

Domestic Violence against Women during COVID-19 Pandemic in Nepal

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ABSTRACT

Domestic violence perpetrated is a public health problem commonly for women in developing nation like Nepal. Major causes of domestic violence are unemployment, alcohol drink, lack of education, loneliness, crowded living spaces, lack of privacy. These factors may be aggravated by pandemic such as COVID-19. Women experience from domestic violence due to dominant patriarchal culture combined with a lack of self-awareness and education amongst adult males. Domestic violence is mostly instigated by intimate partners and maybe intensified due to the unusual stress of pandemic stress and spending increased time with wives and families. Domestic violence usually manifested in the form of adverse physical, mental and social health. The COVID-19 pandemic may have increased that adverse health of women in Nepal. Preventive strategies of domestic violence could be self-awareness, counselling, create a job, stop living alone at home, sharing with all family members and strong governmental rules. This paper argues the effects of COVID-19 pandemic on domestic violence and possible preventive strategies of domestic violence.

Keywords: Community, COVID-19, domestic violence, health promotion, Nepal

INTRODUCTION

Domestic violence perpetrated is a public health problem, and it affects mostly the women.¹ There are different forms of domestic violence against women. Worldwide, approximately 33% of the women have experienced at least one form of domestic violence during their lifetime, whereas the South-East Asia region has the highest prevalence (37.7%) of physical and/or sexual intimate partner violence in 2013.² Approximately 26% of married women currently had experienced physical, sexual and emotional violence in Nepal.³ Women have a low level of education and employment opportunities, socio-economically marginalized and ultimately less empowered due to the patriarchal culture which places less value in the education of daughters compared to sons and limits daughters' destinies other than to marriage.⁴

Government of Nepal imposed lockdown (mobility of people, except for emergencies, is halted) from 24th

March 2020.⁵ COVID-19 lockdown has increased the risk of domestic violence due to the stressors associated and has impacted negatively on women's health. This article aims to raise the issue of domestic violence against women, its consequences and way forward in the context of Nepal.

COVID-19 pandemic and domestic violence

Domestic violence perpetrated against women in Nepal during the COVID-19 pandemic (2020) remains a public health challenge. Domination by a patriarchal culture combined with a lack of self-awareness and education amongst adult males have been major contributing factors toward domestic violence during this pandemic. Domestic violence is mostly instigated by the male, and which has intensified due to the unusual stress of being in the COVID-19 lockdown and spending increased time with wives and families.

Lockdown during the COVID-19 is one of the best public health ways of stopping virus transmission.⁶ During the

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lockdown, all people stay at home except in emergency circumstances.⁵ As a result of lockdown many non-essential services are closed and therefore many people are not going to work resulting in a personal financial crisis. The financial crisis increases the risk of family burden, a family member becomes stressed, and it becomes very difficult to manage their daily life, including finding enough food to eat for them and their family.⁷ In Nepal, women have dual roles working as a housewife and caring for their children and family, as well as work outside the home whether at the office or other private casual employment. Unfortunately, many non-essential services were shut down and the husbands were spending more time at home with their wives. This increased time together during the lockdown, combined with the stress of no work and increased alcohol consumption, has resulted in conflict and the possibility of violence. Evidence from Turkey shows there was longer time sexual activities among adults during the lockdown.⁸ Nepal may have similarly increased this rates.

Health consequences of domestic violence

Physical harm, sexual coercion, psychological abuse and mental stress are common consequences due to domestic violence among women in Nepal. Sexual violence often occurs following forceful attempts at sexual intercourse when the woman is not mentally ready. The psychological violence occurs through the process of saying or doing something to humiliate the other person and insulting and blaming them for any task which causes mental stress.

The physical, mental and social health consequences are likely to apply to domestic violence during COVID-19. The direct health consequences are trauma, unwanted pregnancy, abortion, sexually transmitted infections, and intangible long-term consequences such as depression, substance abuse, and sexual exploitation. It also increases the rate of social isolation due to violence, suicide and murder.

Corrective measures for the prevention and control of domestic violence

At the beginning of the coronavirus infection in 2019-2020 there were some uncertainties around its prevention and control. Later the public health measures such as handwashing with soap, wearing face masks, maintaining distance, and avoiding crowded areas and staying at home were applied. Similarly, the vaccine was produced and introduced in the markets. Therefore, living with COVID-19 (coronavirus) is the only option until a vaccine has been made available. Today, we can assume that there will be a continued risk of domestic violence and so far, following measures are recommended to prevent domestic violence in Nepal.

Victim's roles: If women have experienced violence, they must seek community services through neighbours and relatives. Women must have a safety plan in case the violence escalates.

Community members' roles: Community members should be able to keep in touch with such women. It must be guaranteed that women under threat of violence can reach a safe place without any discrimination.

Local health workers' role: Health workers must listen to the victim's voice without judgement, enquiring about the

victim's concerns and needs and enhancing safety. Proper health education and counselling must be established for the partners and family members.

Local government's roles: There must be contextual violence prevention policy and strategies at the local level. Local health and non-health authorities must avail themselves to collaborative work for the prevention of domestic violence under the leadership of the local administrative body such as rural municipalities and metropolitans.

Health promotion approaches: Advocacy, services and policy-related health promotion initiatives are recommended to local governmental authorities.⁹

Policy level actions: It is required to build a preparedness plan for any kind of disaster by the government. It is importance to think ahead of time about the possible risk of lockdown and its consequences. Disaster management policies, guidelines and strategies must be applied in each level of government. Public – private partnership and collaboration also be strengthened by the government. Gender and social inclusion friendly services must be ensured at target levels. Partner's awareness and family support campaign against the domestic violence must be implemented throughout the country.

CONCLUSION

This viewpoint suggests policy level changes and target level actions through the 4-C (**C**ase identification, **C**ontact tracing, **C**ounselling and **C**ontext) approach for the prevention and control of COVID-19, with the ultimate aim of reducing the risk of domestic violence among women in Nepal.

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