

**RETURNEES AND PANDEMICS: AN ANTHROPOLOGICAL
ANALYSIS OF THE EFFECTS OF COVID-19**



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Islamabad-Pakistan
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FORMAL DECLARATION

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MALIK SHAHNAWAZ NOON

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ABSTRACT

COVID-19 is a natural disaster affecting almost every country of the world. Intensity or frequency of the pandemic has varied across nations, by age factors, by geographic distribution, and by ecosystem of the country. It is the most significant health hazard of the world in 21st century that started from China and affected almost every sphere of life across the globe. One of the most significant implications of this pandemic is restriction on mobility. Migration as worldwide phenomena has deep historical roots either it be long or short term. This study focused primarily on returnees repatriating back to their countries of origin i.e. Pakistan. The study takes into account the problems returnees faced due to sudden halt in international mobility from an anthropological perspective. The data were collected from the foreign returnees; those were stuck while returning back to Pakistan to gain insights on their issues and vulnerabilities faced meanwhile. The overall sample size of the respondents who consented to be interviewed was forty-four which was conducted through an interview guide. These people were interviewed in depth. Most were held telephonically since the data was collected during the first and second wave of this pandemic which barred in person interviews as a precautionary measure and SOP of social interaction in COVID-19. Lists of foreign returnees with their names, contact numbers, passport numbers and addresses were collected from the interior department and hotels designated for compulsive quarantine of returnees in Islamabad once they were satisfied with the intent of the researcher through formal permissions. The data revealed that the respondents belonged to different age groups. Among them, 79.5 percent were males and 20.5 percent females. As far as the information on educational level is concerned, 11.4 percent were illiterate. Majority of the respondents were having their own business in foreign countries. Respondents are well motivated to handle this situation for their well-being. Stress and anxiety were reported both at migrants' and their family end. Government and health enforcement agencies performed their jobs to treat mental health of patients along with coping mechanism and emotional well-being. Mostly returnees were satisfied with preparation made by the government. Majority of the respondents came back due to COVID-19 after shutting down the activities. Mostly were worried about their financial concerns for future. Some of them intend to travel back when the pandemic is over. People who had savings or alternate source of income and

those who were financially independent were less subjected to mental stresses. While those who were hit by the COVID-19 either in the form of loss of a dear one or financial instability were highly subjected to mental illnesses.

Chapter No. 1

INTRODUCTION

1.1 INTRODUCTION

Pandemics and epidemics are not new to the world. However, in a traditional context, both anthropologists and historians have focused on epidemic control measures from a socio-political vantage point. Historical literature has been dominated by the examination of three measures: quarantine, vaccination, and vector control (Lynteris & Poleykett, 2018). However, an anthropological perspective on the pandemic is more focused on an integrated, holistic, in-depth and cross-cultural insights. Levi Straussian's concept of Anthropemy; isolating the human or imprisoning the human can be related to the current notion of social distancing and quarantine which is the new normal or the basic SoPs in the era of pandemic as a drug of choice (Nelson, 2021).

Indeed, virally linked global pandemics are not new, and many social scientists recognize in COVID- 19 the mobilization of the same kinds of things some have come to expect from a medicalized way of life. Consider these, for a start: untold social violations carried out under the name of a medical emergency; authorizations and failures of free market medical responses; deliberations over the facts that seem to have existential stakes; simultaneous erasures and exposures of structural health vulnerabilities by metrical and biomedical logics; the prospect and hope for (revolutionary) change that bubbled up from the depths of despair over forms of injustice that became intolerable under the simmering conditions of pandemic social distancing and augmented precarity (Adams & Nading, 2020).

This research revolves around the current pandemic which is entering in the third wave now. It takes into account the issues faced by the returnee migrants in repatriating back to Pakistan. A viral contagious disease emerged primarily as an endemic in Wuhan city of China, in the mid of December. The viral infection was termed as Corona virus disease whereas 19 indicated that this viral infection emerged in 2019 (Paules et al., 2020). It is thought that this virus is transferred to humans from wild animals. World Health

Organization declared it a pandemic that was initially found in Wuhan city only on 11th March, 2019.

The outbreak of this virus occurred because of its (virus's) rapidly growing and transmission rate as viruses needs the host (whether human or animal) for replication and transmission. Due to the very reason, it ultimately resulted in demise of thousands of people (WHO, 2020). The symptoms of included following: fever, flue, cough, myalgia or muscle ache, dyspnea (breathing problem), diarrhea and other respiratory infections. Its transmission occurs either through physical contact or by respiratory droplet of patient because it is found to be a droplet infection, which is considered the main cause of its transmission and also resulted in increase in the locally transmitted cases. The virus can also exist on any surface for about 12 hours to 2 days (Fong et al., 2020). The virus is found to be more lethal for young children and people above the age of 60 and the fatality rate was also higher among people of elder age.

1.1.1 Corona virus Phenomenon – General Approach

Due to the increased local and transmitted cases of Corona virus, World Health Organization (WHO) affirmed its outburst as a matter of international trepidation, in January 2020. World Health Organization (WHO) also cited that there is a menace that corona virus that originated in Wuhan might also spread in the surrounding even in other realms. An evaluation or estimation in March by World Health Organization typified as a pandemic instead of endemic that originated in Wuhan city but had also transmitted to other people who carried this virus to the other countries and resulted in its transmission that also increased the rate of local cases in other countries as well (World Health Organization, 2020, p. 1).

The viruses are microscopic entities that enter the body of their host and attack their leucocytes or white blood cells. It ultimately disrupts the immune system of body by devastating specific cells in body and as an output, symptoms like that of cold is initially produced. The viruses thus, replicate in the body resulting in disruption of whole immune system by attacking several pulmonary cells through replication and their transmission

from one person to another also occurs at a rapid rate. The most crucial stage is when the infected host (person) does not even show the symptoms of viral attack or infection after 15 days. This resulted in an increase in rate of infected cases on regular basis and ultimately caused deaths due to lack of knowledge about virus and its vaccination. Thousands of deaths around the world daily, lead anxiety among scientist, researchers and epidemiologist and created an environment of stress for them. Thus, they initiated researches in order to follow a right path for the diagnosis of such epidemic. For a correct diagnosis, they needed to know the composition and nature of virus or viral infection to produce its cure and to save lives around the world.

This sort of researcher could enable them to produce a vaccine for such viral infection which was transmitting as a pandemic and disrupting several lives. Several researches also declared the viral infection of corona as an endemic as it was done by World Health Organization on 11 March, 2020 (Branswell, 2020). To avoid the loss, several preventive measures were formulated and adopted on a macro-level by the governments to secure lives of people. Similarly, Romania had also formulated such strategies in order to avoid the contact with infected people or with people from the area where the viral infection had been transmitted. They adopted strategies like: closure of airlines or cancellation to the permissions of immigration and emigration, abolition of residential gathering, they also closed all large store to avoid large crowds and they also categorized infected people on the basis of their symptoms and condition.

1.1.2 Origin of COVID-19; Symptoms, Transmission & Affects

Corona viruses can cause sickness both in animals and humans. Corona viruses results in ailment similar to that of cold to more severe conditions to other chronic diseases which includes: SARS and MERS i.e. severe acute respiratory syndrome and Middle East respiratory syndrome respectively. The new corona virus emerged first in a province of China, named as Hubei in 2019, thus the eruption of such viral infection was termed as COVID-19. Pandemic in its contemporary state was proven as a challenge for scientific world as well as for common people or in general for everyone, due to its rapid

transmission and effect on lives of people (Australian Government Department of Health, 2019, p. 1).

World Health Organization categorized corona viruses as a faction of viruses that effect both humans and animals. Amongst the faction or group of corona viruses, many of them cause respiratory disorders resulting in cold or cough to most severe respiratory ailments such as SARS and MERS that are known as severe acute respiratory syndrome or middle east respiratory syndromes correspondingly. A newly naked viral type from group of corona viruses had been discovered in 2019 that is named as COVID-19. is thought as a new virus which was not found before December, 2019 in Wuhan city of China (WHO 2020).

The symptoms include respiratory ailments the grounded reason for which is severe acute respiratory syndrome-CoV-2 virus. The outbreak of this virus initiated from Wuhan city of China and spread to the surrounding around the world including United States. Virus and its impact became more severe when it started affecting all spheres of life and became or cited as a pandemic. This viral infection not only affected health and resulted in ailment but also affected mode of livelihood including: trade, supply of food, travelling, tourism etc that consequently affected the economy at a larger level (OSHA, 2020, p. 3).

Corona and its species belong to the family of viruses that are generally frequent in humans and animals around the world. Many of such viruses cause ailment among people. The ailments range from mild to chronic consequences traced through common cold to severe SARS and MERS. These severe symptoms also result in causing pneumonia in an infected person. The reasons of rapid rate of its transmission are following: Less immunity of people against the viral infection and unavailability of its vaccine. Due to such apparent reasons, the probability of spread and transmission becomes more extensive.

Consequent analysis and estimation are being made regarding the infectious spread. The analysis of contemporary situation elucidates that everybody is prone to the virus and thus everyone is living in a vulnerable state including UK which would also be radically affected with the outbreak of Corona virus. It is also stated with the help of data that has been collected till date from infected patients that some of them had even shown no symptom or effect but was suffering from the disease and acting as a carrier. It appeared to be a more severe cause of rapid transmission than an individual with no apparent symptoms was carrying and transmitting the viral infection. Data that was collected earlier showed that people or patient was having mild to temperate illness analogous to that of seasonal flue that was the reason that people could not distinguish that whether they were suffering from seasonal flue or have been subjected to (Department of Health & Social Care, 2020, p. 5).

An analysis was made on first 41 patients from Wuhan (where the pandemic originated), 27 of them stated that they had gone to the animal market which affirmed the assumption that this virus might be transmitted to humans from animals and then started transmitting from one person to the other. But similar analysis also showed that the very 1st case was not transmitted from that animal market which created an anxiety among researcher regarding the origin of corona virus or. Professor Stanley Perlman is an influential immunologist at University of Iowa, he stated that spread of disease from an animal market and having several cases reported from there, can be a happenstance but there also exist the possibility that it might had spread from the very market because there was found the genetic material of virus in the market (Huang et al., 2020).

1.1.3 History of World Pandemics

History reveals occurrence of numerous plagues in form of pandemic and endemics. Those pandemics had consequently disrupted the whole world by affecting several lives and proved as lethal both for animals and humans. History traces so many epidemics that resulted in deaths of thousands of people. For Instance: Death of 50 million people occurred in 6th century by the Justinian plague, similarly in 14th century; a gigantic attack by the same pathogen killed about 200 million people, which can be traced in

history by the name of Black Death. Another contagious illness, known as smallpox, was the reason of deaths of around 300 million people. Smallpox affected the mass even when its vaccine was also available in 1796, despite of its availability, it disrupted several lives. Among other viral diseases, influenza also affected lives in million and 50 to 100 million people died because of influenza virus. The deaths of people caused by influenza were even more than the deaths of people in World War 1. HIV had also exterminated 32 million people and it is still prevailing in societies. The vaccination for HIV is still under stipulation (Walsh, 2020).

History has traced that like, viral infections in history had also affected mode of living, such as Influenza virus. The pandemic of influenza during 1918 to 1919 that emerged in USA resulted in termination of all academic and non-academic activities. It is because of the reason that activities or gatherings could result in transmission of such viral infection and could increase the mortality rate among masses (Barnum, March-09, 2020). The reason of terminating all activities during pandemic were made in past also, in order to get rid of the pandemic frequently by decreasing its transmission as well as to decrease the mortality rate (Jackson et al., 2013; Markel et al., 2007). Other than Influenza virus, Spanish flu also resulted in closure of institutes and a research study and data analysis from 43 US cities stated that academic institutes were closed for about 4 weeks (Markel et al., 2007). Furthermore, spread of Asian flu also resulted in closure of schools and other activities from 1957 to 1958 that consequently helped to reduce the ratio of patients up to 90% (Chin, et al., 1960). Furthermore, the same practice or preventive measures were adopted in 2004-8 when influenza virus spread in US and helped to reduce the infection up to 50% (Wheeler, Erhart, & Jehn, 2010).

Deaths per 1000 persons, United Kingdom

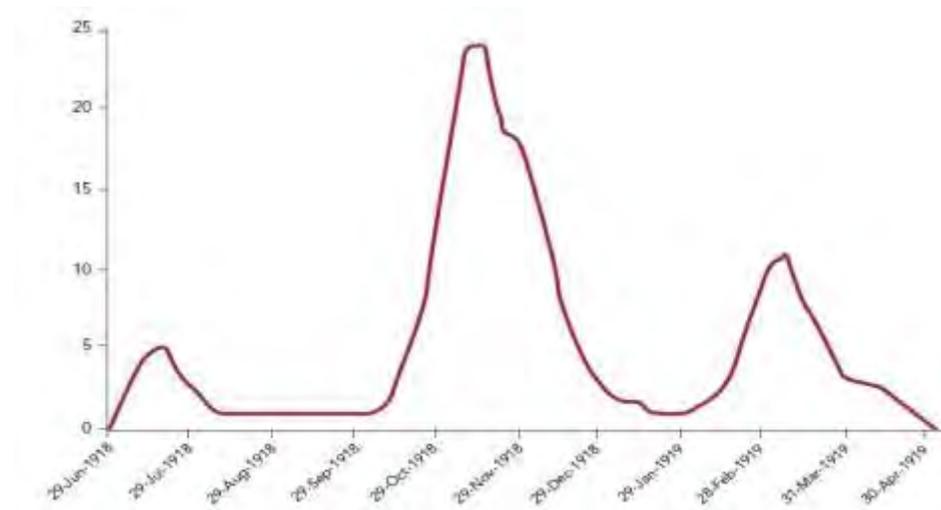


Figure 1: Three Phases of the Spanish Flu, 1918–19

Source: Data are based on Taubenberger and Morens (2006: 15).

1.1.4 Historical Background of COVID-19

The outbreak of ‘Severe Acute Respiratory Syndrome’ (SARS) in 2003 troubled the world and transmitted at a rapid rate and was proven fatal by causing many deaths. The structure of virus was found to be pointed, which was enclosed by a crown or corona. This virus was classified in taxa or group of SARSs COVID-19, thus it was named as Severe Acute Respiratory Syndrome Corona Virus 2’ (SARS-CoV-2) by the International Committee on Taxonomy and Viruses. (SARS-CoV-2) is now nomenclature of prevalent virus as COVID-19 is defined by World Health Organization (WHO). Sensation regarding this virus is also creating many connive theories which states that this virus is intentionally introduced by China along with US armed forces in order to destruct mankind. However, these sensations were abandoned by official statements of atomic scientists.

Another conspiracy took place of former one, but it was also rejected by scientific groups. The later theory claimed that this viral outspread is because of an experiment that was carried out in laboratory and it went wrong and due to any disclosure, the viral infection resulted and spread or transmitted to other people. Corona virus was also considered as a 5G technology under such sensational theories. A group of people were

of the view that it is a 5G technology that has proved hazardous to humans and it has the capability to kill mankind. All such ideologies are not yet verified but all of above is the fact that is causing massive destruction. has distressed the whole world and a consequence; it resulted in collapse of whole order under numerous managements. The influential are taking several steps at national levels corresponding to the prevailing situation and mass disruption. United States, who has the largest capital of about \$650 billion, seems to be defeated in the battle against Corona in providing defense to its community. The highest number of patients is being reported daily from US than the other countries (Hussain, 2020; Khan et al., 2020).

The corona virus among other viruses is moderately fatal and knocked the world more severely, even the developed regions had to face the disruption of corona virus. Back in history, one can also trace the subsistence of Corona virus 100 years ago, a new form of corona virus has emerged in December, 2019 in Wuhan. The origin of new corona virus is deliberated to be the animal market in Wuhan city, China. By then, due to increase in fatal situation of people across the world, World Health Organization declared as a pandemic in press liberation. Since last two weeks, had spread by 13 folds outside China and cases were reported from surrounding regions, other than China also (LIPUTAN6, MARCH 2020). Current prevailing condition of have reported that it has spread in around 114 countries where 118 thousand people are infected and the same corona virus in its current state have proven lethal for about 4,630 people and thousands of infected people are in hospitals for its diagnosis or cure. Evaluation through the case analysis has shown a distressing increase in number of cases and transmission resulted in declaring such condition as a pandemic by World Health Organization (WHO 2020).

1.1.5 First Case of COVID-19

This pandemic originated from China and first case was reported in a province of China, named as Hubei. The first victim of novel Corona virus was 55 years old. After that, the viral infection prompted and transmitted at a rapid rate. The patient was accounted to the world by South Morning China post on 17 November, 2019 (Jeanna, 2020). Till the end of December, 2019, the pandemic outbreak was disseminated in Wuhan, which

configures that the endemic transmitted at a rapid rate within a month after first case in Hubei. When the viral transmission commenced, several hypothesized theories were tried to relate with the origin of virus. It was also thought that corona virus emerged from the wet or seafood market. Onwards, after analysis and evaluation of cases, these theories regarding origin of virus were exterminated or rejected. It was because of the reason that a case that was reported on 1st December 2019 had not visited any wet market. Thus, the assumption of relation of virus and its origin with market was rejected (Huang et al., Jan-20, 2020).

1.1.6 COVID-19 as a Global Pandemic

The endemic that initiated in Wuhan city of China was declared as a global pandemic on March 21, 2020. The declaration of an endemic from one city to a global pandemic was an alarming intimidation, as it reveals the rapid transmitting attribute of virus that has travelled even to the other countries. Within a short period of time, the virus had not just transmitted worldwide but also resulted in an immense increase in death rate around the globe. To combat with the prevailing and threatening situation, government need to formulate a strong preventive framework in order to secure lives from the pandemic and ensure to adopt measures and limit activities by people to make the effect of pandemic more modest until any vaccine against novel corona virus could be introduced to humans. Keeping in consideration, the suggestions by World Health Organization regarding how decision could be made and plans could be structured helps to lessen the death toll. Governments can formulate strategies based upon the nature of pandemic in any region and by analyzing the numerical values that illustrates the transmission rate of virus in order to get rid of prevailing situation (Davis, 2020).

Aljazeera also reported that novel corona virus transmitted around the globe in February, 2020. Due to the increase in number of corona patients, World Health Organization declared it pandemic rather an endemic that emerged in Wuhan city of China. Aljazeera also referred to the statistics provided by Johns Hopkins University that elucidated about 1.9 million were subjected to the viral infection of and reported around 118,000 deaths of patients (Aljazeera, 2020).

1.1.7 Initial Prevention & World's response across the Globe

All countries formulated and implemented the strategies to combat with alarming condition. These strategies were in accordance to the guideline or instructions provided by World Health Organization. Many of strategies that were employed resulted in downturn or collapse of economy but to save numerous lives, policies were implemented irrespective of any collapse in economy. Among other such strategies, social distancing was the prime factor that could contribute to reduce the threat to lives because novel corona is a droplet infection that can result in transmitting infection. To prevent such mode of transmission, social distancing is ensured and certain protocols or SOPs were imposed that were to be followed by people at daily basis. There is always an emergency situation for health experts, as the victim or survivor of provided health services at home. By providing health services to patient at home, they are barred from (suffering or treated in hospital for other diseases) hospital carrying the virus. Furthermore, areas with a greater number of cases are distinguished from other areas and declared as red zone area (where the cases of are more than surrounding areas) and curfews are set up to limit the activities and movements. Moreover, health care services and other necessities are provided free to the people who are living in extreme poverty or suffering from crisis due to the collapse in economy and curfews. Preventive measures by airlines were also employed by suspending all air travels except for those having transit visa in order to take them in their countries back. Many countries also arranged new places for patients and had spent their country's income as the number of patients was drastically increasing and it went difficult to manage those in the available space (Ahir, Bloom, & Furceri, 2020).

As pandemic reached its peak and every country is trying to follow the guidelines given by WHO and other such rigorous strategies such as: Quarantine, social distancing, curfews etc. are being implemented to limit the transmission of virus. Countries like China and Korea have set up stance of vigilant governance in fighting against pandemic like. Such vigilance of China can be attributed to the collaboration of its governmental institutions along with non-governmental organizations. Among all policies and strategies, social distancing has played a vital role in combating the outbreak of pandemic. China has implemented on this policy rigorously and achieved the goal by

practicing such policy and exemplified itself as best governance where individuals isolated themselves from others and ceased their activities for a period in functional institutions and other public places (Nair, 2020). Furthermore, one cannot predict the time period till this virus will fade away or stop interplaying with lives of people due to its weird nature of rapid transmission. Thus, short term predictions are made in order to design follow up plans to save other sectors such as economic, social and political sphere etc (Khan et al., 2020).

1.1.8 Age Profile of Cases

To elucidate the trend in losses or deaths, population age structure technique is employed. In population age structure analysis, people are divided in age groups which can help to recognize that which age group or category of people are more effected and thus one can hypothesize that people from this particular age group are more vulnerable to the attack of virus. Age structure can help to formulate a better framework to be followed. It can help to elucidate that which country would be most susceptible to the viral outbreak, by knowing the population age structures. This technique would be effective in managing the pandemic in an effective way by formulating a strong framework or strategy to secure more susceptible age group category, developed after analyzing all population age structures and number of cases in each age group category. For Instance: It helps to analyze the susceptible population, if age specific death toll is same in two countries, it illustrates the same probable population will be more affected as in case of older population that seems to be most affected than other age groups.

Relying on population age structure figures only and recognizing age specific cases would not be the only way to analyze the situation of pandemic because different situations are also observed. In prevailing condition of, it is scrutinized that people who already had any health issue were affected more by this viral pandemic. It can also be exemplified by number of cases that were affected more was of those who already had diseases before like diabetes, Cardiac or respiratory diseases. This was common in older age population group and any patient who had any such underlying health problem reached the most severe condition. Age analysis and age specific mortality rate can help

to suggest that countries with higher number of old age population are more susceptible to the outbreak and can cause deaths of old age population more than that of younger population (Kaneda and Jarosz, 2020).

Age profile of Corona patients with consistency can help to recognize the vulnerable population. Thus, mortality in any population would depend upon the trends in age distribution profile of population as well as on the rigorous condition of pandemic (Dowd et al 2020). Demographics of any population depends largely upon the past event or history of population growth. Any mutation in history can affect the population more adversely or favorably also. Even in stable population that derives population growth at a uniform rate at all ages (i.e. Constant change of growth at all ages) can be affected by 40 folds if it encounters 1% of any difference in history. It can be affirmed by mathematical modeling that even 1% difference in growth rate of any population in history could bring 40 times more difference produced by that 1% difference in death rate of population (Lotka 1939).

However, in such alarming situation of pandemic outbreak everyone (health services providers, old aged population, people facing any underlying health disorder) are suffering from eminent stress condition. Furthermore, the preventive measures that are necessary to be adopted (like: self-isolation, social or physical distancing) is adding more mental stress to already existing fear of any underlying disease or of this alarming situation because it has disrupted and affected normal living pattern of people. Anxiety is also seem among people due to the following reasons such as: adoptive measure of quarantine that has increased the feeling of loneliness among people, use of drug and suicidal attempts (Armitage & Nellums, 2020; Holmes et al., 2020; Rajkumar, 2020). An online survey was conducted in Nepal that reported about three quarter of individuals from those who had given responses in the survey, is facing condition of stress that has increased from fair to extreme levels (Chandra, Samadarshi, Sharma, & Bhatta, 2020).

1.1.9 Demographic Perspectives on Mortality and Other Epidemics

Increase in mortality rate due to the pandemic is also being predicted Epidemiological models. 60,000 to 2 million more fatalities are predicted in US, keeping the prevailing condition of pandemic, its mitigation, aptitude or capacity to diagnose patients and death rate in consideration (Murray et al, March 26, 2020; Ferguson et al, 2020, Mc Andrew 2020). An intermediary approach is used in terms of death rate for expounding and making the argument substantial. Descriptive approach of pandemic also uses intermediary and lower scenario method by comparing the situation of pandemic with middle estimated death toll or lowest death toll respectively. Intermediary approach in expounding refers to 1 million fatalities that are expected to happen in 2020 while lower scenario refers to 250,000 due deaths. These figures are produced by the number of fatalities and help the reader to decipher the situation of prevailing pandemic. These figures do not comprise of or represent elevated number of deaths because it illustrates the current situation according to which the mortality rate is decreasing and there is no abrupt increase in number of deaths. Decrease in mortality is also seem since there is a decrease in diseases that comprise due to pollution in environment, furthermore the ratio of accidental cases and alcohol use have also lowered due to deceleration in all economic activities. These changes may also result in differential of age patterns as described by mathematical modeling which illustrate that 1% change in history can bring change in future.

1.1.10 COVID-19 and Pakistan

The crisis of COVID-19 is global. Every country whether (developing, underdeveloped or developed) is struggling alike to combat with the outbreak of pandemic. As the cases of COVID-19 were reported and transmitted in Pakistan, the focus was laid on health care services to the patients in hospital and hospitalization of patient was considered as a prime necessity for all the cases of whether moderate or severe. The analysis and experience of health experts with patients demonstrated that all about 4/5th COVID-19 patients do not necessarily require hospitalization rather they can be provided with assistance at home. This is not to say that these cases are less risky but they also require same care in terms of health and there contact with others also need to be limited or they

also require to go to quarantine so that transmission should be exterminated. The decision (of hospitalization) regarding patients with moderate or no symptoms or no apparent effects could lessen the transmission risk of virus with PHC staff and other patients. Before this pandemic, the health system in Pakistan was already facing discrepancy. The situation of health care system in Pakistan is not recent but since the time of Independence it is in same situation of breakdown (Khan et al., 2020). But Pakistan is struggling to make its health system better and manage the pandemic more vigilantly.

As mortality rate is increasing across the world due to the pandemic. First death in Pakistan due to was reported in Mardan on March 18, 2020. The reason of spread of virus was found that when a man came from pilgrimage and did not isolate himself after coming back and also called a gathering. The ultimate consequence of that negligence was that, it affected 2000 people at a time, suggesting the transmission of virus. The negligence in adopting preventive measures could result in a rapid rate of transmission of the pandemic. It can be evident by the worse situation that is seen in Pakistan that within a short duration, the novel corona virus spread at a rapid rate and caused deaths of thousands of people and the numeral of deaths is continually increasing. The outbreak of virus in Pakistan and toll of deaths increased more due to the returnees or pilgrims from Iran (Ahmad, 2020; The News, April 2020). The Health secretary of Punjab Government, Mohammad Usman accounted first case in Lahore from province of Punjab. Health care providers also analyzed the travel history of their infected patients and it was reported that he had come from UK on March 10, 2020 from where he became the carrier of Corona virus. Due to the rapid transmitting attribute of virus, isolation wards were specified for the patients, where returnee from UK was also admitted in Mayo Hospital (Ashfaq, March-2020).

In a short period of time, till third week of March, cases in Pakistan were reported from all provinces including Gilgit Baltistan and FATA. The accounted cases in Punjab were about 7100. The death rate was also mounting and highest fatalities among all provinces were found in KPK which accounted the death of about 172 infected patients (Gul, Feb-26, 2020). Due to the worse situation of pandemic, an order was passed regarding

lockdown by the higher authorities till 9 May, 2020 (Rizwan, April-24, 2020). The implementation on the order was made from 1st April according to which the lockdown would be implemented for a month but this time period was extended two times more due to the increase in reported cases of COVID-19 (The Statesman, April-2, 2020). Figures of new and recovered cases and death rate were continually updated. On May 3, 2020 the figures were increased where new cases reached above 19,100 patients and death toll reached 385 reported from everywhere in Pakistan. Due to the vigilant actions by Health care providers, the number of recovered patients was 4,315.

Many predicaments in society are more for poor than rich but the Novel corona virus does not make a distinction between poor and rich in society. Everyone is being affected from the pandemic situation equally but the underprivileged are more pliant to the novel virus. The reason of more pliant tendency to the virus is not having awareness of preventive measures among underprivileged or poor class. They generally possess less awareness regarding social or physical distancing and other such hygienic measures. The lockdown was implemented in countries suffering from corona virus but cultural norms and lack of awareness is impeding the way to follow the orders firmly that had been passed by the Governments. To abide by the orders is of prime importance which is a hindrance in reaching effective results and to get rid of Corona in Pakistan. Thus, dealing with virus became something secondary at initial stages as the prime thing became to make people aware regarding the harmful consequences that the virus could bring.

February 26, 2020 is dated when first two cases of were reported in Pakistan and within 2 days, three more cases from different metropolis of Pakistan were accounted having no link with previously reported patients i.e. virus was not transmitted to them from first two reported patients, suggesting that virus had spread across different cities from other people who were the carriers. By then, exponential growth in infected cases of COVID-19 was found that gradually increased the figure of new cases as well as the fatalities like in other countries. There is an uninterrupted analysis to the figures reporting new or recovered cases and deaths. Until 14 April the number of cases across the country reached 5,716. From 5,716 cases, most cases were reported from Punjab constituting the

number of 2,826 cases, where 1452 patients of COVID-19 were reported from Sindh, while 800 cases from Khyber Pakhtunkhwa, 233 from Gilgit Baltistan, 231 from Baluchistan, 131 from Islamabad and 43 patients from Azad Jammu Kashmir were reported.

Among figure of new cases, recovered cases and death rate was also taken into account. The number of total recovered cases was found to be 1,378 and 96 fatalities were also informed. To reduce the spread of corona, preventive measures are needed to be followed decisively and the symptoms of virus in body and electrolytes of infected patients in hospitals ought to be analyzed and tested critically, so that the patients could be treated accordingly based upon the symptoms until the vaccine is introduced (Raza et al., 2020). The governments are tackling the situation considering it a battle against corona to save lives. Several preventive measures were adopted that also resulted in downfall of economies but helped to reduce rapidly increasing cases. These measures included restrictions on borders and closing of academic and non-academic institutes for a period of time and banned emigrations and immigration. These measures were adopted to ensure that the transmission of novel virus could be contained by avoiding gathering and contact among people. The more severe thing about this virus is its hostile nature that resulted in a comparatively longer incubation period of novel virus than previously known viruses.

There was although a close analysis and estimation regarding figures that inform about new cases, recovered cases and deaths but it is still considered inadequate because it is influenced by fluctuations that are caused by highly inconsistent and uneven cases in terms of their complexity. But the overall data obtained by reported cases in hospitals are used envisage the prevailing situation of COVID-19 and its transmission rate is being analyzed in Pakistan. Analysis regarding the ongoing condition can be made by using such figures or cumulative data by observing the number of current patients, preceding recovered patients and number of deaths.

Previous analysis of data can also help to predict the coming situation that will bring about more cases by analyzing previous transmission rate and number of recovered cases

and fatalities can also be forecasted via “Auto-Regressive Integrated Moving Average (ARIMA) Model” by adopting simple time series methods (Chatfield, 1984). ARIMA Model helps to bring more precision in prediction than other such models (Chen et al., 2008). It is because it employs both seasonal and non-seasonal tendencies to predict the situation. Due to inadequate data non-seasonal models are used to predict the situation, which predicted the prevalence or growth of virus at least till a month. ARIMA model which is obtained by the amalgamation of AR i.e. Autoregressive and MA i.e. Moving average suits best in accordance with the accessible data and is effective to use for time series method that constitutes of a relatively short period. This model is effectively being used even the prediction made till end of May was made by using the very model. ACF and PACF i.e. Autocorrelation function and Partial Autocorrelation function respectively, were used to identify the parameters (i.e. p, d, q) for the model.

Terms/Parameter description:

p	=	autoregressive term.
d	=	differencing order.
q	=	moving averages term.

The conclusions made by using ARIMA model were based upon (AIC) i.e. Akaike information criterion. Estimation using AIC in model can be made, which suggest that a best model is one having minimum AIC. Several other methods such as R- library “forecast, t-series and zoo” were used for numeral analysis using ARIMA model.

1.2 MIGRATION

1.2.1 International Migration

The enormity of international migrations has amplified in precedent years. Due to such augmentation in international migrations or emigrations, scholars have particularly analyzed the drift in international migrations. Research studies are reflections of its time, thus any immense action (like increase in rate of international migration) is analyzed by the researchers and thus Koser also cited about international migration in his renowned manuscript (Koser, 2007:1). He further elucidated that mass migrations and mobility of

migrants is scrutinized across the world. Migrations not only influence the host region but affect the sending region also. The primary cause of international emigrations is the diversity, difference or facilities among the host country and their native land. The increase in migrations and the reasons behind it are either openly or indirectly explained in theoretical frameworks that refer to the push and pull factors of migration.

1.2.2 Historical Standpoint of International Migration

Rystad (1992:1169) stated about international migrations that it is not a new happening or phenomenon. To comprehend the predicament and to figure out a foundation for development in future, one need to have a diachronic analysis by recognizing the history and relating it with contemporary period in order to recognize the factors and consequences of migrations that can be used in shaping our policies in a way so that the reason or facilities due to which migration occurs, could be provided in their host country. One could state rationally that history of human being traces evidence of migration throughout. Before the time period of civilization also, when there was no concept of privatization and hunting-gathering mode of living was adopted, they (hunters-gatherers) amble in search of food for their survival and such mode continued even after privatization of space. Migration is through a frequent observable fact but explaining it merely by social or biological perspective would not be productive enough rather there should be analyzed the other dimensions and perspectives behind migration (Rystad, 1992:1169).

1.3 INTERNATIONAL MOBILITY AND COVID-19

Now, in 2020, when the world is more connected by several means and causes i.e. either for their education, vocation, for the purpose of earning or to ensure survival or for the sake of tourism, emerged across the world which became difficult to contain because of such associated networks among people across countries (Skeldon, 2018). People including travelers and business establishers are considered to be the carriers who has driven the outbreak of novel virus across countries but it (migration) cannot be stated as a sole reason of such outbreak of Corona virus (Banulescu-Bogdan et al., 2020).

An intense wave of an extremely infectious virus i.e. has posed exceptional restraints not only on the mobility but also laid down all economic commotions and emergency situation was declared across world and resulted in lock down as a preventive measure to contain the virus. The outbreak of virus and commotion for health care service on urgent basis each day albeit the increase in fatalities is distressing healthcare structures across countries. The outbreak of virus has also resulted in downfall of trade and supplies which has collapsed the economy at macro-level. The distraction in all such activities has also halted other activities such as mobility because the borders of about 100 countries were also closed that affected tourisms as well in the recent time. Many countries had also faced protests by people because of lay-off of employee's at large scale due to the downfall. The government is also shaping strategies in order to ward off the economic loss (Adhikari, 2020).

Due to the spread of novel virus, almost every country has executed such preventive measures by closing the borders and halting the movement of immigrants and adopted other means to contain the virus (IOM, 2020a and b). With the increase in reported cases of corona virus, the permission for mobility across borders was diminished and then the migrants were either had to go back to their countries or they are quarantined at sites near borders. The quarantine centers at those sites became crowded with so many migrants that posed threats to their health because everyone there were coming from different regions and irrespective of thinking that anybody from them could be the carrier of novel virus, they were altogether kept in quarantines which also increased the intimidation to their health as well as their endurance (Yayboke, 2020). Thus, due to the impediment in crossing the borders, refugees were not capable to encompass international fortification (Banulescu-Bogdan et al., 2020; Ahmed et al., 2020).

Due to the prevailing contagious condition, relocation across countries has declined that ultimately influenced many people's survival (IOM, 2020c). Certain strategies were even though made to provide the facility of relocation to the migrants but it has not been implemented so far much effectively (MacGregor, 2020). Moreover, rescue operations were hampered due to the imposed quarantine for both (migrants and rescue squads).

Furthermore, there was faced a denial from the other countries to provide the migrants and rescue vessel a safe zone or port, specifically in Central Mediterranean which is before now also considered a risky voyage, these denials by the governance of relevant countries added more risks to the life of migrants (D'Ignoti, 2020; Le Monde and AFP, 2020).

1.3.1 Migrants' Life and COVID-19

Migrants are more susceptible to the impact (straight or tortuous) of any calamity including the existing one i.e. Despite several efforts (i.e. taking ample care of health, making strategies to avoid psychological anxiety due to economic and other such losses) made by the migrants to keep them safe from the viral infection, many other intervening factors such as: State in which they are functioning or living in, less alliances compared to the locals, difference in language and culture of migrants, rights and level to which migrants are provided with inclusion and xenophobia can result in lasting effect of pandemic to the life of migrants (Liem et al., 2020).

People from those regions which are poorer had to suffer from several predicaments including social exclusion. Likewise, migrants from those regions are not generally provided with same facilities (including health care facility) as compared to people from a well-off region or locals. Minority groups as well as poor in any region are over-represented among those who were reported positive for COVID-19 and those who passed away. Thus, socio-economic status can prove to be an equally known indicator for locals and migrants that can reduce the impact of pandemic (Devakumar et al., 2020; ICNARC, 2020; Mays and Newman, 2020).

As stated, the migrant are more vulnerable to the calamities including the pandemic of COVID-19, there are also other indicators that elevate the vulnerability of migrants. These indicators that determine the vulnerability of migrants toward more sufferings include: race, class or status of migrant. Migrants from minority groups also visage resistance in terms of discrimination, exclusion, unequal access to health care services, they also are excluded from welfare meet ups and programs. The migrant also encounters

trepidation of stereotypes and even the apprehension of exile. Whilst it is not easy to exactly account for the issues that are faced by migrants because of disaggregation of data but some of the data was collected from specific areas to illustrate the position of migrants (BivandErdal et al., 2020).

Due to the adoption of preventive measures including the closure of borders resulted in creating anxiety among migrants such that some of them were stuck outside their countries. Due to bans on mobility across borders, many emigrants had overstayed in their host country where they encountered many problems due to the pandemic (Bernal, 2020). Moreover, immigrants who had come back to their homeland to spend their vacations and those who were travelling somewhere else either for visiting purpose or for the renewal of visa were stuck wherever they were. Thus, they were not able to arrive back at their vocation, studies or residence etc (Charles, 2020).

Majority of emigrants constitutes of personnel in the sectors that are more probable to be affected in terms of mass lay-off, as a consequence of collapse in economy or economic activities, due to the pandemic. Many of the sufferings in terms of lay-off are considered as 'foreign-born'. According to an estimate presented by United Nations, there are about 30% personnel in the most affected region of OECD countries (UN 2020). However, this figure in Spain comprise of 20% workers who were principally working in retail zone are now suffering from economic distress. However, this numeral constitutes of 19%, 18% in Italy and Germany respectively while in France and United Kingdom this number is about 14% for both. These personnel also lack job security or any allowance in case they are terminated or gets ill because of the reason that most of these migrants works in informal sector (Avato, Koettl, and Sabates-Wheeler 2010). Due to such insecurities, people would not prefer emigration at such large scale as the feasible approach for seeking employment in future. It can be made evident by a survey carried out in Uzbekistan. According to that survey, conducted in Uzbekistan, many inhabitants were of the view that trend in migrations fell down in recent years and it also estimated that rate in migration fell about 95% and more (World Bank 2020c).

Due to the implementation of lockdowns and collapse of economic activity laid the foundation for migrants to return back their homeland. It was for the reason that they lost their jobs because of outbreak of novel corona virus. The mobility that was pursued by migrants for coming back home also ignited the outbreak of pandemic in host country and homeland and at places where migrants moved, resulting in more transmission of COVID-19 (Chia and Poh, 2020).

1.3.2 Internal Migration

As an outcome of lockdown across countries due to COVID-19, Pakistan is anticipating ominous effects i.e. People in millions would lose their vocation due to lockdown situation across countries. An estimate showed that it is probable that might 12.3-18.53 million of people will mislay their jobs. As described previously that specific committees are functioning to keep a check on the prevailing situation in order to contain the viral spread. These committees included NDMA and National Coordination Committee (NDMA, April-2020). These groups make certain that the preventive measures are being adopted by inhabitants by halting all their economic activities and closing borders and scholastic and non-scholastic foundations, by declaring ban on international migrations, introduced screening equipment at transportation sites and ensured social or physical distancing. Comparing the data of Pakistan with other countries showed that due to strict implementation by collaboration on preventive measures, the spread of COVID-19 has been controlled to some extent and mortality rate, rate of affected patients are also less as compared to other regions (The News, April-2020).

The rate of internal migrations is more than that of international migration. As there were several measures implemented to contain the virus such as: mass layoff, social or physical distancing and lockdown resulted in sending migrant back to their home. Thus, the measures that were adopted by thinking that it would contain the virus, those measures contributed more to the outbreak of COVID-19 because it caused a higher rate of internal migrations that may carried the virus along from one place to the other. It ultimately increased the rate of transmission of virus and also increased the locally transmitted cases of pandemic. The governance should also address other means that are

resulting in transfer of virus such as transfer of cash, pay attention in providing improved health care services and other such drives that are impediments for internal migrants (World Bank, 2020).

The migrants solely are not impact by the loss of vocation, but their families and their country are also affected by the adverse bang of COVID-19 and its outbreak. Due to the dismissal of migrants from their vocation, there would also be reduction in remittance that were used by families of migrant to survive and fulfill basic needs and will also affect human assets or capital and their business. It is estimated by the World Bank that there would be a total of about 20% decrease in remittance in 2020, specifically in countries whose revenue falls in category of low or middle ones (World Bank 2020d). While in countries like: Middle East, Europe, Central Asia, North Africa, for Caribbean and Latin America also the predictions regarding the turn down of remittance is even higher than countries earning lower or middle revenue. In countries that are on the path of development or struggling as developing country, remittance is an important concomitant of income. In nearly 14 countries, there is 4% or more remittance on GDP in Sub-Saharan Africa. Thus, the loss in vocations of migrants will put a high risk on their condition (World Bank 2020b). Similar is the case with the condition of internal migrants. Internal migration is even more than international ones. An estimate of IOM affirmed 763 Million internal migrants across the world.

1.3.3 Reverse Migration

Due to the pandemic novel COVID-19, that resulted in collapse of all economic commotion across the world, many enterprises (whether small or intermediate) and trades became stagnant. The economy of the world is predicted to face a decrement of 3% in 2020 which is considered a 6 % drift in contrast to 2019, as estimated by IMF (i.e. International Monetary Fund). In 2020, 1 to 2.2% fall of economy is predicted for the developing economies or struggling nations while developed economies are expected to face a turn down of about 6.1%. The impact of such economic turn down is expected to pose its influence to 2021, by anticipating a more decline in economy (IMF 2020). World Bank has also presented region wise figures to predict the downturn in economies around

the globe. According to those figures by the World Bank, The economic collapse in Pacific and East Asian region could result in about -0.5% decrease in economic gains while in region like Europe and Central Asia, economy could fall to 4.4%, in LAC i.e. Latin America and Caribbean, -4.6% economic collapse is predicted. Situation will get even distressing because of the anticipation of more collapse than the predicted one. Economic turndown in MENA region is expected to be 1.8%, -5.1% is expected in Sub-Saharan Africa and South Asia could be affected by -2.8% (Arezki et al. 2020; Calderon et al. 2020; World Bank 2020a–d).

The novel pandemic has posed more strains for the migrant personnel including international and internal migrants who are more susceptible to the attack of virus because of lack of any appropriate protective measures. In order to ensure a safe reverse migration, host countries as well as the intermediary sites of quarantines and homeland should develop strategies to reduce the situation of anxiety for the migrants. Thus, irrespective of nature of their migration (whether legal, over stayed or illegal), they should be provided with secure measures to avoid their contact with viral pandemic and contain death tolls. Several organizations along with governments have reacted to the predicaments of migrants and initiated implementation on strategies to taken migrants back in a secure manner during such crises. These measures were specifically highlighted by organizations such as ISSA and ILO (International Social Security Association and International Labor Organization respectively) (World Bank, 2020).

1.4 OBJECTIVES OF STUDY

Sr. No

Objectives of research study

Objective 1 To study the mental health status of the returnees.

Objective 2 To highlight the effect of pandemics on the economic resources of returnees.

Objective 3 To gather case studies identifying the ground realities of the displacement.

1.5 SIGNIFICANCE OF STUDY

This thesis is the first to examine the effects of corona virus on international labor returnees from different countries of the world in Pakistan. It also highlights the major issues faced by internal migrants who are relatively ignored. After the spread of corona virus in Pakistan, this is the first effort to explore the health outcomes among returnees. The study traced the most probable outcomes by the halt in all commotions. Furthermore, this research study helps us to identify most happened health issues among people coming back in Pakistan after job loss. This study also provides gross root data for concerned authorities for decision making and policy development for the betterment of this set of population in Pakistani context.

It will also help to understand the cause and effect relationship between these two concepts. It will also help us to explain returnee's health related problem and suggest solutions under the light of existing data.

Chapter No. 2

REVIEW OF LITERATURE

2.1 INTERNATIONAL MIGRATION: A HISTORICAL DEVELOPMENT

Migrations at small scale for the sake of living and to ensure the survival have been observed by everyone. Due to the increase in rate of migration, several stages of migrations have been documented. Massey (2003:1-4) and Koser (2007:1-2) had also stated an intensive debate upon migration in light on primordial as well as contemporary segments of migration. Koser (2007:1-2) enshrined that migration goes parallel to the history of human being but early artifacts and remnants or fossils of primitive human beings from Rift valley revealed the nature or mode of migration. Its archives revealed the existence from 1.5 million years ago till 5000 B.C in Africa. Migration was adopted due to a number of reasons and excavations witnessed the migrations adopted by earlier civilizations including: Mesopotamian civilization, Inca, Greek and Indus civilization, Roman civilization and Zhou kingdom. There are a number of explanations due to which migration was pursued and these reasons included: to prop up survival or living, for source of revenue or trade, colonization etc. However, there were also enforced migrations in 18th and 19th centuries other than deliberate migration. In that time period, migration was enforced to about 12 million or more people as slave, across the world. People were enslaved specifically from regions like Asia and Africa to the developed region (such as Europe), it was done in order to take manual work from them specifically in agricultural lands (Cohen, 1995).

Massey typified migrations into 4 phases, depending upon the inclinations of any dominant phenomenon in a particular period. For Instance: the first phase of migration is attributed as ‘_Mercantile period‘; the name is derived from the common trend during colonization era, when people from Europe marched or explored other fractions across the world. This period last till 18th century and was commenced or recognized in 16th century (Tinker 1995:14; Lucassen, 1995:21; Altman, 1995:28; Hefferman, 1995:33). During this period, Europeans also discovered other regions of the world. These regions included the following: Asia, Africa, USA and Oceania during the time period of 16- 18th century. As a consequence of mercantile period, there was found an economic growth or

stability, which is generally recognized as mercantile capitalism. The second period of migration is derived by the influence of emerging industrial revolution after mercantile period, and it was recognized in 19th century. This phase was termed as ‘Industrial period’ (Hatton & Williamson, 1998:12). In industrial period, the capital expanded because it engaged more people into work and thus capitalism broadened to the other settlements. Third period was recognized as ‘Period of Limited migration’ because it was influenced by World War 1, which resulted in limiting migrations across the World. Thus, as described before, all phases of migration are a reflection of its time, which were characterized by Massey (Massey, 1995: 633). The last phase of migration is known as ‘Post-Industrial Period’. This phase started in 1960 and it was when the migrations became more expanded (Castle, 2000:274; Castles & Miller, 2009: 70).

After 1960, migration turned out to be a universal phenomenon. When a large number of migrants were taken to Europe during the era of colonization, after that the rate of migration increased due to the stipulation of services resulting in increase in the mean of capital, enchanted many people from developing or under-developed states toward the developed region. Thus, the immigrations in region like Europe and United States of America became established and there were a large number of people coming in these regions from Asia, as personnel or laborers. Many migrants other than workforce entered the regions which are more established or industrialized after mercantile period or after the development in technology. These travelers included a number of migrants or refugees coming to the region irregularly. The rate of immigration in these regions became more augmented during 21st century with a large number of emigrants from under-developed or developing states. The increase in rate of immigration toward developed region resulted as a mean of producing remittance for the homeland of immigrants.

The inclination of migration was observed from developing to developed regions, in quest for vocation or to seek or achieve the nationality of developed region or for other such reasons, the flow of migration was inclined toward developed states. Particularly in 21st century, the climax or peak of migration was scrutinized. It was also because of the

level of deficiency or scarcity of goods and services as well as prevailing poverty in under-developed or developing regions. In this regard, a research study by Deutsche Bank's (2003:4) enshrined that there occurred an exploded migration across the world. The study also explored that the number of migrations is increasing with course of time. The process of migration is illustrated by many researchers including Massy (2003:5), who stated that the increased migration across the world represents a second epoch of globalization that not only constitutes for the flow of migration but also renders a cross flow of several other resources for the host country also, including commodities, information, wealth in form of remittance and raw resources. Furthermore, it also brings cultural diversity for both regions (i.e. Host or recipient region and homeland).

It was explored in the end of 2010 that a greater number of migrants was found to be from 10 specific countries. These countries were enlisted as top 10 countries from where a greater number of migrants is accounted. These countries constitute a number of about 72 million migrants who work across the world and left their native land for a number of reasons and pursued emigration toward developed regions. Among those top listed countries, Mexico was at first number of sending more migrants across the world. India was entitled as the second country because of its size of migrants who left their homeland as personnel in the developed region. Followed by Mexico and India, Russia was considered at the third level of sending migrants from their country and China was positioned at 4th number.

Estimation showed that there were about 11.4 Million emigrants from Russia, across the world and emigrants from China were found to be 11.1 million. While Pakistan was placed on 7th number in the list of top 10 countries categorized on the basis of number of emigrants from their country. According to an estimate, a total of about 4.7 million people migrated from their country (i.e. Pakistan) toward other stable or developed states. These numerals are updated accordingly by the drift or increase in number of migrants. The World Bank Statistics eluded that in 2013, the number of migrants increased by 247 million and it was also envisaged that this figure will increase with the passage of time and may be the number of migrants in 2015 become 251 million (which was 247 million

in 2013) (World Bank statistics, 2015: 1). Another estimate showed that the number of migrants in 2016 arrived at the figure of 250 million and more, which constitutes or represents 3.4% of world's population who are living elsewhere from their native land (World Bank, 2016:1).

2.2 INTERNATIONAL LABOR AND REMITTANCES

Remittance amplifies with the increase in number of international emigrants. It was also estimated that remittance will exceed than \$601 billion in the end of 2015. Among all the recipients of remittance, the developing nations are receiving the most of remittance around the world. World Bank also stated that 73 % and more remittance are received by the developing nations across the world which constitutes of about \$441 billion (World Bank, 2016:38).

As the number of international migrants is amplifying, the flow of remittance is also increasing specifically it is analyzed that during 2019 remittance to Pacific and East Asian region raised by 2.6%. But due to the decline in remittance producing mean and economic commotion, the rate of remittance decreased by 13% in 2020. It was because of the outrageous spread of COVID-19. The decrease in flow of remittance is because of the halt in emigrations toward US, Hong Kong and other regions which is considered the largest source for remittance particularly for regions like: Pacific and East Asian region. The homeland or native countries of migrants rely upon remittance and the domestic circle of migrant is also at menace due to halt in remittance for the reason that economic commotions became dormant, resulting in reverse migration. The risk of domestic menace of migrants equally goes for the countries in Pacific region because it is also dependent upon remittance. By 2021, recuperation of about 7.5% loss due to remittance is expected for Pacific region (World Bank 2020a).

The tendency of exodus movement and remittance has captivated the attention of many researchers. Suleri & Savage (2006:7) avowed in specific context of Pakistan that people in millions have emigrated from their native region or homeland which resulted in enormous connection among migrants across the globe. Government of Pakistan claims

about 7 million emigrants from their country who moved toward the developed regions. These regions included developed and more affluent regions of West and Gulf states. As there is a large number of people from Pakistan who had migrated from their country and still pursue migration, it places Pakistan in a list of countries who receives more remittance as compared to other mounting countries. Remittance is continually being increased since previous years and it depends upon the scarcity or poverty. Specifically, in 1980, the reduction in poverty level was associated with remittance and the remittance is notably increasing in current years. The remittance was observed to be increased in 2005 to 2006 by 10%, as compared to its previous year. An estimate showed that remittance increased to \$430 million in year of earthquake i.e. 2005-06.

Table 1: World Top Remittance Recipient Countries (2015)

S. No	Name of State	Remittances (US\$ Billions)
1	India	72.2
2	China	63.9
3	Philippines	29.7
4	Mexico	25.7
5	France	24.6
6	Nigeria	20.8
7	Egypt	20.4
8	Pakistan	20.1
9	Germany	17.5
10	Bangladesh	15.8

(Source: World Bank (2016) Migration and Remittance Fact book, Third Edition).

Due to the spread of novel corona virus, the North region is considered as the most affected region and in order to avoid a massive loss in form of deaths, many governments have implemented on lockdown as the sole solution to contain the spread of virus. Lockdown in these regions have contributed to a more distressed situation because this region also contribute in several spheres of other regions due to which under-developed regions are also suffering because North drives their economy as well as other resources (in terms of remittance as discussed previously that people from under-developed regions migrate to developed ones which assist their homeland in bringing remittance). Due to

reverse migration as a reaction to lock down has brought mental and physical anxiety across the world because of the globalization that any such calamity (or pandemic such as novel corona virus) in one region will ultimately affect the other.

Regions like South of the world depends upon the remittance of migrants received from the host countries. The remittance in 2019 was estimated at US\$ 550 billion for dependent or developing regions. This numeral of remittance of developing countries represents a relatively great resource as compared to FDI and ODA i.e. ‘_Foreign Direct Investment’ and ‘_Official Development Assistance’ respectively (Plaza et al. 2019). Remittance that is received from the host countries assist the developing region in following ways: It helps to conquer food scarcity, condense the level of poverty in developing region, props up equilibrium of payment and helps to elevate the economy or ensure financial escalation. Thus, migration from developing region is equally beneficial for the homeland.

2.2.1 International Labor from Pakistan

The phenomenon of migration from Pakistan is not novel. It can be observed even before time of independence of Pakistan. People pursued migration for vocation or employment. Due to the tendency of migration towards Middle East from Pakistan, Ballard (1987:31) stated that the association among people of these regions is 4,000 years previous (evident by the link among people of Mesopotamia and Indus). The association can be analyzed in several contexts such as link between Oman and Baluchistan. In the region of Baluchistan, people living in coastal area (i.e. Makran) had association with the realm of Oman. People from coastal area of Baluchistan also served Oman as a part of their troops, with Sultan. These associations are still prevailing due to the trend of migration among these regions as people from Baluchistan pursued migration and involved in several personnel in Oman as well as in other regions of Middle East.

Mirpur in Pakistan is the district of AJK (Azad Jammu Kashmir) which is placed on second number, being a region from where more emigrants are sent to other countries. More people from region of Mirpur emigrate toward England. Many researchers

including Salter (1873), Dhya (1974: 84), and Ballard (1987: 24) cited about the emigration toward England from the region of Mirpur, AJK. The rate of emigration also increased during the time period of World War 2. During the war period, emigrants also turned to working in industrial sector because there was an increase in demand of workers or laborer in order to produce more ammunition.

International migration was pursued from Pakistan owing to a number of causes. Among all the causes or reasons for which people prefer emigrations, one of it is deficiency of fiscal opportunities due to which people from other regions including Pakistan move towards the West. Annual development plan also contributed to the augmentation of emigration in order to enhance the remittance so that the financially viable targets can be fulfilled. The developing nation ratified with the developed region to accommodate labor (whether skilled, unskilled or semi-skilled) from developing region. Due to the availability of such resources in developed region, people from Pakistan also emigrated toward those regions. Jan (2010: 2) also cited that emigration from Pakistan to other fiscally established regions escalated during 20th century. The flow of these emigrations or inclination of migration from Pakistan was more toward the regions like Middle East. It is also estimated that emigrants from Pakistan comprise of more than 50%, who are the inhabitants of Middle East, as personnel.

Migration was elevated and took pace after 1960s specifically at time when the emigration was supported by the government of Pakistan. It was preferred more to the region of Middle East. The reason that government also supported emigration was that emigration at large scale would also assist the government or country by the approaching remittance from host country. Thus, migration of any personnel would not be advantageous just for the family of emigrant but also help in raising economy of the country. Due to the increase in number of migrants, several research studies were carried out to recognize the association between either country (or region from native country which is sending more migrants and the host country). These researches were specifically carried out in 1980-90 because of the eminent increase in flow of migration. These studies also enshrined that emigration from several regions of Pakistan is not only

beneficial for the native country (by remittance) but also advantageous for the region where people from Pakistan immigrated the most i.e. Middle East.

An estimate also reflected the influx of migration in 1980 that there were about 2 million people in Middle East who had emigrated from Pakistan and carrying out work in several sectors (Gazdar, 2003:1). He also cited that a large number of people from Pakistan were working as laborer in region of Middle East or working in construction sector. Many of them were also involved in skilled works (in transportation sector or as driver). Analysis also showed that a majority of emigrated class was illiterate or unskillful and mainly belonged to the rural or remote area of the region from where they emigrated. People who were not educated or not had experience and moreover, due to the lack of opportunities in their native land, their emigration helped them in following ways: They got a regular mean of earning in form of remittance which they can send to their families in their homeland, It assisted in reduction of psychological distress due to unemployment in their region and facilitated in reduction of poverty.

World Bank Statistics also accounted for the larger number of emigrants from Pakistan and as described before, because of its number of emigrants Pakistan is ranked in top 10 countries with more emigrants around the globe. In 2013, the total number of emigrants from Pakistan is about 6.2 million and increased migration tendency is continually adding more into the statistics (World Bank, 2016: 19). The immense increase in migration even makes it complicated to calculate the exact number of emigrated people who are serving as personnel in other countries. An approximation by BE & OE (i.e. Bureau of Emigration and Overseas Employment), in 2016 showed that the figure representing emigrated people is estimated as 9.4 million and it was predicted that by the end of very year, due to the preferences of inhabitants in native country and the offered facilities in recipient country, the numeral will go beyond ten million.

2.2.2. Migration, Returns & Pandemic

The emigrants in 2019 numbered about 272 million including the number of expatriates in million (i.e. 26 million). But due to the prevailing condition of pandemic, it is probable that the emigrations may reduce but the number of international migrants may not fall hastily since there is ban on air travels also. Because in normal situations, it can be probably forecasted that when any emigrant loses their vocation, they return back to their homeland but halt on travelling puts reverse migrants in trouble. Although deferral in travelling is practiced as the preventive measure in order to contain the transmission of virus across countries but still there are certain passageway which makes migration possible across borders in such situation. These passageways included the corridors between following: Nepal and India, Colombia to Venezuela and vice versa, Myanmar to Thailand and another between Zimbabwe and South Africa. But owing to the intricacies or eventually a halt on services by airlines, emigrants would not prefer to arrive at their homeland swiftly because of the issues faced by the travelers even after arriving at their country and at intermediary sites (World Bank Group, April-2020; p4).

Such situation of calamity and mass layoff across the world stipulate the emigrants to get back to their homelands but it would result in more laid down situation of economy because due to the pandemic, the economy is largely affected and number of emigrants coming back to their countries would lessen the source of remittance or economy. Pakistan being the recipient of largely received remittance will also be worst affected due to reverse migrations. During the year of 2019, remittance for Pakistan was about 21.8 billion. Before the outbreak of pandemic, Gulf countries formulated some nationalization policies due to which many personnel had to come back to their country. It resulted in a 60% reduction in number of total work force in 2018 (Plaza et al. 2019). The government of Pakistan needs to evaluate the grounded reasons behind reduction in stipulation of Pakistani laborer in these countries. Among the number of international emigrants, there was a large number of refugees that was included in number to represent, migrants across the world but due to certain amendments by European Union in opposition to expatriate or refugees in 2019 provoked the circumstances.

2.2.3 Reverse Migration and Pakistan

A number of reverse migrations affected Pakistan at different times; one of the reverse migrations was influenced by the war between Iraq and Kuwait in 1990. During this time period, Pakistan bystander migration to a massive extent (Ahmed et al. 2011). As a result, to these reverse migrations, the remittance of Pakistan condensed by 19%. A similar reduction in remittance was witnessed when Pakistan carried out a ‘nuclear test’. By then, the Western world posed fiscal sanctions which resulted in a reduction of economy in 1998 (Ahmed et al. 2011). By the reduction in stipulation of Pakistani laborers in gulf region, Pakistan is presently undergoing from a loss of about 30% and it is expected that remittance may reduce even more than at the present (Plaza et al. 2019).

A majority of people from Pakistan are inhabitant of other countries with a number of about 11 million. The number represents emigrants who are working across the world in other countries including a mainstream of emigrant from Pakistan in the Gulf countries. The pandemic has affected the migration of personnel which can put a mass into adverse condition thus, government of Pakistan need to cautiously scrutinize the impact of novel virus on the patterns of migration. The emigrant labor can be worse affected due to the outcome of pandemic, if not monitored at appropriate time. Amid the recession in economy at macro-level migrants may have to visage predicaments like: Reduction in revenue or even redundancy or joblessness. BE & OE also reported about 50- 60,000 people who were in process of migration and had also completed the necessary course of action but due to halt in travelling across the world, migration (whether internal or international) is influenced. Due to the uncertainty in nature of prevailing pandemic, many opportunities are also compressed. For Instance: on the website of BE&OE, there were around a hundred thousand employment opportunities in foreign countries but the entire maneuver is limited or ceased. The emigrants from Pakistan or other countries had no assistance concerning their reverse migration, so Pakistani government had assigned an administrative authority to deal with the concerns of emigrants from Pakistan across the other countries.

2.2.4. Anthropology & Return Migration

It is a kind of boom time for the anthropology of migration. Anthropologists are currently studying a wide range of migration-related topics. Many of them, of course, are not entirely new: anthropologists have been researching migration dynamics and impacts since at least the 1930s (most notably within the Manchester School of anthropology). Since the 1970s the discipline's burgeoning interest in ethnicity has largely entailed research on post-migration communities. Since the 1990s, migrant transnationalism has become one of the most fashionable topics. Return migration pandemics is another emerging stream of Anthropology emerging since COVID-19 has forced thousands of migrations to repatriate back to their land of origin.

Return migration—temporary overseas migration followed by a return to the country of origin—includes not only migrants on a temporary visa (such as workers on work permits and students), but also migrants on permanent visas who decide to return home after spending time abroad. Statistics on the numbers of return migrants are not well recorded, as governments do not regularly collect data on migrant outflows. Administrative records are often used instead. A few countries have population registers that can help keep track of who is in the country and who has left, but few registers have systemic procedures for de-registering immigrants leaving the country. Another obvious problem is that out-migration does not necessarily mean return migration to the home country (Wahba, 2015). In cases of international health emergencies & pandemics, keeping track of the returnees is very essential, however, not all the developing countries have a consolidated data base to track their immigrants. In situations like that of COVID-19, it becomes chaotic while tracing out the returnees and to facilitate their repatriation.

Medical anthropologists have contributed substantially to understanding the impact of epidemics and pandemics, their effects on social and economic life, and their toll on health services and health workers. In recent decades, in monographs and articles, we have attended to HIV, including on how people drew on historical imagery of the plague, and how fear of infection fed social exclusion and discrimination (for reviews, see Briggs 2005; Parker 2001; Schoepf 2001). More recently, we have analyzed the spread,

global efforts, and impact of SARS (Mason [2012](#)), H1N1 influenza (swine flu) (Atlani-Duault and Kendall [2009](#); Leach and Tadros [2014](#)), H5N1 (avian flu) (Høg et al. [2019](#)), Ebola (Benton [2017](#); Moran [2017](#)) and zika (Gray and Mishtal [2019](#); Stellmach et al. [2018](#)); and attended to local outbreaks of diseases, many assumed to have been historic – cholera, measles, mumps, hepatitis, and more. What is unprecedented with this current pandemic of COVID-19 is not its scale, but the reaction of nation-states to contain viral spread (Manderson & Levine, 2020).

The ongoing situation of pandemic has posed several obstructions for many people but emigrants are affected the most by the tools of prevention that are being implemented such as travel prohibition. It got intricate for the people in remote areas to find a better way out to reach back their country and get to their destination in their homeland by avoiding the probability to catch the virus and other impediments across their way back home (Mzezewa, 2020). Emigrants are in sentiment of being trapped in their host country due to the prohibition on travel in their host as well as their country of origin. Out of 200 countries who had posed ban to migration, 97 countries had provided omission to its own emigrants on April 9, 2020 who were in other countries in order to reach their homeland (IOM, 2020d).

As countries other than Pakistan that were more in trap of pandemic, people returning from abroad to their homeland encountered the stigma of being infected and thus they visage prejudice from other people. It also led towards altercations and at times even caused violence among people (Kindzeka, 2020; Jha, 2020). Furthermore, emigrants from more susceptible regions to the virus have posed more intimidations for the inhabitants of homeland. It was due to the following reasons: there was neither an ample or satisfactory competence for testing nor for putting a number of migrants safely in isolation. Hence in a region with less resources and instructions, the influx of emigrants added more fuel to the fire (Nachemson, 2020; Pokhrel and Awale, 2020).

2.3 ANTHROPEMY

Levi Strauss delineates two forms of society—the anthropophagic where outsiders are swallowed and digested—and the anthropoemic, where aliens are discarded,

institutionalized, incarcerated or expelled (Cohen, 2018). This concept was mainly given in terms of African societies particularly in response to urbanization, industrialization, nationalism and globalization. In pandemics, the idea of anthropomy regenerates in the form of exclusion and isolation of the ‘outsiders’; the migrant community, the working class or the ex-pats whenever an international health emergency is announced such as COVID-19 recently. Social distancing became the new normal in this pandemic which led Millions of immigrant populations pushed behind the unseen boundaries. Vulnerabilities of the immigrant communities and social stigmatization exacerbates the situation for the marginalized.

2.4 ANTHROPOLOGICAL PERSPECTIVES ON SOCIAL EXCLUSION

In terms of social exclusion, nine perspectives of Cohen have been taken into account. While the shape and contours of a socially inclusive society are rarely fully portrayed, there is a veritable flood of literature on the nature of social exclusion. Eight versions (loosely ‘modds’) might be distinguished. This listing is derived from Dermot O’Reilly (2005: 81–2), who in turn draws on Henry Silver (1994) and Ruth Levitas (1998). These have been refashioned into the ‘broad traditions’ they identify.

2.4.1 Organic community and the construction of the Other

Exclusion arises from an internalized and habitual notion of the ‘natural order of things. It has to be that way because it has always been that way. The stranger and outsiders are there, but as profane ‘Others’ – fulfilling the role of reconfirming the natural order. A. P. Cohen’s (1985) Symbolic construction of community is a much-cited anthropological version of this tradition, but it is common in post-colonial literary and cultural studies renditions (Edwards Said’s Orientalism, 1991, provides an influential example). As I explain below, this model of social exclusion usually draws on psychology and is sometimes too narrowly predicated on individual experience.

2.4.2. The ambiguous exclusion of ‘the stranger’

Simmel’s (1950: 402–8) essay on the stranger is a sociological classic combining, unlike this meandering effort, profundity with brevity. It is also, incidentally, a model of dyadic analysis. Simmel distinguishes between the wanderer and the stranger – the first is here today and gone tomorrow, the second is here today and here tomorrow. The stranger is

thus fixed within the group, but s/he cannot belong to the group. The French Revolutionary model, the nearly-historical British welfare state and the Nordic and Scandinavian social democratic states are important exceptions to this statement – but even in these cases the descriptive content of the model is *‘thin’*, not *‘thick’*. The dyadic unity of the stranger’s distance and nearness constitutes a specific form of social interaction (p. 402). Thus, whatever intimacy the stranger is able to achieve is offset by the fact that she or he can never claim to be an *‘owner of the soil’*. The combined structure of distance/nearness and indifference/engagement provide an advantage for the stranger, who can be *‘objective’*. This can be socially functional – Simmel provides the example of Italian magistrates being recruited from neighbouring towns to try cases where family and clan links would cloud the judgement of a local. Again, the stranger might receive the most intimate confidences, which would be withheld from somebody more closely related. In short, the stranger is simultaneously close to us and far from us. This subtle analysis of incomplete inclusion combined with incomplete exclusion has generated a remarkable flow of derivative or cognate ideas, including Parks’s (1928) notion of the *‘marginal man’*, Bogardus’s (1959) *‘social distance’* scales and Lazarsfeld and Merton’s (1964) couplet of *‘heterophily/homophily’*. Simmel has also had a strong influence on the study of strangers in Africa (Shack and Skinner 1979).

2.4.3. Exclusion as discrimination

Although discussions of discrimination are associated with left-leaning social movements (like the civil rights movement in the USA or anti-apartheid campaigns in South Africa), the notion is fully compatible with neo-liberal ideology. Because neoliberalism technically permits the realization of full individual freedom, adherents would argue that the most appropriately qualified person should get the job or the university place, while the person with the best business plan and most secure collateral should get the bank loan. The role of the state is to eliminate any discriminatory practices so as to allow the market to function perfectly. However, theoretically, everyone has to confront the market on his or her own. Undertaking state action (denounced as *‘social engineering’*) to secure a better chance for long term poor, unemployed and marginalized people is definitely not part of the neoliberal model of exclusion. This expression has close affinities with the

idea of Bumiputra (‘son(s) of the soil’) used in contemporary Malaysia. Thus, however long the Chinese have lived in Malaysia, they can never be ‘of the soil’.

2.4.4. Exclusion as monopoly by powerful groups

This model is more closely associated with a radical or Marxist position which suggests that powerful groups (the ruling elite, the capitalist class, landowners, a dominant racial group) have maneuvered themselves into a position to receive symbolic and material ‘benefits’ from weaker groups (like workers, tenants, consumers), thus perpetuating their favorable economic position. The contemporary version of this model involves forcing workers into insecure, part-time and poorly-paid jobs, which are prone to be exported to low-wage countries. This group is now suggestively described as a ‘precariat’, a word combining precarity and proletariat, the better to emphasize that members of this group are more marginal and less organized than the working class (Standing 2011). The threat of exporting jobs is also a useful means of subordinating those in a weaker position. Though injurious to the society at large, in this version social exclusion is functional to the powerful as it creates a reserve army of labor, thereby depressing the supply price of labor and keeping workers passive.

2.4.5. The French republican version of inclusion/exclusion

This focuses on any failures of the strong inclusionary model derived from the Revolution, the Constitution, the Code Civil and the French republican tradition. While such a state expects loyalty through the conferment of citizenship, it is expected to provide water, bread, a secular education, a legal-rational bureaucracy, minimum living standards, social security, health care and various forms of protection. The Scandinavian and Nordic countries, and France, remain committed to these goals and there is always much hand-wringing in France when the model seems to be threatened by global competition and the consequent loss of jobs. (Neoliberalism in the UK and USA is seen as a threat to ‘social France’ as is the evidence of alienation from the French state by many Muslim residents.)

2.4.6. A postmodern version of exclusion

According to O’Reilly (2005) postmodernist accounts of exclusion are less concerned with exclusion from production and more interested in exclusion from consumption.

(Discretionary consumption was rather implausibly assumed to be available to all in advanced countries. Tell that to the Greeks or the unemployed Spaniards!) In fact, it is difficult to find a significant protagonist of this position, so this position is inferred rather than stated. The fragmentation of social identities (though gender, class, ethnicity, disability, taste, leisure activities, or religion) is, we must surmise, part of the postmodern condition. But this fragmentation can result in the suppression and marginalization of different ‘voices’ and their drowning out by those with better access to the media and to public spaces of all sorts. In this model, therefore, inclusion is all about recognizing and validating difference.

2.4.7. Exclusion by the denial of citizenship

Again the French republican tradition can be seen as one progenitor of this model, but a distinctive English tradition is represented notably in the work of T. H. Marshall (1950). An accessible and reliable appreciation of his work (Bulmer and Rees 1996: 4–5) summarizes Marshall as follows. Citizenship comprises three elements, developed in the eighteenth, nineteenth and twentieth centuries respectively. The civil element was the first and comprised the right to justice, freedom of thought and faith, and the right to own property. The political element was the second and comprised the right to representation and the vote. The social element was the third and provided the right to a ‘modicum of economic welfare and security’, a share in the life of a civilized society accessed through the educational system and the welfare services. It is this social element of citizenship that has been particularly under attack in the turn to marketized societies, and is currently the focus of renewed interest. While Marshall has sometime been seen as too narrowly ‘English’, his concepts have, in fact, been important in a number of different contexts. It would be useful to our present discussion to see whether the sequence he proposes has played out, or is playing out, in other societies. I come back to a discussion of citizenship later.

2.4.8. Mobility exclusion

Cass et al. (2005) argue that to Marshall’s triad of civil, political and social rights, should be added spatial or mobility rights. This issue, concerned with the question of access to goods, values and commodities has self-evidently been addressed in the special case of disabled persons but, they maintain, has a more general purchase and applicability. As

social networks in work, family life and leisure become more extensive, geographical isolation, the cost of transport and information deficiencies lead to isolation and social exclusion. Mobility in terms of the availability and price of transport and access to information, goods and services, shows wide regional discrepancies and a basic difference between rural and urban people, and poor and rich. (Think of the poor, mostly black, residents struggling to evacuate New Orleans during hurricanes Katrina and Rita because many did not own cars.)

2.4.9. Multi-dimensional exclusion

Geddes and Bennington (2001) have suggested that in addition to material deprivation, social exclusion should encompass access to health care, education, geographical disadvantage or discrimination based on gender, ethnicity, or physical or mental disability. Spoor (2013) provides a more up-to-date model of social exclusion as a multi-dimensional phenomenon in Central Asia and Eastern Europe, linking three major dimensions – exclusion from economic life, exclusion from social services, and exclusion from civic life and social networks (though he concentrates on the rural– urban divide). I can add the dyad of digitally connected/digitally shut-out (the latter not having access to broadband, the internet, smartphones and the social media). The idea of multidimensionality is not only to be expansionist and comprehensive about the term ‘social exclusion’, but also to suggest that these and other forms of deprivation are mutually reinforcing. This all-encompassing notion of social exclusion also suggests that social movements and governments have a huge task on hand. To take an example, fixing one element of exclusion (like access to education) will not automatically fix exclusions of other sorts.

2.5 RITES DE PASSAGE; DISPLACEMENT & REPATRIATION

For many young men, migration offers the opportunity to broaden their social networks beyond narrow kinship and neighborhood ties. Migration, Rebirth, and the Re-Rooting of Home is a concept by Cristina Garcia. When emigrants leave their homelands, they enter an in-between state of displacement. Detached from the “before,” the migrant undergoes an intermediate phase before he is able to establish himself “after” as a member of the new place’s social fabric. The process of migrating and adapting to a new country is individual, complicated, and nuanced. Again, when a calamity occurs and the process of

return initiates, the migrants often becomes returnees and pass through the entire stages in the process of repatriation such as exclusion, isolation or detention, journey of return, quarantine and finally repatriation.

2.6 MENTAL HEALTH IMPLICATIONS OF UNFULFILLED RITES

We as human beings across the globe, pass through various stages in our lives. Both outmigration and return migration can be analysed in the context of rites de passage. My argument in terms of return migration during pandemic is that it is an unfulfilled or partially fulfilled rite that puts the initiates in a limbo, a liminal space leading to certain disturbed mental conditions. In every stage of life from infancy to adult, mental health is an essential concomitant of mental state and rational functionality of an individual.

Mental health renders a person with functional reflexes (for instance: helps in maintaining an equilibrium in daily activities, bids the capability to get pleasure from life and helps in modification or assist in the regulation of daily course stress etc). Thus, quality of life can be ensured by the satisfactory integration of social (i.e. fiscal, environmental, communal or spiritual etc) as well as the biological factors including mental health. It also helps to ensure a sustainable growth of one's individuality or personality (Angelescu C, Ciucur, D. 2001, p. 58).

Satisfaction accompanied by a good mental health is endured by continuous assessment and the analysis are subjected to a scale that points out satisfaction or dissatisfaction. Quality of life is defined as a stance or an attitude that can be derived with cognition and consequence (which refers to a healthier mental state) by analyzing past events and its reactions (Andrews, F., Robinson, J.P.).

Corona virus has been declared a pandemic across the world which had created intimidation among people. Its uncertain nature that until when shall it prevail in society is stretching distress among people. It is also considered that the viral pandemic may have persuaded every society for a relatively long time period so all activities cannot be ceased for such long time hence people should be taught to survive amid of the virus and

in such threatening situation that anyone at any time can catch the virus from surrounding either from the surface or from any carrier of virus. It had resulted in posing a negative impact on mental health. Among all, personnel who had migrated from their regions are most negatively influenced by the virus as they had to return back to their country all along with unemployment. The intimidation of viral spread and other impacts that are result of the pandemic are continually adding more stress among people and disturbing their mental health. Furthermore, spending a protracted time in quarantines has also enhanced the sentiments of loneliness which has negatively manipulated health state (whether physical or cognitive). The pandemic has also resulted in scarcity of resources that made the survival in this outrageous situation of virus even complicated. Furthermore, researches also are trying to elucidate the impact of COVID-19 on mental health and the need of hour is to make people aware about cautions that should be taken to prevent from physical or mental distress and engage physicians and mental health experts in creating awareness among public (Singh, 2020).

For a better quality of life during the pandemic, one must know what quality means to them other than relying upon the defined indicators by representatives from different fields (such as one who might had defined some normative being from the field of research or politics or from health sector) because quality in life can be derived by the individual's own efforts rather than reacting in accordance to the notions and judgments of others, in order to ensure one's own well-being and reliability (Marginean, I., Balasa, A. 2002, p. 82).

The pandemic's resulting implementation on preventive measures have disrupted the health of individuals. The reasons in worsening of mental health specifically during the pandemic are as follows: lockdowns resulting in job loss, quarantines and unavailability of social safety etc. All such measures have added more frustration and stress among people accompanied by the anxiety of viral infection. It has also increased the probability of suicides among people when people are unable to manage such stresses and lack of resources for revenue and survival. Director of (CEPPI or Centre for Evidence-based Policy, Practice & Interventions), Farooqui stated that in order to avoid such situation; we

need to convey psycho-social intercessions that are based upon the witnessed outcomes of the pandemic and its impact. It can be done by developing its phases as: primary, secondary and tertiary. During the primary stage of intervention, the COVID-19 patients and all living in lockdown should be addressed in order to reduce the effect of pandemic on mental health. The purpose of secondary intercession should be on development of strategies that could lessen the intimidation and in tertiary or third intervention the governance should deal with mental anxiety in milieu of pandemic (Khan, 2020). The positive impact must not be kept beyond that the pandemic assisted to explore other ways of living such as introducing digital or innovative methods by use of technology to ensure subsistence and helped in foundation of using e-health services (Khan, 2020).

2.7. XENOPHOBIA AMID HEALTH UNCERTAINTY

The pandemic has up surged many negative events in society such as: increased aggression or hostility, abhorrence and intolerance in society. Many such events are being reported across the world during the pandemic. New York Times has also accounted for the brutal behaviors that are emerging during the pandemic and found an increased brutality among Chinese Americans and Asian Americans. It has although not emerged during pandemic but became more intense or exaggerated in the current course of pandemic (Tavernise & Oppel, 2020).

Many explicit cases of xenophobia have also reported along with the cases of violence. Xenophobia was also witnessed in UK against students from Asia, intolerant annotations were observed and eggs were chucked over those students which show the act of mounting prejudice in several societies. Similarly, it was observed in Singapore where a student was beaten so badly that he had to entail surgery. It was done so because of his origin from Asia. Such hatred situations have happened in other regions including Rome and Holland. Entry of people from Asia and China was banned in restaurant of Rome. People also found cases where use of detestation vocalizations augmented in Holland. Similar amplification of hatred speech was observed in the region of India and cases are also reported from North-Eastern region (Roy, 2020). These cases are found to be increasing during threatening and distressed situation of COVID-19.

The off-putting increase in health ambiguity has resulted in an increased trepidation or apprehension particularly among strangers. The escalation in ambiguity occurred when WHO declared COVID-19 a pandemic and affirmed health emergency around the World. The provisional guidelines given by WHO have not proved much effective as the number of transmission cases are continually increasing. The transmission rate of COVID-19 have also put people in ambiguity and resulted in more intimidation among people related to their health (Sohrabi et al., 2020). Due to the uncertain nature of transmission, many connive theories are emerging that are resulting in an increase in false or counterfeit sensation concerning the transmission and other mechanisms (Van Bavel et al., 2020). As a result of those counterfeit theories, many countries have forced ban over the intruders from other countries.

Due to the gyrating connive theories and the increase in infected cases of COVID-19, there is found a behavior of prejudice among people for the others from other communities that has resulted in derision or scorn between them. Among the perpetrators of such augmenting brutalities, a major role is played by media and those in politics. Many reports that are published on media have more amplified xenophobia among people. The augmentation in differentiation leading to violence is also derived from certain places used by a particular group of people and because of the developed faction within communities in wake of their perspective (Mohamad & Azlan, 2020). These discriminatory acts of violence and act of considering a nation accountable for the outbreak of pandemic, is putting harmony or serenity of world at risk.

2.8 COVID-19 AND ECONOMY

As a result of globalization, inequalities or disparities in terms of economy rose in the societies. The pandemic is resulting in emerging poles in the world because of such disparities in the world and rising poverty at the other pole (de la Croix & Docquier, 2012). However it seems beneficial for people from under- developed countries to work in a developed country because they'll be offered preeminent than their homeland. The economy of countries that are developed is stimulated by migrants from developing countries. Disparities can be reflected through the statistical figures presented on January 2020 that enshrined that 2,153 people were wealthier than 4.6 billion people from poor

regions. Another figure that constitutes of about 22 men who are most rich across the world and if we combine the wealth of all women in Africa, it will not be comparable to assets of these men (Pappas, 2020).

Earlier predictions about the pandemic suggested that GDP of regions will also drop and most of the regions will lose 2.4% from their GDP. Economists after analyzing the situation have also estimated a decline in their earlier prediction about economic growth for 2020 and they eluded that growth is seen negative and might move from 3 to 2.4%. It can be made understandable by analyzing that mere 0.4% decrease in economy accounts for a loss of about 3.5 trillion US dollars. But in order to contain the outbreak of virus, guidelines were employed to the vulnerable societies that increased with the increase in number of reported cases in every society that resulted in rapid transmission of local cases due to which lockdown was implemented despite to knowing the loss, public health is the first priority (Adhikari, 2020).

The outrageous pandemic has posed negative or adverse effects to all spheres or sectors of financial systems. UN had presented a framework according to which the impact of such undesirable and severe pandemic will pose more health emergencies and resulted in an increase in poverty because it has hit hard all the societies and would ultimately increase the discrepancies among several regions (UN, 2020).

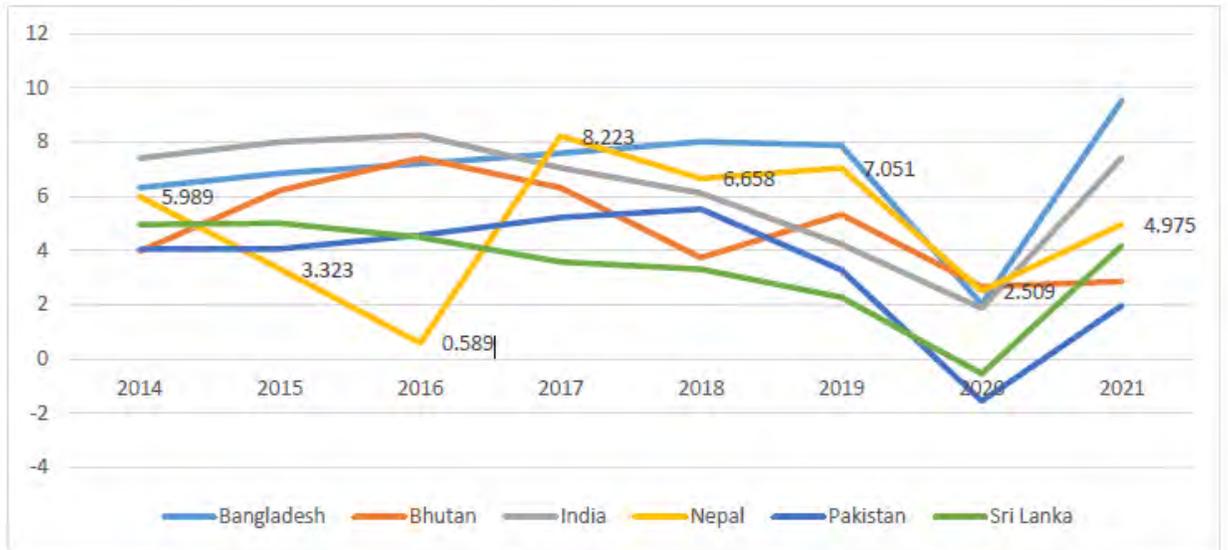


Figure 2 Economic growth in South Asian Countries (2014-2021)

Source: World Economic Outlook, IMF (2020)

Figure 2 illustrates the growth in economy of countries in South Asian region. It represents a downward slope of all countries during 2020 whereas in case of Nepal, the growth stayed positive. Countries like Pakistan and Sri Lanka have witnessed a negative economic growth due to the collapse in economy. Thus the inconsistency of economic growth economic activities was affected due to COVID-19. Economic collapse affected at micro and macro level. At macro-level, it affected activities that included import and selling goods across countries or export and investments. At micro or household level, the pandemic affected health, schooling or food etc while at industrial level, the output of pandemic resulted in less productivity that caused loss for the firm or industry. These abrupt or sudden effects on economy have influenced the strategy of sustainable improvement or growth.

Table 2: Financial Crisis and Pandemic

	Cases (thousands)	Cases as % of world Population	Deaths (thousands)	Case Fatality Rate (%)	Most Affected Countries	Cases as % of population of most affected countries	Average change in GDP growth in the most affected countries
SPANISH FLU (1918-20)*	500,000	~25%	17,400–50,000	2.7%–10%	China, India, Indonesia, Russia, United States of America (global pandemic impacting many countries)	~28%	0.8%
SARS (2002-2004)	8	Negligible	0.7	9.56%	Canada, China, Hong Kong SAR, China, Singapore	0.01%	3.1%
H1N1 (Swine Flu) (2009-10)**	762,630*	11%	284	0.04%	Australia, China, Mexico, Thailand, United States	0.06%	-2.5%
MERS (2012)	2.5	Negligible	0.8	34.38%	Islamic Republic of Iran, Jordan, Republic of Korea, Saudi Arabia, United Arab Emirates	0.001%	-3.7%
Ebola (2014-16)	28.7	Negligible	11	39.52%	Guinea, Liberia, Sierra Leone	0.16%	-8.6%
COVID-19 (2019-20)	2,019	.03%	119	5.92%	France, Germany, Italy, Spain, United States (global pandemic impacting 210 countries)***	0.22%	-8.7%

Sources: KNOMAD website; WDI, CBC, and WHO estimates; Johns Hopkins website; Lancet; IMF 2020; UN Population data; Maddison Historical Statistics.

There existed other pandemics in the history, but COVID-19 has posed worst effects on the economy. The table given above referred to the pandemics that appeared in history which enshrined that most of the pandemics ever since 1990 have affected a relatively less proportion of people, other than the pandemic that is termed as Spanish flu because it spread across countries around the globe. Spanish flu affected about 500 million people across the world which constitutes of 1/3 of world's population. Within a period of 2 years it caused deaths of about 17 to 50 million infected people. If COVID-19 is considered of having the same pattern, then it is probable that novel virus will last longer.

For instance: if we figure out analysis of one country, supposedly India, there are about 100 million migrants (internal migrant) who work as labor and earn on daily basis of their work and migrated from regions that include Bihar, Uttar Pradesh, Odisha, west Bengal etc. Due to the collapse in economy because of the imposed lockdown, these migrants are suffering from several challenges (Hazarika, 2020). If we analyze the pattern of probable effects on even a small proportion of population, the effects are worse than any pandemic before.

2.9 COVID-19 AND PAKISTAN'S GOVERNMENT RESPONSE

After World War 2, the pandemic of novel virus will affect civilization and economy the most and its impacts cannot be eradicated in a short period of time (Chakraborty & Maity, 2020). Pakistan is already a struggling or developing country which was on threshold of disruption; COVID-19 hit its condition even hard and posed a challenging time to the governance as well as to the public. The government of Pakistan is although acknowledged in taking relevant steps in accordance with the preventive measures for pandemic but the emerging cases renders a perplexity that whether these implementations enough to contain the rapid spread of virus or not. The mortality rate has gone beyond the figures that were accounted during other such pandemic in history including Ebola, MERS and SARS. According to the forecast made by government by analyzing the threatening situation of pandemic across the world, the cases might reach 58000 until June and death toll can constitute of 5-10% but the transmission rate of virus in Pakistan was not as in other countries but the poor health care system was also revealed as it has not enough testing capacity as well as may be the infected cases were identified belatedly. It was also because of the reason that out of the total GDP, only 2% is spent on health care system while the ascendancy of elite class is also seen as an obstruction in providing equal health care facilities to all (Khan et al., 2020).

COVID-19 emerged in city of Wuhan in China and is a fatal virus and more severe even than those viruses that appeared in history. It is considered that this virus is transferred to human by the interaction of human with a mammal, while scientists or researchers are in disagreement of its transmission from a mammal. The novel virus raised death toll to about 80,000 till now. Several experiments and researches are being conducted to analyze

the origin of novel virus as well as to test the aspect that whether it could be transferred from mammal. The scientists are of the view that this virus was found among bats and it might had transferred to any intercessor creature or animal from where it interacted with human body and started transmitting (Khan et al., 2020).

In order to avoid deaths from hunger, Pakistani government have assisted poor by proclaiming a package of Rs.1.13 trillion. The problem lied in reaching the poor or needy ones during such crisis where lockdowns are also implemented. The implementation of lockdown started from the region of Sindh and then due to the increase in reported cases from Punjab, it was employed in its territory. For the sake of creating awareness among people regarding preventive measures, government have devised strategy to access people in order to aware by using several mediums and through mobile phones but it was also not accessible to people to remote areas that eventually increased the number of infected cases (Shaikh, : Pakistan's preparations and response, 2020).

In order to ensure the safety and implementing on preventive measures on March 21st, Civil Aviation Authority halted its flight operations till April but due to the rapid transmission, the date was extended. The cessation was ensured for all air travels including internal or international. Foreign Minister also affirmed that borders will also be closed for about 14 days which was also expanded to some other days because the number of reported cases exceeded the numeral of 1400 (Al Jazeera, 2020). PIA had also decided to postpone air travels till May 25, but as the situation was infuriating, so internal migrations were also taken to halt. But due to the termination of personnel across world accompanied by over stayed migrants due to lockdown had to take back to their country so special flight operation was commenced in collaboration with the government (PIA, 2020). Until May 9, PIA had assisted in taking 20,000 personnel from different regions back to their homeland, as reported by the Express Tribune (Express Tribune, 2020). Furthermore, from May 12, in 12 flights PIA had taken migrants from UK to Pakistan in direct flights (which happened for the first time in history) (Nation, 2020). In first 3 flights a total of about five hundred people was decided to repatriate from UK to Pakistan (Khaleej Times, 2020).

Pakistan Statistics

Last updated: 07 Sep, 2020 - 08:04am Islamabad/Pakistan



Province wise Cases



Source: <http://covid.gov.pk/>

2.10 GLOBAL MEASURES TO COMBAT THE PANDEMIC

Any calamity (like COVID-19) confers an atrocious choice behind the governments i.e., one can either opt health of community or the economy (Azoulay & Jones, 2020). Novel corona virus facades the world with an intimidation such that every country is going through defy regarding the strategies to contain the virus and its transmission as well as to ensure implementation on strategies. The world is also in struggle to device a proper channel that could help to visage the impacts and future challenges that could be posed by COVID-19. More challenges are envisaged due to the novel nature of virus and lack of familiarity with the prompting symptoms and complexity of the pandemic (Weingarten, Slotkin, & Alkire, 2020). In accordance to the increasing severity of outrageous virus and increased cases, every country is using several approaches to testify that which one could be more effective in containing the virus but the cases are rapidly increasing on daily basis due to the rapid nature of transmission of Corona virus. Many preventive measures are globally adopted to get rid of novel virus.

These preventive measures included the following: halt in economic activities, implementation of lockdown in regions with more reported cases, limitations are imposed on COVID-19 migrations (whether internal or international), airlines have hanged up air travels that resulted in cessation of all flights, termination on cross border permissions etc. Accompanied by all preventive measures adopted on tools of mobility (that could

result in carrying virus from one to another region which would also result in massive destruction to a region where the cases are not reported on large scale but after carrying any infected one could result in rapid transmission as well as mass loss), people are also anticipated to keep virus away. These swift changes in policies (including policies of immigration) corresponding to the worse prevailing situation of pandemic, are supposed to last their effects onward on associated systems across countries (MPI, 2020).

2.11 COVID-19 & MEDICAL ANTHROPOLOGY

In specific context to health or health care system, many researchers used several anthropological methods to comprehend the health care system or practices of other societies across the world in order to relate and introduce their community with the adopted practices by the world. Medical anthropology is one of the subdisciplines of Anthropology. The essence of medical anthropology is to gain acquaintance to all modes of parallel medical systems and Ethno-medicine. In a situation like that of pandemic, the entire medical system is challenged at once. The health care practices were subjected to several controversies ever since inception of this disease outbreak. Otherwise generally, the use of particular cultural mania or practice for the diagnosis of any disease. Ethno-medicine is considered as the core of analysis in Anthropology since its establishment. Anthropologists had always tried to figure out the ideology of people from distinct society behind their practices, thus they also analyzed the notion behind any cultural practice particularly related to health in terms of diagnosis to cure of any disease (Miller, 2009: 164).

Miller (2009:175) referred to 3 fundamental and renowned approaches that are used in medical Anthropology. These approaches include: Ecological approach, Critical medical anthropology and Interpretivist approach. Ecological approach is also known as epidemiological approach which considers environment or emphasize on the environmental as well as on social factors, as a basis of any ailment. The other approach is interpretive approach that uses the method of abstraction for the cure of any illness and this approach, in illustrating or unfolding any sickness state that it is due to the discrepancies in culture. While critical medical anthropology focuses on political and monetary indicators and causes of health to define any ailment.

These ground approaches are generally used for anthropological enlightenment of health care systems of distinct societies. The research forms the basis for comprehending any practice, thus the researcher should be clear about the approach that he/she is going to use in order to find different mechanism that are adopted by different societies. If the researcher opt ecological approach, the center of attention of research should be placed upon environmental as well as on social factors while collecting data. Thus the data must be collected concerning demography of society, its food allocation, sanitation or hygiene, sexual practice and other such means of social interaction among people must be taken into account in order to exemplify or analyze the cause or cure of any disease. Research methods were initially more inclined upon the etic or in other words, quantitative methods but currently emic or qualitative method or data is also employed in order to illustrate or justify the etic data using emic perspective for better understanding (Miller, 2009: 175).

The interpretive approach elucidates that how people in different cultural settings perceive any ailment and how their curative mechanisms are derived are responded accordingly. Interpretive anthropologists are those who observe any society in context of their area of interest and interpret the meanings that they derive from any practice or mechanism. Interpretive anthropologists have also observed ritual abstraction or trance as a mean of cure in many societies (Miller, 2009:177).

Singer defined medical anthropology with the political and economic perspective and illustrated that it is a theoretical approach where the guiding principles by the governments of society as well as the capitalism is analyzed that could affect the health or health care mechanism. When we apply political or economic perspective on health care patterns, it is illustrated that based upon the wealth or capital, different services are provided to a group of people while the others remain deprived of such services that poses negative effects on health and healing mechanisms. It is placed in center of analysis of critical medical anthropology where the degree of difference in treatment is critically

analyzed and tries to reveal the latent causes of meager health conditions by relating it with neo-liberal economics (Singer, 1995:81).

As the Medical Anthropology unfolds, we examine how the COVID-19 pandemic highlighted the precariousness of our systems of preparedness as well as the forms of structural violence that exacerbate vulnerability, rates of mortality, and disparities in care. Lack of investment in public health and deeply entrenched inequalities within and across countries has amplified the impact of the pandemic. COVID-19 continues to spread and kill unevenly along the lines of age, class, race, gender, and locality.

The pandemic has been dangerously politicized within the unfolding drama of a world theater, exposing the regular curtailing of the rights of marginalized peoples, the expensive and inept search for “magic bullets,” and the rampant disregard for human lives. There is a need to use Medical Anthropology discussions to explore new practices of social solidarity and emergent forms of cultural expression, and activist efforts for risk mitigation and universal systems of social protection.

Chapter No. 3

MATERIALS AND METHODS

3.1 EXPLORATORY RESEARCH METHODOLOGY

Methodology depends upon the nature of area of interest. Methodology, then illustrates the methods that should be opted for the sake of data collection. Thus, methodology must not be confused with method. The researcher opted exploratory methodology since the topic is current and not much has been written in terms of social and anthropological implication of pandemic for the returning migrants or the displaced returnees. Exploratory methodology, as the name illustrates, helps to explore problem or cause of any problem that had not discussed or occurred before. Similarly, to explore the effect and intervening variables in spread of novel corona virus, exploratory methodology is used. This methodology generally follows the operational definition developed by the researcher to validate the findings (Shields and Rangarjan, 2013).

Anticipation of exploratory research methodology is not to produce or present substantial data that would reflect definite evidence about the problem that is to be explored but it assists to understand any social phenomenon or problem that had not discovered before. In exploratory research, a researcher is not restricted to follow a specific path rather it is finding a more flexible methodology as a researcher can change his/her direction, whenever the researcher explores new dimensions about the phenomenon that is to be investigated. It is because the reason that new dimensions and predictions about the new area of interest results when the researcher commence his/her investigation i.e. he/she comes to explore new dimensions, so the researcher is disposed to alter the previously proposed framework (Saunders et al., 2012). The aim of exploratory methodology is not to present a decisive finding but explores the area of interest at anecdotal degrees. Rather exploratory research acts as base for many conclusive or decisive researches by providing preliminary data or observation about certain phenomenon. Exploratory methodology explicit the following: research design, method for obtaining a sample and method to collect data (Singh, 2007). This methodology is inclined to embark upon the problems that had either not been discovered before or much research is not conducted upon previously existing problem (Brown, 2006).

The researcher preferred this approach because such research topic is currently under a wider scholarship in developed countries of the world but its social implications for the immigrants and returnees is barely investigated in Pakistan. A lot of international, regional and local research is being held on COVID-19 causes and preventions, but barely a few researches are held on social implications of this pandemic. While I was searching for the topic of dissertation for my MPhil research, I was also stuck up in pandemic which compelled me to unearth the dynamics of COVID-19 in terms of migration with specific focus on return migration or repatriation. Even this topic was not also getting requisite attention at state level that is why the other stakeholders are less interested to invest resources on social issues.



3.2 RESEARCH METHODS

3.2.1 Socio-Economic Survey

Survey method helps to collect data at initial stage and informs about the basic unit of analysis i.e. Individual level. This method is equally appropriate for other research methodologies such as descriptive methodology and explanatory methodology and is not restricted to a certain methodology (i.e. exploratory) because it helps to collect base line

information about the potential population (Bhattacharjee, 2012). It can be attributed as a method that helps to collect and depict the responses of potential population and a researcher also gets to explore new dimensions at initial stages by collecting direct information from respondents and data collected through survey method helps to narrate causal relationship among variables (Jackson, 2011). Generally, a socio-economic survey is the preliminary step in any field based anthropological research. In this research, an initial socio-economic survey could not be held due to restriction in movement and the nature of research, hence a section on basic demographics was incorporated in the tool of research to record the basic information.

3.2.2 Interviews

The pros of using interview method are that it enables a researcher to collect first-hand information directly from the respondents and helps to unfurl the views, norms, experience and many other perspectives of potential population about any certain phenomenon or problems. Interviews are an important concomitant of Qualitative research and help to provide an in-depth analysis. Interviews act as a mean of inquisition. Interviews are conducted based either upon single entity, goal or a particular topic, around which the arguments are generated. Interviews are a mean of collecting data about the perception of people regarding their observations and experience. It helps to include several dimensions in research because via interviews, one gets to know the other dimensions or perceptions of their area of interest because respondent might perceive any dimension in other way according to their observation, experience, gender or age (referred as relativism). It can thus help to unfold many dimensions of their research study.

In depth Interviews are conducted in anthropological research since they are focused and concentrated and helps to gain insights to discover the dogma or views of other individual on a particular topic, problem, change or any happening. In-depth-interviewing is a type of interview of qualitative method of research and help to intensify the argument in qualitative research in order to validate and justify the findings. Interviews also help to record history by documenting narrative of people. Similarly, the researcher opts

interviewing method in order to record the experience of migrants in both countries and would help in a comparison between host country and their native country. It enables to comprehend that what the respondents or migrants had perceived from their very experience in host country (Seidman, 2006). Interviews act as a foundation for research by the collection of data upon the area or subject of research and help the researcher to include the dimension of their (migrants) perception and infer accordingly (Goldbart & Hustler, 2005) & (Boyce and Neale, 2006). The tool of research design was interview guide designed to keep in view the concepts and dimensions of return migration. The tool helped to record the issues, concerns and traumas of returnees repatriating Pakistanis or returnees who were awaiting their repatriation.

3.2.3 Case Study Method

Case study is a distinctive method that is adopted in social sciences. Focus of any case study is laid upon a particular issue that could be any (i.e. any society or organization, individual, specific faction, it could be any affair or occasion, case study could also be conducted upon any action or circumstances etc). This method is generally opted in conducting an empirical research to achieve specific goal by unfolding facts rather than selected arbitrarily. Case study, as the name illustrates, define a case that the researcher may find more relevant to the area of interest or a case that might not be ordinary and the researcher find it an exceptional case, that is needed to be analyzed while conducting their research which could help to justify the perspective of researcher. Adding an exceptional case, could help the researcher to understand many viewpoints behind the divergence that might be the consequence of social forces. The case studies could help to intensify the findings and helps to understand reasons of divergences that make a case more relevant or exceptional, respectively (Crossman, 2019). The returnees who have significant cases were identified and their responses were recorded as cases.

3.3 RESEARCH TOOLS

3.3.1 Participant Observation

Participant Observation is the major tool of research in anthropology that primarily distinguishes anthropological data collection from any other mode of research. From

Malinowskian view point, there are four types of participant observation. Out of them all, researcher as participant is the stance from which this research was held since I was myself stuck up in United Kingdom along with my mother awaiting repatriation while returning back to Pakistan during the pandemic. The best insights into the field and domain of research are only sought by participant observation.

3.3.2 Interview Guide

Interviews are of following types mainly: Structured, Unstructured or mixed. In-depth interviews generally fall under category of Unstructured Interviews. Unstructured interviews or in-depth interviews comprise of open-ended questions to record an intensive response. The researcher opted for in-depth interview method and prepared an interview guide that comprised of detailed open-ended questions that were asked from the respondents i.e. Respondents were asked about their experience in host country. While conducting an interview the researcher must keep in consideration that is needed to be asked. So, he/she must make mark specific points or area of interest that are considered necessary to be enclosed. The data collected through interview is recorded by the interviewer and may be from any moderator or facilitator (If any) and questions are asked verbally by interviewer. The characteristics of an in-depth interview are as follow:

- a) It provides an in-depth or intensive analysis.
- b) In-depth Interviews are time intense and are conducted face to face thus; it helps to observe the non-verbal behavior of respondents also.
- c) It helps to dig out more aspects about area of interest.

Kvale proposed two substitute positions which he endorsed to research or an in-depth interview. These are: –Miner metaphor and Traveler Metaphor”. He attributed knowledge or information as a metal that is obscured and used metaphor of miner for the researcher who reveals or discover precious metal (Kvale, 1996).

The researcher must engage the respondents in the in-depth interview to unfold their perceptions. In-depth interview is often called qualitative interviewing because interview is a qualitative technique of collecting data. Patton referred to three approaches of

carrying out an in-depth interview. These approaches are: General interview guide approach, Informal conversational interview and Standardized open-ended interview (Patton, 1987).

Thus, an in-depth interview method is used to unfold or unearth the knowledge that is attributed as an undiscovered metal (As referred by Kvale), it enables a research to record and analyze several details and dimensions of research and helps to authenticate his/her qualitative analysis (Pathfinder International, May-2016). Furthermore, these interviews are conducted with either small number of respondents or even an individual about a certain topic (ibid). In anthropological researches, in-depth interviews are considered as the core method of investigation. Due to the current circumstances, most of the interviews were carried out telephonically in an in-depth manner to avoid physical interaction with the interviewees since most of the people were already traumatized due to the whole episode of halt and repatriation issues during the first and second phase of COVID-19.

3.3.3 Case Study Checklist

Case study checklist is developed as a tool of collecting information using a case study method which is centered upon a case rather than on potential population or whole sample. It can help to have a detailed analysis about a case and observations can be made over a long period of time. Case studies are conducted because such intensive analysis cannot be made on whole population. So, keeping time limitation and limited cost in mind, case studies are analyzed. It is equally helpful at initial inquiry in order to have command and explore following: new dimensions/perceptions, evaluate researcher's analysis based upon assumptions or observations after going to the field and help to evaluate tool's validity and ensure an authentic study. The case study method is useful in every field of social sciences and clinical science including sociology, anthropology, political science, psychology, education, social vocation and in administrative or directorial science (Crossman, 2019).

Thus, case study checklist was designed by the researcher to have a case specific analysis of returnees in order to support and validate the findings. Case study observations also helped the researcher to establish several indicators that facilitated to reach potential respondents or returnees and to unfurl the most relevant and potential information about the area of interest.

3.4 SAMPLING

The method of sampling helps to draw sample from the population or helps to choose relevant people for the research study. The purpose of drawing sample is that some populations are large which makes it harder to work on whole population so with the help of statistical techniques, sample is drawn, upon which inferences are generalized (Proctor, 2003). It is a statistical technique or method that enables to select sample or more relevant population upon which results are generalized in a relatively short period of time (Bhattacharjee, 2012).

Sample can be obtained from one of the two methods i.e. Probability method and Non-probability method. The researcher opted purposive sampling method to draw sample, which is one of the Non-probability methods to draw sample. The sample obtained through purposive sampling is selected based upon the nature of research study and correspondence of sample with the area of interest. Purposive sampling is also known as selective or judgmental sampling. Furthermore, it is also attributed as subjective sampling. Sampling is effective specifically when there is shortage of time and you have to attain sample and collect data promptly (Crossman, 2019). The list of all these 172 participants was used as a sampling frame. Sampling was Simple random, since every returnee had an equal chance of being selected as the sampling unit.

3.4.1 Sample and Sampling Units

A sample refers to the potential or more relevant respondents from the population. Drawing sample for a particular topic from the population is an essential constituent of a research design or framework that defines samples to the methods or tools to be used for data collection while a sample design refers to the pathway that is followed to obtain a

sample from population. It (Sampling framework) is proposed before data collection because it is the scientific or statistical way to select relevant people (Kothari, 2004). The sampling units in this study were the returnees or repatriates who were stuck in various countries upon their return since COVID-19 had put the world to halt.

It refers to the individual, group, tribe or family from whom the data can be collected and inquiry could be carried out, according to the nature of area of interest. Unit of analysis can be any from following: individual or collectively a group, any organization, society, state, technology or any object etc, based upon the topic (Bhattacharjee, 2012). In the present research study, the unit of analysis was the “individuals”, as it was aimed at collecting data from the returnees to their native country. So, data were collected at individual level. For the collection of data from returnees or unit of analysis, following methods were employed: In-depth interviews (unstructured, face-to-face interviews) and case studies. A total list of 172 respondents was received which covered returnees from UK, Italy, Saudi Arabia, UAE and US. Since CAA resumed international flight operations from 1st of July, the data was collected from July -December 2020.

3.4.2 Key Informant

Key Informants or key cultural consultants are the ones who have relevant and pertinent information on the research topic. In this case, Key informants were the officials of CAA, Ministry of Interiors and hotel management which provided as quarantine centers as per the directives of the civil administration. The researcher sought formal approval of the authorities to seek data of the returnees and ensure ethical standards gauged in anthropological inquiry.

3.5 LOCALE OF STUDY

In 1960, terrain from Rawalpindi in province of Punjab was allocated to the other land i.e. Islamabad, to recognize it as the capital of Pakistan. In accordance to the plan of 1960, the capital territory constitutes of following parts:

- Rawalpindi, 259 square kilometers (100 sq mi)
- Islamabad, 220.15 square kilometers (85.00 sq mi)

- Margalla Hills, 220.15 square kilometers (85.00 sq mi)
- Islamabad rural, 446.20 square kilometers (172.28 sq mi)

However, in 1980, Rawalpindi was eliminated from master plan of Islamabad (Vinayak, 2013: p131). The capital of Pakistan i.e. Islamabad comprises of 2 regions, these are: Rural and Urban area. The rural area of Islamabad comprised of 133 villages and 23 UCs (Union Councils). On the contrary, Union councils in urban area of Islamabad are 27.

3.5.1 Climate

Islamabad is benefitted by 5 seasons with a moist subtropical climate. Change in climate occurs by the change in seasons that are: Winter, spring, summer, Autumn and Rainy Monsoon. Winter last from November to February, spring proceeds in March-April; summer prevails from May to June. A rainy Monsoon occurs from July-August and in month of September and October the autumn season appears. Temperature in June goes beyond 38 °C (100.4 °F) which results in a relatively hot weather while is considered as the wettest month because of heavy rain fall that also results in flooding and thunderstorm are also probable in the evenings. January is amongst the coolest month. Natural and artificial reservoirs also play an important role in regulating the climate. Climate in Islamabad is also synchronized by the artificial reservoirs. These reservoirs include: Simli, Rawal, and Khanpur Dam. Khanpur Dam is situated near the municipality of Khanpur, on Haro River. It is about 40 kilometers or 25mi away from Islamabad. Simli Dam is located in northern direction of Islamabad, about 30 kilometers or (19 mi) from Islamabad. Margalla Hills National Park constitute of 220 acres or 89ha of the city. There is also Loi Bher Forest in territory of Islamabad beside the highway. Loi Bher forest is on about 1,087 acres or (440 ha).

In 1995, there occurred the highest rainfall of about 743.3 millimeters or (29.26 in) in the duration of July. In winter season, there is also observed a dense fog in morning and the afternoons are rather sunny. Temperature also remains moderate in the city but snow falls on the near proximity of hilly areas including Murree and Nathia Gali. The temperature from January to June remains in array of 13⁰ C to 38⁰ C or 55⁰ F to 100⁰ F respectively.

46.6 °C (115.9 °F) was observed as the highest temperature on June 23, 2005 while -6 °C (21.2 °F) was notably the lowest temperature, observed or recorded on January 17, 1967. Heavy rainfall was also recorded on July 23, 2001 in Islamabad of about 620 millimeters or (24 in) within 24 hours. It was the heaviest one within 10 hours that was not witnessed from past 100years. Moreover, snowfall was also recorded in Islamabad.

3.6 DATA COLLECTION & ANALYSIS

Sampling units or the participants included in research study were selected randomly from the list of International immigrants or returnees. List of these returnees was obtained after pleasing essential requisite, from FIA and Pakistan Airport Authorities. The researcher reached the respondents or participants by the information of returnees available in the list. The information that was used to reach the respondents that were taken from list included: Their Name, address and contact number. Before conducting any interview with participants, they were contacted via the contact numbers in list and the purpose of research is defined. From those who were contacted, people who were in favor to participate are included in research after informing them the purpose of research study.

A total list of 172 respondents was received which covered returnees from UK, Italy, Saudia Arabia, UAE and US. Since CAA resumed international flight operations from 1st of July, the data was collected from July -December 2020. The lists covered the names of the residents, countries from which they were flying back, the hotels where they were quarantined, passports number, CNIC and their address. Most of the returnees had a rural background, mainly Punjab. The lists of returnees have been gathered from Islamabad International Airport. Out of 172 respondents, only 44 responses were filtered out which were consensual and complete in all forms.

After collecting data from the returnees and recording their perceptions and observation regarding their experience, the next step was data analysis. Data analysis can be done through several procedures. The main pathway include: categorizing and giving codes to

the categories that are obtained after data collection, any method can then employed to the collected data like: tabulation, descriptive statistical methods etc can be used to present as well as analyze the data and draw a statistical inference (Kothari, 1990). The prime cause of data analysis is to draw an inference that could be generalized on the population. Thematic analysis was carried out after data collection. Thematic analysis refers to the description of data depending upon a particular theme. Theme can be extracted through the research question at primary stage and onwards it can be extracted from other unearthed dimensions. There must a detailed content and explanation about themes or narrative in the analysis (Braun & Clarke, 2006).

3.7 Limitations of study

Informed Consent is a key to ethical code of research especially in Social Sciences. Since every returnee was called and their consents and appointments were taken prior to the in-depth interviews. Out of 172 respondents, 141 contacts were approachable through phone. 52 respondents consented and scheduled their interviews. After data filtration, 44 complete responses have recorded and presented. Therefore, we can gather that the availability of data was limited due to the following factors

1. Less access to returnees due to availability of their data.
2. Sample is less concerned to share their experiences, especially their health issues.
3. Not able to move everywhere to reach the sampled person.

1.8 DEMOGRAPHIC PROFILE OF RESPONDENTS

The demographic profiling of the respondents has been deduced from the data collected from the repatriates. The respondents below 18 years of age were not shortlisted since they were accompanied by their guardians and their guardians were already a part of the sampling frame.

Table 3 Demographic Profile of the Returnees (July-Dec, 2020)

Category	Frequency	Percentage
Age		
18-25	4	9.1
26-30	9	20.4
31-35	5	11.4
36-40	10	22.7
41 and above	16	36.4
Gender		
Male	35	79.5
Female	9	20.5
Religion		
Islam	42	95.5
Christian	2	4.5
Educational Qualification		
Illiterate	5	11.4
Primary	10	22.7
Matric	11	25
Intermediate	6	13.6
Graduation	2	4.6
Masters & Above	10	22.7
Total	44	100

The demographics of age of returnees starts from 18 years and above. The intervals are not taken with the fixed gap. Larger population frequency observed was of 41 years i.e. 36.4 % and above. The total population taken in consideration for data collection purpose were 44 individuals. The table of gender shows that percentage of men is greater than that of women. Male section was reported 79.5 percent while 20.5 of the respondents were from female group. The age and gender distribution tables suggest that males with the most productive age were abroad since more were having some professional engagement there and hence were largely affected due to stuck up during their return. In the population of 44 respondents, it can be seen that 95.5% of the people followed Islam and 4.5% were the followers of Christianity. A major trend can be seen who left their education at matric level among the returnees. Only 4.6% did graduation and 13.6% did intermediate, around 22.7% of the respondents were basic qualified up to grade 5 whereas 11.4% were illiterate.

Table 4 Migrants' duration of stay, profession & destination countries

Category	Frequency	Percentage
Length of stay in host country		
Less than 3 months	5	11.4
3months to 1 year	6	13.6
1-4	3	6.8
5-8	5	11.4
9-12	7	15.9
13-17	15	34
Above 17 years	3	6.8
Professions		
Daily Wager	12	27.3
Professional	9	20.5
Business	18	40.8
Tourists/Visitors	5	11.4
Countries of Destination/Host Countries		
United Kingdom	13	29.5
USA	5	11.4
UAE	12	27
China	3	6
Scandinavia	6	13.6
Turkey	1	2.2
Malaysia	2	4.5
Australia	2	4.5
Total	44	100

It can be observed that people who lived abroad more than thirteen years are covering largest population from the sampling frame. The least trend can be viewed in less than four years and greater that is 17 years spent abroad. The percentage of daily wager is of 27.3, the professional category is 20.5%. While the tourists/visitors comprise of 11.4%. But the Business category is the one having the 40.8% and thus takes the leading place in the profession category. They were not only distressed due to the halt in economic activities during the pandemic but also stuck-up during migration which was traumatic for them not only financially, but psychologically and emotionally as well. The largest cohort of returnees were repatriating back from UK and UAE i.e. 30% & 27%.

Chapter No. 4

MENTAL HEALTH STATUS OF THE RETURNEES

The social status of the returnees has determined his/ her mental health to a large extent. The most vulnerable segment of migrants returning were the labor class. The poor living condition of the migrant workers is not veiled from the world. In first week of April, Singapore announced quarantine of 20,000 migrant workers once infection was detected in their dormitories. Labor camps are known for being cramped since they lack basic sanitary and hygiene facilities. Dormitories were isolated, but it was announced that workers will be paid and given meals thrice a day. However, the labor complained of over crowdedness and filthiness. Little provisions have been made by the Nepali and Indian authorities for their returnees leading to crowded border. Malaysian migrants' workers are seen sleeping on streets of Singapore.

Desperation is seen in quarantined construction workers of Qatar. Urgent action is called by Geneva Council for Rights and Liberties for urgent protection of migrants stuck in UAE. Migrant agricultural workers in Canada are considered causative of a potential disaster since they are tested positive. US under the Trump administration has allowed the food and agriculture workers to continue their work without defining any SOPs, leaving them unprotected. Migrant workers in Maldives comprise 25% of the total population who are living in congested and squatter settlements where social distancing cannot be maintained. Cases with COVID-19 positive are also found in camps of migrant workers in Greece which has been quarantined¹. The labor-intensive enterprises in China having a large number of migrant populations ease communicability of transmission.

¹ Svensson, Sophia. Covid-19: The situation for migrant workers is worsening. International Observatory Human Rights. April 6, 2020. Accessed from <https://observatoryihr.org/news/covid-19-the-situation-for-migrant-workers-is-worsening/> (accessed on May 27, 2020).

Consequently, in order to meet the pre-requisite for isolation, the workers are required to take measures of personal protection preventing the clustered outbreaks of pandemic².

4.1 MENTAL HEALTH STATUS

At every stage of life, beginning from the age of infancy, puberty and adulthood, mental wellbeing is very important for the person and it is linked to a psychological degree of well-characterized functionality, even in the satisfactory physical, behavioral, biological, and social circumstances of human beings. Mental wellbeing thus provides an individual with the capacity to enjoy life, to define a balance between behaviors, everyday living and therapeutic adaptation measures in the sense of their own belief system (Angelescu, Ciucur, & Marin, 2001). Mental trauma and the risk of illness are now very deeply written into the consciousness of persons who ultimately have a detrimental effect on their mental health. There can also be a detrimental effect on mental wellbeing and psychological functioning during long periods of loneliness and loss of access to services. In order to investigate the long-term effect of COVID-19 on mental health, numerous experiments are being undertaken. Doctors and mental health professionals need to hold open dialogue on the significance of mental health and empower patients to seek treatment (Singh, 2020).

Psychological instability and signs of psychiatric illness have long been linked with extensive outbreaks of infectious disorders, such as (Bao, Sun, Meng, Shi, & Lu, 2020). Migrant employees have a high prevalence of common psychiatric illnesses (e.g., depression) and a poorer quality of life than local residents under normal circumstances. A positive correlation of prevalent psychiatric illnesses with harmful factors such as insecurity, inequality, and financial debt has been repeatedly observed in several studies around the globe. Firdaus (2017) in his analysis, the prevalence of poor mental wellbeing for those who were single/widowed/separated/divorced, unqualified, disabled, frequent waging, illiterate and older was found to be higher. Bad mental health was also

² Chen, Ze-Liang, Qi Zhang, Yi Lu, Zhong-Min Guo, Xi Zhang, Wen-Jun Zhang, Cheng Guo et al. "Distribution of the COVID-19 epidemic and correlation with population emigration from Wuhan, China." *Chinese Medical Journal* (2020).

found to be related in turn to poor infrastructure, educational and medical services. These causes contribute to inadequate social care, a sense of vulnerability and difficulties with adaptation. Migrant workers are especially vulnerable to all these risk factors because of their special and disadvantageous status (Bao, Sun, Meng, Shi, & Lu, 2020). The returnee migrants from UAE were generally from the labor class who were more vulnerable due to lay-offs, marginalization and congested neighborhood as reported by them. The socio-economic status of the returnee and his professional affiliation has determined the type of treatment he/she received from the host country at the time of repatriation.

When discussed regarding the repatriation process the respondents said that it was not difficult for him to reconnect with the community. He experienced two weeks of self-isolation, but speaking of tension, he said that it was just his days in England thinking of returning to Pakistan, but then he was back in Pakistan, and he said that stress had subsided when he got his test results and they were negative. The respondent talked about his relationship with his sister and explained his emotional attachment towards her as his mother had passed away and he considered himself loyal towards her. She was kind of encouragement in his life.

Governments have no choice but to enforce a lockdown that is followed in virtually every country around the globe. These lockdown, quarantine and self-isolation, however, involved mental health issues. Mental difficulties and tension in other areas of the world are also documented to cause common psychiatric illnesses, such as depression and anxiety (Dar, Iqbal, & Mushtaq, 2017). Many persons, who also have current health conditions such as hypertension and the elderly living in loneliness and deprivation, are highly susceptible to concerns of mental health (Adams, Sanders, & Auth, 2004). In the case of Pakistan, the responsibility rests with the Pakistani government to bring successful action by adopting the recommendations laid out by the World Health Organization (WHO). As it is estimated that more than 50 million people suffer from a mental health condition, Pakistan's track record on mental health problems is not important. With a ratio of 1:100,000 patients, there are just 500 psychiatrists caring for them (Nisar, Mohammad, S, Shaikh, & Rehman, 2019). Federal and regional

governments however are taking several steps in partnership with local and foreign non-governmental organizations (NGOs).

4.1.1 Mental Wellbeing of Returnees

Non availability of reliable COVID-19-related information, and lack of social support predicted more negative mental health impacts. Resilience, positive thinking, and exercise were predictors of less severe mental health impacts. Those stuck in liminality experienced more adverse mental health impacts than the returnees who repatriated back smoothly. Mental health professionals were called in the developed and resourceful world to provide appropriate support for the ones who faced more traumatic conditions during the pandemic, particularly, during the quarantine measures in pandemic.

For the respondent, the perception of mental wellbeing was that whether he or she performs their work well a person would be deemed mentally stable. He said that a person needs to be able to understand and correctly execute what his or her duties are. Recalling his condition, he presented himself emotionally sound. The variables that kept him safe were the encouragement of the elderly along with the direction given by them which helped the young.

—mera dimagh yeh soch soch kar maooof ho jata tha kay agar mujhay mazeed yahan rukna par gya toa mai kya karoon ga. Mujhay kuch ho gya ya meri family ko kuch ho gya toa unka khayal kon rakhay ga. Meri biwi aur bachay meray intezaar mai alag pareshan thay. Intezaar buht mushkil imtehan hay who bhi iss waba mai. Ab bhi uss waqt ko soch kar mera zehn sunn ho jata hay”

One of the respondents shared that he was longing for repatriating to Pakistan with his family. He wanted to return back to his family since his wife and kids were waiting. So much of news on pandemic had taken over his mental and cognitive capabilities. Even if I recall that phase, I feel seriously disturbed⁴. He said that at the time, when the plane landed in Pakistan, much of the tension had subsided. He states now that, I felt mentally relieved all of a sudden as if the burden got over⁴. He said he was apparently and

physically fine on his own, but his family (wife and children) were concerned about him because of the need for emotional support. All he wanted at that time was reassurance to his family that he was coming back to Pakistan. He said that his mental health would have deteriorated way far if it had persisted further, he would surely require psychiatric assistance to get back to normal.

The respondent said that

“Aik aisa insaan dimaghi tor pe aik mutawazan shakhs hay jo k sakoon se soch samjh skta ho. Corona ki waba ki khabar aur phr beroon-e- mulk phans Janay ki wajh se hum mai se ziadabtar log buht pareshan thay. Aine aiport pe aik larkay ko dekha jo k 20-25 saal kii umar ka tha aur intehai pareshan dikh raha tha aur idhar udhar hath mai mask lye dor raha tha. Usi kay baraks usi aiport pe aik qareban 30-35 saal ki khatoon ko dekha jo k qadray sakoon se bethi hui thi. Yeh dono hee aiport pe tickets ka maloom karnay aaey thay. Aik apni bari kay intazar mai idhar udhar dorta nazar aaya jb kay dosri khatoon aram se bethi hui thi. Ho skta hay dono kay ghr k haalat mai farq ho ya unko wapsi ki alag trah ki pareshani ho”.

A person can be considered to be mentally stable if he/she remains relaxed, involved and new, according to his/her point of view. In addition, a mentally active individual is safe. He also said he saw a boy at the airport in his 20s who was so nervous that he paced here and there, holding his hand on his mask. In comparison, a woman about the age of 30 was cool and composed. He saw them both at an international airport waiting for their ticket's confirmation. One was running from pillar to post whereas the other was sitting calmly waiting for her turn. There must be difference in their circumstances which were compelling them to act differently.

Telling about his own mental health, he said the entire world has been hit by lockout due to a pandemic. So, everybody is going through some kind of tension, depression, fear, and people are not fully cool and relaxed. The respondent said, talking about himself, that he is a psychologically stable and active guy since he has never freaked out. Elaborating further, he said that the reasons that kept him calm in the situation were his firm

confidence in Allah Almighty, his parents' prayers and strictly taking care where possible.

Speaking regarding the process of migration, he said it was easy for him to assimilate into society. He spent two and a half weeks in self-isolation, but talking about tension and depression, he said that he was so nervous about returning to Pakistan, but he said that much stress had been relieved and he felt totally free of stress and had integrated himself into society when he returned to Pakistan and tested negative. He said that he was very close to his mother and she was very helpful in bringing him back to life with all her love. He claimed that his illness did not go to the stage of anxiety or psychological disease, while the situation was complicated, as he said earlier that he was physically fit. Most of his depression had subsided upon returning to Pakistan and he was relieved of all the stresses when he reunited with his mother.

Another respondent shared that if a person faces a tough situation like that of a natural calamity posed by COVID-19, yet remains confident that things are going to get better and fight for it that person he is psychologically strong and stable. He shared that remained optimistic in tough circumstances while talking about himself. Talking about the reasons that held him sane, he shared that he tried to stay sane by getting company of his friends in the isolation camps in UAE. He said his mates were keeping him company and he was able to keep himself positive. They played video games with his peers to pass their time. Speaking of challenging conditions, he said that it was difficult to grasp not being able to go out and spend the weekends he said, when everything we had scheduled was scrapped. He said he has his family living in Pakistan regarding the repatriation process so that he did not experience any discomfort or tension. Not only this, Peer support is an organizational approach and an individual approach to being there for each other. When we think about our organizations and when we think about the way medicine is practiced, we need to remind ourselves that the culture of medicine is very strong. ~~–~~Much of the culture is wonderful, like the fact that healers put our patients first which is beautiful”. But there is a need to realize that apart from frontline clinicians, physicians

and other health care providers, peers play a significant role in normalizing stressed individuals around us.

He suggested that there is a need to set up mental health treatment recovery centers around the country to offer emergency assistance for 24 hours. While such measures have been taken by the government, but only confined to the key cities, these efforts should be expanded also to rural areas where the bulk of the population lives. In these moments of hopelessness and helplessness, the mass media has an impact on coping with health problems (Otten, 1992) and a strong instrument to empower the population (Latif, Bashir, & Komal, 2020). The media should be engaged to increase awareness about COVID-19 and numerous practitioners including psychiatrists and psychologists should be welcomed to national television (TV) and even social media counseling sessions.

In addition, national television can prepare to screen patriotic films and broadcast sentimental songs that can be useful for solidarity and minimize the possibility of tension. Likewise, in order to face the crises, the talks and speeches of religious thinkers on the television can be very effective in inspiring masses and raising their morale. It takes an hour to increase awareness of public health through means of text messages, local radio channels, posters, etc. It takes integrative wellness strategies focused on mental health problems, and people can be successfully encouraged to remain indoors until the fight against COVID-19 is taking over by taking the steps stated.

When asked about fear or mood swings in the ongoing pandemics, one of the respondents said the UK government originally asked them to wear masks and gloves that he was comfortable with. After that when the lockdown was introduced, he said things weren't too good and it was important to postpone plans to go out and meet people. He said they might chat at the time about how long the lockdown might be in effect and when they would go out. He said it was a little hard in those days to grasp the seriousness of the case. He said that he did not need any specialist assistance at any time.

Speaking of emotional support, he said that in times of crisis, emotional support is really important, and he and his friends supported each other that everything will be okay. He said of his family that he had loving parents who stayed in touch to ensure he was fine and to take care and keep indoors. He said he did not need emotional help after coming back to Pakistan because his family lives here and unification was all that cured him.

The respondents claimed that people who have their own personal space are emotionally stable. For all, personal space is crucial as it enables the individual to think of and for themselves. To some, there is little personal room available for individuals in Pakistan and that they remain somewhat psychologically exhausted. Social networking and its disruption or discomfort or depression is induced by those who go through such situations. It reduces self-esteem and induces depression. Speaking of the psychiatric illness she had during the COVID-19 lockdown, she assumed that SOPs were not followed by Pakistanis, and this led her to fear that something would go wrong. She said that friends offered the much-needed company to stabilize herself, thinking of what kept her sane.

Epidemics often leave a profound impact on individuals' psychological wellbeing. With respect to not only the physical well-being of oneself and loved ones, but also the lack of livelihood, it creates a feeling of vulnerability. People are vulnerable to disinformation and false news that is distributed via social media, resulting in heightened tension and in some situations, hysteria, with personal and social life in disarray due to lockout. The Corona virus was another contribution to Indian culture, which is still broken across religious and social lines.

4.1.2. Oppression & Stigmatization

In addition to being oppressed, people who are confirmed cases of COVID-19 are also stigmatized. Many placed under quarantine might sometimes feel like offenders are being punished. If placed in quarantine, regular wagers or those responsible for their families could feel extra pressure. There have been a number of suicides linked with the corona virus already. Therefore the government released a "Minding our minds during " guide to

help its people cope with psychological tension during these uncertain times in order to keep their people safe, emotionally and psychologically (GOI, 2020).

Many cases of apprehension in going to quarantine in KPK and Sindh were also taken into account because they had fear of being known as ‘sick’ among others. These stigmatization and outbreak of pandemic was tried to be eradicated through several measures. Thus, every gathering or meetings were proscribed and mosques were also shut down to ensure the decrease in spread of novel virus. There was found a clash in synchronization among federal and provincial governments which was evident by difference in their statements and ideologies to deal with pandemic. The deceleration in economic activities resulted in creating hunger in society for underprivileged groups and they were of the view that they may escape from the viral infection but would die with starvation (Shaikh: Pakistan’s preparations and response, 2020).

Fear, anxiety, and nervousness are natural reactions to potential or actual threats, and at times when we are met with doubt or the unknown. But it's natural and understandable that in the sense of the pandemic, people are feeling anxiety. The essential changes to our daily lives are connected to the fear of catching the virus in a pandemic such as COVID-19 as our activities are limited in favor of attempts to control and delay the transmission of the virus. It is critical that we look after our mental wellbeing, as well as our overall fitness, in the face of modern realities of working from home, transient unemployment, children's home education, and loss of physical interaction with other family members, acquaintances, and colleagues (WHO, 2020).

WHO has continually illustrated the chronic lack of funding of mental wellbeing: nations spent less than 2% of their public health budgets on mental health prior to the pandemic, and failed to address the demands of their communities? The need for mental health care is growing because of the pandemic. Grief, loneliness, job deprivation and anxiety are affecting or exacerbating underlying mental health problems. Many individuals may face elevated alcohol and substance consumption, insomnia, and increased anxiety levels.

Meanwhile, itself, such as lethargy, hysteria, and stroke, will lead to neurological and psychiatric problems (WHO, 2020).

During the COVID-19 pandemic, WHO along with allies, offers support and advice to community professionals, health center administrators, children's parents, elderly individuals, isolated citizens, and representatives of the public more broadly, to help them take care of our mental health. "For overall health and well-being, good mental health is absolutely fundamental," said Dr Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization. has interrupted the world's essential mental health services just when they are most needed. World leaders must move quickly and decisively to invest more during the pandemic and beyond in life-saving mental health programs (WHO, 2020).

A lady shared that ~~Hum~~ ko hamaray rang ki wajah se alag kiya jaata tha, hmaray Asian honay ki wajah se. jiski wajah se meray jesay aur log bhi jo watan wapsi k muntazir thay un mai kaafe ghum o ghussa paaya jata tha. Unko dekh k mujhay laga k mujh mai toa buht bardasht hay aur maine himmat nhi haari. Apnay sath baqion ki himmat bhi barhaey aur unko hosla dia k humko iss wqt mai ghussay se kaam nhi lena”.

I felt that we were getting stigmatized on the basis of our Asian Nationality which created much of anguish amongst a lot of people awaiting repatriation. Soon, I learnt that I am a psychologically stable person, a leader and in struggling times enlightened people by showing them the way. People should act mature in such challenging times and should not make jokes about the markers of mental health, but rather take their work seriously. I stayed emotionally stable most of the time’. She said that her parents had the greater hand in defining her personality, who have helped her make choices in her research and career, on what made her emotionally balanced. She was an educated lady and was returning back from UK after completion of her Master’s program. Taking on the role of coordination with the returnees coming back from UK, I realized that my leadership skills have got better’, she added.

By overthinking with the anxiety of being COVID-19 positive, individuals burden themselves with stress. She said that

“jub hum mai se koi apnay corona kay test k result k intejar mai hota tha aur jb wapis aa k qarantina hota tha, who waqt sbse muhsil tha. Uss wqt apko apnay apnon ki ziada zaroorat hoti hay jinse aap pehlay hee door reh rahay hotay hain. Bhook piyaas hee urr gaey thi. Agar mai apnay ghar walon aur doston se phone pe baat na kar rahi hoti toa pata nhi mera kya haal hota. Woh wqt buht hee mushkil tha”.

When an individual waits for their results outcome to come back and then the days at the quarantine are highly demanding. She said an individual wants emotional support when he/she is living apart from his loved ones. Her tension never shifted into a state of fear, she said. She said that there was a little decline in her appetite, but nothing serious. She said it was on her mind when the team took her sample for processing, but talking to her parents and friends over the phone held her tension away. She said it was different regarding the tension during the repatriation period that she had to go through quarantine, which was a new experience for her. But that time of isolation led her to introspection and whenever she was overpowered with fears, she distracted herself from worrying over being in touch with her parents and siblings. She that the trauma of repatriation is over now. The COVID is not over, but she is relaxed after reuniting with her family back in Pakistan.

4.1.3 Stress of Unfulfilled Dreams

There were many people migrating across the world in surge of their dreams. The stress of not making it to the expectations of the family and one's own dreams is really stressing. In a case, shared by one of our respondents who returned from Malaysia, he explained, was because the day the lockdowns were introduced was the day, he and his friend reached Malaysia. He clarified that he had left his job in Pakistan with his accompanying friend for a startup in Malaysia. As they heard the news of lockdowns upon meeting them, he was expected to retain emotional presence and thorough assessment of one's circumstances. To him, it was a very distressing situation and he

wanted to stay calm and think with a clear mind. The respondents shared that he considers himself to be mentally mature and stable. This, he explained, was because the day the lockdowns were introduced was the day, he and his friend reached Malaysia.

“mai aur mera aik dost apni nokri chorr k aur karobar ki poori tyaari kar k Malaysia puhinchay hee tha kay lock down shuroo ho gya. Shukar hay hum dodno sath thay. Chaar maheenay wahan phansay rehney k baad humko Pakistan wapis aanay ki ijaazat mili. Nuqsan aik traf managr hum aaj bhi yehi sochtay hain kay agar hum sath na hotay toa shayad pagal ho jatay. Uss buray wqt mai ghr walon ki dhaaras aur aik dosray k sath ne buht had takk humein pagal honay se bachaya”

Regarding the variables that led to the respondent's emotional wellbeing, he expressed the sense of responsibility he felt for his family. The most important aspect that kept him going throughout those four months he was in Malaysia was the prospect of returning to his home safely. This is what kept him striving to return back to his native land. He faced a lot of emotional and psychological trauma along with financial losses. But he said that once he arrived home, he did not need any emotional assistance as he had reached his inspiration, which was his family. The respondent said there was a kind of fear or tension, especially in the days when the number of observed cases and deaths increased in foreign countries, but it did not turn into anxiety. They would sit in their room and they would get a week's supply anytime they went out, but they would not go out until the whole week. Staying in touch with their friends, he said they would inquire for each other's wellbeing and keep in touch with each other.

Everyone has a different level to cope with the situation, especially when they are related to mental stress. But taking care of your family and friends can be helpful for oneself along with others. Phone calls or video chats can help you and your loved ones feel socially connected, less lonely or isolated. HCPs' psychological reaction to an outbreak may rely on several factors that can induce anxiety and stress, such as feeling prone to illness, loss of control over the situation, the spread of the virus, family wellbeing, and loneliness. Other causes, such as a lack of PPEs, medications, etc and a growing number

of real and suspected cases, may also lead to tension and anxiety among HCPs. These variables can relate to varying psychological pressure levels and intensity, which can lead to a sense of isolation which helplessness and can lead to tension, anxiety, irritability, emotional exhaustion, and depression.

“mai UK mai parh raha tha jub lock down shuroo hua. Humain foran hee university ka hostel khali karnay ko keh dia gya. Shukar hay meray kuch dost wahan thay, mai foran hee unkey paas chala gya. Isi wajah se mai jazbati aur zehni toar pe qadray pur sukoon raha. Pehli dafa mai bees din lagatar ghar mai band raha aur phir maine apna naam wapsi kay lye Pakistani embassy ko dia. Aur jesay hee mera naam aaya mai Pakistan wapis aa gya”.

One of the returnees from UK shared that besides all the ups and downs happening during the COVID-19's declaration as pandemic by WHO followed by barring International travelling, he found himself to be mentally and emotionally stable in reaction to it. He was studying in UK at that time and the sudden closure of the universities and vacating hostels led a lot of students to distress. He expressed that there were other Pakistani students who were very afraid when lockdowns were declared in Manchester (where he studied). They wanted encouragement and the respondent expressed that he was keeping them company and chatting to them so they wouldn't get overwhelmed. He said that they had to stay indoors for around 20 consecutive days for the first time, and that was not usual. To some point, this has caused discomfort. But when he joined his family in Pakistan, the tension subsided. He shared that there were several periods of fear, speaking of his days in lockdown, but it never got to the point of psychological depression or he did not need any clinical treatment with his mental health. He said that his university closed periodic classes and began online classes, reflecting on the reasons that kept him sane. The respondents shared during online classes that they had "coffee mornings," where the professors asked everyone to make a cup of coffee and they would catch up on each other's lives and how they were doing. He also reported that video games were a perfect way to get away from the problems that were going on.

Another respondent shared *“insaan ko zindagi mai kabhi mayoos nhi hona chachye. Zindagi mai mushkilat aati rehti thein magar unhen khud pe haawi nhi honay dena chahye. Pandemic se maine yeh ssekha kay hum sirf usi soorat mai mehfooz reh sktay hain aur mayoosi se door rehtay hain jub tk hum Allah pe bharosa rakhen. Har kaam ulta ho raha tha, sochta kuch tha hota kuch tha. Magar iska yh mtlab nhi k iss waba ne humen zehni toar pe beemar kar dia, ghussa toa aata tha par khudpe aur uski zaat pe bharosa kar kay who wqt guazara. Sakoon tb mila jab bil aakhir mai apnay ghr walon se Pakistan wapis ja k mila”*

that one should stay positive towards life and should not allow small problems to influence his day with his actions, attitude and ego. The respondent said he considered himself a good person, he said he was grateful to Allah that he did not suffer such a bad thing, but there are occasions when a person becomes depressed. This is not necessarily sadness or tension, he explained, but just tired of things going in the opposite direction. This does not mean that a person is mentally ill. He said that anger could be considered the state he was in as one could not go out as one would usually do. He said that now the frustration has subsided and it's very soothing to come back to Pakistan.

Prospects for tracking psychosocial conditions and delivering assistance during direct nursing practice patient experiences are significantly diminished by large-scale home detention in this crisis. Telemedicine is used to provide psychosocial treatments, which are increasingly provided in primary care environments. Psychosocial assessment and control in the sense of should include questions about stressors associated with (such as exposure to infected sources, infected family members, loss of loved ones, and physical distance), secondary adversities (economic loss, for example), psychosocial consequences (such as depression, anxiety, psychosomatic problems, insomnia, increased drug use, etc. For formal mental health assessment and treatment, some patients may require referral, while others may benefit from therapeutic programs intended to encourage stability and improve resilience (such as psycho-education or cognitive behavioral techniques). In view of the widening economic crisis and the various complexities surrounding this pandemic, suicidal ideation may occur and entail urgent

consultation or referral for potential emergency psychiatric hospitalization with a mental health provider (Pfefferbaum & North, 2020).

Mental wellbeing was interpreted by the respondent as the capacity to make sound choices and not giving way to the circumstances. He believed that he stayed psychologically stable during the demanding conditions perhaps because he had sufficient resources to sustain his livelihood in quarantine. He said that he was able to retain his cool during a pandemic, taking a perspective of the situation he has been through as a 15-year-old in foreign land and society. He said that tension nevertheless persisted. He clarified that it is stressful in itself to be in a different society and he explained his condition where he was in a school where he was marginalized by peers. He remembered an incident where he was named a nigger by a girl in his school and this contributes to the tension of the scenario. He said that he was living through these conditions and then the pandemic isolated him abroad.

One of the returnees who was an international student shared

“meray ghar walay mujhay lay kay buht pareshan thay. Unko mera khayal tha aur who chahtay thay kay mai ksi zehni aziyat se na guzron. Maine iss mushkil ghari mai unko apnay sath paaya Jab unhen iss waba ki wajh se ehsaas hua kay mai ab phans sakta hon toa unhon ne meray idaray ki intizamia se baat ki. Meray dimagh pe aik paraey mulk mai phans Janay ka khauf tha. Mera program humain ghar walon se mahenay mai srf do dafa baat krnay ki ijazat deta tha, laikin yeh imtehan aisa tha kay ab mujhse raha nhi ja raha tha. Mai karma band kar kay rota rehta tha kay sahayd mai ab iss zehni aziat se na lar sakoon. Baharhaal who do haftay mai aik call bhi ghar walon se baat kr kay mujh mai aik naey umeed paida kar deti thi”.

Conversing of this tension, he said that he said the family he lived with was protective of him in order to keep him sane. First, he said that the family remained with him and offered their full support to cope with the tension that was forming due to the respondent being in foreign land and they decided to assist him by talking to the school administration. The stress of being trapped during a pandemic in a distant land comes

next. He said the programme allows the students to only speak to their family once twice a month for this. He said this was a challenge because he had this hurdle in front of him when he tried to share this stuff with them. The respondent said that there was a moment when he cried in his room thinking about this in order to fight or cope with this tension. And he would tell them of the things he was struggling with when he wanted to speak to his family. He said that it was a really reviving call to his family once in two weeks.

The respondent expressed that coming back to his family here in Pakistan eased much of the tension by remembering his repatriation experience. He said that due to the reverse culture shock, while returning from the US to Pakistan, he was wearing Bermuda shorts and he forgot to change them for being culturally apt. He said that he received a lot of criticism for wearing Bermuda shorts, which triggered mental stress and tension. Recalling his form of repatriation, he said he was under burden. He said it was a matter of great concern for him, given the financial constraints and not being able to open his shop in Pakistan. He said that he had gotten through much of the tension at the time of the interview. He said that he was told that he should remain afloat until the company was allowed to open. He explained that he wanted emotional support at that time. He was grumpy and would lose his temper very easily (This was also obvious as he was saying to hurry up the interview during the interview as he had no time on shop). He said he was anxious because it was his financial condition that had him in a state of anxiety when his finances ran out. He said it did not go as far as a mental condition was concerned.

One of the respondents said that mental health of individuals is reflected through the execution of daily activities in an organized way and functioning in a group of people when asked about his definition of mental health. Pandemics pose such a situation whereby all forms of interaction either come to halt or transform. He said that

“mujhay lagta tha mai baree mazboot emotional sehat ka haamil hon aur ksi bhi haalat mai bakhoobi zehni toar pe purr sakoon reh skta hon, but aisa nhi hua. Un haalat mai agar meray dost meray sath na hotay toa shayd mai Dubai mai wapsi se pehlay hee pagal ho chuka hota”.

He shared that he believed to be emotionally sound and I could bear living alone in any kind of circumstances but it did not happen. If my friends were not there in those pandemic days when we were laid off and awaiting return to Pakistan, I would have gone nuts'. He said to explain that he works as an excavator and that other people come from diverse backgrounds to work with them when everyone tries to lead their own way, it can be complicated. He said for himself that he is emotionally stable and attempts to prevent confrontation with his fellow colleagues, but some time happens. He said his friends in Dubai were the reason that kept him sane.

He said that returning to Pakistan had alleviated some of his stress over his repatriation process, but his decent amount of stress was still triggered by losing his work and not having a steady source of income. He said he wanted to go back until life gets back to normal to stick to his old career or find a new one. He was at home for the time being and not working anywhere. He said that emotional support is important for emotional support and that much needed support was given by his friends with whom he lived.

He claimed that those were the worst days after he lost his job as he would encounter mood swings and a lot of tension. With the added tension of the pandemic, he said. He said there was a lot he had to do, but his friends helped him. When asked about the assistance they got, he said he needed financial support but had the help of individuals standing by you and that they would help him get a fresh job. He said he did not think his case was such that he wanted clinical treatment with his illness.

While the mental stress is discussed following some of the tips could be useful to come out of this situation. They are: pause, breath and reflect, connect with others, keep to a healthy routine, be kind to yourself and others and reach out for help you need it.

4.2 Coping Mechanism

COVID-19, a health crisis at the inception, quickly became an ongoing economic and social crisis. This could never have been conceived by any economist: several billion

people confined to their own homes. Therefore, the impacts will go far beyond what we witnessed in 2008. We must analyze the effect of this incident until the sense of shock has passed, eliminating two pitfalls. Firstly, we must not draw hasty conclusions, considering the confusion surrounding this crisis. Second, we must not allow ourselves to be overwhelmed by shock, concluding so easily that everything will change. Significant disasters are often heralded by alarm signals or incidents in the history of human cultures. And major crises typically have an escalating effect on habits. This is why, from the viewpoint of how this crisis could magnify dynamics that are still at work, it would make better sense to look at the ramifications of COVID-19.

One of the respondents has expressed that *“mai apna UK ka visa barhwanay k liye wapis UK gya tha. Puhnchtay hee agaly din maine lock down ki kahabar suni aur mai acahanak se ghabra gya. Na mai wapis ja skta than a ruknay ki himmat thi. Mera kch cousins wahan thay unhon ne mujhay bula lia. Hum ne TV kam se kam dekha kiun k uss se srf tension hoti thi. Hum ziada tar wqt batein kar k, khana bana k ya bahar dhoop mai beth k guzzaartay thay aur mojjoda haalat pe kam se kam baat krtay thay. Awaqai agar diyar-e-ghayr mai apnay na hon toa pata nhi kia ho jaey”*

For the renewal of his Visa he was flying to the UK and the day he arrived he learned that lockdowns had been enforced across the country, ensuring offices would be closed. This contributed to the respondent's mounting tension. He went to his cousin, who was still in the UK, he said. It was tremendous comfort and consolation to have family members in international territories. He said that he and his cousins were very close and he offered him a place to stay with them. He said that they had an hour to work out every day they would take a chair out into the backyard and enjoy the good weather of those days to deal with the situation. Speaking of the TV and television, he said they stopped watching TV as news of increasing cases and deaths in pandemics could cause fear.

The respondent expressed that his religious views had evolved, speaking about his religious beliefs. He said that Islam also speaks of pandemics and he'll take it if Allah wants my life, so I can take care by wearing gloves and a mask at my end. He said that he

trusted in Allah and his legitimacy, but it was his duty to use masks and sanitizer. He said that his confidence in Islam has evolved as guidance for such matters have been issued by Allah and his Prophet P.B.U.H.

A significant diversity of individuals from a wide variety of ethnic and cultural origins co-exist and migrate through multiple regions and countries in today's globalized world. In Western nations, native healers perform rituals, and in search of traditional remedies, Westerners migrate to aboriginal lands. Therefore, multiple medical systems coexist, backed up by their respective epistemologies. This may present a threat to health-related civil rights if common methods and epistemologies are not adequately discussed within the GMH (Global Mental Health) movement and WHO's Mental Health Action Plans. Here an early philosophical problem becomes clear. Psychoactive drugs are also used in both scientific and conventional behavioral health therapies (Bouso & Sanchez-Aviles, 2020).

The respondent shared that he works and is also taking precautions in a Basic Health Unit (BHU). He uses sanitizers and face masks and mentioned that he is always telling BHU visiting patients to follow these precautions. He said he never felt the need for specialist support and the government offered no such help. Talking about his return, he said he had been alone for about nine days. He first visited his elder sister when he came back, with whom the respondent was very close. He said when he came out that he was visiting his sister that he found his neighbors who did not shirk away and invited him back instead. He said he stayed with his relatives and sister in law, was treated normally and was not exempt from their conduct against him.

The aim of converting humanity into a uniform, multinational human organization with no specific signature and name was to enable a strong and unparalleled degree of global economic growth to be extracted from the innovative human forces of all people in the world.

A respondent shared that the strict values had made him adherent, punctual and disciplined that during the situation of pandemic he strictly followed the SOPs that included wearing face mask all the time and washing hands in frequent intervals. He further supported his precautionary measures by saying that as Allah and his prophet P.B.U.H. have provided rules for certain problems; his faith in Islam has grown.

Rational liberalism does not make faith superfluous, as perhaps emerges clearly from the scathing criticism of the conceptions and “values” of faith-based liberalism. On the contrary, for rational liberalism a sincere faith in the validity and veracity of its values is an important means of easing people’s rehabilitation from their subjection to the four addictive tyrannies (imagination and falsehood, domineeringness, the drives, and the gratifications), and even more so, of helping them maintain a routine of staying “clean” over time (Shai, 2020).

The respondent claimed

“pardes mai rehnay walay shaks pe aik khaas qisam ka qudrati stress hota hay jiski wajh koi waba nhi hoti. Han magar jb yeh waba pheli toa humain mask pehnay ko kaha gya. Taman idaray band hona shuroo ho gaey, sbse pehlay jo cheez meray dimagh pe thi who koi nokri dhoondna thi takeh peechay Pakistan mai meray ghar ka khracha chlta rahay, laiking meray gha wlaon ko meray lotnay ki fikr thi. Who nhi chahtay thay kay mai khud ko ksi pareshani mai daloon aur wahan rukoon balkeh who chahtay thay kay mai Pakistan wapis puhanch jaon. Mai jb tak wapis nhi puhncha apnay ghar walon ko khaas tor pe bachon ko calls kar kay un se baat karta raha takeh unko ehsaas dila sakoon kay mujhay unka khayal hay aur mai khud bhi wapis aana chahta hon”.

There is natural stress on a person living abroad apart from his family. He said that a stress was on his mind apart from the pandemic. He said they were asked to wear masks in the early days and their job was just as normal. As corporations began to close down and lockdowns were enforced, tension really began to escalate. His first instinct was to look for jobs, a position where work was still available, to deal with this tension. But his family's insistence on getting back drew him back to Pakistan. Meanwhile during his stay

abroad halted by termination of international travelling, he assured his family especially kids that he loved them and wants to get back home at any cost.

He said in his theological views regarding the pandemic that everything happens according to the will of Allah. He said that the reason why Allah is sending us a warning is what the people are doing and going away from Islam. We are being punished because people have been punished in the past. He said that the pandemic took people back to Allah with respect to his sense of security. He said he was going to stay in *wuzu* and pray. He said that a sense of security was assured by praying. Prayers served as a coping mechanism in this stressful situation. He said he did not feel the need for counseling sessions.

When asked about the response he got from individuals, he said he did not face prejudice from these individuals. His family welcomed him back home. He said that he was going to isolate himself at his house, but he joined his family after the isolation was complete. He said Pakistan was locked up when he returned and he could not see many of his family members, but they were friendly and did not close their doors to him when he visited them after Eid. He said his neighborhood and acquaintances responded warmly to him and he did not see any difference in their behavior.

It has proved difficult to find a consensus during a pandemic for the first time since the UN was created; this does not augur well. This condition is the product of differences between countries and the lack of involvement in any sort of foreign leadership between a number of them. This is all incredibly worrisome, and we know that good foreign cooperation can be a game-changer. Coordination allows best practices to be shared; to propose international guidelines for passenger controls at airports, for example; to combine funding for monitoring and vaccination development (rather than one government attempting to preserve positive research outcomes for its own benefit); and to establish collaborations to manufacture all the essential goods and supplies required to tackle the pandemic (Borrell, 2020).

One of the respondents said that when he travelled to Turkey, he learned that lockdowns had been introduced throughout the world, indicating that during the pandemic, offices, schools and markets would be closed. This was one of the primary causes of the respondent's tension. He also shared that he stayed in an apartment alone but he went to the house of his uncles, who were still in Turkey. And he said that it would be a great benefit and comfort to have family members or good friends in foreign lands. He said he was very close to his uncle and he lived at his uncle's house with him. He said they had a very good time staying together to cope with the condition during the pandemic, as they both use it to cook together in a kitchen, they cook at home with the help of your tube. The respondent was therefore made to remain calm and ease out stress.

The respondent expressed that *“mera aqeeda pukhta hay. Wabaon ka zikr toa Quran mai bhi hay, yeh imtehan hain, laiking hum in se ehtyat se bach sktay hain hain. Insaan ko toa moat aani hay, bpar jb tk hum zinda hain apnay sath logon ki zindagion ka bhi khayal rakhna hoga. Iss waba mai mask aur glove pehn kar hee hum khud ko aur dosron ko mehfooz rakh sktay hain. Mujhay apnay deen pe poora bharosa hay, beshak who mukammal deen hai”*.

His moral standards were high, when asked about his religious values. He added that pandemics are also mentioned in the Holy book however, precautions are also mentioned alongside. Man is mortal, but by caring for ourselves, we can take care of our lives, as I can take care of myself wearing gloves and a mask. He said that his confidence in Islam has increased, after Allah and his Prophet P.B.U.H. provided full and correct guidance for such matters, Islam is a complete religion.

He was working in a Telecom office and was also taking care during his duties, the respondent said. He frequently uses sanitizers, goggles and face masks and expresses that he also uses to remind his staff to obey these measures in a timely manner. He said that he never felt the need for clinical assistance and the government offered no such support but hand sanitizers. Sharing the experience of his return, he said he spent about 23 days isolating himself. He first visited his parent, with whom the respondent was very near,

when he came out. He said he stayed with his relatives, was treated normally and was not excluded from their behavior against him.

If we want to set a precedent and above all, be trustworthy in this case, we must first show our own people that we practice what we teach internationally at home, by which I mean unity. A variety of steps to keep their economies from failing have been taken by European countries. Plans for recovery have been launched. All of this is a measure in the desired direction. Yet we are also far from having a European solidarity-based strategy. We will need to ensure that the single market is not weakened by national recovery measures. If entities receive aid in a given country under a national support plan that is much more robust than what is in place in the states of their competitors, once the crisis is over, they could gain a decisive advantage, and this could exacerbate economic imbalances in the single market. Afterwards the north-south division that was still in place before the crisis could become ever more marked. And this will eventually impact the interest of citizens for the European initiative. It is clear, as things stand, that the budgetary policies placed in place by policymakers to help the development mechanism in Germany are much more robust than they are in Italy or Spain.

The respondent claimed that he and his friends played online video games to deal with tension. He said that they were helping one another as well. He said there were other Pakistani and Indian students who were fearful of the situation and needed more help, and he said they would console each other with video calls. The respondent said that they were also helped to resolve the tension by the assistance offered by their family. He assured his family that he had loving parents who always supported him. He said that his father asked him about their role in supporting him if he wanted money and would encourage him to follow social distancing measures and to wear masks and gloves.

When asked about his religious conviction about the pandemic, he said that whatever occurs is from Allah, but the people's fault was entirely the dissemination of the pandemic. He said he did not think it was a penalty and that pandemics have existed before but the propagation of pandemics is responsible for the insensitive mindset of

people who do not obey SOPs. He said that there was no change in his religious views after the pandemic. He said that he was practicing SOPs over his sense of security, but he was also not infected by Allah. Speaking of social distance, he said that in his house he did not experience social distance, but he noticed it when he went out. He said that after going through two weeks of self-isolation from his family, he did not feel the need to isolate himself from his family. She said she would talk to her friends or watch movies on Netflix to deal with tension. In order to keep her mind away from the stress, she said she likes to read so that she can read. When she talked of her relatives, she said she was loyal to her parents. She said that when her test results did not come back, her parents offered her help during the quarantine. She said that her family was pleased about the reaction of people upon her return, that she had returned and that she did not feel any alienation. They're raised in a nuclear family, she said and she can't worry of an extended family. She said of her neighbors that at first they were a little afraid, but it got normal after a few days. She said her neighbors quit shaking hands, but she did not sense any detrimental statements being passed on to her.

On the response of the neighbors and relatives upon the return of the respondent, he said that from their end, he did not feel any kind of prejudice. He himself observed self-isolation for two weeks, as advised by the authorities. He isolated himself in the drawing room during this time. His family is delighted to be back with them and the cause of tension away from the family was over. His neighbors and family were delighted and welcomed his return. He said he had to warn members of his family to keep a safe distance from him because they tried to get close to him. His neighbors embraced him and they even welcomed him into the social circle until he was out of his self-isolation.

When reflecting about how he was dealing with the situation, the respondent asked about his relatives. He said his family was in Pakistan and they were more worried about his health and state of affairs in the United Kingdom and repeatedly asked him to return to Pakistan and he said he kept reminding his family of his well-being and that once the flights resumed, he would be back. He also commented on the response of his father that

he asked him to be in Pakistan on conference calls with relatives. This along with computer games diverted their mind from what the situation was like and thus aided in coping. The respondent spoke of his university and shared that his professors held coffee mornings where there were no classes, rather they made a cup of coffee and spoke to each other and how they were doing in their homes.

Sharing his personal beliefs, the respondent said he did not feel that religion had anything to do with the pandemic. He said he's a research student (PHD Bio-technology) and he has more to do with human error in the pandemic. He said incidents like these have existed in the past and are expected to continue in the future, and his research experience ties the pandemic more of a statistical phenomenon than with his religious views.

Talking about how he coped with the situation, the respondent said that he is a cheerful guy himself and does not need a lot of company to be happy around him. He said that to provide a distraction, social media is there. He said posting on social media kept him linked to individuals and helps him deal with the crisis. Speaking of his friendship with his family, he said that he had very close connections to his family. He said that one of the big players in dealing with distressing circumstances is family support for him.

He commented that "I do not have any strings tied about faith and pandemics," talking about religion. He said that it's simply what fate has decided for us and we can't do something about it." He said he did not mean the pandemic was a fake, he said it was real, but underneath the pandemic hysteria there is misinformation.

He said on the issue of government support on mental health that the Pakistani government does not recognize the issue of mental health, but that the UK government did consider it but did not have any public mental health sessions or counseling. He said that nowadays he does not practice social distancing because it's just him and his brother in the house and they do not go out much because they do not feel the need. He said he personally believed that in places where it is completely necessary, social distancing should be done, but within the family it is not so.

In order to deal with the tension, the respondent said he had another exchange student from Pakistan in the same family who was a college student who helped him. He said she was a huge relief to him because she understood his condition and gave him enough support to cope with the situation. He said that his family in Pakistan was only allowed to talk to them once in two weeks about his family, but they embraced him and offered emotional support and his host family in the United States was also very aware of his condition.

About his religious beliefs he said that he believes that trials come from Allah but when we start saying that someone (China) is suffering because they are unfair with the Muslims, he said that he does not believe in these things as we ourselves are now going through the same thing. He said that his religious views haven't changed about the pandemic and he said that he believed in the past that there cannot be two standards.

Coping now he said that he is following SOPs as one cannot stand in the middle of the highway and expect not to be hit by a car. He said that he is taking care of SOPs now. He said that he did not feel the need for professional consultation at any stage. He said that he acknowledges that trials come from Allah surrounding his religious values, but when we begin to suggest that anyone (China) is struggling because they are unjust to the Muslims, he said that he does not believe in these things since we are now going through the same thing. He said his moral beliefs on the pandemic had not changed, and he said he assumed in the past that there should not be two principles.

“ pareshani se bachnay kay lye aap kaam se nhi ruk sktay. Aik baal bachay daar shadi shuda aadmi to kamaey ga, apnay aur apnay ghar walon k lye. Aur jub who museebat mai hoga toa yhi family aik hope hoti hay, umeed dilate hay k humko mehnat krni hay aur lagay rehna hay apnay ghr walon k lye kiun k buht se log meri zimadari hain. Ghar walon se khas toar pe bachon se milnay ki umeed ne mujhay zinda rakha. Jub bhi video call pe bachon ko dekhta tha toa umeed aur Khushi hoti thi, kay maine jald hee wapis in k darmian hona hay”.

To deal with tension, the respondent said that he could not stop a man who is married and has children. For them and himself, it becomes his duty to earn. He said this was where a person could be placed under tension, but this was also hope for the man. He said the idea of returning to his family particularly his kids, was a way to cope with stress. He said that the moments when he spoke with his kids on video calls were when his depression would subside a little. At the time, the only stress that existed was if and how soon he would get back. He said that he lives in an extended family but has the closest ties with his children while talking about his family. He said that the tension relieving moment was the will to return among his kids.

The philosophical opinion of the respondent regarding the pandemic was that we are going away from Islam and are being punished because of that. He said we do not pray other than *namaz*, we do not genuinely do our business and this is going on all around us. He said that every one of us needs to work independently and jointly on this. He said he can't tell whether or not he has been more devout, but he said that his confidence in the religious perspective of life has been rejuvenated by this experience. He said he understood that they should return to faith and religious roles like other persons. He said that in order to deal with the crisis, he wanted no professional support. He said that being back with the family is enough to deal with the coping mechanism he is using now.

He said that people were welcoming his return, especially his family, regarding the reaction of others to his return. He said he wanted social isolation to be retained, but people actually invited him back into their community. He said they approached him freely and incorporated him into their domain. He said of his neighbors that they did not exchange embraces but were embraced by him as everyone was attempting to practice social distance. He said he did not face bigotry from them.

People had harsh comments about the government. He said the *“hukoomat ko zaiada behtar aur moassar iqdamat karnay chahye thay. Hmari flight Faisalabad puhnchi thi. Wahan koi samaji faasley ko malhoor e khatir nhi laa raha tha. Jo hissa unhon ne humko*

qarantina k lye dia tha who aik bara sa haal tha jism ai munsuib faasla logon k darmian nhi tha. Aur agr mai ya koi aur sach mai rastay mai infect hua hota toa sbko ba asani corona laga chuka hota”.

The government should have planned more competently for the crisis, but they did not treat the assignment very well. He said that when his flight landed in Faisalabad, no social distancing was ensured that he cleared that they were held in a single hall style space when they were taken to the quarantine center, which in his view was rather dangerous. He said he might have infected someone else if someone had been sick.

Some respondents claimed that this pandemic was a penalty by Allah surrounding his religious convictions. We call ourselves Muslims, he said, but do not live like Muslims. In our culture, adultery and deception are normal. He said that this would bear upon our communities the wrath of Allah. He said we have to apologies and rectify our course. He said that after the pandemic, he became more devout.

The respondent said that they were four men living in a room, that they were close friends and that they had support for each other to cope with the tension. He said they did not have to go to work because they'd be watching TV in their room to talk to each other or play luddo. This is how they've been wasting their time. He said they would listen to the television, but they knew there wasn't anything they could do about it. He said that his relationship with his family was successful and that he was close to his family. He said that we are straying from Islam and the direction that Islam has ascribed for us, theological convictions regarding the pandemic. This is why we are being punished by Allah. He said that in order for us to be deserving of His grace, we need to correct our way of life. He said that after the pandemic, he continued to pray daily and also tried to proceed.

When he talked about the reaction of people when he returned to Pakistan, he said people were very welcoming. He said that his neighbors did not face any sort of stigmatization or marginalization. They welcomed his return back into his circle, he said. He said he lives in an extended family and when he came back from the quarantine, he did self-

isolate himself, but people welcomed him. He went to meet his friends when he came out of self-isolation, who welcomed him into their homes, and sat down and had food.

The pandemic has placed a heavy toll on migrant workers worldwide, who are especially vulnerable in terms of social security coverage and are in need of assistance from countries of origin, transit and destination. Although different considerations are relevant to the particular form of assistance, most migrant workers, irrespective of their type of migration or legal status, need access to some kind of safety net in order to minimize the effect of the crisis. Efforts to involve migrant workers in social safety responses to the crisis have been made by a variety of governments and social security agencies. These methods are highlighted in a recent study by the International Labor Organization (ILO) and the International Social Security Association (ISSA) (WB, 2020).

4.3 Emotional Well Being

Emotional wellbeing is often not a point of concern in our cultural. We barely express our emotions except in extreme circumstances. In times of pandemics and global emergencies, people should speak out their fears and express their emotions to maintain their mental and emotional equilibrium. A respondent expressed that he was willing to share his emotions with his brother and his elder sister with his family, speaking of his mental well-being. He said that this encounter made him more sympathetic about the need to express his feelings when he understood that the virus could kill the human race and the force of Allah. He said he's got more focus on contact now. He is compassionate and has been politer with regards to other persons in the same situation. He said complacency and resisting rage towards his best traits as a person as he said he wants to obey the Perfect Prophet P.B.U.H.

Describing his optimistic view, the respondent shared with his brother and his older sister that he should impart his feelings to his kin. He said that this experience made him more reflective on the right to impart his emotions when he realized that infection would annihilate civilization and the force of Allah. He said he actually has a stronger focus on

communications. In a similar case, involving people, he said that he is thoughtful and has been more agreeable.

“ mai buht pur ummed tha kiun k mujhay khuda pe bharosa hay. jub mai corona ki wajah se phansa hua tha toa meray behn bhaiyon ne mujhse kaha kay tum baat kia karo, raabtay mai raho. Bolo gay toa dil halka hoga. Mujhay iss se pehlay ziada bat krnay aur rabtay mai rehney ki aadat nhi thi, par iss corona ne mujhay rabtay mai rehna aur izhar karn sikhaya, mai apnay ghr walon se door reh k bhi unkey qareeb aaya. Jb ziada udaas hua toa bachon se video call pe baat kar k khush ho jata tha.

The respondent said that his relationship with his family was fine. He says he's very close to his siblings, and if he ever needs to, he will ask them for support. He said a man can not completely justify anything to his kids when he attempts to console his kids, but he can ask for support and help them with his family. He said he's already been strong at communicating, and there's not much improvement going on. The change he said was that he communicated more often with his kids and told them that he was okay.

He said, thinking to those in the same situation as him, that not everyone deals with circumstances the same way. He said people needed assistance and he was still seeking to help them. He said that in certain situations, one needs to remain optimistic and help others stay positive. He said that his best trait was that he wanted as hard as he could to support others. The respondent shared that he used to share his emotions with his family members, speaking of his personal well-being. And regarding the opportunity to express his feelings, he said that when he learned that life is so unpredictable, this experience made him more generous. Man is nothing before Allah's force. He said that he is sympathetic, kind and has been more respectful and generous with regards to other persons in the same situation.

He said while expressing his thoughts that he was able to ask for their assistance if necessary, with loving parents and they respected his decisions. He said he shares a strong friendship with his siblings and as the elder brother, he seeks to support them to the best of his capacity. He said the shift in the ability to connect was not much of an

improvement. He said that young students who are away from their family need company and support from those in the same situation when they feel scared or tense. He said that there would be students weeping and breaking under stress and needed company. Leadership and the opportunity to collaborate for others are his greatest attributes, he said. He said it allows him to learn about individuals.

When speaking about his mental well-being, he shared that he closest to his brother, and being a part of a shared family encouraged him to share his feelings with whom he felt secure. He said that if he was going through a difficult situation at any point, he would share it with his brother (this could also be because he and his brother financially support the family). He said that the ability to connect has improved, but he said that I have been communicating with my family on a regular basis for around 4 months, which has helped me to communicate better.

The respondent said that he has sympathy for them, reflecting about how he felt about other people in similar circumstances. He recalled that one needs to return to their families at times like this when the feeling of isolation rises in times like these. He was able to interact very effectively with his immediate family. He said his ability to connect has improved, but not even to any degree. Speaking of other people in a similar situation, he said he was sympathetic when he understood that two friends who went into depression would get on his nerves for months after losing their school and being stuck in a room all day long.

When asked about his feeling in a similar situation with others, he said that he had first-hand knowledge with the condition that these persons were going through. He said it could be emotional and, in some situations, financial, that these individuals need help. Cricket was part of his hobbies and he does a light gym. He said that at these days, keeping himself occupied was often helpful for him to deal with the crisis. He mainly did these things in Pakistan, and he started a gym in the US. Many others awaiting return shared that they kept themselves busy with their hobbies to overcome stress and distract themselves. The most pertinent help was family and friends support.

Some shared that knowing our situation and stuck up abroad, people were empathetic towards them. He said that there were other people like him who had left Pakistan with little resources and funds and these funds went out like mad after the lockout was implemented. He said that he had seen people in this situation breaking down and weeping.

He said he feels pretty good at his work, especially because he's been doing it for more than 18 years. He said he has other employees working in his store today, which he said is an indication of his career's steady progress. The respondent said that he is not good at connecting with all his kin, but with his father he has a good or a special relationship. He said he will speak to and communicate his concerns with his father and ask for advice or remedies. He said about the shift in this perspective in this pandemic that there has been a change, now he wants to speak to people around him more freely. He said everyone is affected by depression and talking to others will support them. He said that it was a very tough time for people to negotiate with those in the same situation. People were losing their work, and he saw people weeping and disintegrating. He said those individuals needed help, and we have to support them, but we will. He said that he feels really confident about his career, while he was laid off, but about his ability. He said he started studying CAD in Pakistan in order to get a career and was excited about it when he got his first job. He said about his best qualities as a person that he has to direct his younger brother and work with them, becoming the elder brother in the family. He said that he wanted to support his father as well which he felt was really good for him.

Speaking of others, he said that there were four people staying in the same room. He said he has seen how tough it is for individuals to receive and return their earnings home to their families. He said that when a person loses his source of income, life becomes more complicated. He said that we have to support each other emotionally and financially at that time, however one can. Speaking about his skills, he said he was an honest worker and he was trying to finish his job to the best of his skill and ability. And this makes it possible for him to be good at his jobs even during Covid.

4.4 Social Well Being

With reference to the case studies where people were laid off, the respondents expressed their thoughts about being sent back to their countries of origin. Over the pandemic, the practice was adopted to send laborers back to their respective countries, including students. The mechanism that was implemented for the persons who experienced it was more of the face that generated trauma and mental disturbance. In many countries particularly developing countries such as Pakistan, migrant remittances provide an economic lifeline for poor households. Reducing the flow of remittances could exacerbate insecurity and limit the access of households to much-needed health services.

When the views of the respondent were analyzed, some described their emotions of being the victim of racism. It was the pandemic and its implications were exacerbated with racial discrimination. The situation was reported against Chinese Americans and Asian American community intensified since COVID-19. This pandemic has inculcated fear in the human minds that have escalated threat, discrimination and contempt. In this situation of pandemic, people everywhere are in stated of constant fear and anxiety as there is no final word on how long this situation lasts. People are now being told to make up their minds without any explanation for a long time to deal with this infection. Migrant employees are the worst affected.

Some of the respondents said they tend to seek advice from their peers and siblings while coping up with difficult circumstances. Due to the changing circumstances, not everybody considered himself sound enough to take their decisions. Once, people decided to return, they were comparatively relaxed. Some said that stayed cool as long as they were not on the flight. There was a little concern that people on the flight and in Pakistan were breaking the SOPs of this viral infection by not wearing masks. Some said that by the time, on flight back to Pakistan, they were calmed and satisfied of reuniting with their family and friends.

In an effort to alleviate the depressive effects of the pandemic on the general population, the related vulnerability and protective factors shed light on regulation enactment. Next the aforementioned disadvantaged classes of the population, such as the female demographic, persons from the age group of 40 years, college students, and those suffering from chronic/psychiatric disorders, should be given additional care and assistance. Second, governments need to ensure adequate and prompt distribution of knowledge relating to COVID-19. For example, to avoid hysteria from rumors and fake facts, confirmation of news/reports about the pandemic is important. Health officials can also regularly update information on prevention steps to encourage those who are fearful of getting poisoned (Tran, et al., 2020).

During the extended quarantine period, readily available mental health facilities are crucial especially for those in desperate need of psychiatric assistance and individuals living in rural areas (Tran, et al., 2020). As in-person health facilities as a result of the pandemic are limited and delayed, remote mental health services can be given in the form of online consultation and hotlines (Liu, et al., 2020) (Pisciotta M, et al., 2019). Financial assistance (e.g. benefit funds, salary subsidies) and alternative job prospects should be given to persons facing financial distress or lack of employment as a result of the pandemic. Government action has been shown to be successful in alleviating suicidal cases related to economic crisis in the form of financial provisions, housing assistance, access to psychiatric first aid and motivation at the person level of safe lifestyle actions (Mcintyre & Lee, 2020).

One of the female respondents said that her meeting with her colleagues on daily basis relieves her tensions and she often shares small issues with her mates. She said depression would be awful in an office setting when it keeps working and she attempts to get rid of it as soon as possible. She said that she was a little uncertain about the situation she was going through, the span of work from home, and would go through during the quarantine over her feelings on the flight. Now she says she likes to express her feelings more freely when facing a challenging situation, as others can understand and offer some support. She said she feels a shift in her approach and she does not want to understand the

other person in the case as if he wants some support and tries to help them in the best of her capacity.

Limited socialization and self-isolation before return stressed out a lot of men out there as well. One of the male respondents said he wanted to relax himself. In usual circumstances, he stayed busy at work, but in the stuck-up phase, he realized that there is a strong urge for speaking up if not socializing with anyone in person. He then started to talk about it with his brother or his wife for a span of two to three days, to cope with the difficult situation. He said there were moments when he lost his patience, but he would always leave his house and try not to talk any more. He would come back when he was calm. He said that the potential to tolerate has improved now that he has been through the lockout and loneliness in foreign lands.

Speaking about his feelings about the flight back, he said that he was satisfied and a little nervous about actually getting out of solitude and moving back home. When talking about his emotional well-being, the respondent said that he would not quickly lose his temper. He said that he tried to work things out with the person if it got to the point of losing temperament. Speaking of the lockout crisis in the UK, he said that his parents were more stressed than him. He said they were concerned about him running out of food, but he would inform them that without opening the shop, he had friends of Pakistani descent who owned stores and they would supply him with groceries. When addressing the transition, he has gone through the respondent said that he has become more sympathetic to other people since he learned that not everyone can take care of themselves and need support. He is now seeking to be more mindful of other people and persons who have been in the same position. He said that his communication has changed as he has developed more insight into how anxiety and depression can affect people and the type of communication they need.

Social media was his friend, often helped coping with frustrating situations. He said he's a jolly guy and does not get depressed easily, but he said he vents it out via social media by engaging with his friends when the time comes. He said he was happy during the trip

to UK, but all his enthusiasm was lost when he realized that he got stuck up, his nervousness overpowered his joy. He said that he was on a business trip where his work got hung up in a tense environment. He could not complete his work and sensed a shift in himself after this experience. He said that watching his friends under immense stress and tension made it easier for him to see how tough it can be for other people and how important it is to keep up with them.

One of the respondents returning from USA reported that they were trapped in their homes enforced by lockdown. He said that there were not many neighbors or the family with whom he was living. That meant that in the first place with the imposition of lockdown, he got totally separated them from the few people he knew, there were not many people to meet with. This meant that during the days, loneliness would equate to mounting tension. He said they would play computer games much of the time in order to cope with the mounting tension. Other than this they would go out for a walk, but as per the lockdown criteria, these walks were minimal. He also clarified that even a trip to the grocery store at that time was fun as they would get a chance to leave the home.

The respondent said that he was eager to go back home about his thoughts on the flight. But he was upset about the abandonment of SOPs on the flight from Texas to Spain and then on way to Pakistan. He said it is impossible to execute normal activities under stress and you cannot keep your mind off the scenario which helps to get support from people in moments like these.

He said he wants to connect to his buddies when asked about his coping with difficult situations. He said that it is important to seek advice from his fellow individuals at times of stress and chaos. He was so glad to return and got emotional on flight. He said it was a matter of concern for people to leave SOPs during travel, but eventually getting back to my family was a matter of relief for him. The respondent said that he was in communication with his friends who are facing the situation alike and dealing with the similar circumstance. He said that socializing with them, one can relate to their issues and

offer financial support and discuss important things. He added that during such intense circumstances, completing assignments becomes impossible and work is highly affected.

One of the respondents coming back from UAE said he is contacting his brother to deal with difficult circumstances and they tried to take steps together for his repatriation. He said that in Dubai, he found the situation was stressful there. He said he tried his best to avoid conflict with the mates you are living with. He shared that most of the labor was laid off, so his mates were merely waiting for the flights to resume since they had no option other than returning home. If a conflict took place between mates, he went aside, but they were recurrent since most of them were stressed. He said that on the flight too, he was under pressure. It was stressing him out even though he was going home but had no job. He said that a worker needs to work and when you work a stressful job like an excavator, you have to set everything aside and focus on work. Future was haunting him upon return.

4.5. Social Exclusion & Migrants

It is believed that this pandemic is the most pervasive of the recent epidemics that will transform the patterns and norms of human interaction. The core protocol demands social distancing and isolation. Social exclusion makes the detection and prevention of this disease easier. In case of infection, to avoid spread, the patients should be strictly incubated under strict clinical guidelines so that their electrolytes and all body fluids can be consistently checked along with vital signs³. Given the circumstances under which the low paid migrants and refugees survive, social exclusion is nearly impossible to observe. Therefore, migrants and refugees are the most vulnerable sections of the society in such cases of pandemic as they normally live in communal settings or individual accommodation in congested and overcrowded areas. They often lack access to reasonable living conditions, adequate access to water, food and health facilities. They

³ Raza, S.; Rasheed, M.A.; Rashid, M.K. Transmission Potential and Severity of COVID-19 in Pakistan. Preprints 2020, 2020040004 (doi: 10.20944/preprints202004.0004.v1).

are generally excluded from any national health promotion & awareness programs, treatment and care or disease prevention⁴.

As discussed previously in the Literature review, migrants are immediately stigmatized and discriminated which puts them further in a vulnerable situation. The role of labor migrating to the Gulf cannot be overestimated when it is clear that the majority of construction, sanitation and transport jobs are mainly employed by workers, primarily from South Asian countries. Many migrant workers in the Gulf countries have been expelled in the aftermath of the current corona virus pandemic. In March, a relief package was declared by the government of Saudi Arabia that would slightly offset workers' wages. This relief was however, only available to Saudi residents. In the UAE, a new law was enacted allowing companies to temporarily or even indefinitely cut pay for non-citizen workers. As a result of COVID-19 , refugees in the Gulf States were pushed into lockdown in overcrowded, unhygienic conditions without wages and unable to return home due to travel restrictions (Siddiqi, 2020).

Foreign Minister Shah Mahmood Qureshi claimed that many Pakistani employees have been dismissed due to the termination of many companies in the Gulf. In this way, we can say that primarily they are devoid of right of nationality even after working for decades in Middle east or Gulf and secondarily, their jobs are immediately at stake as soon as their national economy faces a jolt. So, they are prey to multivariate exclusion nationally, professionally, socially and economically. He noted in particular how overseas Pakistanis have already made a major contribution to the national economy and will not be deserted during this tough period. He also spoke in his briefing on how Pakistani missions and consulates abroad help expatriates in any way possible, such as by providing food, lodging and other required requirements. For this reason, a Crisis Management Unit was also developed within the Ministry (MOFA, 2020).

⁴ World Health Organization. *Preparedness, prevention and control of coronavirus disease (COVID-19) for refugees and migrants in non-camp settings: interim guidance, 17 April 2020*. No. WHO/2019-nCoV/Refugees_Migrants/2020.1. World Health Organization, 2020.

4.6 Psychosomatic Distress and Migrants

Any pandemic including COVID-19 facades negative impact on psychosomatic distress on individuals (Bao et al., 2020). In customary circumstances also, the migrants suffer from mental distresses like depression and have an inferior quality of existence. The pandemic has added more intimidations to the life of migrants. Many research studies shoes that there exists a connection between poor living condition (like poverty, discrimination and liability) and mental condition. Firdaus (2017) identified in a research study that certain people were more inclined toward distressed mental conditions. These included: unmarried, widow, people with broken up relationship or separated ones, it also included a number of people who were not experiences or skillful, laid off mass, daily remuneration earners, old age population and uneducated people were found to be in more traumatic situation suggesting that poor psychological states is linked with poor qualification or accommodation etc. These factors in poor state accompanied by connive theories have increased the altitude of diffidence. Since these factors are observed more among personnel so they are more at stake during the pandemic.

Emigrants carry with them anxiety and menace with them during such health calamities, these threats included the following: lack of medical facilities, disconnection from their families or relatives. In addition, several other aspects (such as: xenophobia, prejudice, low qualification etc) added more to the intimidations of migrants. Furthermore, the migrants come to encounter many anxieties in form of cultural shock, difference among their anticipation and triumph and fear of marginalization while entering in any new region. Firdaus (2017) also stated that the main obstruction for any immigrant is the linguistic difference and difference in rituals. Cantor-Graae and Selten, (2005) also pointed out these factors that result in social defeat and mental distress and effect the capabilities of an individual including migrants if they not accomplish or given the reward of their services in accordance to their vocation or desire.

Henssler, et al., (2019) enshrined that there were more obsessions or phobia for the earlier (or first or second-generation emigrants). He eluded that augmentation of stress among migrants is found more because of behavioral prejudice and marginalization by

the host community, which affects the psychosis of an emigrant. Furthermore, certain stereotypes emerge in society relevant to the individual regarding his area of origin and is stipulated that results in emerging ideologies about emigrants that might not have any association with reality (Petit, et al., 2001). However, it is hard to find the reason behind the emigrant working as personnel who are educationally underprivileged (Nielsen and Waldemar, 2010). Morina et al. (2018), enshrined that many psychological distresses are found among refugees where 3-88% had psychological disorder as the consequence of any strain, 5% to 80% cases of depression were reported specifically among emigrants and 1%-81% were in anxiety. Thus, the increase in cases of psychological stresses among migrants is needed to be addressed. Morina also pointed that these stresses were derived from pre and post migration stresses or anxiety. If socioeconomic condition of any migrant remains the same after pursuing migration, the stress is escorted by state of depression that diminishes the cognitive capabilities as the time overtakes.

The defies faced by migrants specially during the economic collapse due to COVID-19 are also reported by Mahanirban Calcutta Research Group. The idea of lockdown was abrupt which created mayhem among migrants. The first lockdown was proclaimed for a total of 21 days and it has to be implemented within 4 hours. There were the situation of misery, starvation and people are in state of harsh strain in India. Due to the collapse in economy and in industrial sectors, many of internal migrants were in stress which was intimidated by the lockdown thus they had to walk about hundred km to reach back home because public transportation was also prohibited. The attitude of police toward migrants was also humiliating when people were even stabbed by the police on the way back home. As the migrants were left with no choice despite of coming back because they were jobless and were also facing scarcity of food (MCRG, 2020). Same circumstances of stigmatization were reported from India that migrants who came back home envisage the trepidation from their vicinity who were in perplexity that he/she (migrant) could be the carrier of viral infection and can result in transmission or spread of virus to them. Researches by Knoll & Bison, (2020) and Modak, (2020) also enshrined upon the above described tribulations to which the migrants were subjected.

4.7 Discrimination against Migrants; Health Facilities

There are about a total of 150 million emigrants who are working abroad. Most of them suffer from same discriminatory behaviors that lead them towards stress or mental anxiety and in comparison, to the local community, their worth of existence is also stumpy (Hargreaves et al., 2019; Hall et al., 2018). Covid-19 resulted in more worsening of situation when emigrants lose their employment due to the economic collapse because of the imposed lockdowns. Many household helpers or worker in Macau and Hong Kong were deprived of their jobs due to the reason that for those whom they work left their places or houses because of the fear of pandemic in wake of its transmission. These workers were considered as more vulnerable by their employers and they cannot even go out to get masks from pharmacy and were forced to be quarantined (Carvalho, 2020). The researcher discussed with their respondent about their physical as well as psychological health status and how they face this situation. Government and local bodies have great responsibility to provide the mental health services to the community to save the population from negative effects on mental health due to ‘ (Khoury, Khoury, & Ammar, 2020).

During the viral spread of corona virus, prices for goods of hygiene including soap rose all of a sudden when there was collapse in vocation as well as economy; International Labor Organization recognized that migrant personnel are living in more crisis than well off group of people or class (International Labor Organization, 2020). As due to the implementation of preventive measures including the lockdown thus commerce sector also came to a halt due to which the employers either laid off their staff or not paid them. So, for struggling class, it got difficult to fulfill indispensable necessities of their families and could pay even for medicine or to take essential health care service.

The role of mental health expert is of considerable importance especially during the pandemic of COVID-19. Banerjee (2020) enlightened 6 important functions of mental or psychological health expert particularly during the pandemic. These roles include: creating wakefulness or understanding among people on the subject of the psychosomatic impacts that can be posed due to the pandemic, stirring them to adopt health concerned strategies, assimilation of mental health to the other health care strategies, making people

aware about how they can manage or tackle with stress during the very situation, motivating health care providers as well as infected patients and providing mental health care strategies to health care givers. Thus, this positive role by the experts can help to eradicate the fear or stress in societies, which is brought due to several reasons or due to the impact of pandemic. In addition, online mediums can also be used to create awareness, to gain assistance about health care strategies and for psychoanalysis or counseling (referring to telemedicine and telepsychiatry) as well. Nevertheless, these services on online mediums must be made equally accessible to all irrespective of their origin, class, faction etc (Joshi, 2020).

In more vulnerable regions, mental health is considered essential to avoid psychological impacts of COVID-19. As during the outbreak of SARS, it got difficult to administer the long-term effect of pandemic, so in order to provide awareness regarding mental health care, the experts are operational in their fields to make people sentient (Maunder, 2009). The infrastructure for psycho-somatic health care in Pakistan is not yet a developed one which call last worse impact on the vulnerable community or people who are more affected either by or by the impact of it and continuous analysis to the prevailing situation is obligatory and should not be neglected (Duan and Zhu, 2020). People in quarantine or in isolation in hospitals are more likely to be susceptible to mental distress. In addition, other people are also vulnerable including children, people from remote areas who are living without appropriate health facilities must be taken into account.

4.8 Role of National Institute of Health, Pakistan

National Institute of Health is a self-governing research institute in Pakistan that helps in providing health services. It is situated in capital of Pakistan i.e. Islamabad. NIH has been inculcating researches and serving in fields like: Public health and biomedicine. NIH is the sole permissible institute to produce vaccines and conduct researches and publish in order to make public aware of current research analysis. It is particularly working efficiently during the period of pandemic by vigilantly bringing together the data across provinces to figure out cases of that has been recovered or update the figure by collecting data about new reported cases and number of deaths. It also publishes data province wise in order to elucidate that which province or area could be a red zone of virus or affected

worse by the outbreak. The current distressing state due to the losses in plague is resulting in destructions across countries, particularly in countries like Pakistan because there is not just the fear of virus but also the fear of being unemployed due to mass lay-off carried out due to economic downfall caused by lockdowns.

In this situation, basic necessities or requirements are getting difficult to be fulfilled. To deal with prevailing situation and tackle the outbreak of COVID-19 and other predicaments that are arising due to pandemic, for that, Pakistan also modified the disaster or calamity management strategies. Pakistan has also devised 2 operational groups. These committees are: NDMA i.e. ‘_National Disaster Management Authority’ and ‘_National Coordination Committee for COVID-19’. These functional committees are working effectively in accordance to the course of action or preventive strategies suggested by National Institute of Health and World Health Organization. These groups are functioning in order to assure that preventive measures (such as: Social distancing rules are pursued and gatherings are evaded, furthermore, they ensure that academic and non-academic activities are closed and make certain the proscription of immigration and emigration) are firmly followed so that the spread of virus can be reduced. But due to all such measures, working class and people living in chronic poverty are suffering due to collapse in economic commotion. Thus, due to unavailability of resources, preventive measures are not followed appropriately. Lack of awareness has thus resulted in spread of virus in Pakistan and situation is getting worst even from the place it instigated, due to unawareness (Khan et al., 2020).

Chapter No. 5

PANDEMICS AND FINANCIAL CONSTRAINTS OF RETURNEES

The Corona pandemic have direct impact on the migrant communities since they are directly reliant on earning abroad and sending remittances back to their families in Pakistan. For this firstly there is need to understand relationship between the spread of disease and migration. _The culture of migration exposes the accumulation in an area and connected through a route with the origin of people and their destinations. Due to migration corridors it seems continues increase in migration‘ (Sirkeci & Yucesahin, 2020). Hence when a person travel from the infected area of virus to another area so it also an agent of transfer of virus from infected area to non-infected areas.

Due to worldwide globalization, migrations are neither an unanticipated or exceptional happening nor a latest preference of people for a better living condition. Nonetheless, the variation could be seen in migration due to any crisis like the prevailing situation of pandemic. Policies for return migrations and re-assimilation in country like Pakistan are complex yet because of deficiency of database confirmation (Zeeshan & Sultana, 2020). The present research study is conducted to present an analysis in specific context of Pakistan in order to highlight the amendments that are made across the countries regarding patterns of mobility due to the outbreak of novel corona virus. Before the pandemic, about 60 thousand people from Pakistan had applied for jobs overseas. Amongst those 60,000 people, twenty thousand wanted to immigrate towards Saudi Arabia. The inception of corona virus led to a halt in all such activities that involved travelling across borders and banned all projects including tourism. It is a distressing situation for everyone because according to an estimate by _International Monetary Fund‘, there would be about 6.2% redundancy rate in 2020 (The News, 2020).

5.1 Unemployment and Returning Migrants

In the given study researcher interviewed many respondents who have returned back to the home country during the Corona pandemic outbreak. One of the respondents said that he went for the renewal of his VISA. At the time of departure however he did not have a job and while in the UK he shared that he planned on applying for a job if his stay would extend to a month or so but that did not happen. But the office Citizen Application Service told me that they had recorded my entry back into the country and there was nothing more he needed to do. After this he decided to get back to Pakistan. _By following the social distancing measures and lockdown the jobs and incomes are drying. The migrant worker is anticipated unemployed and migrant back to their villages or waiting for up left of lock down‘ (Khanna, 2020).

Corona virus pandemic effects different dimension of human life. _Corona pandemic severely affect the global economy. As the nations are trying to slower the spread of disease for this restriction on public gathering and making complete or partial lockdown resulting severe drop of global economy‘ (Chakraborty & Maity, 2020) From another respondents researcher fined that he did not have work when lockdowns were implemented. He said that at that moment when he realized that no company needed excavator and his cost of living in Dubai was not affordable, he decided to return to Pakistan as soon as flight operations started. Another respondent shared that he had to return to Pakistan. At the time of departure however his office was closed and in order to spend the time of lockdown, he went to his uncle’s house and when flights were open, he decided to get back to Pakistan.

Many people who were abroad for business purposes also came back to their home country. Researcher interviewed a respondent who said that he was a computer operator (private) her in Pakistan. He had a friend in Malaysia who asked him to go to Malaysia and set up a shop there as partners. So, many people who were working in abroad are affected economically due to social distancing measures such as implementation of lockdown all over the countries. The respondent said that he was working with a construction company designing 3D plans in CAD. He said that when the pandemic

started, he was laid off by the company and had hence to come back to Pakistan. Same was the case with another respondent who was working in Dubai and when the pandemic inflicted lockdown he was laid off from his employer. Not having a stable source of income to stay abroad he decide to return to Pakistan.

5.2 Closure of Educational Institutions & Return

A lot of people who were student migrants were facing difficulties in managing their expenses in the host country. So, they decided to go back to the home countries unless life gets back to normal. Most of the students who were in other countries for the study purposes also affected during this situation. Researcher interviewed such and find out their reason of migration back to the home country. One of the respondents was a student under the cultural exchange program. His classes were suspended and for some time the classes went on online sessions. But when the pandemic did not subside, the student had to come back to Pakistan. He said that it was the program policy that the student had to be in person in United States, but the situation called for him to come back to Pakistan. This brought the respondent back to Pakistan.

A female respondent said that she was in studying in USA and their whole program was funded by UGRAD (USEFP). She said their all their travel is covered by USEFP they stay the stipend they receive and their tickets back to Pakistan are all cover by them. She said that the quarantine facility given to them was also by USEFP and they did not have to spend any money on it. Further she said that if any expense if borne by the student they can ask for reimbursed.

Studying another case of the student researcher said that there was a respondent who said that due to COVID their schools were shut down and program decided that now it was better for the students to go back to their homes. So, they arranged the flights and students were sent to their countries. Similarly, the case of another respondent was that his classes in UK had been suspended and Eid was coming so he decided to come to Pakistan. He said that he would go back once things got normal and his classes resumed.

One of other respondents also shared with the researcher that he was a student in the PhD program of Biotechnology at the University of Manchester. He was in the UK on student Visa. He said that he came back to Pakistan as their classes were suspended. He said that he stayed in UK as long as their classes continued and had decided that he would return to Pakistan when their classes suspended. And later their classes were suspended, and he would return to Pakistan. Only one student made it to return from China, but he shared that he faced immense stigmatization on way back and upon return as well. His family hid his return from the relatives and neighborhood even though he had been through quarantine facility and was tested negative. The phobia of carrying a Chinese virus made him socially excluded for long.

5.3 Initiatives taken by the Government

In the pandemic outbreak there is a great test of government's efficiency and responsibilities to facilitate their people. It is very necessary to take the short-term measure from the government to cope with doxastic effects on public health, economic, social and cultural aspects' (Petripoulos & Makridakis, 2020). The researcher asked about the government support during this situation from the respondents and mentioned their responses. The government arranged for the respondents return back home. His stay at the quarantine center at Margalla Hotel in Islamabad was arranged by the government. There they had to pay for the food, for which the respondent noted the charges were quite low and the quality of food was good. Other services there like testing for COVID and room service was free to the people in Quarantine.

One of the respondents also described his experience upon returning back home. He preferred a quarantine facility rather than coming back home directly. There he said that they needed to pay for the food, for which the respondent noticed the charges were very low and the nature of food was acceptable. Another respondent also said that the help he received from the government was helpful in arranging flights back to Pakistan as companies were cutting flight operations. He said that the quarantine was also set up by the government which was free. One of other respondents replied that not much help was provided by the government. He said that he had to pay for his own ticket and his stay at

the quarantine. From another respondent researcher also find out that the government did not provide any help to them. Another female respondent said that she paid for her flight and paid for the quarantine and they did not receive any help from the government.

Some of the respondent were quite critical of the government. Perhaps, because they had seen much more support from the governments of their destination countries extending efforts for repatriation and managing the falling economies to reduce maximum financial shock to their nationals. Or, they had very high expectations from the government of a struggling country with bare minimum resources. They said that very little help was provided to them and the people around. Returnees claimed that they paid for their own seat on the flight and no financial aid was given to the people. About job, some that they are still working because of their own businesses. Respondents claimed that apart from financial assistance, not much facilitation was provided from the side of the government. The lists of the returnees were also reference based depending upon your links with the government officials. He said that they had to pay double for their flights, purchase their masks, gloves and sanitizers. Back in Pakistan the quarantine services provided were pathetic. Only those who wanted to avail a three, four- or five-star hotels with some subsidized rate could manage their quarantine in private facility. The arrangements done by the government in haji camp were unsatisfactory for many.

In terms of support from the government, one of the respondents said, that they had an organized procedure of bringing people back to Pakistan. All Pakistanis were asked to report to the Embassy and lists were drawn. Over the next two months the embassy started reaching out to the people as their number on the flight came up. They were brought back to Pakistan. However, nothing more was done, the respondent went back to working his same job. He said that he was not kept in a quarantine center, at the airport, swab samples were collected by health workers and their details were noted. He was sent home with instructions to self-isolate himself for two weeks. one of the respondents also said that the government provided a flight schedule and a quarantine center, but the respondent had to pay for it.

The respondent shared that the government did not provide any help in UK. They were asked to inform of their presence to the High commission and the High Commission would arrange their return to Pakistan on special flights. In Pakistan they were kept in Quarantine center for two days and were then asked to self-isolate themselves in their homes. No financial aid was provided for the people coming back to Pakistan and there were no psychological sessions for consultation. The respondent was quite critical of the government. He said that very little, near to help were given to him and people around him. He said that he paid for his own seat on the flight and no financial aid was given to the people. About job he said that I am still working my own business.

The respondent said that there was not much facilitation from the side of the government. He said that they had to pay for their own flights, they had to purchase their own masks and gloves and sanitizers. Back in Pakistan they were again stressed with finding a job themselves. This situation might be the triggering factor of stress and depression for the respondent in near future as one of the study said “one the consequences of lock down and social distancing psychologist may face a “parallel pandemic” with the symptoms of acute stress, depression, emotional and sleep disturbance, post-traumatic stress and subsequently suicides” (Federico, Nicola, & Francesca, 2020). He said that the government did not facilitate them. They did not receive any financial or psychological aid. He said that the arrangement of quarantine was done by the government which was necessary for everyone.

5.4 Financial Implications of COVID-19 on Returnee Migrants

The pandemic outbreak affects the world not only in terms of physical health problems but also pose other challenges. “When virus takes the life of their beloved ones, their struggle to avoid the contracting with disease, disruption of normal life routine badly effect the their psychological wellbeing” (Marmarosh, Forsyth, Strauss, & M, 2020). However, not much could be done for such a massive population in such limited resources. The respondents shared their experiences which are mentioned below and tells that how they face an unpredictable condition in which both their health as well as economy were affected.

Currently the respondent is working at a Basic Health Unit (BHU). About his visit he shared that he had enough money to stay in UK for a month but when he was informed that his entry in UK was confirmed for Visa renewal he decided to return back. The respondent has no family member dependent on him. About his finances and financial condition, he shared that at the time he did not have a job but also did not have any one dependent on him so there was very little financial instability. He said that if his stay had extended to two weeks, he could call the job center in UK and inform them of his job status, and they would see where they can fit him in. He further shared that he lives with his brother who is married and earns his own livelihood hence isn't dependent on the respondent. The government did not provide any financial aid to the respondent nor did he need it as per his narrative. _The initial response of British government to take incremental measure to save the life of their people confronted by taking public health measure and imposing the lockdown to ensure the social distancing one of the preventing measure. This is consider as mature approach to handle' (Durodie, 2020).He shared that his family is well off and though there was some concern regarding finances in the early days of the lockdown but that has faded away. It did not cause much stress neither have sever effects on our mood as there were enough financial saving that kept us afloat.

The respondent has no relative reliant on him. About his funds and money related condition he shared that at the time he did not have a work yet additionally did not have anyone subject to him so there was almost no budgetary precariousness. He said that if his stay had stretched out to about fourteen days. He further shared that he lives with his sibling who is hitched and acquires his own vocation subsequently isn't subject to the respondent. The legislature did not give any budgetary guide to the respondent nor did he need it according to his account. He shared that his family is wealthy and however there was some worry with respect to accounts in the beginning of the lockdown yet that has blurred away. It did not cause a lot of pressure neither have cut off effects on our temperament as there were sufficient monetary sparing that kept us above water.

The respondent said that he is currently unemployed but is planning to return back when flight operations restart. Speaking about his finances he said that he had an average amount of finances. He said that the pandemic had some impact on the finances as he did not have a stable source of income during the pandemic, but it was very serious. Speaking about his family he said that his wife did not have a job and his children depended on him. Speaking about the basic expenses he said that his wife manages the house expenses as he sends the money to her. During the pandemic he said that when he did not have work, he informed his wife and asked her to be careful with the expenses. He said that when the schools shut down the house expense became manageable. When asked about his family he said that he has a nuclear family. Speaking about protective items he said that he was buying these items on his own expense and so was his family. The effect of expenses on mental health he said that it was a matter of worry for him, but he wasn't really affected. He said that it would get better as soon as he got a job. Speaking about mood swings he said that he did not experience mood swings. However, most of the stressed out returnees were unable to think clearly since the strategy to cope with pandemic effects on mental health may vary from individual to individual as per their controllable appraisals, emotional strength, positive thinking and religious support' (Zacher & Rudolph, 2020).

A female returnee shared that she supports her living with her present source of income. The respondent shared that she is going through an internship and she does some freelancing. About her backups she said that she spends freely without any plan and that she has no financial back up since she bears no dependents. She said that her family has a nuclear setup, and her father earns. About financial stability she shared that her father is in the private sector and his salary was delayed in COVID-19. However, this delay did not have much significant effects on the family due to their savings. One respondent also said that he was not working any however managed his living in lock down with the savings which he had. He said the pandemic was harsh on his savings and not having a source of income burnt up his savings and then he had to ask his brother for help. He said that his brother had a shop which was operational in the pandemic and he was earning, so he kept us afloat.

Researcher also interviewed another respondent who said that he was a student and did not have a source of income at the time of the interview. His expenses were borne were by his father. Speaking about his flight back to Pakistan he said that he was initially planning to stay in UK but his parents asked him to come back to avoid any extra financial burden. He said that he did not face a delay in his flight. About his family's reaction to the financial constraint he said that it did affect them but since his father is a government officer his salary was not cut off which led them manage the living in lockdown.

A female respondent said that she was not working in Pakistan. It was only after her return she started a job. She said that she financially dependent before she left for UK. Talking about her return flight she said that her first flight was from Leeds, but it was changed to London. She said that the delay was of two days. She is currently employed with a private firm working as law consultants. About her savings she said that she had some saving which weren't much affected by the pandemic. When asked why she said that she had family in Pakistan and in UK so her expanses were shared since she did not have to pay rent or spend much for food. About her family she said that their income was affected to some degree because of their business being shut down.

A student returning from Europe shared that their flight back to Pakistan was booked by the program. Their stay in the quarantine was also arranged by the program. The respondent said that his finances were taken care of by their program. His stipend was enough for him for the month and during the lockdown there was not much to spend money on. He said that finances did not trouble him much. The respondent said that his economic life was severely affected by the lockdowns. This had affected his mental health. About the mental health of his family he said that they were also under great stress. Speaking about his family he said that they were severely affected by the pandemic. He wanted to work as he had been working but not having a job and any other

source of income was stressful. He said that but he could not do anything but help his brother at his shop.

There was another man the researcher got to learn from during the interview who works at his shop and repairs mobiles. He said that when he left Pakistan, he had little savings which were spent during the lockdowns. He shared that he was thinking of taking a loan from a friend but thank God it did not come to that. Talking about his family he said that his wife and these three children are completely dependent upon him. Managing basic expenses, he said that his wife tells him what she needs in the house and he brings them home. This he told that happens every day or every next day. He said that being in a joint family is also helpful as my brothers also pool in. Talking about his family's reaction he said that the family was under stress and the common talk in the house would be that how long this lockdown would be implemented.

On taking stock of food and other home supplies, he said that initially he had asked his brother to take about a week's supply home. He said that he was in Dubai and could not clarify the position clearly any further. He learnt that living in Dubai would further exhaust his resources and will put him under debt. No support was given by any government. Even they had to buy masks and sanitizers themselves. So, he decided to register with the embassy to avoid being further tense and reunite with his family back in Pakistan. He said when he realized that the lockdowns would not subside in a month or two and he would run out of money in Dubai, he felt really agitated since he had made a lot of investment in his trip to Dubai and planned to stay there sending remittance back home. Unfulfillment of his dreams brought him severe mental trauma and mood swings, yet he shared that now he feels contented to be living with his family.

Apart from the labor class, the returning professionals also faced several financial constraints due to the pandemic. The respondents were working a similar job in Pakistan where he was designing plans for housing projects. Speaking about his saving he said that he had some saving that were affected by the pandemic. He said that he did enough saving for about a month if he rationed them but when he was asked to leave his job and

the pandemic dragged on, he saw his savings depleting. He said that he could ask his father for help, but he did not feel good about it. Speaking about the family members dependent upon him, he shared that he funds his brother's education. He said that although schools were shut down and fee was not on the priority list, yet buying food supplies for home was the primary need and the running out of resources was troubling him and his father. To manage these expenses, he said that he and his father pooled resources together to make ends meet.

He shared that he was concerned since he had lost the job and returned back to Pakistan and was not able to pool in the household income as much as once, he was. This troubled him and his father and he tried to get a job as soon as the business were allowed to operate here in Pakistan. He said that they did not get any help from the government financially but because he was lucky enough to soon get a job and started pooling back again to sustain the livelihood.

The effect of financial constraints on his family he said that those were troubling times. He said that when he came back to Pakistan and realized he had lost his job and was not contributing to the family he was under great amount of stress. He spent was used to working and now he was at home all day and not doing anything. This troubled him and started asking his friends to help him find a job. He said that mood swings would strike him and he when he went out, he stayed out for hours and when he came home, he would sit in his room for hours doing nothing. He said that hunger would disappear when this stress struck him. He said that he stayed quiet and avoided argument with his family members. As soon as he got his job these affects started subsiding.

Millions of people have faced financial hardships and are still facing them due to concurrent waves of pandemic. Vaccinations have started but none can give cent per cent surety of being immune recurrent viral attacks are also reported. There is no proper medical treatment is applicable to cure the disease and no one knows how much the situation could be same. So, the only thing that is needs of time is to stay positive and follow the preventing measure to minimize the spread, _The true cost of the pandemic

may be uncertain and surprising as it may take lives of millions of people in the end. One can only reduce this by simply helping other by staying away, and with the hope that after bounce back this disconnection will be transform into love and happiness‘ (Cheng, 2020).

Chapter No. 6

CASES OF DISPLACEMENT

It was affirmed by Shah Mehmood Qureshi (Foreign Minister) that due to the outbreak of pandemic and halt in fiscal commotions, as their aroused layoff of many people across world similarly in the Gulf States, which resulted in termination of a number of personnel from Pakistan. The foreign minister also acknowledged the input of emigrants in the economy of Pakistan and added that people living abroad would not be unaccompanied in such challenging period. In one of his conference, he described the way the governance of Pakistan in foreign territory have been functioning in order to provide our emigrants with requisite goods or commodities including the supply of foodstuff and such supplementary stipulations. He also referred to Crisis Management Unit and its efforts for the emigrants in the provision of their functioning across countries to help its migrants (MOFA, 2020).

Furthermore, in order to avoid the situation of transmission of virus from migrants to the local inhabitants, Moeed Yusuf (functioning as assistant for _National Security Division and Strategic Policy Planning*) recommended that people arriving in their homeland from foreign countries across the world might be the carrier of corona virus, which can be transmitted at a rapid rate to the local community, if kept unchecked. So he advised to keep those immigrants in isolation for at least 48 hours in order to detect the presence of virus (if found so) then the infected one can be hospitalized based upon his/her condition. This strategy would help to contain the transmission or outbreak of virus and will pose comparatively less stress on the health care system. Additionally, the migrants coming back to their country were given the selection that whether they will pursue self-quarantine in their residence or lodges or they can be assisted in centers for quarantine assigned by the government. He also added that until now, 15,000 emigrants from Pakistan have been assisted in taking them back to their homeland while about 100,000 are still impeded from this assistance in reaching back home and are in their host country. He also specified that these people around Lac are residing in 88 countries across the world. SAPM also referred that among the figure of 100,000 emigrants, 15,000 are

residing in Saudi Arabia and others in the neighboring region. They also shared the method of their analysis of an emigrant in quarantine by stating that they are tested after 2 days of keeping them in isolation and they are carrying out about 9500 tests at daily basis but receiving reports within a specific timeperiod is not certain. In addition, the grievances are also being recorded in order to operate the system in a better manner (Geo News, 2020).

NCC also devised a strategy to carry out emigrants from Pakistan back to their country in small groups rather than taking them all at one. A total of about 39748 emigrants from Pakistan, who are living in different regions across the world have to come back to their homeland due to the adverse impacts of pandemic in advent of job loss. The numeral of applications for reverse migration have increased to a total of 40000 as people from well off regions also desire to reach their homeland. These numerals also accounted for the number of people from the regions including Canada and US (Akram, 2020). In wake of taking emigrants back to Pakistan, special flight operation was initiated from 14th April. Numerous applications were received from the region of United Arab Emirates, because this region constitutes of large number of Pakistani migrants. Amongst the migrants who applied at Pakistani Consulate to reach their home specifically from Dubai, large number of reverse migrations is because of the reason that these migrants (as personnel) have been terminated from their vocations (Express Tribune, 2020).

6.1 The Case of United States of America

As soon as WHO declared COVID-19 as global pandemic, USA immediately banned immigration to US except for its citizens from 16th of March, 2020 and suspended processing of all work visa types and appointments by 20th of March, 2020 as the pandemic scaled up in USA⁵. Not only thousands of Pakistanis were in the immigration process, but also, many were out of the country for vacations. Four respondents returning

⁵ US State Government & US Embassy Pakistan. <https://travel.state.gov/content/travel/en/traveladvisories/ea/covid-19-visa-services-and-restrictions.html> & <https://pk.usembassy.gov/visas/> (accessed on March, 2020)

from US were approached. Two of them came on a break from their respective employees to Pakistan, one had to travel when this news of pervasive pandemic outbreak was viral and one got stuck in transit. Quoting a few verbatim from US returnees that; *I had to fly back to Pakistan for fortnight visit on 16th of March, but the emerging stress generated out of the narratives on social media forced me to leave US immediately and get back to Pakistan. Since I had no other option to think of, I immediately contacted the airlines, paid extra for a change in booking and left US on 13th of March. There was chaos on US airports and all transit airports I have been through due to the immense uncertainty and implications of the pandemic pertaining to returning back to the destination countries. I was a bit contented since I had enough finances which could take me back home in case of any emergency but the travelers with me were in immense state of despair. Most of them had no hope to return back and were in a state of anxiety about their jobs, assets and commitments back at work in US*.

The one who got stuck in the middle left US on 21st of March which was almost the deadline for exiting US in the pandemic situation? He shared that

„I have never seen such a terror and uncertain environment ever around me. People at the airports were rushing like anything, paying extra for change of flights, all the counters were full, and the security was pushing people to observe social distancing and SOPs to stay protected from the pandemic. Some were trying to follow by wearing masks and gloves, some were distancing from others, others were in a hurry to buy their return tickets, some were gathering documents at immigration, some were rushing after the luggage, women had their families along but had no idea how many tickets could they manage and who had to stay back. It felt that the world is about to collapse and everybody was trying to jump on the last ship that could have protected them from sinking. Now, I do think of returning back to work but my work permit has expired and the immigration processing is banned. My employer is directed by the US government to induct the local citizens keeping the national interest due to very high rate of unemployment. I neither have a way to get back, nor an opportunity in Pakistan due to immense downsizing in the job market”.

The students repatriating from USA were asked to form a line for temperature check. Those who had elevated temperature were separated from the rest. These students were given a form to fill out to maintain their records. After that their passports were verified. During this process it was ensured by the authorities that they maintained 6 feet distance between them. From there, the respondent said they were asked to head for quarantine. The respondent said that as their whole program was sponsored by USEFP. Their quarantine center was also arranged by USEFP. She said that outside the airport cars had been arranged for the students to be taken to the quarantine center. There at the lobby they were allotted room and handed keys to the room. Their luggage was taken to the room. Three days were spent in Pearl Continental and only have one person in room. She said that in addition to the hotel staff there were police and rangers in the hotel enforcing SOPs but no doctor was seen in hotel. The respondent shared that on the first night they were called down in the lobby for sample collection. There keeping SOPs in check cotton swab samples were collected from the students. The food quality was good. She said that they were not allowed to go down to eat but rather they were instructed to call and tell what they wanted, and the food would be delivered to their rooms. Test results were provided after one day.

After getting results they were instructed that if their test result came positive, they would have to spend 14 days at the quarantine center but as her test were negative, they were allowed to go home. She said that after the provision of test results a tracking was installed on their phones and they were allowed to go home with further instruction of self-quarantine for 14 days. For follow up and to track our movement location tracking apps were installed on their phones. Once they reached home, they turned on the app and it would mark their location where they had to stay for the next 14 days. Overall planning and management were good.

A 16 years old male student who resided in USA on student visa was also interviewed. He was availing cultural exchange program scholarship in USA from last 8 months. He takes flight of Qatar Airways at 9th May-2020. On the way to flight, going from

Maryland to Texas he said that people were strictly following the SOPs. Everyone had masks and people were wearing gloves and they were also following social distancing measures. But from there to Qatar and then to Pakistan he said that not everyone was following the SOPs. He observed that planes were disinfected before the flight. The food served during flight was average. The procedure was the same as the people were asked from the choice of food available and then delivered.

As per the respondent, once the flight landed in Pakistan, there were at least three sanitizing showers through which they had to pass. After that they formed a line during which social distancing was not maintained. From there they were escorted to buses and their luggage was loaded in the buses. He was quarantined at Ramada plaza Karachi. He said that the food service was not quite up to mark as food would be delayed in Sehri but other than that the hygiene and other responsibilities there were up to the mark. He was quarantined for two days in a single bedroom. The hygiene was well maintained at the quarantine. He said that they were not allowed to leave our rooms and if they want anything, they would call the lobby and it would be delivered to them in their rooms. On the collection of samples, he said that on the day they arrived at the hotel after about two hours they were called and notified that teams had come for data collection and they were to gather in the lobby for sample collection. There in the lobby they have to maintain social distancing and wearing masks and gloves, teams collected their cotton swab samples. After which they were to return to their rooms. Here the respondent said that the hotel staff were not wearing masks, but the sample collection team were in their PPE's. The day he reached the quarantine after few hours their test swabs were taken, and their test results were provided the next day in about 24 hours. He tested negative and was not aware of the procedure taking place with the people who had tested positive. He said after his test results came negative, he was allowed to leave the quarantine center. The government had average arrangements for the people coming in the country.

6.2. The Case of Britain

Britain is a home to above a million Pakistanis. Apart from that thousands are on students and work visas especially those hailing from Mirpur and Potohar. Most of them are

settled over four decades. Some are striving to make their future, however in the current circumstances, a lot of immigrants are returning back due to the economic crisis. DW report says that thousands of Pakistanis having UK Nationality are stuck in Pakistan and they are extremely annoyed at the repatriation efforts made by the government of UK.⁶ On the other hand, when special flights were arranged to repatriate Pakistanis from UK to Pakistan, hundreds of returnees have complained on the issues they have faced due to closure of air space and a single National carrier allowed serving the people which is cancelling flights repeatedly. People getting back from UK have limited finances and most of the returnees are from the labor class. Affording multiple tickets is extremely difficult for them and has indebted most of them. Seven respondents were interviewed repatriating from UK.

One of them said

I was stranded in despair as I got to know that we cannot fly back due to closure of international flights across the globe. I was fired from my job in the very beginning of March and had meager resources to afford a ticket back home. There were no flight carriers operating. Nor I had any relatives in UK. I lived in a small Pakistani community with my fellow workers who tried to support me in difficult times. All I wanted was to save enough money which could allow me to fly back. It was astonishing for us when the amount of ticket was quoted. It was three times than the regular price which I managed to buy by taking credit from some friends. At the eleventh hour, we were informed that we cannot fly back home since the flight was cancelled due to some reason. Upon approaching the airline, it was informed that your amount will be returned in the form of voucher. To cut the story short, after seeking help from some law makers and embassy, I managed to get another booking to return back. Upon reaching Lahore, we were informed that we will be quarantined for 14 days in pre-decided hotels. The test in itself was so traumatic that the very memory brings the pain back. It was horrifying me since I was already indebted and was not in a position to pay the hotel bill. Luckily, my test came negative and I was freed to go home after two days. The local transport was

⁶ Omaira Gill, 2020. British Pakistanis angry about coronavirus repatriation effort. Dated: May 10, 2020. <https://www.dw.com/en/british-pakistanis-angry-about-coronavirus-repatriation-effort/a-53374374> (accessed on June 4th, 2020)

banned at that time. My brother managed to book a private car and came to pick me. He paid all my bills and saved me at that moment. After three months of unemployment and be wilderness, I reached home and thanked the almighty and my family for all the efforts. I am now at peace that I am backing home, but the future is haunting me now. I used to send the remittances and hence could not save. Neither I have any savings to imitate any business nor do I have any hope to get back to Britain to work”.

Here we are talking about people who have returned to Pakistan from abroad and are sharing their experience. The first respondent name was 41 years old male who was serving as a doctor in UK. He visited UK on student visa but later on after completion of his degree he was employed there. He came back via PIA flight and told us that his flight of PIA was the only PIA flight that was not delayed or cancelled among the lockdowns. Ticket cost was 87000 which is not as per routine. Regarding to COVID-19 SOPs he told that the services were great that was offered by PIA. There was only one person in three seat-row. When people were boarding their temperature was checked. During this, it was ensured that people keep the distance of 5-6 feet among themselves. They were also provided gloves and masks by the airline. Social distancing was ensured at the airport and as well as on the flight and when they landed in Pakistan, social distancing was ensured even then. Staff wearing face masks and had their gloves on. Food was not provided with the options they had before COVID, but rather packed food was given to them. When we discussed about Pakistani Government services provided here in Pakistan, he argued that at the airport the passengers were taken to the quarantine center on buses. At the quarantine center they were allotted rooms. At the lobby they were briefed about their stay and the procedures they had to follow. Their names, addresses and contact numbers were taken. They were asked to settle in the rooms and after an hour they would be called back for sample collection. As his COVID test was negative he was allowed to leave after two days. Regarding his stay, the respondent shared that during his stay in the quarantine center a cleaner would come in the morning to mop and sanitize the floor, bed sheets were changed. The cleaner took the used sheets with him in a bag to be disposed of. Both staff that is hotel and health were available for 24 hours.

A 28 years old unmarried Hindu respondent was coming back from UK. He was there on student visa for 8 months. He used PIA special flight to return home. The respondent said that he was asked to call the high commission if he wished to return to Pakistan. The high commission would then arrange a flight for them and told them when and where they would board the flight back to Pakistan. The respondent shared that SOPs were strictly followed. Face masks were mandatory, and a great number of people had gloves on. Authorities in UK and in Pakistan ensured that people abide by social distancing measures. Their temperature was taken as they were boarding the flight. There was one person in a three-seat row on the flight and even on the flight social distancing was ensured.

Regarding food, he said that food was available, but I did not eat anything. He said that he had his own water bottle with him on the flight. He also disclosed about government quarantine centers and argued that when the flight landed the captain told everyone that we are to remain seated. Passengers were asked to come out in an orderly manner one by one keeping social distancing measures under consideration. When we come out, we were once again checked for high temperature. We were then taken out of the airport to be taken to the quarantine center. Buses took the passengers to the quarantine center (Margalla Hotel). Condition of the government quarantine center was great. Even there everyone was in masks and we were asked to register ourselves. At the lobby our names and contact information were taken. Then we were given room keys and asked to head to our rooms and not to come out until absolutely necessary, or when called. I was alone in my room and spend two days there.

To maintain hygiene, during the time I spent there, bed sheets were taken of the bed in the morning and new ones put on. Floor was daily cleaned and sanitized. We were told that doctors were available and if we felt sick, we could call the lobby and ask for a doctor. Sample was collected when we had settled in our rooms after about 2 hours, we were called for sample collection in the lobby. A team of two men was present in hazmat suits and masks and we were asked to form a line. One by one the team took swab samples according to the list that was prepared in the lobby on entry. Everyone was

wearing masks and gloves. And in hotel, food was great in quality better than the respondent expected. They could either call for something they needed in their rooms or go to eating halls 3 times a day.

Test results were provided after a day of collection of samples. After test, the respondent shared that on the provision of test results they were asked to vacate the room and that they could go home and had to complete self-isolation of two weeks at their homes. Overall opinion on the government's preparedness, the government had a well-executed plan for the people coming from out of the country to test and quarantine them the respondent shared that he was satisfied with it. With respect to reaction and neighbors, the respondent shared that he did not know of the procedure with people tested positive, but he was tested negative and asked to self-isolate at home. In quarantine his father takes his responsibility of food and other concerns. Coming out of quarantine the government had only our phone number to contact us but there was no other check the government had on us.

A 23 years old unmarried Muslim male respondent from Pakistan currently resided in UK on student visa. He has been in UK from last year for his studies. He took PIA special or relief flight for Pakistan. Regarding procedure of flight booking and ticketing procedure, the respondent said they were to tell the Pakistani High Commission a month prior that they were in UK and wanted to return to Pakistan. High Commission would then arrange a seat for them on a flight. Upon the arrangement of seat, they would receive a call about their flight and were asked to report on the responding date. Ticket cost was 630Pounds.

He further discussed that, *“Bartania mai tamam mail jol ki jaghain virus ko roknay kay pesh e nazar band kar di gaeyn thein. Hand sanitisers ko jagah jagah har jamia mai lagaya gya tha. Tamam baray stores kay bahar Nishan dahi ki gaey thi k kitnay faasley se log kharay ho sktay hain. Andar Janay kay lye bari bari kuch logon ko ijazat milti, jb k baqi log bahar kaharay ho k apni bari ka intezaar krtay thay. Hakoomat ne tamam karobari marakiz pe auqat lik k laga dye thay. Tamam taalmei idaray online taleem day rahay thay, meri wapsi ki flight achi thi, jb k mujhay umeed nhi thi k log corona ki wajh*

se mail jol kay naey qawaed ko malhooz e kahtir laein gay. Musafiron ko aik aik seat chor kay bithaya gya aur unko poray safar mai hand sanitizer aur mask pehnnay ko kaha gya”.

Social spaces in UK were closed to cut off the spread of virus. Hand sanitizer were installed everywhere in the university. Super-markets in UK had been marked where people can and cannot stand. Only a number of people were allowed inside the super-market at one time. Every store and business were issued timings of opening and closing by the government. Government buses and trains also had new timings. Universities and educational institutions shifted to online teaching. According to the respondent the SOP's on the flight were quite good. He said that he did not expect them to be followed but surprisingly they were followed. In a row of three seats one seat in between was left vacant. All the flight crew was dressed in protective equipment throughout the eight-hour flight. Food served in flight was as per routine. But due to small number of passengers the time to deliver food was well managed. In Pakistan, the flight landed in Lahore.

After checking of passport and baggage they were given to the hotel employees who transferred them on buses. Buses then took them to the hotel where you booked a room and were asked to go to the room. The respondent said that they were given the hotel of choice and he chose Hotel Ramada in Lahore. He paid two days rent for his single bedroom where hygiene practices were done. As per the respondent, Police were deployed in the hotel and if you left the room even towards the lobby you were inquired first. Doctors were also available. The sample collection team went to the respondent's room. Cotton swabs were taken from the nasal cavity and their name and contact information written down. They were informed that their reports would be sent to them. The respondent said that the staff there wore masks and tried to practice social distancing but not to a great degree of success. Test result was provided to them the next day at around 4-5 in the evening as per the respondent. The respondent's test result was negative and allowed to leave the quarantine. He said that he went home himself and was asked by the authorities to practice social distancing for about 5 more days. The respondent said that to his perception the government had managed the situation quite well.

An unmarried male respondent of 25 years age was living in UK on student visa. He was in UK since last 12 months. After outbreak of pandemic, he took PIA special flight to come back in Pakistan. He said that people were asked to registered themselves at the high commission and they were later informed of the flight schedule. Before flights, people were asked to have gloves on and wear masks. He said that at the airport everyone was ensuring social distancing measures. He said that before entering the plane their temperature was being taken. About the staff he said that pilots and flight crew were wearing masks and gloves. Speaking about plane disinfection he said that he thought the plane was disinfected.

On the flight he said that a seat was left blank between two passengers as well. Food provided on the flight was good and it was well packaged. He said that there was no choice of food and the packages were given to the passengers. His flight was landed in Islamabad. He said that as they came out of the plane their temperature was taken. After that he said they were taken to immigration and he said that after getting their passports stamped, they were taken towards buses that were to take them to the quarantine. He said that he was quarantined in Hillview hotel. He said that at the entry their temperature was again taken. After that they were allotted rooms and informed of the procedures they were to follow. The conditions of the quarantine were good but could be better. Hotel rooms were cleaned daily. He said that floors were sanitized as well. He said that cleaner, food distributors and administrative staff was available, and a doctor was also present. A team from NIH came to collect cotton swab samples the day we arrived in hotel. These samples were taken in their rooms and their contact information recorded. Most of the staff had PPEs. The least he said he saw people with masks.

Food quality he said was good. He said that he received food two times due to Ramzan, but the food provided to them was good. He said that he paid for the food. Test result was given within one day. The respondent said that he was tested negative for COVID and after that he was allowed to leave the quarantine. Overall, the respondent said that government had handled the matter very well. He said that given Pakistan's economic

situation the measures by the government could not have been better. The respondent was quarantined in Hill View hotel in Islamabad. He said that he was quarantined on bus from the airport to the quarantine. His family was not allowed to meet at the quarantine. The respondent said that on leaving the quarantine he was asked to quarantine self-isolate himself, but he said that the government had no way of tracking him.

A 29-years old female coming back from UK. She was there on family visa and employed there from last 3 months. She purchased a ticket of PIA relief flight of 87000 PKR. She argued that the Pakistani High Commission had asked the people to registered themselves at the high commission and they would be informed of the flight arrangements that were made. She said that everyone was asked to wear their mask and gloves at boarding counter. She said that at the airport markings had been made to ensure social distancing measures. Before boarding the flight, their temperature was taken. About the flight crew and the pilots, she said that they had masks and gloves on. After the flight had landed in Pakistan, they were taken to collect their luggage. After which they were to board buses that transported them to quarantine centers. She said that social distancing was ensured everyone was to keep their masks on. She was quarantined at Margalla Hotel Islamabad. She said that the condition of the quarantine was good. Daily floor cleaning and change of bed sheets was ensured and food was ensured everyone was to keep their masks on. She was quarantined at Margalla Hotel Islamabad. She said that the condition of the quarantine was good. Daily floor cleaning and change of bed sheets was ensured and food was delivered to them at their rooms was observed. Doctor and staff were available. She said that they had been informed of their availability. The respondent was tested negative and was then allowed to leave the quarantine center.

6.3 The Case of Repatriation from UAE

Resulting economic recessions from COVID-19 have meant tough breaks for migrant communities across the globe. But the large numbers, not to mention the diversity of emigrants in the Gulf countries means that harm to their health and

finances will reverberate across continents. Many of the losses that the Gulf countries face have had the trickle-down effect on the labour force. This loss in income will not only upset the workers, but also the countries where they send their remittances. For Pakistan, remittances make up about 86 per cent of the secondary income balance of the economy of Pakistan⁷ Nearly 60 percent of these are from the Gulf countries⁸.

It is estimated that UAE homes approximately 1.5 million Pakistanis, most of them are low-paid workers living in congested settlements and currently stranded due to unemployment resultant of the corona virus crisis. In order to bring them back, the repatriation flights began in April since thousands of Pakistanis in the UAE asked their government to fly them home which was pushed by the UAE's warning in reviewing labor ties with countries which refuse to take back their nationals.

The representative from the consular affairs from UAE exclaims that before departure on repatriation flights, everyone is tested and the infected ones are barred from travelling. However, he did not address the concerns of Foreign office on living conditions of the returnees. On the contrary, the Special Assistant to Pakistan's Prime Minister on National Security shared that the number of COVID positive cases in people returning from the UAE are higher than expectations. In most flights from UAE, an average of 12 percent people was testing positive but on a few flights the number augmented to around 40 and 50 percent. It is therefore hypothesized that a lot of workers and laborers live in congested dormitories and essentially ease the contagious spread of the disease. Gulf Arab states have also boosted up testing after recording a mounting number of cases among laborers and low-wage workers in crowded housing. The narratives of returnees from the Gulf States have been recorded from the in-depth interviews. The on-ground conditions were pathetic. Since most of the returnees

⁷ "Pakistan Economic Survey 2018-2019," *Ministry of Finance, Government of Pakistan*.
http://www.finance.gov.pk/survey/chapters_19/8-Trade%20and%20payments.pdf (accessed on May 28, 2020)

⁸ Country Wise- Workers Remittances, State Bank of Pakistan.
<http://www.sbp.org.pk/ecodata/Homeremit.pdf> (accessed on May 20, 2020)

belong to the lower middle and lower class working as laborers in Gulf States, they barely have enough resources to sustain their livelihood in emergencies. Most of them live in very crowded spaces often provided by the companies they work with. A single small room homes 6-10 people. One of them shared that as the news of pandemic spread across UAE and the oil prices dropped, their employees laid them off without any notice period. Neither their contracts allowed them to join any other employer nor they had any opportunity.

One of them narrated,

–Every day we were hearing news of friends who were being laid off. We were quarantined in dormitories which were away from the main cities. The area was kind of quardon off, we were not allowed to go out. It was so difficult to manage food even. Passports of most of our fellows were with their employers. The sudden shut down barred us from approaching them and we could not travel without the travel document. I have never felt so helpless in my lifetime. We neither had money, nor were our dues cleared by the employers we served. Also, there was no way of approaching them since most of the offices were closed and our movement was banned. Many of us had left with no mode of communication with their companies. Some of us started having symptoms of the COVID-19, but they were denied of any access to health facility. After repeated contact with the consulate, we were informed that the repatriation services are going on. Our families back home were extremely worried. The viral on social media was already stressing us out. Most of us were ill. Some had fever, some had headache and some had flu, but all we could do was to help each other with the medicines that we already had. The hygienic conditions worsened due to diminishing resources that we had. It took us over two months to get our arrangements done for flying back. Only those of us who could afford to fly back reserved their seats. There are thousands of workers still stranded who do not have the means to return back. We were informed that we will be tested of COVID-19. But all that tested us was that laser thermometer. The flight which took us back later reported that it had 14% positive cases. We were shifted to Haji Camp, where the living condition was miserable. I

do not want to recall the arrangements made by the UAE governments and the treatment we had while immigrating back to Pakistan. Unfortunately, my friends who tested positive were quarantined for long and their experiences were terrible. Perhaps it happened to us only because we are poor and could not afford to get quarantined in a luxury hotel. Sometimes I feel, we can never get out of this trauma. Future seems so black and blur that I do not want to think about it for now”.

The consulate in Dubai shared that by end of May 2020, 60,000 Pakistanis have registered so far to return from the UAE. Balancing the needs of the 100,000 Pakistani citizens globally who have registered as wanting to return home and preventing the spread of the virus is a challenge. The government says that they have tested every passenger on arrival and quarantining them if required, and could currently repatriate around 8,000 citizens to Pakistan per week trying hard in facilitating the returnees without compromising the safety. Pakistan is dealing with a fast-growing number of cases, as speculated with over 15000 testing per day as of 1st day of June, 2020 ⁹.

A 32 years old male respondent who worked at a mobile repairing job in Dubai was on a visit visa for last 5 months. He takes PIA relief flight as we are contacted from Pakistan Embassy for final booking of tickets. People were not practiced social distancing and nor was it being enforced. He said that people were wearing masks and some of them had gloves on. The staff at the airport and the plane were wearing masks and gloves. The respondent said that he could not talk about disinfection as he was not clear about it. About the food provided Mr. Hafiz said that it was normal and packages were given to the people. After the flight landed the respondent said that they were taken from the airport to quarantine center. During this he said SOP's were continuously violated by everyone. He said that no one was enforcing it. People were crowing at the airport and pushing around one another. There were also other people who weren't wearing masks.

⁹ Ajjazeera News. –Pakistan concerned at workers returning from UAE with coronavirus”. May 6, 2020, <https://www.aljazeera.com/news/2020/05/pakistan-concerned-workers-returning-uae-coronavirus-200506081618984.html>. (accessed on June 1st, 2020).

He said that after that they boarded a bus that taken them to the quarantine center. Even in the bus there was no social distancing.

The quarantine center was hall of a room and people room his flight were taken there. There they were kept for two days. He said that the condition was poor and said that people there were not following SOPs. He said if anyone was infected, he would have infected many of the people there. He said that the day they reached the quarantine center after few hours a team came to collect the samples. He said they were covered in PPEs. They took swab samples took contact information and left. The food was not good. It was even less than average, and they could have provided better food to the people. Test results were provided the next day and allowed to leave the quarantine. His test was negative. He said the government provided poor service and they could have done better. He was quarantined in government quarantine center in Faisalabad. From the airport he was taken to the quarantine center on buses. Once they were allowed to leave the quarantine center, he said that a bus took him to his home in Sahiwal Sargodha.

A male interviewee who was coming back from Dubai due to COVID-19 lockdown shared that he was a CAD specialist and living in Dubai on work visa. He got PIA flight and ticket was purchased against 80000PKR. He said that people in Dubai who were to comeback to Pakistan were asked to contact the embassy and the embassy would book their seat on the flight and on the day of their flight they would be taken back to Pakistan. Speaking about the SOPs he said that social distancing, face masks were mandatory. The airport staff was ensuring that people practice social distancing. This was ensured even on the flight as a seat was left blank between two passengers. On the flight the respondent said that flight attendants were wearing masks and gloves. He said that the planes must have been disinfected but he cannot be sure about it. He said that food was in packages and there was no choice rather these packages were just given to the people and they could eat it.

When the flight landed in Pakistan, he said that they were asked to come out while observing social distancing. From there they were taken to immigration and their passport

was checked. He said that along the way they were sanitized by showers. Next, he said that they collected their luggage and asked by the authorities to get on buses to be taken to quarantine center. Further, when they reached the center they were informed of the rules. That they were not to come out of their room if there was no emergency. He said that they were informed of the medical team coming to collect their samples and the way they can order food or call for help if they felt sick.

Overall, the condition he said was good. The respondent said that the room was cleaned before their arrival. He said that the room and bathroom was clean. Clean bedsheets were available. The staff at the center were wearing masks and gloves. They observed social distancing and were hospitable. He said that they were told about the availability of doctors and they would come to the person who called for their help. Collection of samples as he said that the team dressed in PPEs came the evening, they reached the quarantine center. They came to the rooms and collected swab samples and noted down their contact information. Food the respondent said was provided to them in their rooms. They would call the lobby and tell them what they wanted from the menu. He said that timetable of food was given to them. Result he said that was given to them on phone call in about 24 hours. He had tested negative and he was allowed to leave the quarantine center. He said that he was asked to practiced self-isolation in order to ensure he was not infected.

An excavation driver in Dubai, married, 57 years of age was in Dubai from last four years on work visa. By using PIA special flight, he came back and ticket cost was 80000 PKR. He said that once he was fired from his job, he realized he should go back to Pakistan and cut expenses of living abroad. He said that the embassy had told people that who wants to return to Pakistan can inform the embassy and pay for the flight. He said that he decided to return back to Pakistan. They were advised to follow social distancing and wear masks and gloves. He said that while boarding they were also providing masks and sanitized their hands. He said that flight crew was also provided face masks and gloves. He said that the social distancing was ensured by keeping a seat vacant between two passengers. He said that the plane must have been disinfected but there was no sure way to tell.

About food provided to them, he said that the airline provided packed food, as he can't eat food during the flight so he can't explain about it. He said that when they came out of the plane they were sanitized. He said that they were checked for temperature. After which they were taken to have their passports checked. There they were asked about their option for quarantine center. He said the government quarantine was free, so he opted for it. He said that their luggage had been off loaded and loaded on buses. They were taken to the buses. Which took them to the quarantine center. During this he said everyone had masks. The airport staff had masks and gloves on. He further said that when they reached the quarantine center, a person was present there who was preparing a list of who was coming in. Taking names and contact information. The quarantine was a hall where beds had been set up separate from each other. He said the condition of the quarantine was good in his opinion. He lived two days in hotel in a sharing room. The floor of the hall was moped daily. He said that it must have been sanitized as after that the room smelled of some chemical. He told that doctors and helping staff was available. On the collection of test sample, he said that the day they reached the quarantine about 3 hours later a team dressed in hazmat suits came to collect swab samples. They took swab samples through our throats and noted out contact information. The respondent said that everyone was always asked to wear masks. The staff would also wear masks and gloves. Average daily food was provided to them on their beds. The quality he said was average, nothing special. Test results were provided to them the next day. He said a man came one by one to their beds and gave them their test results. The respondent had tested negative for COVID. He said that this was good news for him, and he could leave the quarantine center. He said that he came out and his brother had come to pick him up and they went to his home. Overall, the respondent said that the government had average preparation. He said that there was no way of tracking our movement once we had left the quarantine center.

A married male respondent of 50 years of age was working as excavator driver in Dubai and have valid working visa. He was there from last 6 years. He shared his words about all the present COVID scenario. He took PIA flight at 8th May and he booked his flight

by using online booking services of PIA. He gets his ticket against 80000 PKR. About the SOPs he said that masks and gloves were mandatory. He said that at the airport staff on the airport was ensuring social distancing measures. Every people were wearing masks including airport staff. Speaking about the plane staff he said that they also had gloves and masks on. He said that most of the passengers were also wearing masks. He further said that plane was disinfected. When asked about how he knows of this he said that this did not happen in front of them.

Food provided on the flight was normal but due to the pandemic it was packed. He said once the flight landed in Pakistan, they were disinfected under sanitizer showers. He said that after that they were taken towards the buses to be taken to the quarantine center. He said that their luggage was taken by the airport staff. Condition of the quarantine center he said that it was a big hall with beds settled about 10 feet apart from each other. He said at the entry a guy was checking their temperature. After that he said that they were allotted a bed and were informed about the team coming to collect their samples. He spent two days there in sharing room with bed and the distance between each bed was around 10 feet. Quarantine center was cleaned by a cleaner. He said that they were always to keep their masks on, and they were asked to clean our hands often. The staff available were the cleaners, food distributors and the staff keeping records of the people in quarantine. He said that they were told doctors would be made available if anyone felt sick. He said that the day they arrived at the quarantine center a team for sample collection came in the evening. He said that one by one they came to their beds and collected swab samples. He said that they took their contact information as well. About the cleaners, he said that they were wearing PPEs. About the other staff he said that they wore masks and gloves. Speaking of the food he said that the food provided to them was good. Nothing special or bad about it. The test results were provided to them the next day. He was tested negative and he could leave the quarantine center. Overall opinion about all arrangements, he said that the government took good decisions about the people coming in. He said that once he left the quarantine the government did not have a way of keeping check on him.

6.4 Arrangements made by the Government for Repatriation

With the commencement of special flight operation, many Pakistani migrants were taken back on May 13, 2020. These migrants constitute a number of 24,500 Pakistanis who arrived at their country on May 13 (APP, 2020). It was also reported that reverse migration or repatriation is divided into steps through which migrants will be taken back in order to control the spread of virus and by following the guidelines for the pandemic control. Phases for reverse migration are devised on the basis of prioritization rule that people with expired visas will be taken back first than others. The reports stated that 75000 migrants have been taken back to their native land. Another strategy is also presented by NCOC in wake of containment of that passengers would be tested before leaving the airport and only those would be allowed to go to their homes, who are not reported as positive (Xinhua Net, 2020). The whole implementation on the devised strategy is made with the coordination of MOFA with the agencies across the countries from where passengers are required to be taken back and it is done after analysing the data of previous repatriats from that region.

60% out of the total population of Pakistan constitutes of people of young age, thus the capital of Pakistan is an essential asset or resource in order to engage youth with productive activities in an effective manner but to the deficiency of opportunities, people from Pakistan prefers to pursue emigration from their country. Due to the termination of personnel from Pakistan across countries, reassimilation or re-integration was an important and crucial phenomenon. An estimate shows that about 9.87 million people from Pakistan had emigrated beginning from 1971 to 2017. However, empirical researches showed that reintegration or reverse migration by skillful youth have contributed to augmentation in economy of developing regions (Wang, 2018). Due to the reverse migrations, remittance has decreased and is expected to go even down if the prevailing situation remains the same (The News, 2020).

OPF (i.e. Overseas Pakistanis Foundation) reported that they have been working of re-assimilation of returnees or emigrants from Pakistan. This platform is providing several guidelines of opportunities including: instructions about resettlement in their community and fiscal opportunities together with investments, providing them with viabilities, managing their dues from company and projecting to the chances of more services. Furthermore, people who are more susceptible in wake of their jobs across country are also provided with the counselling mechanisms and several training programs have also been commenced in Pakistan, for the advancement of skills and for captivating job opportunities (OPF, 2020).

6.5. Insights from the Narratives of returnees

The Government of Pakistan (<http://covid.gov.pk/>) has issued a 26-page guide that includes advice on the control of COVID-19's psychological impacts. This gives simple advice on how to avoid tension, stress, fear, and support each other during the lockout. The text is written in compliance with the orders of the WHO and is widely disseminated throughout the world in many local languages. Under the available services, mental health practitioners in public sector hospitals offer assistance to the masses. In order to resolve mental health problems, local and multinational NGOs are involved by presenting valuable information on the effects of mental health issues and how to prevent them. Psychosocial assistance, for example, is being given to children and families impacted by COVID-19. For shame reduction, they are offered proper treatment and psychosocial assistance.

The growth of corona virus in Pakistan is found distinct to the variation in growth of virus in China. For Instance: In China, more cases were reported in older age population of age group 65 and above although more cases between age group of 21-30 were reported in Pakistan. 24% patients in Pakistan fall in the very age group. Unlike situation in Pakistan, old age population was at more risk in other countries. Thus, there was found a variation in pattern of disease as people of old age or the old age population is more susceptible to the attack of virus, contradicting to its trend in Pakistan (Shahina, 2020). When affected cases reached a number more than thousand, analysis illustrated that the

local transmission cases were lower in number i.e. about 7% cases were locally transmitted while rest of 93% cases were of returnees who had been living in the area outside Pakistan which was already affected by the virus and they carried virus from effected area or country to Pakistan which was revealed by analyzing travel history of patients (Shahina, 2020). Furthermore, more cases of COVID-19 were of men than women. There was found 64% and 36% cases of pandemic among men and women respectively.

A 28 years' old married male respondent who was coming back from Malaysia to his native country. He was employed there and was able to spend only 4 months after his employment. He shared his views about his return trip to Pakistan. He used PIA special flight. He informed the Pakistan Embassy that he was Pakistani and want to head back and embassy arranged his return ticket. During flight taking process, SOPs were being followed. Masks, sanitizers, and gloves were made available to people. Planes were disinfected before they got onboard. Social distancing was being followed as well and a seat was left empty between passengers. He also discussed about food quality; food provided on the flight was not as good as compared to the food that we got on the flight to Malaysia. After landing in Pakistan, passengers were asked to come out in an orderly manner. They were taken to the airport in the form of line. Pair of medical professionals were taking samples on a swab from the throat and nose and these samples were packed in a test tube and name of the respondent noted on the test tubes. The next medical official staff was noting addresses and contact detail of the individual. From there they were allowed to go home, and self-isolate themselves for a period of not less than two weeks. They were told that they would be checked upon by a team from the government. Medical staff at the airport were in complete hazmat suits and the individuals in line were asked to cover their faces with masks and some of the people had gloves on. For test, respondent shared that the authorities took their swabs when they reached Lahore. From the airport they were not kept in quarantine and allowed to go home with instructions to self-isolate themselves for two weeks. Overall planning and execution of the government to bring people back to Pakistan was good. After getting free from government protocols he used public transport to reach his home. And at home he restricted himself in a room

for two weeks. For cross-check examination a team of Government doctor visited him after 3 weeks and his test result was negative.

“ mai jab Malaysia se wapis aaya char maheenay baad, toa maine dekha kay hakoomati aur airline kay intezamat kaafe taslee bakhsh thay. Flight se pehlay jahaz ko mukammal taor pe khali krwa kay disinfect kia ja raha tha. Musafiron kay darmian munasib fasla tha. Ajahaz ka amla baqaeqa sop follow kar raha tha. Logon ko mask aur sanitisers diye ja rahay thay. Jab hum Pakistan puhncHay toa pehlay se tibbi amla aur doctors wahan mojjod thay jinhon ne hamaray test lye aur hamain karateena centres mai bheja aur jis jis ka test manfi aaya usko ghar Janay ki doa din baad hee ijazat mil gaey, jabkay baqion ko cauda din ka waqt poora karna tha”

There were frequent temperature checks on the flight, and everyone was instructed to wear masks and gloves. Clarifying the situation, she said that on the flight from US to Spain SOPs were strictly undertaken but from Spain to Pakistan the social distancing measure was not observed. That is there was no gap between the students. She said that I might have been due to great number of students of other programs as well. Talking about the food the respondent shared that before COVID outbreak the passengers had few choices of what they wanted to eat but, on this flight, they were given packed boxes of food which they were to eat. She said that before and after eating sanitizers were provided to everyone to clean their hands. As per the respondent the flight landed in Lahore. At the airport staff was minimum but everyone was wearing PPEs.

The respondent said that the planes were sprayed by the disinfectants twice. They were not provided food with that many options they had before COVID but rather packed food was given to them. (Boiled rice and white channa in this case). In Pakistan, at the airport the passengers were taken to the quarantine center on buses. At the quarantine center they were allotted rooms. During this they were ensured to keep social distancing among themselves. At the lobby they were briefed about their stay and the procedures they had to follow. Their names, addresses and contact numbers were taken. They were asked to settle in the rooms and after an hour they would be called back for sample collection. He

stayed in hotel for three days in an independent room. During his stay in the quarantine center a cleaner would come in the morning and evening to mop and sanitize the floor, bed sheets were changed once a day. The cleaner took the used sheets with him in a bag to be washed again. Staff both hotel and medical was available 24 hours. A doctor was present at the reception who could be called in the room at a phone call at a time of emergency. Procedure to collect samples, the respondent shared that he along with others were called in the lobby after an hour they reached the quarantine center. They were asked to form a line and cotton swab samples were taken one by one of each individual. The hotel staff was using masks and gloves, but the sample collection team wore hazmat suits. Food quality was good. It would be ordered in the room or could be eaten at set times of breakfast, lunch and dinner. Available at reasonable charges. Results of test were provided the next evening at around 05:45 over the phone and we were told to collect the report from the desk in the morning. The respondent talked about himself and said that his reports came in negative. He was then allowed to leave the quarantine center (Margalla Hotel). At home he was asked to practiced self-isolation for two more weeks. Remarking on the services provided by the government, he said that government had made pretty good arrangements. He said that the staff was polite, and food was of good quality and they charged very reasonable amount for the food. During the quarantine they were not allowed to meet anyone. The respondent shared that he has not been checked upon by the government since he has left the quarantine center.

SUMMARY AND CONCLUSION

Pakistan has not yet reached the peak of development and still struggling as a developing nation. There exist lack of medicinal competence and thus it is adding more to the problems faced during this pandemic as the vaccine is not introduced to the patients, which could help to eradicate novel virus eternally and appropriate medicinal capability is also deficient. The need of hour is to take stern decisions by government and relevant authorities to reduce cases of the disease. Furthermore, as preventive measures and firm orders are implemented for the sake of everyone's health, thus public should also show a

cooperative behavior with the authorities and implement on rules of social or physical distancing, quarantine and other such measures to safeguard themselves from the outbreak of pandemic. It would ultimately help in a reduction in an overall alarming situation of pandemic (Yousaf et al., 2020).

65% from the total population of Pakistan constitute of young individuals below 30 years of age. But it does not necessarily mean that Pakistan is less affected by the outbreak of novel virus, as trend of viral growth is seen more in older population in other countries. In Pakistan, 9% or 14 million people from the total population constitutes of older population with the age of 60 and above with moderate or not good health condition. Moreover, infrastructure of health is also in a poor state that further exacerbates prevailing situation. Joint family system is amongst the common family types in Pakistan in accordance to its culture which is specifically adopted in rural areas. Average family size in rural areas was 6.8 while 6.3 was the family type in urban areas, founded by ‘Pakistan Demographic and Health Survey’ conducted in 2017-18. United Nations proposed an optimal crowding level (Bashir, 2020) and situation in Pakistan exceeds that density with three persons per home that also suggests an increased transmission site for the virus if preventive measures are not adopted firmly.

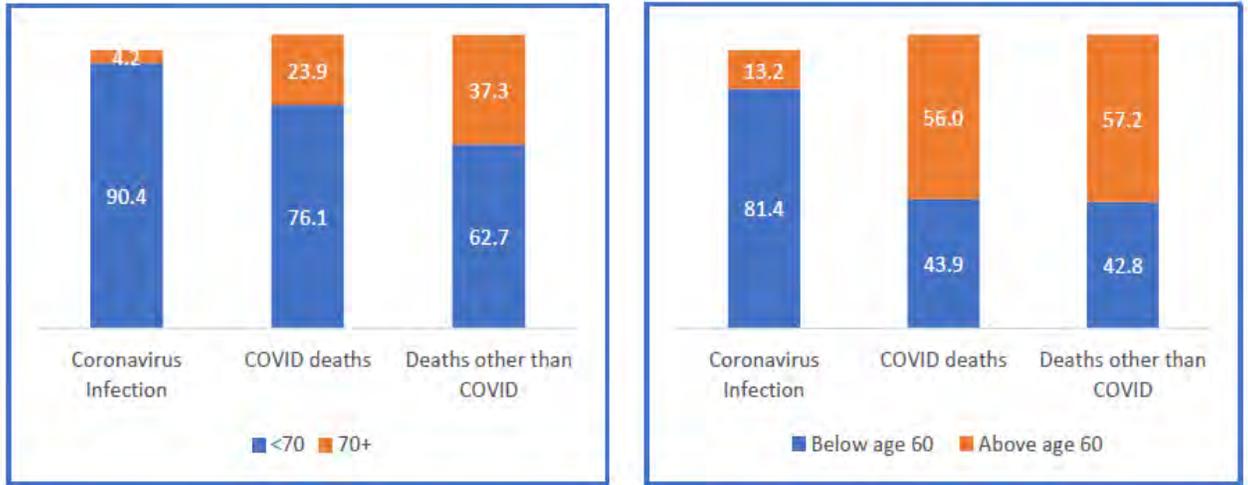


Figure 3 COVID-19 with Age distribution in Pakistan

Source: Government of Pakistan and IHME 2017

Figure 3 illustrates the prevailing situation of COVID-19 and presents a comparison of pandemic situation of Pakistan with other countries through analyzing the situation by enlisting number of infected cases and deaths, in a particular age group. Figure represents the most infected cases on the basis of age distribution method that which age group has affected most by novel corona virus. The age distribution pattern of left side i.e. showing age group of people aged 70 or above, is the age distribution in countries other than Pakistan. In other countries people of older ages are affected the most while on right side of the figure, the numerals represent the age distribution of effected cases in Pakistan. People below the age of 60 were found more vulnerable to the attack of virus. Furthermore, the death rate due to COVID-19 is much higher in other countries than in Pakistan and people of age 70 years and above constitutes a higher proportion in terms of finding fatalities. While in Pakistan, rate of mortality was seen mostly in a relatively young population than older ones, unlike other countries. Among 76.1% deaths that were caused by COVID-19 in other countries, most people fall in age group of 70 and above while a relatively less mortality rate was found with people of this age group in Pakistan (Bashir, 2020).

Due to the spread of Corona pandemic all over the world the life of common people affected badly. In lockdown situation people lose their jobs, their business shutdown,

they not only face the health issues but economic problems as well. In the given research the researcher conducts interviews from different people who were migrant and lose their job during the pandemic outbreak. During this study researcher approaches different respondents who were migrant and come back to the home country for various reasons. In this study researcher also highlight that how this pandemic outbreak affects the life of a common man.

Table 2 elucidates the total number of migrant personnel in province wise division along with their distribution in several cities and represents a number of layoff personnel. Table # 2 also illustrates that out of these internal migrants across the country, about 45% of them are working in informal sector (such as: household worker or maid, functioning as personnel in any factory, working as labor force at construction sites or a daily manual worker or labor). Among the total number of internal migrants, 65% of them are the inhabitants of about 15 districts only, in Pakistan and a majority of these workers comprising a number in millions are living in Karachi, then a major figure is representing internal migrants workforce in Lahore, Rawalpindi, Faisalabad and in the capital of Pakistan i.e. Islamabad (Haque & Nayab, 2020).

Table 5 Province-Wise Migrant Workers and Expected Layoffs (in Millions)

Province/District	Migrant Workers	Layoff Migrant Workers
Pakistan	8.51	3.78
Punjab	5.33	2.37
Lahore	1.14	0.51
Faisalabad	0.61	0.27
Rawalpindi	0.54	0.24
Gujranwala	0.38	0.17
Multan	0.30	0.13
Sheikhupura	0.19	0.09
Bahawalpur	0.17	0.08

Sialkot	0.12	0.06
Sargodha	0.11	0.05
Other Districts in Punjab	1.76	0.78
Sindh	1.30	0.58
Karachi	1.07	0.47
Sukkur	0.07	0.03
Hyderabad	0.04	0.02
Other Districts in Sindh	0.13	0.06
KPK	1.38	0.61
Peshawar	0.33	0.15
Other Districts in KPK	1.05	0.47
Baluchistan	0.07	0.03
Quetta	0.03	0.02
ICT- Islamabad	0.43	0.19

Source: Author's analysis based on the Labor Force Survey, PBS 2017-18

Note: using the methodology given in PIDE Bulletin No. 4.

This is not to say that all segments will be confronting the same situation as illustrated in Table # 5 which represents other number of internal migrants who are working in other informal sectors (including: retail and wholesale personnel, personnel at different construction and mechanized sites, number of personnel at communication sector or number of migrants at transport sites). Workforce particularly working in these informal sectors is expected to be affected the most as an adverse consequence of pandemic resulting in layoff at larger scale, as described by *PIDE Bulletin No. 4*. The condition of many workers out of all, are in more susceptible condition as they will not only confront the problems as a result of layoff but they will also be deprived by their residence because most of the workers in factories also live in its dormitories. Furthermore, due to halt in all commotions, particularly the transportation service, the laid off internal migrants were even not able to go somewhere else or back to their homes (Haque & Nayab, 2020).

Table 6 Sector-wise Migrant workers and expected layoffs (in Millions)

Major Sectors	Migrant Labor	Expected Layoffs
Agriculture	2.02	1.66
Manufacturing	1.74	0.49
Construction	0.72	0.04
Wholesale and retail	1.34	0.93
Transportation and communication	0.68	0.31
Services Activities	0.79	0.16
Others	1.23	0.19
Total Labor Force	8.51	3.78

Source: Author's analysis based on the Labor Force Survey, PBS 2017-18

Not only the health is affected by the pandemic but it is also posing threats to vocations which is ultimately causing a turndown of economies across the World and leading toward a disturbance of societies as well as their financial systems. The pandemic even after it diminish from societies, will pose post-pandemic effects that seems to last long. Due to the impacts of pandemic such as mass termination or layoff, the International labor organization is playing its part and will also endure in order to provide protection to lives as well as vocations of people by adopting relevant strategies, along with the government and workforce (ILO, 2020).

The pandemic is affecting the dynamics of social order that comprises of its demography, financial prudence measures, culture and diversity that is driven by the migrants. The prevailing time period of pandemic is a period of crisis for every society and its inhabitants including the migrants and efforts are required by everyone (inhabitants, migrants, organizations, government etc) to get rid of such crisis. It can be made so by taking comprehensive measures in terms of providing public health services to reduce the number of affected cases. Moreover, by reducing the means of viral transmission can help to ensure mitigation of viral pandemic and will also reduce the health emergency

(Berger et al., 2020). In order to achieve speedy recovery from the pandemic and its prevailing effects afterward, one needs to adopt effective measures in extenuating the impact of pandemic.

Migrants play an important role in socio-economic expansion or growth of society. However, they confront numerous tribulations particularly in terms of social fortification or defense. Migrants are the ones who tolerate crisis the most and prior to every other inhabitant of society from every calamity. An assessment by International Labor Organization recognized about 68% personnel (or 2.2 billion migrant labors) that are affected the most by the impacts of outrageous pandemic. A diffident analysis claimed that around 111 million personnel, who pursued emigration, are affected. It also enshrined that 164 million workforce equates only for 4.7% personnel from which 111 million emigrated ones are influenced by the lockdown procedures of pandemic, the most (World Bank, 2020).

The number of migrants will not come to halt in upcoming years; the need of hour is to provide them ample health services for which the health experts or professionals in host countries needs to organize themselves in providing such facilities. Thus, the policy makers and health experts would be given appropriate assets or funds in order to fulfill the necessities of migrants. Cultural aspects of migrants may act as obstruction or barrier regarding their medicinal management in the host country. Thus, mediators of culture could be more constructive in analyzing and minimizing the health issues of migrant populace. The staff (professional, paramedics etc) at hospitals and in other institutions must be trained for cultural proficiency. It would also help to enhance the functional capabilities of migrants as well as the locals including health care experts (Schouler-Ocak, 2020).

Due to the spread of virus, migrants who were terminated from their vocation had not just visage the only defy of unemployment but they will confront many other predicaments. The migrants' visage a number of challenges (such as: halt in financial commotion, ban on travelling, communal fortification and other such limitation) due to which they had to

come back to their homelands or families. Myanmar State Counselor declared that by the end of April 2020, the expected returnees to Myanmar were 150,000 but there were about 60,000 migrant who came back to their countries through authorized or official means (IOM 2020b). Similar number of reverse migrations was observed from Thailand to Cambodia. Furthermore, in March 2020, people who emigrated from Afghanistan returned back to their homeland. A total of about 115,000 personnel of Afghanistan pursued reverse migration to their homeland from their host country i.e. Iran. These migrations also ignited risks to health as a large number of people moved in form of large groups and due to unavailability of proper screening for migrants, it raised more risks for health because anyone in the large group of migrants could be the carrier of virus and moving in huge group could increase the probability of transmission of novel virus. Apart from all challenges faced by migrants, returnees also had to suffer from more defy after coming back home. These predicaments would include following: halt in remittance of families of migrants, unemployment, increase in liabilities, and trepidation of stigmatization and fear of society that the migrant may be the carrier and transmit.

The impact of pandemic will also affect mental health of individuals particularly for migrants because of their unemployment accompanied by other issues such as the threatening situation of outbreak and increasing death toll. Moreover, psychological distress will also pick up pace among migrants due to the increased challenges of reverse migrations. Nelson Moses from Suicide Prevention India Foundation declared that India is more vulnerable to the ratio of suicidal attempts because of the prevailing adverse impacts of pandemic including unexpected and swift invasion of immigrants and endangered agricultural group of people (Krishnan, 2020).

In medical terms a person who is physically well, active and is able to perform his/her duties in an actively manner they are considered to be healthy. But, sometimes outside conditions like natural disasters, pandemics etc. lead the people towards to have unstable mental condition. This takes away their mental capability to even perform a simple task. Same was the situation observed in different people at this major pandemic COVID-19.

Data suggests that work loss is associated with elevated depression, anxiety, distress, and low self-esteem and can contribute to higher rates of drug use disorder and suicide. Latest survey data indicates that more than half of the people who lose income or jobs reported negative mental health impacts from anxiety or concern over coronavirus; and lower income people record higher rates of significant negative mental health impacts relative to higher income people.

There are also questions of deteriorating mental health caused by burnout among front-line staff and elevated anxiety or mental illness among people with poor physical health. Those with pre-pandemic mental disease and drug use problems, and those recently infected, would likely need services for mental wellbeing and substance use. The pandemic highlights current and emerging obstacles to accessing care for mental health and drug use disorders.

Most state and local governments mandated closures of non-essential businesses and schools as an immediate reaction to the coronavirus outbreak and declared obligatory stay-at-home orders for all but non-essential staff, which usually included banning big meetings, forcing passengers to quarantine and facilitating social distancing. States are now in the reopening process, which has been followed by many witnessing a resurgence of cases of coronavirus. It is unclear if stay-at-home directives will again be implemented when spikes occur, or how long it will be appropriate to promote general social distancing activities.

People who have chronic diseases such as chronic lung disease, asthma, serious heart problems, and diabetes are among those with a high risk of significant illness from COVID-19. Data indicates that mental health problems in patients with these and other chronic conditions are frequent co-morbidities. During the pandemic, this comprehensive analysis analyzed the psychiatric state of the general population and emphasized the related risk factors. Most reports have identified a high incidence of adverse psychiatric effects. In large, lower, and low-income nations, the COVID-19 pandemic poses an alarming challenge to mental health. The treatment of psychiatric illness (e.g. major

depressive disorder, PTSD, as well as suicide) needs to be given priority in addition to flattening the curve of viral dissemination. There is an immediate need for a mix of government policy that combines viral risk prevention with provisions to reduce threats to mental health.

The corona virus spread in all over the world were surprising for developed and developing economies equally as its effects on economy were drastic. As yet there is no proper medicine or vaccine is developed to cure the disease the only preventive measure is to avoid social gathering so that to reduce the spread of virus. Following this many countries of the world are imposing the partial or whole lockdown according to their resources and the ratio of spread. But due to this shutdown situation another drastic effect that seen is economic draw fall. Many people who were daily wagers or entrepreneur or run their own business in smaller or larger scale effect badly due to this shutdown situation.

CONCLUSION

The study is primarily focused on issues faced by returnee migrant due to the global pandemic Covid-19. People who were out of countries on long- or short-term migration for studies, jobs, businesses, personal or professional visits got traumatized due to sudden halt of international flights. In the given study as mentioned, the migrants and the ones travelling suffer more than any other cohort of population. Mostly short term migrants or sojourners lost their jobs, the students were barred from attending universities in person and were ordered to vacate the hostels, visitors were informed to vacate the hotels and fly back, those who were in transition were asked to quarantine in hotels for two weeks upon reaching their destinations. Their resources were badly exhausted and businesses were immensely affected. Again, the socio-economic status of the returnees determined how long they could sustain the shock. Social exclusion of the migrants was the first reaction towards migrants. The ones who were on middle or lower level jobs were affected the most due to their living conditions. The dormitories and poor housing made them further vulnerable to the spread of inflicting virus. Lock downs made it difficult to commute and earn a living. Due to the closure of economic activities, mostly people were affected financially and on the consequently their mental health also deteriorated.

For instance, the key role which had to be played by the government was to ensure not only the lives of their people living in the country but also the migrants who were returning back to Pakistan. Halting international travelling for preventing the spread of virus was one major step to control the spread of virus, but before giving ample time to the returnees and arranging maximum flights from countries where most of the short- and medium-term migrants were awaiting repatriation. The literature suggests that it was a great challenge for all the governments to cope such a catastrophic condition. The given study reveals that as when the returnees were asked about the governmental support for repatriation, most of the respondents said that the government only helps in terms of arranging flights to come back and to provide quarantine center, where the returnees had to pay for food and medical facilities. Although many of the respondents were satisfied with government help, yet not all were satisfied.

The closure of economic activities and getting barred from travelling back to land of origin due to the sudden lock downs left most of the migrants traumatic. The chaotic situation merely raised panic situation which affected their mental health badly. Apart from socio-economic classes of the returnees, single women suffered more than the ones who were living with their families or stuck in pandemic with their spouse or any family member. Most of the respondents reflected that they are still suffering from recurrent stress and depression even when they are looking at their current situation posed by the third wave of pandemic. Although this affect varies from individual to individual and their mental capability to cope with uncertain conditions but also in terms of their financial and social status.

Returning back to the land of origin for a migrant is a rite de passage, which is never completed unless one returns back to his home land. Pandemic has not only halted the economic cycle but also the social cycle of life in which repatriation of immigrants has traumatized them severely specially during the first wave of Covid-19 with the sudden halt of international commutation resulting in financial, social, psychological and emotional strain on the migrants and returnees who were displaced, their resources depleted, mentally traumatized away from their families and uncertainty of situation and delayed arrangement on repatriation efforts exacerbated the worsening situation. In times of natural calamities, world must depict a place of social solidarity and cohesion rather than social exclusion, to give solace to the vulnerable, down trodden, displaced and under privileged segments of the society to keep them in mainstream rather than discriminating against them. No doubt, the *“New Normal”* set by the pandemic does not align with the existing social values, but that’s the way the world has to be unless an effective strategy is prepared to deal with such pandemic.

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