

Original Research Article

Domestic violence and COVID-19: the twin pandemic

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ABSTRACT

Background: The aim of the study was to evaluate why women inhabitants of the urban slums in Mumbai, Maharashtra are apprehensive and non-supportive of a second lock down.

Methods: Our questionnaire-based study (October 2020 to February 2021) demonstrated that fewer women supported a re-lockdown. Individual, unstructured, non-directive interviews were carried out to ascertain why women of the urban slum were opposed to lockdown. Median and range were calculated for continuous variables, while categorical variables were represented as frequency and percentages. P value <0.05 was statistically significant.

Results: 189 women (53 who were opposed to the lockdown, and 136 who responded with “I don’t know” to the question “If COVID-19 cases rise authorities should lockdown the city”, who had previously agreed to be part of the questionnaire-based survey, were approached for an interview. A total of 68 women agreed to talk to our researchers. Of these, 47 were opposed to the lockdown, and 21 had responded with a “I don’t know”. Forty three out of 47 (91.5%), and 13 out of 21 women (61.9) revealed that the main reason for their opposition to the lockdown was domestic and intimate partner violence. The others cited the loss of wages as their primary reason (4 women, 8.5% and 8 women, 38.1%, respectively).

Conclusions: While lockdowns have been shown to help control the pandemic, authorities in charge of health policy must remember the consequences of domestic violence on the physical and emotional health of women, and their children, when planning the next lockdown.

Keywords: Re-lockdown, COVID-19 second wave, Domestic violence

INTRODUCTION

The single most effective measure for containing the COVID-19 pandemic has been the lockdown, and its implementation has resulted in novel public health crises with neglect of chronic ailments, and often acute medical emergencies also.¹⁻³ As India, grapples with the most vicious second-wave of infections, a second lockdown has been imposed in various parts of the country.⁴

Given that governments must weigh the socioeconomic costs of imposing stringent social restrictions yet again,

against the risk of yet another health crisis, policymakers are approaching the second lockdown with extreme caution.

We conducted an exploratory survey in the urban slums of Mumbai, the capital of Maharashtra, which continues to be at the epicentre of the COVID-19 second wave (under review). In our survey we realised that there was a significantly lower acceptability of the lockdown amongst the female respondents of the survey. We, therefore, went back to the surveyed population to better understand why the women of the community were against the lockdown.

To the best of our knowledge, ours is the only study which attempted to evaluate the reasons for the women of local community opposing a second lockdown.

METHODS

Our initial survey (submitted for publication), a cross-sectional questionnaire-based study was conducted in an urban slum in Mumbai, Maharashtra between October 2020 to February 2021. A questionnaire designed to assess knowledge, attitude and practices pertaining to COVID-19 was administered along with a diabetes and eye screening program, after approval from the Institutional Ethics Committee at Ashwini Rural Medical College, Hospital and Research Center, Sholapur, Maharashtra.

A validated questionnaire in English, Hindi or Marathi was administered by trained personnel. The questions had been

designed to elicit the following details: demographic information, knowledge, attitudes and perspectives regarding COVID-19 and diabetes. For the purpose of this report, we have analysed the answers related to the lockdown only. (a) If COVID cases rise should authorities' lockdown the city? (b) Based on the results of this survey, we identified the women who were not in favour of a lockdown or 'did not know' if the authorities should enforce another lockdown if cases rise. These women form the cohort for the present report (Table 1).

Individual, unstructured, non-directive interviews were carried out to ascertain why the women of the urban slum were opposed to the lockdown. Women not willing for a detailed interview were not included in this study. Median and range were calculated for continuous variables, while categorical variables were represented as frequency and percentages. P value <0.05 was statistically significant.

Table 1: If COVID-19 cases rise authorities should lockdown the city.

Variables		Yes (%)	No (%)	Don't know (%)	P value
Sex	Female	521 (73.4)	53 (7.5)	136 (19.2)	0.037
	Male	495 (78.3)	49 (7.8)	88 (13.9)	
Occupation	Unemployed	75 (77.3)	8 (8.2)	14 (14.4)	<0.001
	Housewife	376 (72.7)	38 (7.4)	103 (19.9)	
	Blue collar	376 (77.5)	33 (6.8)	76 (15.7)	
	White collar	18 (69.2)	8 (30.8)	0 (0)	
	Small business	77 (90.6)	5 (5.9)	3 (3.5)	
	Retired	51 (60)	9 (10.6)	25 (29.4)	
	Student	43 (91.5)	1 (2.1)	3 (6.4)	

RESULTS

189 women (53 who were opposed to the lockdown, and 136 who responded with a "I don't know" to the question "If COVID-19 cases rise authorities should lockdown the city", who had previously agreed to be part of the questionnaire-based survey, were approached for a post hoc interview.

After a verbal informed consent, under conditions of strict anonymity, a total of 68 women agreed to talk to our researchers. Of these, 47 were opposed to the lockdown, and 21 had responded with a "I don't know".

Forty three out of 47(91.5%), and 13 out of 21 women (61.9%), in the course of the non-directive interview revealed that the main reason for their opposition to the lockdown was domestic and intimate partner violence.

The others cited the loss of wages as their primary reason (4 women, 8.5% and 8 women, 38.1%, respectively).

DISCUSSION

Domestic violence and intimate partner violence has been the twin shadow pandemic during the COVID-19 crisis, and India has been no exception.⁵⁻¹³

Various newspaper reports and social scientists have highlighted the increased incidences of domestic violence during the lockdown, as compared to the previous years.⁶ As per the National Legal Service Authority, the rates of domestic violence have increased all over the nation.⁷ The National Commission for Women has also reported an increase in the number of reported cases, with the highest numbers being reported from Punjab. Of note is the fact that all of these complaints have been received on email.⁸ The crimes against women have been reported to have increased by 21%, with as many as of these 700 cases reported as domestic violence. The crimes against women have increased from 4,709 to 5,695 since the lockdown, and the domestic violence cases have increased from 3,287 to 3,993.⁹

It stands to reason that the the actual number of cases of domestic violence must be significantly more than reported since women were unable to go out to seek help, or for registering complaints due to the lockdown. Moreover, with options for reporting limited to emails, a significant section of women was unable to seek help, since they did not have access to smartphones, or were not literate.

Results from our initial survey (submitted for publication) show that in the slums, housewives and retired people are the cohort most likely to be against a lockdown or were not

sure about imposition of a lockdown if COVID-19 cases rose, 28% and 40% respectively (Table 1).

The restriction of mobility, coupled with the economic loss due to loss of wages has resulted in a significant increase in the incidence of intimate partner violence. The lockdown has forced the perpetrators and their victim to live together, round the clock, in close proximity. In a patriarchal society like India, women anyway have limited recourses against intimate partner violence, but the social isolation during the lockdown has exaggerated their vulnerability. Moreover, because of the social distancing norms, their escape routes are fewer, and very few redressal systems including shelters for abused women are functional.

Even though the virus does not differentiate between genders in its infectivity, the socio-psychological impact of the COVID-19 pandemic has been determined significantly by one's gender, impacting the women much more. While the social distancing norms meant that women had respite from out-of-home violence, they were more vulnerable to violence within their homes, without social or police support. This gender related violence, especially in homes, can have a deleterious and long-lasting impact on the victim's emotional health.¹³

Limitations

Like all interviewer-administered surveys, our study also has a higher level of social-desirability response bias. However, since many inhabitants of the slum are illiterate, and did not agree to a written response, it includes a demographic that is usually underrepresented in most other studies. Another limitation is that since not all women of the area volunteered to participate in the analysis, the results may not be truly representative of the population. Moreover, the results of this urban slum survey may not be representative of other similar slum clusters in the city, and elsewhere in the county.

CONCLUSION

Authorities in charge of health policy must remember that health merely is not the absence of disease: and the consequences of domestic violence on the physical and emotional health of women, and consequently their children, must be kept in mind when planning the next lockdown. Also, there must be concerted efforts to foster a gender-egalitarian society, which dismisses the patriarchal power hierarchy, and every effort must be made to ensure that women have continued access to safe spaces, and socio-legal help even during the lockdown.

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