Impact of the COVID-19 pandemic on women across different strata in South Asia

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Abstract

The first reports of COVID-19 cases were traced in Wuhan City, China, in late December 2019, post which, the deadly virus rapidly registered itself into the category of pandemics. It has continued to upend lives across the world ever since. “Lockdowns” have ensued, aimed at saving lives by putting the virus on leash, and preventing health systems from being overrun. Such quarantine measures have led to economic depression, leaving millions jobless, befelling deplorably the more vulnerable sections of society, women and girls being the primary unseen targets globally. The socio-economic downturns of the pandemic, such as closure of work places, child day-care facilities, schools, decrease in cross-country migration, and so on, have impacted women across different strata. In this article, we have attempted to collect and collate information related to the impact of the COVID-19 pandemic on women and girls in South Asia. Owing to unavailability of sufficient research literature on the gendered aspect of COVID-19 in South Asia, we present excerpts and case studies from various local sources like newspapers, blogs, online archives, press releases, journal articles, and some statistics of gendered impact of COVID-19 from well-respected sources. Through this article we aim to illuminate the reader about the plight of women in such a distressful time, a matter particularly less-focussed on by the governments in South Asia, at the same time highlight the importance of addressing the alarming issue of staggering gender imbalance in bringing our world back to an equilibrium and achieving the Sustainable Development Goals (SDGs).

Keywords: COVID-19, Pandemic, South Asia, Women, Domestic violence, Joblessness

1. Introduction

The term “pandemic” has been the most searched word since its outbreak in late 2019. What is a pandemic? The World Health Organisation (WHO) defines it as the worldwide spread of a new disease [1]. Plagues and epidemics (the latter by definition implies the spread of a disease in a specific geographical location) have pillaged the existence of humanity since its existence [2], sometimes ending a whole civilisation. History reminds us yet again that we human beings are not new to such deadly occurrences [3,4] – Prehistoric epidemic: Circa 3000 B.C. (China); Plague of Athens: 430 B.C. (affecting 100,000); Antonine Plague: A.D. 165-180 (Roman Empire); Plague of Cyprian: A.D. 250-271 (Egypt, Rome); Plague of Justinian: A.D. 541-542 (bubonic plague, Byzantine Empire - Middle East to Western Europe); The Black Death: 1346-1353 (travelled from Asia to Europe); Cocoliztli epidemic: 1545-1548 (Mexico and Central America); American Plagues: 16th century (brought to the Americas by European explorers); Great Plague of London: 1665-1666 (Great Britain); Great Plague of Marseille: 1720-1723 (France); Russian plague: 1770-1772; Philadelphia yellow fever epidemic: 1793 (United States); Flu pandemic: 1889-1890 (Russia, Europe); American polio epidemic: 1916 (started in New York city, United States); Spanish Flu: 1918-1920 (South Seas to the North Pole, during World war I); Asian Flu: 1957-1958 (China, Singapore, Hong Kong, coastal cities of United States); Smallpox Outbreak: 1972 (brought from Middle East to Former Yugoslavia); HIV/AIDS pandemic and epidemic: 1981-present day (started from West Africa and now spread worldwide, most affected area is the sub-Saharan Africa); SARS: 2003-2004 (Asia and spread across continents) [5]; H1N1 Swine Flu pandemic: 2009-2010 (originated in Mexico and spread across the globe); West African Ebola epidemic: 2014-2016 (West Africa and small numbers in Europe, U.S., Mali, Nigeria); Zika Virus epidemic: 2015-present day (South America and Central America). All these previous pandemics have illustrated the challenges associated with a rapidly spreading, highly contagious illness in a modern world.

In the wake of the past pandemics and their deleterious effects on humankind, the World Health Organization (WHO) has maintained a R&D Blueprint [6] (since 2016) which is a preparedness plan to rapidly activate research and development activities when an epidemic hits the planet. As a part of this blueprint, WHO feeds updates into the list of so-called identified priority diseases, such as Ebola and Marburg virus diseases, Lassa fever, Middle East Respiratory Syndrome CoronaVirus (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS), Nipah and Henipa virus diseases, Zika, and others.

The most recent and ongoing novel human Corona Virus Disease, COVID-19, has become the fifth documented pandemic since the 1918 flu pandemic [7]. The first report of COVID-19 was in Wuhan, China, in December 2019, hence the name COVID-19. The disease has been spreading worldwide since then, except in Antarctica. Based on phylogenetic analysis, the International Committee on Taxonomy of Viruses named the coronavirus responsible for this disease as *Severe Acute Respiratory Syndrome Corona Virus 2* (SARS-CoV-2) [8,7]. This is a highly contagious virus, which has spilled over from animals to humans, spreading rapidly and evolving continuously in humans [7] as we speak of it.

Normal life across the globe has been disrupted due to the COVID-19 pandemic. The “stay-at-home” order was advocated across the globe as a way to tackle the pandemic and as an attempt to save the lives of the living. As like any other pandemic, such restrictive orders work very well to brutally control the spread of the disease, and are a boon in that aspect. However, they ensue socio-economic, cultural and political pitfalls. The abrupt lockdowns since the beginning of 2020, have resulted in such consequences and have adversely challenged certain disadvantaged categories of individuals across Asia, Africa, Europe, America and parts of Pacific.

In South Asia, the governments implemented immediate lockdowns as early as March 2020, bringing moving life to a halt. Lockdowns are a necessary measure to slow the spread of the disease and hence, save as many lives as possible [9]. South Asia is a densely populated region [10] and has limited capacity of the health sector to handle such a large-scale pandemic, hence the reason for the urgency of the lockdowns. Everyone has been impacted directly or indirectly by the COVID-19 pandemic with multiple implications. The pandemic has not only caused economic and social disruption but has halted the progress of millions of people in South Asia due to prolonged lockdowns and inadequate government support. Right at the time when the Southern Asian countries like India were ascending in economy globally, and catching up with the other big economic giants across the world, the pandemic hit and stopped their ascent, forcing the countries' economies to curl back. What the future post-pandemic beholds is still a question to be answered!

Population across the globe can be classified based on age (old-young, children-adults) and sex (male, female, lesbian-gay-bisexual-transgender-queer (LGBTQ)). In the category of sex, where the majority are males and females, statistical data collected by the United Nations in partnership with their regional and local country authorities, reveal that across the globe, the impacts of the lockdown are not gender-neutral, which in turn will influence eleven of the Sustainable Development Goals (SDGs) envisioned by the United Nations (UN), especially in Asia [11] (Table 1). The UN states that "COVID-19 is putting the achievement of 2030 Agenda at stake in Asia and the Pacific region, especially for women and girls" [11]. Among the population women are more vulnerable from both health and economic perspective.

In this review article, we present a brief overview of the limited literature and information available in the times of current and past pandemics for South Asia with respect to its overall cultural and socio-economic situation. The review illustrates the patterns related to the impact on women across different strata during and due to the COVID-19 pandemic as a result of the imposed lockdown. The discussion focuses on how the pandemic is already exerting adverse social, psychological, emotional and economic effects on women. The consequences of the lockdown and the measures taken by the governments to tackle the issues during the pandemic are also highlighted.

Table 1. Gendered impacts of lockdown during COVID-19 in various spheres in Southern Asia and Pacific, on the 11 Sustainable Development Goals (SDGs) of the United Nations [11].

SDG number	SDG category	Type of effect	% population affected in the respective category by sex	
			Male	Female
1	No poverty	Decrease in income from savings, investments and properties	58	61
		Decrease in remittances received, a particularly relevant source of income for the poor	61	66
2	Zero hunger	Food security at stake and drop in subsistence farmers food production	52	58
		Shrinking income from fishing and farming	57	66
3	Good health and well-being	Mental health crisis	58	66
		Experience longer wait times to be able to see a doctor	56	60
4	Quality education	Closure of schools prompting parents and care-givers to spend more time teaching children	53	59
5	Gender equality	Experienced increase in time spent on unpaid domestic work, considered as an essential service	59	63
		Saw time increases in at least three unpaid domestic work activities	14	27
		Percentage of daughters (female) or sons (male) who help more at home during lockdown, as noted by their parents	57	67
6	Clean water and sanitation	Spend more time collecting firewood and fetching water	25	27
7	Affordable and clean energy	-	-	-
8	Decent work and economic growth	Work less hours in formal employment	35	50
9	Industry, innovation and infrastructure	Loss of access to public transit	65	64
10	Reduced inequalities	Intra-country migration due to job loss, safety concerns and care responsibilities	12	9

11	Sustainable cities and communities	Health routines of city dwellers affected	46	71
		Health routines of non-city dwellers affected	68	69
12	Responsible consumption and production	-		
13	Climate action	Drop in workforce in climate-sensitive sectors such as tourism	-	98% drop, out of the 54% women who make up the tourism workforce
14	Life below water	-	-	-
15	Life on land	-	-	-
16	Peace, justice and strong institutions	Suspension of Civil Society Organisations (CSOs) working on eliminating violence against women due to lockdown – 12% completely and 71% partially		
17	Partnerships for the goals	Private sector plays an essential role in achieving the SDGs. This was evidenced by the successful partnership of the UN Women with state actors and 12 mobile network operators to monitor and measure the gendered consequences of COVID-19		

2. South Asia's women population and their employment position

According to the population statistics report from the United Nations (UN), the number of males and females in the South Asian countries have been roughly equal when monitored over 5 years (years 2015-2020), except in Maldives, where the number of males has increased over that of females (Fig 1). It is particularly alarming that the number of males is ascending to be double that of females in Maldives. This gender imbalance in population can lead to serious consequences on the world's economy and sustainable development from different perspectives, like diversity in opinion and creativity between the two genders.

Fig 1. Estimates of number of males per 100 females in South Asian countries as of the calendar years 2015 and 2020 (Source of data: United Nations, Department of Economic and Social Affairs, Population Division (2019). World Population Prospects 2019, Online Edition. Rev. 1.).

Despite the almost equal number of males and females in Sothern Asia (except Maldives), the distribution of employment among the two genders is severely skewed (Fig 2) except in Nepal where the number of employed women exceeds men. Such gender-bias in South Asia has firmly stood for decades. Although the contribution of women to economy is invisible to a certain extent globally, it is particularly shrouded in South Asia due to historical, cultural and traditional reasons. A large section of women in this region undertake unpaid care work which is disregarded when statistics of women's work are drawn up in national accounts [12]. A large amount of debate exists internationally whether to include such kinds of unpaid labour in economy [12]. The direct effect of such indifference towards the female gender by national governments poses serious threats on the women's economic and psychological stability as well as social security, especially during international emergencies, like the pandemics, as will become evident in subsequent discussion in this review. On the bright side, in the recent International Conference on Labour Statisticians (ICLS) in November 2020, a joint report by ILO and Data2X [13] (a United Nations organisation and resource centre for collecting gender based data) delineated the importance of taking into consideration unpaid work like cooking, cleaning, subsistence farming and caretaking, and chalked out a plan for more concrete categorising of labour statistics, in order to facilitate the governments for better planning of programs and policies for women's economic empowerment and better livelihoods.[14] In the words of the famous economist, politician and torch-bearer of human development in South Asia, Mahbub ul Haq [15], *"Human development, if not engendered, is fatally endangered"* [12].

Fig 2. International Labour Organisation (ILO) modelled annual estimates of number of people employed (thousands) by sex in the countries of South Asia for the year 2019 [16].

Among the various principal sectors of employment as delineated by the ILO (namely employees, employers, own-account workers and contributing family workers) [16] the only sector where females exceed males in South Asia is as contributing family workers, as displayed in Fig 3.

Fig 3. The International Labour Organisation (ILO) modelled annual estimates of number of people employed (thousands) by sex in South Asia, classified in terms of employment status, for the year 2019 [16].

It raises the question of the dire economic and social instability faced by South Asian women, given that a huge majority of them do not have any financial security of their own. Such situations become even worse during large scale disasters such as pandemics, as history has proven again and again, given that the female gender is among the first ones to be hit by such disasters from socio-economic and patriarchal points of view.

The currently ongoing pandemic is a live example of how women belonging to different strata of society have been adversely affected, much more than men, the effects being financial or psychological. This includes traditionally employed women entrepreneurs, women employed as domestic help in cities, migrant workers, workers at construction sites and those working in call centres, workers in the handicraft and retail units as well as women scientists. A recent article by reporter Namita Bhandare in December 2020, in an Indian newspaper, Business Standard, pointed out that the one thing these women share in common is that they have all lost their

work or jobs, or are working reduced hours due to increased load from house-care, and are therefore struggling to survive [17]. Women entrepreneurs in South Asia are strikingly low, as revealed by the ILO statistics based on the SDG indicator 5 (Table 1), in January 2021, on the number of females employed in managerial positions in South Asia during the years 2010-2019 [18] (Fig 4, Table 2).

Table 2. International Labour Organisation (ILO) modelled annual estimates of the percentage of females employed in managerial positions in South Asia in 2019. (P.S. The data in this table are not available for all the years due to unavailability of data from national statistical sources). [18]

Country	Calendar Year									
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Afghanistan					6.37			4.05		
Bangladesh	14.75			13.18				10.74		
Bhutan				16.97	16.46	18.48				
India	12.23		12.89						13.67	14.62
Iran (Islamic Republic of)							17.30	19.06	20.48	
Maldives							19.58			
Nepal								13.17		
Pakistan	3.33	3.30		3.02	4.15	2.87	2.87		4.93	
Srilanka	25.49	23.15	28.42	29.06	24.80	28.37	28.37	27.58	25.97

Fig 4. A qualitative picture displaying the percentage of females employed in managerial positions in South Asia in the decade 2010-2019 as obtained from the data source of modelled annual estimates of International Labour Organisation (ILO). The area of the blocks in the figure are directly proportional to the percentage (Please note: The data in this table are not available for all the years due to unavailability of data from national statistical sources).[18]

Among the South Asian countries, Sri Lanka has the highest number of women in managerial positions, Pakistan and Afghanistan being at the bottom of the list (Table 2).

The tribulations faced by women in informal employment and domestic care are however, undiscussed in government planning, hence unheard of.

3. Impact of the pandemic on women

In the following sections, we have classified and discussed the effects on women during COVID-19 based on different employment categories (formal and informal), nationally non-registered labour and psychosocial impacts.

3.1. Migrant women workers

Labour migration is a critical means of economic survival for South Asia, especially in the countries India, Sri Lanka, Nepal and Bangladesh. Female labour migration is lower than male migration in most of the South Asian countries, except Sri Lanka. Pakistan and Afghanistan have the lowest number of female labour migrants due to restrictive practices on the female gender. A recent report entailing a speculative reflection on the impacts of COVID-19 on the labour migration and mobility of young women and girls in South-east Asia and Pacific was published by the International Organization for Migration (IOM), a part of United Nations (UN) Migration agency [19]. The report re-evaluates the hard-hit effects of the ongoing pandemic on the migration aspect of the female gender, the latter reported in 2019 under the research project of IOM, headlined “*Supporting Brighter Futures: Young Women and Girls and Labour Migration in South-East Asia and the Pacific*”. The report highlights that 60-70% of overseas workers from Philippines and Indonesia are women from poor, rural backgrounds. Hence, the pandemic will not only affect the families of such workers, but will also hamper at a macro level, the pursuit of Sustainable Development Goals (SDGs).[20] It also brings forth the dismal reality of gender inequality that prevents women from acquiring good education and employment opportunities, to be the underlying cause of human trafficking in South-East Asia, directing women into “low-skill, low-paying, and precarious work”, hence making them more vulnerable to exploitation.

The sudden lockdown in India on 24th March 2020 brought with it the uncalled-for adverse effect on informally employed population, especially inter-state migrant workers who migrate within India from their homes, predominantly in rural areas, to urban cities in search of jobs for livelihood. The abrupt lockdown aroused restlessness in confounded migrant workers to return to their homes after they found themselves stranded in urban India with no means of survival.[17] Big cities like Delhi, Haryana, Mumbai, and others, saw a surge of migrants flocking in transportation junctions like train and bus stations, unavoidably defying all social-distancing measures imposed by the government. India is home to 40 million migrant labourers across the country,[21] who move from villages to cities to work as vehicle drivers, gardeners, domestic helpers, daily-wagers on construction sites, malls, flyovers and individual homes as well as street vendors. Kalibai Ahirwal, one such migrant working woman working in the informal sector of agriculture, said to a news reporter in April 2020, “This is the time we grow food for the whole year. The government will feed us for two-three months, but what will happen after that?”.[21] Another singular story was about a 12 year old girl who died because of walking a distance of 150 km for three days, aiming to go from the southern state of Telangana to her home in the Chhattisgarh state in Central India. She was 14 km from home when she died.[21] A survey by Azeez et al.[22] based on interviews with 19 migrant women, all of whom were working as house-maids in many different houses, and who had migrated to the states

of Delhi and Gurugram some years ago and were living there then, shed light on the status of those women due to the COVID-19 lockdown: 1) most of them lived on daily earnings, and were rusticated from their jobs as soon as the lockdown was imposed, to minimize the spread of infection, the sources of income for their *livelihoods* being snatched away due to COVID-19; 2) they were unable to pay rent for their homes, forcing them to borrow money from money-lenders and loan from banks. They fear that they will not be able to pay the borrowed money back in several months to come. This shows the aspect of *economic uncertainty* and *fear* instilled in these migrant women; 3) some of the interviewees were using menstrual sanitary pads before the lockdown; however, they were forced to switch to using cloths since the lockdown started, because they did not have money enough to even feed their families, let alone buying sanitary pads. This shows how the *hygiene* of women has been *compromised* due to COVID-19; 4) *scarcity of food* was expressed by all, leading to *compromise with health*; 4) the affected had to cut down on electricity usage, hence not being able to charge their mobile phones. This of course resulted in their *lack of access to information through digital means* as well as *loss in contact with their families* living in their rural hometowns. 5) a woman complained about having *no source of recreation* at home, let alone socialising with other people outside her home. She said they had a television, but it was not charged for the last two months. All she has to do is take care of her children and her husband while spending all day at home. It shows the sense of *boredom* which has engulfed women while they are forced to not socialise, the latter being further aggravated by the existing gendered inequalities; 6) most of the women mentioned about limited access to essential resources like *toilets*, which are already *scarce*. One of the interviewees lives in a slum which has only one toilet at the end of the slum area. She normally uses open space instead of the toilet. However, due to lockdown, men are always walking in these open spaces, so she is forced to use the toilet. The latter is over-crowded since everyone is at home, and is therefore inaccessible most of the times, in addition to being unhygienic and dirty. This shows the *lack of access to daily resources* and *lack of hygiene*. It also poses additional *mental stress on women in particular*, since they are restricted to having to use these resources, while men continue to use open spaces for their essential daily activities. All the women shared their feelings of *fear of being abused* while they walked to and from these resources; 7) all the workers *do not have computers* and only some have mobile phones. Hence, their children, who were previously going to school but no longer due to lockdown, are unable to study anymore, due to *lack of online access to educational material*. This shows the *declining effect on education of children and youth*, especially in such marginalized sections of the society, due to the pandemic; 8) difficulty in maintaining social distancing was expressed. This is due to the fact the homes are cluttered very close to each other, and almost all homes have just one room. Hence, the *fear of the spread of the virus even if one person in the slum got infected* was surmount, given that none of them has the financial means to be diagnosed by a doctor; 9) all the interviewees mentioned that they *did not have the required legal documents* to avail *social security* benefits from the government. In India, every state has its own social security schemes, the legal procedures to obtain which are humongous, especially for non-residents of the states. As a result, migrants, who find it overwhelming to drive through this process and who obviously do not have the finances to hire lawyers, end up leading their lives without them. Fate leaves such people even more helpless, when national and international disasters like pandemics befall them. The government of India has been trying its best to set up and provide as many and as much as possible, shelters and food, for migrants; it has disbursed health officials for regular check-up on them regarding COVID-19 symptoms. The number of migrants however exceeds way beyond the amount of aid provided. Most of them are still struggling from starvation and lack of shelter. Most of the deaths in India have occurred due to starvation

and lack of access to healthcare over COVID-19, ever since COVID-19 has commenced. Even though most of the problems listed above seem to affect both the genders, the implications on the female gender are much worse and they are the ones affected much more socio-economically, psychologically, culturally and physiologically.

According to a report by United Nations Women (UN Women) around 700,000 workers migrated from Bangladesh to overseas countries through the Bureau of Manpower Employment and Training (BMET), around 100,000 of them being women.[23] Ever since the countries around the world have implemented lockdown measures to prevent the spread of COVID-19, these migrant women have had to return to their homes in Bangladesh with no income or financial security. Furthermore, some of them have had to face the stigma in the society that they have brought the virus from overseas to this country. Therefore, they are isolated from their society and family even if they do not have the virus. A recent online report in the local Bangladeshi newspaper “Prothom Alo” on the 5th September 2020, informed the launch of a project by the collaborative support of UN Women Bangladesh, Unilever Bangladesh and Ministry of Expatriates’ Welfare and Overseas Employment (MoEW & OE) to help the returnee women migrants by providing them food, personal health and hygiene kits, and skill development opportunity.[24] This project was launched on 5th September 2020, and is being implemented by two NGO women’s rights organisations, Bangladesh Nari Sramik Kendra (BNSK) and Badabon Sangho, in ten districts of Bangladesh. At the launching event, the MoEW & OE secretary said that “Bangladesh has made great advancement in women empowerment than many other countries and collaboration with all these sectors can take this forward”. The report said that around 30 returnee migrant women in Manikganj would receive sewing machines and skills training to produce masks for their community which would in turn support their livelihood.[24]

According to ILO’s reports on labour migration in Nepal, around 4 million labour permits were issued to workers from Nepal in the last decade, with the volume of remittance reaching 8.79 billion in the fiscal year 2018/2019, which accounted for 28% GDP for that year alone. Labour migration has been referred to as one of the “key features” of the economy of Nepal.[25] Women migrant workers, except the ones who have migrated to India and the ones migrating without receiving labour permits from the Department of Foreign Employment (DoFE), contribute 8.5% to the total number of labourers migrating from Nepal overseas. The National Labour Force survey (NLFS) reveals that out of 700,000 internal migrant workers in Nepal, 13% are women.[25] Surveys conducted by the teams of ILO in consultation with civil society organisations, trade unions and Nepal Association of Foreign Employment Agencies (NAFEA) in April 2020, summarised various socio-economic downturns for the migrant workers, in addition to the discrimination they faced in the destination countries with respect to information and provisions of healthcare amid the COVID-19 crisis. Some small factories in countries of destination continued their operation even during lockdowns, forcing the migrant labourers to work on reduced pay for long hours, depriving them of their labour rights. The Government of Nepal (GoN), however, took initiatives to help such migrant workers in crisis. For example, the GoN started the process of repatriation of migrant workers in May 2020, priority being given to those who need it the most, like pregnant women.[26]

Around 200,000 female Sri Lankans migrated abroad for jobs in the year 2019 [27], the Gulf countries being their most preferred destination (85% migrants headed to the Middle East in 2019).[28] Sri Lanka is the only country in South Asia where the female outnumber males in labour migration. Sri Lanka receives US \$7 billion in remittances from migrant workers, especially from Middle East. Most of them are women who are employed as domestic workers and caregivers. A newspaper quoted a migrant Sri Lankan woman stranded in the Middle-East,

saying that the initiative to find and treat COVID-19 for migrant workers was not that strong in her destination country, compared to Sri Lanka, and that she was sad to see so many of her fellow workers dying because of that.[28] The government of Sri Lanka has been repatriating the migrant workers for about 4 months now, but fails to provide adequate socio-economic and psychosocial support for re-integration, as pointed out by Dr. Bilesha Weeraratne, the Head of Migration and Urbanisation Research at the Institute of Policy Studies (IPS) of Sri Lanka, during a webinar hosted by Canada Excellence Research Chair (CERC) in Migration and Integration at Ryerson University, Canada, on 21st January 2021[29]. Despite these repatriations and decline in rate of migration in the year 2020, remittances to Sri Lanka increased by 3.9% in the period January 2020 to November 2020, as compared to the year before. According to a recent report by IPS, migrants who were permanently settled abroad were more secure in their jobs during the pandemic [27].

COVID-19 has amplified gendered inequalities due to the lack of income and blocked intra- and inter-country migration. Women will be forced back into the pre-existing gendered norms of care-givers at home, that have been challenged by empowering females through labour migration. Another dimension of migrant females in low- and middle-income countries in the Asia-Pacific region entails paid care workers, for example, domestic workers, child-caretakers, nurses and doctors [30]. Loss of jobs might lead to appointment of males to these roles post-COVID, leading to de-feminization and possibly masculinization in these sectors. Statistics also reveal that 70% of global healthcare workers in the frontline of the pandemic are women, most of them being migrants.

3.2. Women entrepreneurs

In a webinar conducted by World Bank on 29th January 2021 on the topic “Pivoting in a Pandemic: Women Entrepreneurs Tap Regional Opportunities”, it was pointed out that South Asia has the world’s lowest number of women entrepreneurs, with merely 18% of small, medium and large businesses owned by women.[31] However, closing the gender gaps in entrepreneurship can potentially lead to an addition 25% growth in economy. As an example, according to International Finance Corporation (IFC), small and medium sized enterprises (SMEs) constitute about 45% of Sri Lanka’s economy.[32] Women’s ownership of SMEs, however is only 25%. It also informed the result of its survey on impact of COVID-19 on SMEs that the effects on women-owned (WSME) and men-owned (MSME) SMEs were marginal. However, WSMEs were less likely to give staff leave with or without pay, or reduce their salaries. WSMEs were also seen to seek, unlike MSMEs, financial funding from friends or family, over formal financial institutions, in order to overcome the financial challenges their enterprises were facing due to COVID-19. WSMEs were found to be less likely in resorting to digital channel(s) to continue running their businesses since COVID-19 hit, however, the ones who did, faced fewer challenges in using them and reported sales which were higher than MSMEs. Women-led businesses were overall smaller than MSMEs, therefore the former did not have to rely on taking large amount of loans from formal loan-giving sources like banks, to keep their businesses running. *E-commerce* has served as a boon, especially for women entrepreneurs, who can grow their businesses by working from home and get connected to new supply chains remotely, the latter having increased during COVID-19. United Nations Economic and Social Commission for Asia and Pacific (UNESCAP) along with Enhanced Integration Framework (EIF), Geneva, are helping women entrepreneurs in South Asia gain IT skills to help them promote their own businesses successfully.[33]

A women-run organization called “Bavar” or “Belief”, which was founded in Tehran, Iran, in 2016 for women to earn some money by making handicrafts, using donated sewing machines, has started making and selling face masks made from ply-cloth after their handicraft business was hit hard by COVID-19 [34].

3.3. Women workers in the garment industry

The garment sector in Asia has been hit hard due to the COVID-19 crisis. This is due to the decline in retail sales in the domestic and foreign consumer markets and hence, the collapse of the global garment trade because of the imposed lockdowns. According to the International Labour Organization (ILO) women workers in Asia-Pacific region account for 80% of the workforce in garment industry which has been severely affected due to the COVID-19 pandemic. Therefore, this impact disproportionately affects women, snatching away their livelihoods. It is further exacerbated by the long-standing gender-biased issues of discrimination against and harassment of women, unpaid care and family obligations for women, and so on [35]. As India went into lockdown due to pandemic, garment industries declared closure of creches, leaving many working mothers in dilemma and anxiety of leaving their children at home, hoping that the children would be safe while they went to work. Some had to quit their jobs abruptly, while the others were either underpaid or not paid for their work, hence depriving them of labour rights [36]. Though governments in the region have provided support to the workers and enterprises, it is difficult to predict yet if the efforts will be enough. Further, the garment industry has made efforts for a global *Call to Action* by involving the garment supply chain stakeholders with an aim to support factories and workers.

3.4. Women workers in small, formally unregistered businesses

A rapid socioeconomic assessment by the United Nations environment programme “EmPower – Women for Climate Resilient Societies”, of the impact of COVID-19 on women in the countries Bangladesh, Cambodia and Vietnam of the Asia-Pacific region revealed that a large majority of women work in small businesses which are not formally registered (Vietnam: 90%, Bangladesh: 95%, Cambodia: 85%) [37]. This has led to the unavailability of social and economic support from their governments, especially during critical times like COVID-19 when their businesses have suffered great losses or have come completely to a halt. The colossal role played by women in the sector has been uncovered due to the negative impact of the crisis on women. The International Monetary Fund has estimated that to meet the basic needs of workers for ~ 2 months, governments face a formidable task of spending 2-5 percent of annual GDP. Hence, special efforts need to be made by governments to support women in this sector. Governments could do so by providing social security to this sector.

3.5. Domestic violence

Besides the hard-hit economic effects of COVID-19 all over the world, the biggest and most concerning issue at hand is the unsurpassed increase in domestic violence against women.[38] Evidences from the past reveal that when human beings are faced with natural disasters or other extreme events, the rates of domestic or interpersonal violence (DV) increase.[39] The reasons underlying this correlation can be viewed from many different contexts – economic recession, limited space confinement, poverty, stress, and so on. According to the British Broadcasting Channel (BBC), the hashtag “Anti Domestic Violence During Epidemic” went viral on the Chinese social media platform, Sina Weibo, when the COVID-19 pandemic hit China in January 2020 [40]. After the sudden lockdown in India in early April 2020, the number of DV distress calls to the National Commission for Women (NCW) increased two-fold [41]. Due to the existing norms of the male being the “bread-provider” to his family, especially in Southern Asian countries like India and Bangladesh, loss in jobs and livelihoods of men leads to mental stress in them which is then perpetrated onto the more vulnerable members of the family – women and

children. The situation is worsened if the woman is employed and the man unemployed. This hurts the “honour” of the male counterpart, who vents out this kind of emotion by abusing his partner sexually, mentally and physically. Another harsh aspect of such “honour” related issue which is widespread in the Islamic Republic of Iran is the so-called “honour killing”.[42] This particular form of femicide is performed by a member or members of a woman’s family if they do not consent to her social and/or sexual behaviour.[43] Although there is no quantitative evidence to the reasons behind this behaviour, empirical analyses put the blame on poor socio-economic status, illiteracy, poverty, and rapid modernisation.[43] In fact, this type of action also finds its roots in the patriarchal law of Iran, which gives the husband of the woman, the legal right to kill her if he sees her engaging in sexual activity with another man and that the latter is with her consent.[43,42] Given that COVID-19 has brought millions of businesses to a halt and numerous people have lost their jobs, such kinds of DV are bound to happen. The governments of every country prone to such DV should therefore take measures to protect women and children, not only during COVID-19, but also chalk out plans for its prevention during the recovery phase from the pandemic.

Afghanistan is one of the many countries where women and girls face the wrathful effects of COVID-19 through DV. In this country women have already been disproportionately affected by four decades of war, poverty, illiteracy and lack of security. According to the United Nations Fund for Population Activities (UNFPA), 87% of Afghan women experience domestic violence in some form – physical, sexual or psychological [44]. Such violence and gendered conflicts are usually resolved *via* traditional and informal local gatherings such as “Shura”[45] and “Jirga”[46]. The lockdown due to COVID-19 has prevented such gatherings, leading to unresolved conflicts, hence increasing tension within households. The pre-existing gender-biased social norms prevent women from taking up health-care worker roles. According to the United Nations Organisation for the Coordination of Humanitarian Affairs (UNOCHA), among the Afghan women, only 15% are nurses and 2% doctors [47]. This, along with the social gender norms, has resulted in the testing of women for COVID-19 a lower priority, hence lesser access to health-care. Women also hesitate to be tested by male nurses and doctors, due to the deep-rooted cultural differences across the two genders. COVID-19 testing in Afghanistan is being performed only in central cities, which makes it more difficult for people, especially single women, living further away to travel to these testing spots, depriving them of the necessary health-care. The practice of “Mahram”[48], in which a male who is the *mahram* to a woman, only can escort the woman when she steps her foot out of the house, without whom the woman is prohibited to leave home. This tradition further holds back the females in the families from going to the healthcare centres. Another appalling fact is that most of the women in Afghanistan are widows, a consequence of the 40 years long war. Hence, they are the only bread-earners in their families. Most of them have informal jobs and jobs which are not registered with the government. Therefore, the decrease in earnings due to COVID-19 has affected such widows drastically. Another deleterious effect of the lockdown and loss in jobs due to COVID-19 is the increasing rate of child marriages. Since the families are losing their source of income and livelihoods, the elders marry off their daughters at an early age in exchange of dowry money, which they consider as the only source of survival in such hard times. A very important point to consider in these COVID-19 times is the fact that in Afghanistan and most of the other Southern Asian countries, the man is considered the primary bread-earner of the family. Women mostly take up the roles of housemakers and domestic care-providers. Since medical and statistical evidences have confirmed that the virus which is the cause of this pandemic affects males primarily, most of the deaths which have been from the sole effect of this deadly virus, are of males. This will skew the

gendered aspect of population, leading to increase in the number of females. It will put women on the frontline for becoming the primary earners of income for their families post-COVID, as opposed to the scenario pre-COVID. The governments of countries need to prepare themselves for such outcomes and devise plans to train, educate and employ women, who will have to take up various employment roles in order to survive and re-build their countries' economies. United Nations International Children's Emergency Fund (UNICEF) quickly realized as the pandemic hit various male-dominated countries like Afghanistan, that lockdown measures would block all access routes to reaching out to women and children in various households, especially rural. Therefore, they partnered up with local women's organisations. For example in Afghanistan,[49] they joined forces with Voice of Women Organisation (VWO)[50] and Women Activities and Social Services Organisation (WASSO)[51]. In this way, they could reach out to women in need even during the lockdown. A seemingly inconspicuous, yet very important and unavoidable reality for women is their menstrual cycle, which of course does not go into lockdown, with the countries going into lockdown during pandemics like COVID-19 and other epidemics and natural disasters. The latter make it very difficult for women, especially in rural areas, from obtaining adequate products for hygiene during their menstrual cycles. Therefore, it becomes critical for the governments and other responsible organisations during such times to pay heed to such needs of women, in order to prevent other simultaneous disease outbreaks due to poor hygiene. In this context, Ms. Kamanga-Njikho from UNICEF-Afghanistan reported that her unit partnered up with the local women's organisations to provide sanitary products to women even during the lockdown.[49]

Studies on the alterations in behaviour of human beings during epidemics and natural disasters form a critical component of efforts to overcome the deleterious effects and regain the socio-economic and cultural stability in across the human population. Such a case study on behavioural insights into COVID-19 in Pakistan was conducted by Mr. Luqman Hakeem, who otherwise does qualitative research on the acceptance of vaccine among religious and community leaders in the Lakki Marwat district of Pakistan. This study was initiated by Ms. Deepa Pokharel, UNICEF Pakistan's Chief of Communications Development, who contacted Luqman, along with two of his researcher colleagues, to conduct this study in order to collect information for her organisation's COVID-19 Risk Communications and Community Engagement team (RCCE).[52] Luqman and co-workers smartly decided to appoint female staff to interact with Pakistani women and collect data. This move provided critical insights from a gender-based angle, which would have been impossible to obtain otherwise. The interactions and data analyses revealed the following: 1) women could have information on COVID-19 only through men in their households, 2) women and girls had the over-pressure of caring for the COVID-19 inflicted people in their families, since most of them were apprehensive of seeking health-care from government agencies or other voluntary COVID-19 testing booths in the country, 3) women and girls who tested positive for COVID-19 often faced suspicion from the rest of the family members, such as, how could she contract the virus despite being at home all the time, 4) closure of schools automatically put the burden on mothers and other women in the families, who had to home-school the children. In these cases, women found themselves inadequate because they had to familiarize the kids with various digital learning platforms, which they themselves were not familiar with, 5) women in particular, faced increased amount of domestic violence due to the lockdown.

In Bangladesh [53-55], a local organization on human rights in Bangladesh, called "Manusher Jonno Foundation" (MJF) [56], which bears a consultative status with the Economic and Social Council of the United Nations (ECOSOC) since 2017, and which obtains funds[57] from Foreign Commonwealth and Development

Office [58], Swedish International Development Agencies [59], Danish Institute of Human Rights [60], Global Affairs Canada [61], Swiss Agency for Development and Cooperation [62], Women without Borders [63], Porticus [64] and Acumen [65], jumped into action immediately after the first lockdown was imposed on 26th March 2020. They set up the project named “Excluded People’s Rights (EPR)” [66], which covers the groups of people who are not considered of immediate concern by the government, but are otherwise more vulnerable, like women and children. MJF released the first statistics on domestic violence in May 2020 – 4249 women and 456 children had become victims of domestic violence during the lockdown period just in the month of April. Among them 1672 women and 424 children faced such violence for the first time in their lives. Child abuse by family and relatives had gone up to 92 percent during the lockdown. These startling numbers were collected by telephonic conversations with women and children, conducted by the aforesaid foundation, in partnership with 24 other Non-Governmental Organisations (NGOs) in 27 districts, where they covered four city corporations and 602 villages. Since then, such organisations are helping such vulnerable sections of the society with legal aid, healthcare services, awareness programs, food distribution, and are also trying to help the remaining population from being victims of such abuse. MJF is also working on preventing child marriages, another social vice of grievous concern, especially during such pandemics. Due to domestic violence, many women have left homes; however, their vulnerability to abuse does not stop there. They are still prone to maltreatment, be it physical, psychological or sexual, outside their homes. In light of this, MJF appealed the government to increase shelters for these victims of abuse. They also reported that they have suggested the establishment of a virtual court through an Ordinance by the Honourable President of Bangladesh, in order to incur punishment on the perpetrators of such abuse [56]. The partners of MJF have also developed resources to help out people with special needs and disability. For example, using the Digitally Accessible Information System COVID-19, information was developed for blind people, and distributed through e-mail to 250 blind persons as of June 2020 [66]. As gratifying as it seems, the NGOs have faced their own set of hurdles to perform such benevolent tasks as mentioned earlier [66]. Extracting information about the status of women and children by conversations over telephone proved to be difficult, as the respondents hesitated to talk about their situation in front of other family members. This obstacle was overcome by trained staff in the NGOs who pursued the respondents to speak up in a manner which would not put their lives in further jeopardy. Law enforcement officials showed less interest in such victims of abuse, as they were dealing with the more pressing issue of isolating COVID-19 inflicted patients. The fact that women are lagging behind in the use of smartphones and social media also hampered MJF and partner NGOs from bringing justice to all. This particular aspect should be seriously considered, and proper digital literacy programs should be initiated by the government to educate women and girls in using technology to reach out and increase self-awareness.

3.6. Psychosocial functioning and health of women

Due to increased domestic and care-giving pressures at home, in addition to home-schooling their children, as an effect of multiple lockdown phases during COVID-19, women are starting to develop mental stress and anxiety. The reduced social life acts as a contributing factor to this psychological effect. Medical experts have found out by empirical analyses on patients that COVID-19 can also have impact on the psychosocial functioning of women who are in peripartum phase – the post-pregnancy period where women undergo substantial hormonal changes. This can in turn affect the foetal developments adversely, hence requiring neonatal care of the new-born child.[67]

3.7. Women scientists

Women in science have also been affected in their profession due to COVID-19. For example, more women are being disinvited than men, from pre-organized conferences and meetings which are now being held virtually, due to the need for shortening the conference timings.[68] Due to lockdown, such women have to pay more attention to home-related tasks like home-schooling their children and also taking care of their husbands' needs. The already existing gender gap in academia, especially in science, has even widened, since more and more women are being unable to fulfil their job obligations. The number of journal articles submitted to various publishing houses have increased during the times of COVID-19. However, the number of females submitting research articles is way lower than males, even lower than what was pre-COVID. This can partly be attributed to the various increased household responsibilities which have befallen women, given the existing gendered norms in the society all over the world. The women researchers who are at an early stage of their careers are witnessing decreased calls from prospective future employers, making it harder for them to transition to the next stage in their careers, hence increasing the uncertainty for them of remaining in the field of research.

4. Women in decision making

Merely 3.5% of 115 COVID-19 decision-making and expert task forces have gender parity in their membership while 85.2% are principally men.[69] If the response to disease outbreaks such as COVID-19 is to be effective and not reproduce or perpetuate gender and health inequities, it is important that gender norms, roles, and relations that influence women's and men's differential vulnerability to infection, exposure to pathogens, and treatment received, as well as how these may differ among different groups of women and men, are considered and addressed.[70]

Despite the WHO Executive Board recognising the need to include women in decision making for outbreak preparedness and response, there is inadequate women's representation in national and global COVID-19 policy spaces, such as in the White House Coronavirus Task Force. Current women leaders in high positions can play a very important role by changing the system so that the inherent barriers that exist can be removed leading to equal opportunities.

5. Conclusions

The past pandemics and the ongoing COVID-19 crisis have demonstrated that women bear a heavy burden during these difficult times. After more than a year of suffering from COVID-19, the issue of *women's* livelihoods and the challenges they are facing has not received adequate attention. What is even less discussed is the pre-sight of socio-economic tribulations that will befall women post-COVID. The sudden, immediate, strict lockdown in India on 25th March 2020 left many workers, both rural and urban, stranded. A survey by Deshpande [71] conducted in April on 40000 individuals from all over India, revealed that even though more men lost jobs than women on an absolute scale (considering the alarming gender inequality), around 20% more women were more likely to lose jobs than men, considering only the people who were employed before lockdown. Deshpande used the *Consumer Pyramid Household Survey* (CPHS) of the Centre for Monitoring Indian Economy (CMIE), a private data provider, which collects data on a weekly basis using a longitudinal survey. The appalling fact is that CPHS is the only national-level dataset source available for assessing the effect of COVID-19 on employment by

gender in India.[72] The COVID-19 pandemic has demonstrated society's reliance on women both on the front line and at home. At the same time, it has exposed the inequalities that exist in the society across different spheres: health, economy, security and social protection. The crisis demonstrates that strained and limited resources can impact women and girls with far reaching consequences. The impact of the pandemic on women has hard hit both their finances and mental health. As discussed in the preceding sections, different strata of women have been affected in many different ways. COVID-19 has also brought hard-fought gains for women's rights under threat. As more and more men lose jobs, the job sectors in future, when recovering from this pandemic, will tend to hire men much more than women, primarily because of the deep-rooted cultural and psychological dominance tendency of men over women. However, governments of every country should realise that their economies cannot thrive if half their population remains under-employed or unemployed. To bridge the gaps that exist investment is required in health and education, greater economic empowerment opportunities need to be fostered for women and women need to be provided with greater voice and agency in their lives. Furthermore, to re-build a sustainable economy, women need to be given place at decision making round tables, and their suggestions and plans be heard with utmost diligence. Responding to the pandemic is not just about rectifying long-standing inequalities and stopping them from perpetrating, but also about building a resilient world in the interest of everyone with women at the centre of recovery.

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References

1. WHO (2010) What is a pandemic? *World Health Organisation (WHO)*
2. Jarus O (2020) 20 of the worst epidemics and pandemics in history. *Live Science*
3. Huremović D (2019) Brief History of Pandemics (Pandemics Throughout History). *Psychiatry of Pandemics*:7-35. doi:10.1007/978-3-030-15346-5_2
4. Bailey M (2020) Plagues, epidemics, pandemics: A history of some of the previous diseases the world has experienced. *The Guardian*
5. Cherry JD, Krogstad P (2004) SARS: The First Pandemic of the 21st Century. *Pediatric Research* 56 (1):1-5. doi:10.1203/01.PDR.0000129184.87042.FC
6. WHO (2016) R&D Blueprint. *World Health Organisation (WHO)*
7. Liu Y-C, Kuo R-L, Shih S-R (2020) COVID-19: The first documented coronavirus pandemic in history. *Biomedical Journal* 43 (4):328-333. doi:<https://doi.org/10.1016/j.bj.2020.04.007>
8. Gorbalenya AE, Baker SC, Baric RS, de Groot RJ, Drosten C, Gulyaeva AA, Haagmans BL, Lauber C, Leontovich AM, Neuman BW, Penzar D, Perlman S, Poon LLM, Samborskiy DV, Sidorov IA, Sola I, Ziebuhr J, Coronaviridae Study Group of the International Committee on Taxonomy of V (2020) The species Severe acute respiratory syndrome-related coronavirus: classifying 2019-nCoV and naming it SARS-CoV-2. *Nature Microbiology* 5 (4):536-544. doi:10.1038/s41564-020-0695-z
9. Atalan A (2020) Is the lockdown important to prevent the COVID-19 pandemic? Effects on psychology, environment and economy-perspective. *Annals of Medicine and Surgery* 56:38-42. doi:<https://doi.org/10.1016/j.amsu.2020.06.010>
10. UN-ESCAP (2019) Population and Development Indicators for Asia and the Pacific, 2019. *ESCAP Population Data Sheet 2019*
11. UN (2020) Unlocking the Lockdown - The gendered effects of COVID-19 on achieving the SDGs in Asia and the Pacific. *United Nations - Women*
12. Lekha SC (2001) Gender Bias in South Asia. *Economic and Political Weekly* 36 (42):3993-3995
13. data2X. *United Nations Organisation* <https://data2x.org/>
14. Data2X (2020) Making Women's Work Visible: The 19th ICLS Standards, Purpose, and Progress.
15. Baru S (1998) Mahbub ul Haq and Human Development: A Tribute. *Economic and Political Weekly* 33 (35):2275-2279
16. ILO (2021) Employment by sex and status of employment. *ILO modelled estimates and projections (ILOEST)-Code EMP_2EMP_SEX_STE_NB_A*
17. Bhandare N (2020) Covid impact: Women workforce disappearing, most affected in urban India. *Business Standard*
18. ILO (2021) SDG labour market indicators (ILOSDG) - Code SDG_0552_OCU_RT_A. *Data Catalogue of International Labour Organisation*
19. McAdam M (2020) COVID-19 impacts on the labour migration and mobility of young women and girls in South-East Asia and the Pacific. *International Organization for Migration - Online Bookstore*:1-26
20. <https://sdgs.un.org/goals>
21. Pandey G (2020) Coronavirus in India: Desperate migrant workers trapped in lockdown. *BBC News*

-
22. Azeez E P A, Negi DP, Rani A, A P SK (2020) The impact of COVID-19 on migrant women workers in India. *Eurasian Geography and Economics*:1-20. doi:10.1080/15387216.2020.1843513
 23. UNwomen (2020) Far from the spotlight, women workers are among the hardest hit by COVID-19 in Bangladesh. *UN Womne - News and Events*
 24. ProthomAlo E (2020) Returnee women migrant workers to receive COVID-19 prevention packages. *Prothom Alo English*
 25. Choudhary N, Sitoula S (2020) Impact of COVID-19 on Nepali Migrant Workers: Protecting Nepali Migrant Workers during the Health and Economic Crisis: Challenges and Way Forward. *International Labour Organisation*:1-22
 26. Mandal CK (2020) Government considers bringing back Nepali migrant workers from Covid-19-affected countries. *The Kathmandu Post*
 27. Weeraratne B (2021) How Sri Lankan remittances are defying COVID-19. *East Asia Forum*
 28. UCANews R (2020) Stranded migrant workers plead to return to Sri Lanka. *Union of Catholic Asian News*
 29. Weeraratne B (2021) Dr. Bilesha Weeraratne highlights challenges faced by returnees. *Institute of Policy Studies of Sri Lanka*
 30. ILO (2018) World Employment Social Outlook - Trends 2018. *International Labour Organisation*:1-82
 31. Worldbank (2021) Pivoting in a Pandemic: Women Entrepreneurs tap Regional Opportunities. *World Bank Discussion Forum #OneSouthAsia*
 32. IFC (2020) Gendered Impacts of COVID-19 on Small and Medium-Sized Enterprises in Sri Lanka. *International Finance Corporation - Women in Work Program*:1-20
 33. Kumar N, Adhikari R, Ahmad S, Khan SG, Phookan J, Acharya N, Jayawardena S (2020) Empowering Women to join Global Value Chains through E Commerce - Experiences in South Asia in COVID-19 Context. *UNESCAP*
 34. Sengupta T (2020) Empowerment during Covid-19: Members of Iranian women's group make and sell masks. *Hindustan Times*
 35. ILO (2020) Gendered impacts of COVID-19 in the garment sector. *ILO Brief*:1-8
 36. Nagaraj A (2020) With creches shut, mothers forced out of garment factory jobs in India. *Thomson Reuters Foundation News*
 37. Wallgren A, Parimita M, Kadyrzhanova I (2020) The Impact of COVID-19 on Rural Women and Energy Enterprises: A rapid socioeconomic assessment in 3 countries by the EmPower project. *United Nations - Environment*
 38. Vora M, Malathesh BC, Das S, Chatterjee SS (2020) COVID-19 and domestic violence against women. *Asian J Psychiatr* 53:102227-102227. doi:10.1016/j.ajp.2020.102227
 39. Gearhart S, Perez-Patron M, Anne Hammond T, Goldberg DW, Klein A, Horney JA (2018) The Impact of Natural Disasters on Domestic Violence: An Analysis of Reports of Simple Assault in Florida (1999–2007). *Violence and Gender* 5 (2):87-92. doi:10.1089/vio.2017.0077
 40. Moutafis R (2020) The shocking correlation between quarantine and domestic violence. *RheaMoutafis*
 41. Chandra J (2020) NCW launches domestic violence helpline. *The Hindu*
 42. Pirnia B, Pirnia F, Pirnia K (2020) Honour killings and violence against women in Iran during the COVID-19 pandemic. *The Lancet Psychiatry* 7 (10):e60. doi:10.1016/S2215-0366(20)30359-X

-
43. Dayan H (2019) Female Honor Killing: The Role of Low Socio-Economic Status and Rapid Modernization. *Journal of Interpersonal Violence*:0886260519872984. doi:10.1177/0886260519872984
 44. UNFPA Gender-based Violence *UNFPA Afghanistan*
 45. Rahman F (1984) The Principle of "Shura" and the Role of the Umma in Islam. *American Journal of Islam and Society* 1 (1):1-9. doi:<https://doi.org/10.35632/ajis.v1i1.2817>
 46. Yousaf F, FurrukhZad S (2020) Pashtun Jirga and prospects of peace and conflict resolution in Pakistan's 'tribal' frontier. *Third World Quarterly* 41 (7):1200-1217. doi:10.1080/01436597.2020.1760088
 47. UNOCHA (2019) Humanitarian needs overview: Afghanistan. *Humanitarian Programme Cycle 2020*:1-96
 48. Oxfam (2020) A New Scourge To Afghan Women: COVID-19. *Oxfam Briefing Note*:1-8
 49. Kamanga-Njikho V (2020) Women's organizations — key to reaching girls and women affected by COVID-19 in Afghanistan. *UNICEF connect* (25th November 2020)
 50. <http://vwo.org.af/>
 51. <http://wassa.org.af/>
 52. Johnson G (2020) Collecting behavioural insights into COVID-19 in Pakistan. *UNICEF connect* (6 December 2020)
 53. Istihak R, Khaleda A (2021) Prevalence and Associated Factors of Intimate Partner Violence (IPV) against Women in Bangladesh amid COVID-19 Pandemic. *Research Square*. doi:10.21203/rs.3.rs-103437/v1
 54. Sifat RI (2020) Impact of the COVID-19 pandemic on domestic violence in Bangladesh. *Asian J Psychiatr* 53:102393-102393. doi:10.1016/j.ajp.2020.102393
 55. Shah Md Azimul E, Fairouz J (2021) Analyzing the Impact of Covid-19 on the Mothers of Bangladesh: Hearing the Unheard. *Research Square*. doi:10.21203/rs.3.rs-79726/v1
 56. Ranjana SH (2020) Amid lockdown, 4249 women and 456 Children became victims of domestic violence in April: MJF. *Manusher Jonno Foundation*
 57. MJF. *Manusher Jonno Foundation*
 58. FCDO, UK. <https://www.gov.uk/government/organisations/foreign-commonwealth-development-office>
 59. SIDA. <https://www.sidase/en>
 60. DIHR. <https://www.humanrightsdh/>
 61. GA Canada. <https://www.international.gc.ca/global-affairs-affaires-mondiales/home-accueil.aspx?lang=eng>
 62. SDC. <https://www.eda.admin.ch/sdc>
 63. WwB. <https://www.borg/>
 64. Porticus. <https://www.porticus.com/en/our-hubs/bangladesh/>
 65. Acumen. <https://acumen.org/regions/>
 66. Ul-Alam R (2020) MJF's Covid-19 Learning: An Analysis.1-8
 67. Kumari A, Ranjan P, Sharma KA, Sahu A, Bharti J, Zangmo R, Bhatla N (2020) Impact of COVID-19 on psychosocial functioning of peripartum women: A qualitative study comprising focus group discussions and in-depth interviews. *International Journal of Gynecology & Obstetrics* 00 (n/a):1-8. doi:10.1002/ijgo.13524
 68. Lange B (2020) Maintaining a gendered perspective in scientific meetings during the COVID-19 pandemic. *The Lancet* 396 (10266):1880. doi:10.1016/S0140-6736(20)32512-5
-

-
69. van Daalen KR, Bajnoczki C, Chowdhury M, Dada S, Khorsand P, Socha A, Lal A, Jung L, Alqodmani L, Torres I, Ouedraogo S, Mahmud AJ, Dhatt R, Phelan A, Rajan D (2020) Symptoms of a broken system: the gender gaps in COVID-19 decision-making. *BMJ Glob Health* 5 (10):1-19. doi:10.1136/bmjgh-2020-003549
70. Wenham C, Smith J, Morgan R (2020) COVID-19: the gendered impacts of the outbreak. *The Lancet* 395 (10227):846-848. doi:10.1016/S0140-6736(20)30526-2
71. Deshpande A (2020) The Covid-19 Pandemic and Lockdown: First Order Effects on Gender Gaps in Employment and Domestic Time Use in India. *GLO Discussion Paper, No 607*:1-23
72. <https://consumerpyramidsdx.cmie.com/>