues faced by persons with disabilities (Campbell, Gilyard, Sinclair, Sternberg, & Kailes, 2009). Due to loneliness and physical distancing, there are more chances of heart diseases, dementia and other associated ailments (O'Sullivan & Bourgin, 2010; American Psychological Association, 2020). PWDs who are in institutional care are more at risk as is clear from the number of their deaths in residential care homes and

psychiatric facilities (Armitage, & Nellums, 2020). This weaker section of the society is faced with discrimination in access to livelihood sources, are unable to take part in online education and protection from violence (Kluge, Jakab, Bartovic, D'Anna, & Severoni, 2020). COVID-19 has also affected other social care institutions like rehabilitation centers, day-care institutions and orphanages resulting in increased rates of infections and death. Research studies confirm that the number of deaths in care homes represented from 42 percent to 57 % of all COVID-19 cases in those countries (Comas-Herrera, Zalakaín, Litwin, Hsu, Lane, & Fernández, 2020).

In Pakistan, persons with disabilities face many challenges including lack of equal opportunities, meager health services, lack of job opportunities, stereotyping and attitudinal problems (The Economist Intelligence Unit, 2014). They face discrimination, gender based violence and barring from services and decision-making. These days, as the COVID-19 pandemic is spreading around the world, the vulnerabilities and barriers faced by people with disabilities are on the rise (UNFPA, 2020).

### **3. Social Isolation and Related Social Stigma**

Social isolation as a result of COVID-19 casted a very bad influence on the mental and psychological wellness of the people across the communities (Rajkumar, 2020). This social isolation has led to mental health problems and behavior disorders leading to suicide, self-harm, substance misuse and domestic and child abuse (Courtet, Olié Debien, & Vaiva, 2020). As per reports, due to isolation in COVID-19, 4000 persons were arrested for domestic abuse offences in the United Kingdom since 9<sup>th</sup> of March equating to roughly 100 a day; highlighting the potentially fatal impact of social isolation policies (Alradhawi, Shubber, Sheppard, Ali, 2020).

The WHO refers to social stigma as the undesirable connotation between a group or persons who acquire a specific disease and share some characteristics in the health context. In an epidemic, it may be taken as labeling the people, stereotyping, discriminating against, treating apart from others, and/or experiencing loss of status due to a perceived association with an ailment. Such behavior can adversely affect the ones suffering the conditions, their healthcare providers, families, friends and communities. The present COVID-19 eruption has incited social stigma and prejudiced attitudes towards certain ethnicities and people suspected of contact with the virus (World Health Organization, 2020a).

The stigmatization exists and can be a hurdle for people to seek and access healthcare. Patients who fear the stigma may be hesitant to seek care, others get frightened of the ones believed to be infected, whole communities may face the bias, and many times, the

stigmatization may lead to violence against the stigmatized person and groups (Perry & Donini-Lenhoff, 2010).

The COVID-19 data collected from China, Italy, South Korea, and Iran put forward that the fatality rises with age and people with basic health issues. The social distancing policy for such groups may prove efficient to decrease fatality and the spread but could also increase the chances of stigmatization for the affected. Media coverage is elemental to shape the public opinion and has added to stigmatization in the outbreaks before (Brooks et al., 2020). In Pakistan the people in general are abstaining from getting tested for COVID-19 due to the social stigma (Wahab, 2020). Regarding stigmatization of COVID-19 patients, special assistant to Prime Minister of Pakistan on National Health Services Zafar Mirza discouraged the negative attitude, social stigma and criminalizing people who have been tested positive with COVID-19 (Basharat, 2020).

#### **4. Mental Health Problems and Suicides**

The Corona virus (COVID-19) pandemic has resulted in serious mental-health challenges worldwide (Mamun and Griffiths, 2020a). As observed in the erstwhile epidemics, severe psychological issues like panic, depression, anxiety, fear, stress, adjustment disorder, and trauma etc. have been reported among both the public and medical staff. The suicide rate growth during and after the COVID-19 pandemic is expected. The COVID-19 fright and panic has lead to suicides reported in some South-Asian countries such as India and Bangladesh (Mamun and Griffiths, 2020b). Moreover, one more non-representative study, utilizing only 7 cases, has claimed that worldwide COVID-19 suicide risk factors are: (i) social distancing and isolation, (ii) economic stagnation, (iii) mental problems among healthcare professionals, and (iv) social stigma and discrimination (Mamun, & Ullah, 2020).

Numerous factors contribute to the affected mental health and proper psychosocial functioning: precariousness of the novel disease, unpredictability of the new risks like social distancing, self-isolation, and quarantine, reduced social functioning, interpersonal and interactive issues, prolonging behavioral and emotional ailments, prompting mental health problems, and chances of easily getting affected from traumatic events. In Pakistan, Health care conditions are worsening daily and control over the pandemic will need all-inclusive and broad management to cater to both physical and psychological healthcare states (Mukhtar, 2020). The COVID-19 outbreak could result in numerous mental and psychological issues among the people such as psychological distress, grief, stigmatization, shame, powerlessness, despair, posttraumatic symptoms, panic attacks, substance abuse, anxiety and stress, depression, ambivalence, loneliness, anger, fear, and socioeconomic worries (Mukhtar, 2020).

The Lancet Commission on global mental health and sustainable development, in their message during the pandemic, has revealed that a variety of mental traumas exist from mild, time-limited distresses to more severe mental health conditions. The people, who had a small number of distress and anxiety experiences, may counter arise in number and intensity, where some may develop into regular mental health conditions. While the ones with existing mental health conditions already, may experience a deterioration of their condition and reduced functioning (United Nations, 2020). Research study conducted in Karachi summarizes that 62.5 of the person participate in the study were suffering from anxiety due corona virus diseases (Balkhi, Nasir, Zehra, 2020)

### **Conclusion**

COVID-19 has adversely affected all the aspects of the society throughout the world. The weakest persons or those having weak immune systems due to aging, illness, gender or disability are more prone to this Corona virus. This has resulted in more Corona cases leading them to increased death ratio both in developed world as well as third world countries. In western countries, the care of the old and disabled is the responsibility of the state as they have sufficient resources to do so. While in developing countries like Pakistan, the disabled persons' needs are fulfilled by the state as well as family members and other philanthropic organizations. Due to Corona pandemic the state machinery has come under pressure to fulfil the needs of this vulnerable section of the society. Women who constitute half of the world population are already suffering due to socio-cultural values or lack of facilities from the governments. These women have been confined to their houses during the lockdown due to which cases of domestic violence have increased. In addition, these women cannot access legal aid or access to justice. In such a situation these women and disabled population need attention of the policy makers during and after the Corona pandemic as they lack capacity to fight such epidemics. In addition, it is the moral responsibility of the society to look after such needy people at times of emergency. Due to frequent lock downs and exaggeration by news papers and news channels regarding corona patients, people are suffering from different psychological ailments. As people refrain from visiting psychologist and psychiatrist, therefore the number of such patient are increasing day by day. Moreover, the patients seldom visit hospitals due to fear of stigmatization.

### **Suggestions**

On the basis of the study it is suggested that government and civil society organizations should involve women and disabled population in all the decisions which affect them. During this pandemic, the government should allocate more resources to address the

problems of the already suppressed population; otherwise, these women and disabled can become an easy prey to the Corona virus resulting into more patients and deaths.

In the future planning, welfare of the women and disabled population should be kept on the top of the agenda so that their problems can be solved on sustainable basis. Disabled and women friendly policies should be framed so that they can be facilitated socially, economically and legally.

Social assistance and social insurance should be provided to the disabled and women at times of emergencies. Cash benefits should be provided to them at the earliest as frequent lockdowns, shut down of all businesses has doubled their economic problems.

Healthcare should be provided at the door step through mobile health care units and lady health workers, because visiting government and private hospitals is not advisable during this Corona pandemic.

Counseling sessions should be arranged on what'sapp and other online sources for disables, women and the family members of affected patients. In addition, the patients who have recovered need follow-up visits of social case workers, psychologist and psychiatrist so that they can be adjusted in the society. Tele-medicine can also be helpful for assistance of such patients.

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