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SOCIOECONOMIC DISPARITIES IN FAISALABAD: A RURAL–URBAN ASSESSMENT OF IMPACTS, ADAPTATION, AND RESILIENCE

Umbreen Hashmat[1], Rakhshanda Kousar[2], Saba Javed[*3], Muhammad Roman[4], Muhammad Rizwan Liaqat[5], Muhammad Talha Abir[6]

[1] *School of Economics, Business and IT, University West, Trollhättan, Sweden*
[2,*3,4,5,6] *Institute of Agriculture and Resource Economics, University of Agriculture, Faisalabad*

[*3]saba.javed@uaf.edu.pk

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Abstract

COVID-19 constituted a health emergency in 2019 as well as a domestic socioeconomic upheaval that affected employment, income, savings, food accessibility, healthcare expenditures, mental well-being, education, and digital technologies. This study examined the social and economic ramifications of the pandemic on families affected in rural and urban areas in Faisalabad, Pakistan. Descriptive statistics, percentage analysis, and binary logistic regression were employed on the sample of 156 participants (78 from urban areas and 78 from rural areas). The results indicated that 70.5% of respondents faced a decline in employment. The earnings of 62.8% of urban households and 60.3% of rural households decreased, while the savings of 75.6% and 61.5% of same households, respectively, diminished. In both environments, the proportion of individuals encountering mental stress escalated to 78.2%, while more than half of the participants reported an increase in health-related expenses. Class attendance was profoundly impacted: the majority of families lacked access to virtual classrooms, and online instruction was largely seen as ineffective. Merely 11.5% reported having gotten aid from governmental or philanthropic sources. The behavioral models suggested that factors such as gender, age, education, occupation, and wealth were more indicative of protective behaviors than residency by itself. The recovery phase illustrated a significant and enduring change in Pakistan's digital environment that went largely unacknowledged throughout the period of instability. Government had taken steps toward regulating open, distant, mixed, and digitally augmented education in tertiary institutions. The trends suggested that online work, freelancing, digital skills, and hybrid education are increasingly vital tools for coping and resilience in the post-COVID era, while the results from Faisalabad underscore the importance of access to devices and connectivity, as well as digital proficiency, as a factor contributing to inequality. COVID-19 served as the primary disruption, while adjusting to the post-pandemic landscape in 2026 is the key inquiry for recovery.

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1. Introduction

It's been six years since COVID-19 was called a pandemic, and the main study question has changed. The primary concern during 2020–2021 was to control virus while preserving livelihoods and essential services. By 2026, the impact of the pandemic had resulted in numerous households experiencing diminished savings, disturbed employment and enterprises, heightened healthcare expenses, psychological consequences, interrupted schooling, modified risk-taking behaviours, and varying capacities to endure future crises. Despite a reduction of the health crisis, the effects of COVID-19 on post-viral conditions and the enduring social and economic effects remain important questions regarding work capacity, household income, quality of life, and the necessity for health services (World Health Organization, 2025).

The situation in Pakistan is especially significant for the transition from an emergency reaction to recovery. The country displayed a considerable degree of informality, characterized by inadequate social protection, unequal access to healthcare and educational facilities, and pronounced rural-urban inequalities. Despite this, the decline in poverty was reversed beginning in 2020 due to a succession of disturbances, such as COVID-19, inflation, macroeconomic chaos, and the floods of 2022, as indicated by recent national evaluations (World Bank, 2025a, 2025b). Indicators of economic recovery emerged in 2025; however, recovery has been insufficient, since numerous low-income workers continue to engage in informal and uncertain employment (World Bank, 2025c). In this context, the socioeconomic consequences experienced during the COVID-19 pandemic did not disappear with the lifting of mobility limitations, but instead evolved into a more extensive recovery obstacle.

This analysis is confirmed by recent studies concerning Pakistan. In a 2025 national household study, substitution for lower-quality food was a common coping strategy during COVID-19, and bank borrowing was one of the few ways to avoid severe household impact. In 2026, Punjab researchers found that COVID-19 survivors continued to struggle with medical bills, lost income, borrowing, and savings depletion (Abbas et al., 2026). The findings shift the topic following the epidemic from the acknowledgement of hardship to the examination of how families are establishing financial safeguards and managing ongoing difficulties.

Instead of just going back to pre-pandemic practices, education offers an analogous model of recovery. COVID-19 revealed serious flaws in the quality of emergency online instruction, teacher preparedness, device ownership, home connectivity, and remote learning access. This disturbance is directly reflected in the Faisalabad survey. However, when schools reopened, online and mixed learning had become more institutionalized rather than vanishing. As part of the Higher Education Development in Pakistan project, Pakistan's Higher Education Commission (HEC) reported significant investments in digital infrastructure. In July 2025, it stated that its "Pakistan Digital Leap" initiatives were reaching about six million students (Higher Education Commission of Pakistan, 2025b). In order to implement the Open and Distance Learning Policy 2024, HEC and Allama Iqbal Open University subsequently started a statewide capacity-building program that included instructional design, e-learning approaches, ICT integration, and quality assurance (Higher Education Commission of Pakistan, 2025a). A 2025 survey of 783 Pakistani higher-education students found that perceived usefulness and ease of use drove distance-learning platform adoption (Amir et al., 2025; Imran et al., 2025). Peer-reviewed evidence from Central Punjab shows that teachers' roles and techniques changed after COVID-19. Therefore, the question in 2026 is not whether online education should remain unchanged, but rather how the pandemic caused a long-lasting transition toward mixed, flexible, and digitally enabled education while leaving significant gaps in access and quality.

There was a similar change in employment. Prior to the pandemic, a household analysis conducted countrywide in Pakistan, projected

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that, if occupational tasks and internet connection were taken into account, roughly 10% of employment could be completed from home, with far fewer opportunities outside of big cities (Hasan et al., 2021). However, COVID-19 hastened acquaintance with digital skills, platform-based work, freelancing, internet services, and remote work. According to the Pakistan Economic Survey, tech-freelancer export remittances increased 51% year-over-year to US$856.3 million in July-March FY2026, there were 161 million broadband subscriptions, more than 80 e-Rozgaar centers with 4,600 active freelancers, and 5.14 million DigiSkills trainings. In a similar vein, the International Labour Organization characterises COVID-19 as a catalyst for the shift of livelihoods and employment to digital and virtual platforms (International Labour Organization, 2025). These indicators demonstrate that digitally mediated labour has become a significantly more important livelihood channel in the post-pandemic economy, but they do not indicate that all households or occupations can work online. Online labour and digital self-employment can therefore be seen as one possible 2026 coping and income-diversification option for households that faced job loss, income reduction, or depletion of savings.

Faisalabad's economy, which mixes services, small companies, informal labour, agriculture, close rural-urban ties, and jobs related to industry and textiles, makes it especially well-suited for researching these dynamics. These livelihood systems were impacted by COVID-19 in a variety of ways. Rural families had limited access to services; wage and salaried workers faced employment and salary reductions; business households saw demand and operational disruptions; and both groups faced challenges related to food, education, and health. Therefore, a fair comparison between rural and urban areas can demonstrate whether the pandemic caused essentially different impact patterns by place of residence or whether household variables like income, occupation, education, and savings capacity were more important.

As a result, this study poses five related queries. First, what were the main socioeconomic impacts of COVID-19 on Faisalabad's employment, income, savings, food access, health spending, mental health, and education? Second, what were the differences in those effects between households in rural and urban areas? Third, what protective and adaptive behaviours were linked to the socioeconomic aspects of the household? Fourth, what does this household data suggest about how families are adjusting to the post-pandemic period in 2026? Fifth, considering the disparities in digital access exposed by the initial shock, how should the swift growth of digital work, freelancing, online learning, and blended learning be interpreted as a component of post-COVID adaptation? As a result, the contribution is purposefully two-stage: household data is used to determine the pattern of COVID-19 impact and immediate adaptation, while current data is utilised to evaluate ongoing recovery paths, such as learning techniques and digital life.

2. Materials and Methods

2.1. Study design and setting

This study was carried out in the district of Faisalabad, Punjab, Pakistan, using a quantitative cross-sectional household survey. The analysis focuses on the COVID-19 shock's multidimensional nature and how its socioeconomic effects are distributed between rural and urban areas. Faisalabad was selected for the research of the effects of a common health crisis on livelihood, consumption, health, education, and behavior because of its combination of industry, services, small business, informal employment, agriculture, and rural-urban interaction.

2.2. Sampling and data collection

The final sample consisted of 156 households, evenly split between urban (n = 78) and rural (n = 78) locations. The respondents were chosen using a random sampling technique. Both computerized surveys and in-home interviews

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were used to collect data. Interviews were conducted in the local language when necessary, and questionnaires were created in English. The screened respondents were excluded from the analytical sample since the instrument was previously tested to 20 respondents in two phases prior to the survey.

2.3. Questionnaire domains and study variables

The questionnaire covered five broad domains: (1) Respondent and household characteristics (gender, age, education, occupation, family size, earning members, housing, monthly income); (2) Employment and socioeconomic conditions; (3) COVID-19-related changes in income, expenditure, savings, and children's education; (4) Food security, employment status, and the ability to buy food and medication during the crisis; and (5) Adaptation and mitigation behavior (hand hygiene, mask wearing and related behaviors). In this article, these factors fall under three interrelated concepts: impact (what pandemics changed), adaptation (how households responded), and resilience (what those responses signify for recovery from pandemics in 2026).

2.4. Statistical analysis

The data was summarized using percentages, frequencies, and comparisons between rural and urban areas. To illustrate the degree and trend of the pandemics impacts and household coping mechanisms, the results are mostly displayed as percentages. The underlying investigation revealed two binary logistic regression models. Gender, age, qualification, place of residence, monthly income, change in income, and principal occupation were the variables utilized to explain.

2.5. Post-pandemic interpretation and 2026 recovery lens

The pattern of COVID-19 impact and adaptability at the household level is estimated using the empirical survey. The 2026 article is an analysis rather than a proposal to do longitudinal interviews with the same homes in 2026. To determine whether the mechanisms found in the Faisalabad findings are still pertinent to Pakistan's post-pandemic recovery, they are investigated. The two forms of structural adaptation that have expanded since the COVID-19 pandemic are given particular attention: the institutionalization of online, remote, and hybrid learning, and digitally mediated work and freelancing. In order to avoid making external evidence for the current period, look as respondent-level evidence, the outcomes of these contextual indicators are given independently from the Faisalabad survey data.

3. Results

3.1. Demographic and socioeconomic profile

The rural and urban portions of the sample were split rather evenly. Of the responders, 35.3% were women and 64.7% were men. The sample's age distribution was rather young, with 62.8% of participants being between the ages of 17 and 26 and 32.1% being between the ages of 27 and 36. With 57.7% reporting 16 years of schooling and 29.5% reporting 18 years, the level of education was comparatively high. Four to six individuals lived in more over half of the households (54.5%), whereas seven to nine people lived in 32.1% of the households. Thirty-six percent of households had two earners, and thirty-four percent had one earner. The majority of responders lived in cement homes (82.7%) and owned homes (81.4%). Employment accounted for 67.3% of the population's occupations, followed by business activity (21.8%). A family's monthly income fell between PKR 50,001 and PKR 100,000 for two-thirds of households (66.7%) and PKR 100,001 and PKR 150,000 for 19.9% of households.

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Table 1. Selected demographic and socioeconomic characteristics of respondents

Characteristic	Category	n	%
Residence	Urban	78	50.0
	Rural	78	50.0
Gender	Male	101	64.7
	Female	55	35.3
Age	17–26 years	98	62.8
	27–36 years	50	32.1
	37 years or older	8	5.1
Education	16 years	90	57.7
	18 years	46	29.5
	10–14 years	20	12.9
Family size	4–6 members	85	54.5
	7–9 members	50	32.1
Primary occupation	Job/employment	105	67.3
	Business	34	21.8
	Other	17	10.9
Monthly family income	PKR 50,001–100,000	104	66.7
	PKR 100,001–150,000	31	19.9
	PKR 10,000–50,000	12	7.7
	Above PKR 150,000	9	5.8

3.2. COVID-19 economic shock and financial coping

The economic shock had a significant impact on both locations. Overall, 70.5% said their employment or income had decreased. 62.8% of urban and 60.3% of rural households saw a decrease in income as a result of the pandemic. Savings showed the biggest difference, with 75.6% of urban respondents reporting a decline in savings compared to 61.5% of rural respondents. Just over 10% of rural households and less than half of urban households (5.1%) said their savings had increased. The significance of savings depletion comes from the fact that it indicates a change from a short-term shock to a longer-term recovery challenge: households that have exhausted their savings to meet their fundamental needs emerge from the epidemic with a smaller safety net.

This is supported by the loss of jobs. 48.7% of rural households and 53.8% of urban households reported losing their jobs. One impacted household member (35.9%) was the most common in both scenarios. As a result, the first justification for coping was mostly defensive and included households' attempts to maintain consumption in spite of decreasing labor wages, unemployment, and savings. Rebuilding income stability and financial buffers is the current recovery task, in addition to replacing income during lockdown.

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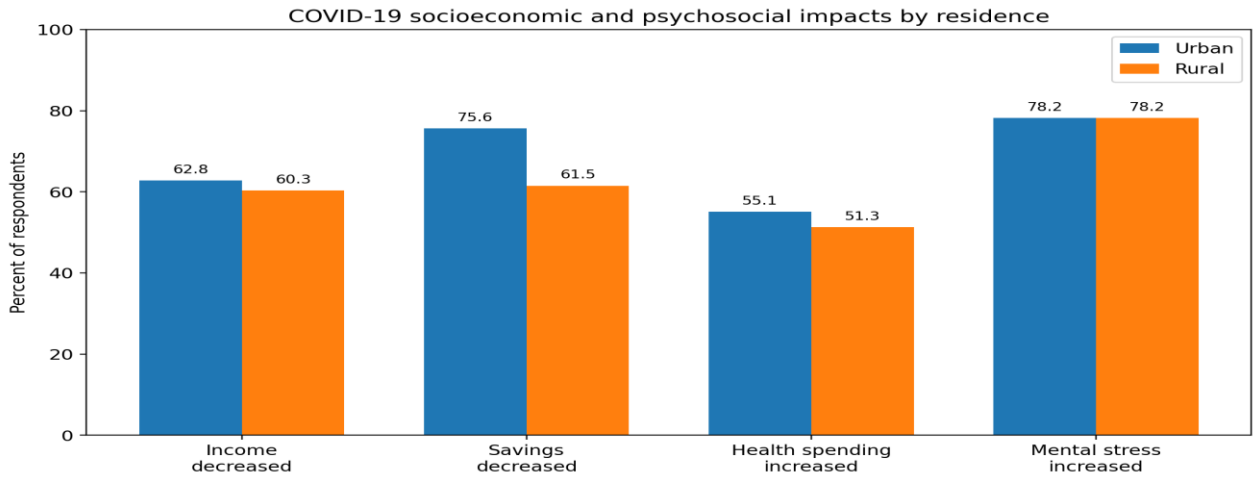


Figure 1. COVID-19 socioeconomic and psychosocial impacts by residence. Percentages are based on the relevant urban and rural subsamples (n = 78 each).

3.3. Food security, assistance, and household coping

COVID-19 also reduced households' ability to protect food intake. Food insufficiency was noted by 21.8% of respondents overall. The percentage was 20.5% in rural areas and 25.6% in urban areas. While half of each group indicated no change in food intake, the percentage of urban respondents who ate less fell to 29.5% and that of rural respondents to 24.4%. 53.2% of the sample as a whole reported having a strategy for food security. The trends show that a sizable percentage of households were unable to completely maintain food quantity or quality, even though many made an attempt to smooth consumption in the face of income loss.

Few respondents (11.5%) reported receiving assistance from a government agency or NGO, while the vast majority (88.5%) reported receiving no assistance at all. This is the key to comprehending coping. When official help is scarce, households are more likely to use family networks, savings, borrowing, consumption reduction, or lower-quality food. Similar to this, food substitution and borrowing are household coping mechanisms for COVID-19 that have been noted in recent research conducted in Pakistan (Austin et al., 2025; Shahbaz et al., 2022). Food resilience has been a problem since the pandemic, not just during the emergency period, as seen by the high level of food insecurity reported during 2024–2025 HIES (Pakistan Bureau of Statistics, 2026).

Table 2. COVID-19 economic, food-security, health, and support indicators by residence

Indicator	Urban %	Rural %	COVID-19 interpretation
Income decreased	62.8	60.3	Widespread livelihood shock in both settings
Savings decreased	75.6	61.5	Greater depletion of financial buffers in urban households
At least one household member lost a job	53.8	48.7	Substantial employment loss linked to the pandemic shock
Food insufficiency	25.6	20.5	Food-access pressure despite household coping
Food consumption decreased	29.5	24.4	Reduced food consumption as a household coping response

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Received government/charitable support*	—	—	Limited formal/charitable support relative to the scale of hardship

**The full-sample support variable is reported because the source tables do not provide a complete, internally consistent rural–urban breakdown.*

3.4. Health, psychosocial effects, and the recovery burden

Both direct and indirect health costs have been caused by COVID-19. 56.4% of the sample as a whole believed the health department was not doing enough, whereas 55.1% of respondents in urban areas and 51.3% in rural areas reported an increase in health expenditures. The findings show that health shocks were perceived as both a financial burden for the household and a disease occurrence. This is crucial in the context of recovery in 2026 since ongoing medical expenses could delay savings and increase dependency on debt, as was the case with Punjabi COVID-19 survivors (Abbas et al., 2026).

Even more prevalent was this psychological strain. Both urban (78.2%) and rural (78.2%) respondents reported higher levels of mental stress. Additionally, 62.8% of both groups saw an increase in screen usage, and sleep patterns were observed to change both upward and downward. These findings show that COVID-19's effects on households were more extensive than those on employment and consumption. The impact of COVID post-infection on job capability, income, sleep, mental health, and quality of life is acknowledged in several of the current WHO recommendations (WHO, 2025). Therefore, managing lingering health and psychosocial consequences is just as important to coping in 2026 as economic recovery.

3.5. Educational disruption and post-pandemic learning recovery

Education was one sector that was obviously impacted. Children's education suffered 'too much', according to 78.2% of urban respondents and 79.5% of rural respondents in the entire sample. Of the sample as a whole, only 20.5% said that online courses were offered. Although availability was still low in both places, it was slightly higher in urban areas (25.6%) than in rural regions (20.5%). Surprisingly, 90.4% of respondents thought that the online learning environment was ineffective. There were significant disparities between the rural and urban respondents: 94.9% of the rural respondents and 82.1% of the urban respondents thought the system was a failure.

These figures show the disruption period, but in 2026, they will be crucial for learning recovery and digital adaptability. Although household financial shocks brought on by COVID-19 continue to have a noticeable effect on learning outcomes and have worsened some pre-existing disparities, new data from rural Pakistan indicates that learning has recovered significantly in many situations (Andrabi & Murakawa, 2025). In the meantime, HEC's post-pandemic investments in online education have also shown that it is now an essential component of the educational system rather than only a stopgap measure (Higher Education Commission of Pakistan, 2025a, 2025b). The results of a study carried out in Central Punjab also show that jobs and teaching methods have changed in the post-COVID era, and that perceived utility and usability have a major impact on Pakistani university students' use of distance learning platforms (Amir et al., 2025; Imran et al., 2025). The Faisalabad results thus draw attention to a crucial policy issue: although digital learning has grown more institutionalised, households that lacked access to digital devices, connectivity, or digital skills during COVID-19 are at risk of falling behind.

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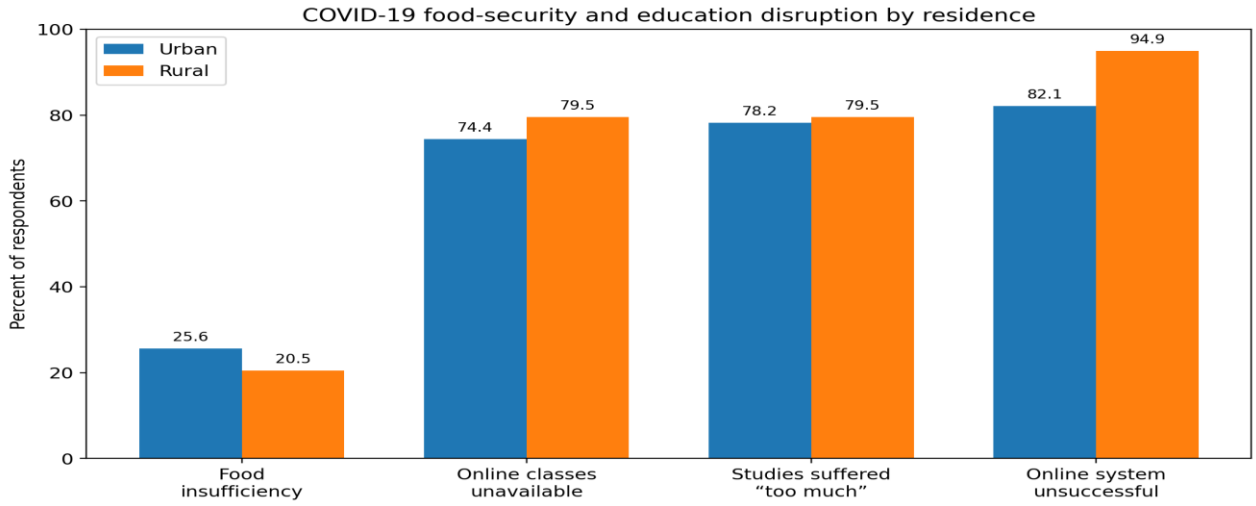


Figure 2. COVID-19 food-security and education disruption by residence.

3.6. Behavioral adaptation to COVID-19

COVID-19 was widely known, with 94.2% of respondents saying they had heard about it. Social media was the most commonly cited information source (46.8%), followed by newspapers and television news (41.7%). Adaptation was visible in reported protective practices: 76.9% agreed that hand hygiene was critical for preventing transmission, 76.3% agreed that masks helped prevent spread, and 81.4% reported wearing a mask or gloves outside the home. Only 57.7% of people thought gloves could protect them, and 34.0% were wrong when they said antibiotics could cure COVID-19. High general awareness and specific misinformation are essential for effective coping, as it necessitates not only access to information but also precise risk interpretation.

Urban respondents were statistically more likely to support a variety of preventive measures. Hand hygiene was rated as essential by 82.1% of urban and 71.8% of rural respondents, mask efficacy by 82.1% and 70.5%, and glove effectiveness by 66.7% and 48.7%. These differences demonstrate how the pandemic influenced daily health behavior, although residency did not stay statistically significant after individual socioeconomic characteristics were incorporated in the logistic models. Education, age, gender, occupation, wealth, and region all played a role in shaping the adaptation pattern.

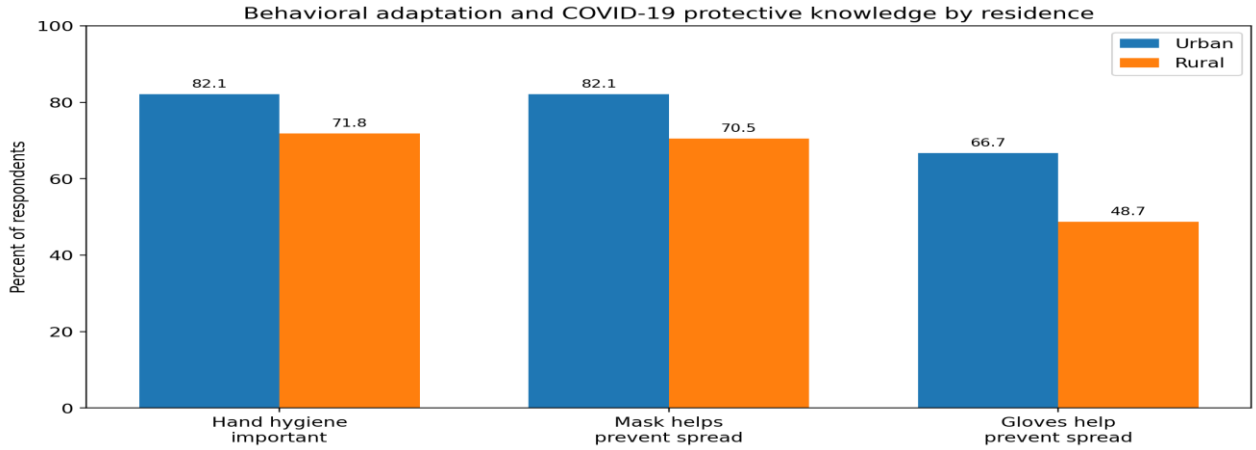


Figure 3. Behavioral adaptation and COVID-19 protective knowledge by residence, based on rural–urban cross-tabulations.

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3.7. Logistic models of health-protective behavior

The first logistic model examined changes in hand hygiene behavior. Gender ($p < 0.001$), age ($p = 0.022$), qualification ($p = 0.028$), and principal occupation ($p = 0.023$) were statistically significant. However, residence ($p = 0.514$), monthly income ($p = 0.805$), and change in income ($p = 0.298$) were not. The model accurately categorized 76.1% of the cases. The Nagelkerke R^2 was 0.289, and the Hosmer-Lemeshow test was non-significant ($\chi^2 = 6.209$, $df = 8$, $p = 0.624$), showing no evidence of poor fit.

The second model investigated wearing a mask or gloves outside the home. Gender ($p = 0.024$), age ($p = 0.038$), qualification ($p = 0.005$), and monthly income ($p = 0.039$) all showed statistical significance. Residence ($p = 0.421$), income change ($p = 0.916$), and principal occupation ($p = 0.143$) were not significant. The overall prediction success was 81.4%, the Nagelkerke R^2 was 0.271, and the Hosmer-Lemeshow test showed a satisfactory fit ($\chi^2 = 6.089$, $df = 8$, $p = 0.637$). The non-significant residency coefficient in both models implies that observed rural-urban disparities in protective behavior were partially explained by individual socioeconomic variables.

Table 3. Binary logistic regression models for health-protective behavior

Predictor	Hand-hygiene OR	p	Mask/glove OR	p
Gender	0.183	<0.001	3.965	0.024
Age	0.965	0.022	0.421	0.038
Qualification	0.915	0.028	1.498	0.005
Urban/rural residence	1.099	0.514	1.528	0.421
Monthly income	0.893	0.805	1.000	0.039
Change in income	1.331	0.298	0.963	0.916
Primary occupation	1.013	0.023	0.491	0.143
Prediction success	76.1%	—	81.4%	—
Nagelkerke R^2	0.289	—	0.271	—
Hosmer–Lemeshow p	0.624	—	0.637	—

Note: OR = odds ratio (Exp(β)). The original table does not reproduce all category/reference coding; therefore, odds ratios are reported without assigning a directional interpretation to unnamed reference categories.

4. Discussion: from COVID-19 shock to coping and recovery in 2026

The results indicate that COVID-19 functioned as a comprehensive household shock in Faisalabad. It disrupted food access and education, altered health-protective behavior, increased health expenditure and mental stress, depleted savings, and reduced employment and income. The comparison between rural and urban areas is significant, but it is not absolute. Certain outcomes, such as savings depletion and digital learning, were significantly influenced by location, while other pressures, such as income loss and mental stress, were highly comparable. Residence was also not statistically significant in either of the multivariable behavior models. Thus, the pandemic revealed disparities in household adaptive capacity and resources that are not explicable by geography alone.

The 2026 recovery topic is very relevant to the economic results. There was a significant decline in savings, primarily in urban areas, and over three-fifths of both rural and urban

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households reported lower income. Depleted savings are a form of economic scarring, as they diminish a family's capacity to withstand future inflation, illness, unemployment, or other shocks. The World Bank (2025a, 2025b) has reported that Pakistan's previous poverty reductions were substantially reversed by overlapping disruptions that included COVID-19, beginning in approximately 2020. Simultaneously, the evidence from 2025 suggests that there has been a partial recovery in welfare, but it also underscores the vulnerability that informal and precarious work has created (World Bank, 2025c). The Faisalabad findings are consistent with this pattern: the post-pandemic coping strategy in 2026 implies the restoration of employment stability and savings following the conclusion of the emergency response.

Food security is a prime example of how households transformed income disruptions into coping strategies. Food insufficiency affected a smaller proportion of families than income loss, suggesting that many families initially safeguarded food consumption through savings, expenditure reduction, family support, borrowing, or substitution. In a 2025 household study conducted in Pakistan, substitution toward lower-quality food was the most prevalent coping response, and bank loans were one of the few mechanisms associated with a reduced likelihood of severe household impact (Austin et al., 2025). This interpretation is consistent with the findings of the study. As evidenced by the 2024–25 HIES, food insecurity continues to be a significant national issue (Pakistan Bureau of Statistics, 2026). Therefore, in 2026, the process of dealing with the socioeconomic legacy of COVID-19 entails the restoration of diet quality and the reduction of reliance on positive strategies, such as savings depletion and debt.

Another pathway through which the pandemic can persist after the acute infection phase is revealed by the health and psychosocial results. More than half of the respondents reported an increase in health expenditure, while 78.2% reported an increase in mental tension. WHO acknowledges that post-COVID conditions may result in ongoing health-service requirements and a decrease in work capacity and quality of life (World Health Organization, 2025). The ongoing economic burden experienced by COVID-19 survivors is also documented in evidence published in 2026 from Punjab, including medical expenses, lost income, borrowing, and savings depletion (Abbas et al., 2026). These results confirm a recovery model in which primary care, rehabilitation as necessary, mental-health support, and financial protection are integrated into socioeconomic policy, rather than being considered separate.

Education demonstrates the extent of the initial disruption and the subsequent, enduring digital transformation. The data from Faisalabad suggest that online learning is not widely available and is not perceived as effective, particularly in rural households. Nevertheless, evidence from rural Pakistan in 2025 indicates that learning trajectories improved following the reopening, despite the fact that achievement was still impacted by income shocks related to COVID-19 (Andrabi & Murakawa, 2025). Pakistan did not immediately discontinue digital learning upon its reopening, which is of paramount importance for the 2026 interpretation. While its 2025 national initiatives explicitly framed online and distance education as part of future access, quality, and resilience, HEC expanded digital infrastructure, learning-management systems, smart and connected learning environments, and open/distance-learning capacity (Higher Education Commission of Pakistan, 2025a, 2025b). Imran et al. (2025) conducted a post-COVID study of instructors in Central Punjab, and they discovered that 89.7% of them reported dedicating more time to enhancing students' learning abilities, with their responsibilities extending beyond the traditional delivery of content. Another 2025 study of 783 Pakistani higher-education students discovered that distance-learning platform adoption was significantly influenced by perceived usefulness and ease of use (Amir et al., 2025). Therefore, the pertinent inquiry for 2026 is not whether or not all education

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should be conducted online; rather, it is how face-to-face education can be fortified by enduring digital capabilities without perpetuating the connectivity and device disparities that have been uncovered by COVID-19.

The transformation of labor is equally significant. Initially, the pandemic necessitated work-from-home only for occupations that could be digitized, and Pakistan entered the crisis with a limited remote-work base. Pre-pandemic household data indicated that approximately one in ten jobs could be performed from home after accounting for task content and internet access (Hasan et al., 2021). Nevertheless, the digital-labor ecosystem had expanded significantly by 2026. Official data from FY2026 indicate that tech-freelancer export remittances totaled US$856.3 million from July to March, which is 51% higher than the same period in the previous year. Additionally, the government has reported the expansion of e-Rozgaar centers, DigiSkills training, broadband access, and IT-enabled employment infrastructure (Finance Division, Government of Pakistan, 2026). This pattern is in accordance with the International Labor Organization's assessment that COVID-19 has expedited the migration of livelihoods and services to digital platforms (International Labor Organization, 2025). Online freelancing, remote service work, e-commerce support, and other digital income sources can be considered viable post-COVID diversification strategies for Faisalabad households that have experienced a loss of employment and a reduction in savings. This should be interpreted as a nationally evidenced recovery pathway rather than a new respondent-level result, as the original survey did not measure 2026 participation in these activities.

One of the most evident ways in which the pandemic has led to the development of new household practices is through behavioral adaptation. Risk awareness, hand hygiene, and mask use were broadly implemented, despite the persistence of misinformation. The regression results indicate that these behaviors were more significantly correlated with personal socioeconomic characteristics than with rural-urban residence itself. This implies that the long-term legacy of COVID-19 preparedness should be focused on health literacy: Maintaining risk awareness and beneficial practices, while correcting specific misconceptions and avoiding one-size-fits-all communication.

The results, when considered collectively, indicate that the form of coping has evolved between the emergency phase and 2026. In response to the pandemic, households implemented defensive strategies, including adjusting consumption, utilizing savings, accepting income loss, seeking assistance when available, attempting emergency online education, and adopting protective health behaviors. In 2026, the approach to coping is more diverse and forward-thinking, including the following: the restoration of savings and livelihoods, the management of ongoing health and psychosocial expenses, the restoration of learning losses, the acquisition of digital skills, the utilization of online or freelance work when feasible, the integration of face-to-face and digital learning, and the enhancement of access to social protection prior to the next shock. Consequently, the pandemic continues to serve as the primary explanatory event, while resilience is demonstrated by the novel economic, educational, technological, and behavioral arrangements that households and institutions have established in response to its repercussions.

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Table 4. Selected 2025-2026 evidence on digital adaptation in Pakistan (external contextual evidence; not Faisalabad survey outcomes)

Dimension	2025-2026 evidence	Relevance to post-COVID coping in Faisalabad
Online work and freelancing	Tech-freelancer export remittances reached US$856.3 million in July-March FY2026, 51% above the corresponding period a year earlier (Finance Division, Government of Pakistan, 2026).	Supports online/freelance work as a growing income-diversification pathway after employment and savings shocks.
Digital-work infrastructure	Pakistan Economic Survey 2025-26 reports 161 million broadband subscriptions by end-March 2026, more than 80 e-Rozgaar centres with about 4,600 active freelancers, and more than 5.14 million DigiSkills trainings (Finance Division, Government of Pakistan, 2026).	Shows that digital coping increasingly depends on skills, connectivity, workspaces, and access to online markets, not only on household willingness.
Digital higher education	HEC reported that its digital higher-education initiatives had reached approximately six million students by July 2025 (Higher Education Commission of Pakistan, 2025b).	Indicates that technology-supported learning has become part of the institutional education landscape rather than only an emergency response.
Open and distance learning	HEC and AIOU launched nationwide training in 2025 to implement the ODL Policy 2024, including e-learning design, ICT integration, and quality assurance (Higher Education Commission of Pakistan, 2025a).	Suggests movement from improvised emergency online classes toward formalized, quality-assured distance and blended learning.
Post-COVID teaching practice	A 2025 Central Punjab study of 107 teachers reported continuing changes in teaching effort and roles after COVID-19; 89.7% said they put more effort into developing students' learning aptitude (Imran et al., 2025).	Supports the interpretation that COVID-19 produced durable pedagogical adaptation, while household digital-access gaps still require attention.

Note: These indicators describe the national post-pandemic digital context. They are used to interpret plausible recovery pathways and are not presented as new observations from the 156-household Faisalabad survey.

5. Policy Implications for Post-COVID Recovery

Initially, the economic recovery that follows the COVID-19 pandemic should specifically address the financial scarring that households experience. Temporary income support, employment facilitation, affordable formal credit, and savings-rebuilding mechanisms should be implemented by programs to prioritize workers and families who have experienced employment loss, income reduction, or depletion of savings. Targeting should be determined by vulnerability indicators rather than domicile alone, as the Faisalabad results demonstrate significant impacts in both rural and urban areas.

Secondly, food and social-protection policies should discourage the implementation of erosive coping strategies. The sample's low assistance coverage, in conjunction with the evidence that households safeguard food consumption through savings, borrowing, or

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substitution, suggests that shock-responsive cash and nutrition assistance should be strengthened. Social registries should be capable of identifying newly vulnerable households, in addition to those that are already classified as chronically impoverished.

Third, the ongoing health and psychosocial toll of COVID-19 should be acknowledged in recovery policy. Primary care should be capable of recognizing and managing persistent post-COVID symptoms, implementing mental-health support, and providing referral or rehabilitation services as necessary. Financial protection against out-of-pocket expenditure is equally critical, as families may be unable to rebuild savings and income security due to ongoing medical expenses (Abbas et al., 2026; World Health Organization, 2025).

Fourth, education recovery should integrate remedial learning with long-lasting digital capabilities. The survey's inadequate online-learning outcomes underscore the significance of affordable connectivity, teacher preparation, low-bandwidth platforms, and access to devices, particularly for rural and low-income households. Simultaneously, Pakistan's post-pandemic HEC reforms suggest that open, distance, and blended learning are transitioning from emergency arrangements to institutional arrangements (Higher Education Commission of Pakistan, 2025a, 2025b). Consequently, policy should prioritize the development of hybrid-ready schools and universities, the establishment of digital-content quality standards, the provision of teacher training, the establishment of shared community access points, and the provision of targeted device/connectivity support to ensure that digital learning contributes to resilience rather than inequality.

Fifth, digital livelihoods should be regarded as an economic-resilience instrument in the post-COVID era, rather than solely as an IT-sector policy. The expansion of income opportunities through online work is evidenced by the rapid growth of freelancer export remittances, e-Rozgaar infrastructure, and digital-skills programs (Finance Division, Government of Pakistan, 2026). This is particularly pertinent to households in Faisalabad that are seeking a secondary income source following employment or savings shocks, women who are constrained by mobility or care responsibilities, and younger educated workers. Secure digital payments, English and client-management skills, digital-skills training, reliable broadband, co-working facilities, and linkages between online labor markets and vocational institutions can all be supported by local policy. However, online work should be used to supplement rather than to replace efforts to enhance the quality of formal jobs, as numerous occupations in agriculture, manufacturing, retail, transport, and personal services are not capable of being conducted remotely (Hasan et al., 2021; International Labor Organization, 2025).

Sixth, pandemic preparedness should enhance risk communication while preserving successful behavioral adaptations. The high adoption of hand hygiene and mask-related beliefs is indicative of adaptive capacity; however, misconceptions regarding antibiotic use indicate that mere awareness is inadequate. Public communication should be organized by education, age, gender, occupation, and income profile and should be associated with reputable local health institutions.

7. Conclusions

In contrast to a narrowly medical event, COVID-19 resulted in a broad socioeconomic shock in Faisalabad. Employment and salary reductions were prevalent; approximately three-fifths of rural and urban respondents experienced a decrease in income; savings experienced a significant decline, particularly in urban households; health expenditures increased; mental stress was prevalent; a significant minority experienced difficulty accessing food; and education continuity was significantly disrupted. Simultaneously, households adjusted their consumption patterns, implemented financial strategies, sought social support when feasible, and altered their protective behaviors.

The interpretation of these findings is altered by the 2026 perspective. The question is no

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longer whether confinement conditions will persist. Rather, the inquiry pertains to the manner in which households are managing the repercussions of the shock and which novel coping mechanisms have proven to be enduring. Recent evidence from Pakistan indicates that there are ongoing concerns regarding financial vulnerability, food security, learning recovery, and the economic burden experienced by certain COVID-19 survivors (Abbas et al., 2026; Andrabi & Murakawa, 2025; Austin et al., 2025; Pakistan Bureau of Statistics, 2026; World Bank, 2025b, 2025c). Simultaneously, the digital economy's rapid expansion is demonstrated by official 2026 evidence: tech-freelancer export remittances increased to US$856.3 million in July-March FY2026, in addition to broader investment in broadband, digital skills, and online-work infrastructure (Finance Division, Government of Pakistan, 2026). HEC has formalized and expanded the learning capacity of open, distance, blended, and digitally supported learning in the field of education (Higher Education Commission of Pakistan, 2025a, 2025b). These modifications suggest that post-COVID coping involves more than just regaining what was lost; it also involves the introduction of new methods of learning, earning, working, and accessing services.

Consequently, the primary objective of post-COVID recovery in Faisalabad and comparable districts should be to facilitate productive adaptation while simultaneously restoring household capacity. Economic policy should assist families in reestablishing stable income and savings while simultaneously establishing realistic pathways into digital and freelance work. Social protection should be provided to households prior to the adoption of harmful coping strategies. Health systems should address persistent physical and mental health needs. Education systems should integrate learning recovery with equitable digital and blended-learning capacity. The most significant lesson is that COVID-19 altered more than just short-term health behaviors. It has expedited the transformation of the skills that households require to remain resilient, the methods by which they can earn, the locations where they can work, and the manner in which they can learn. The primary focus of this study is COVID-19, and adaptation and resilience are the terms used to describe the ways in which households and institutions are continuing to reorganize their lives in response to its socioeconomic effects in 2026.

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