



## Covid-19 and Gender Based Violence

Dr. Roop Kamal Kaur

Assistant Professor in Sociology

Punjabi University College Chunni Kalan

Punjab, India

**Abstract:** Domestic violence is a major contributor to physical and mental ill health of women and is evident, to some degree, in every society in the world. It is a very well known and most frequent towards women's in India. The World Health Organization reports that globally 29% to 62% of women have experienced physical or sexual violence by an intimate partner. Ending gender discrimination and all forms of violence against women requires an understanding of the prevailing culture of bias and violence. Physical violence was a major cause of concern among these women. Majority of the women preferred to remain silent despite being victimized. The women feared to resort to law because of implications such as social isolation. To address this, all sectors including education, health, legal, and judicial must work in liaison. Gender inequality must be eliminated and equal participation of women in the decision-making and development processes must be ensured. This study reviles the impact of Covid 19 and domestic violence worldwide. The secondary data has been used to collect the information.

### I. Introduction

With the Covid19 lockdown in effect, people across the globe have found their lives upended. This is especially true for women and girls, who have found that their lives are being affected most of all. This pandemic has hit those among us who are the most vulnerable: domestic workers, health workers, daily wagers and many of those are women. Women who have lost their jobs and incomes are large in numbers.

In March 2020, the National Commission for Women stated that domestic violence reports have more than doubled ever since the lockdown began. And this when even before the Covid-19 pandemic, domestic violence was a serious concern in India. In fact:

**“1 in 3 women in India suffer sexual and physical violence at home.”**

So imagine this: A situation where there are already women living in abusive households and who now, in the lockdown, is being forced to live twenty-four hours in a day under the same roofs as their abusers. And not all women can report. There are unheard voices out there, women who are trapped and unable to report what is happening to them.

Given that the Covid-19 crisis affects men and women in different ways, measures to resolve it must take gender into account. For women and girls, vulnerabilities in the home, on the front lines of health care, and in the labour market must be addressed. Regardless of where one looks, it is women who bear most of the responsibility for holding societies together, be it at home, in health care, at school, or in caring for the elderly. In many countries, women perform these tasks without pay. Yet even when the work is carried out by professionals, those professions tend to be dominated by women, and they tend to pay less than male-dominated professions.

The Covid-19 crisis has thrown these gender-based differences into even sharper relief. Regional frameworks, multilateral organizations, and international financial institutions must recognize that women will play a critical role in resolving the crisis, and that measures to address the pandemic and its economic fallout should include a gender perspective. A worldwide data showed that during lockdown domestic violence against women has increased manifold. It increased 33% in Singapore 30% in Cyprus, 30% in France and 25% in Argentina.

A profound shock to our societies and economies, the Covid-19 pandemic underscores society's reliance on women both on the front line and at home, while simultaneously exposing structural inequalities across every sphere, from health to the economy, security to social protection. In times of crisis, when resources are strained and institutional capacity is limited, women and girls face disproportionate impacts with far reaching consequences that are only further amplified in contexts of fragility, conflict, and emergencies. Hard-fought gains for women's rights are also under threat. Responding to the pandemic is not just about rectifying long-standing inequalities, but also about building a resilient world in the interest of everyone with women at the centre of recovery.

## **II. Domestic violence against Women**

Emerging data shows a deeply concerning trend: Covid-19 is driving a spike in domestic violence and is being compounded by money, health and security stresses, movement restrictions, crowded homes and reduced peer support. In a number of countries, domestic violence reports and emergency calls have surged upwards of 25 per cent since social distancing measures were enacted. Such numbers are also likely to reflect only the worst cases. Prior to the pandemic, less than 40 per cent of the women who experienced violence sought help of any sort. Now, quarantine and movement restrictions further serve to isolate many women trapped with their abusers from friends, families and other support networks. And, the closure of non-essential businesses means that work no longer provides respite for many survivors and heightened economic insecurity makes it more difficult for them to leave. For those who do manage to reach out, overstretched health, social, judicial and police services are struggling to respond as resources are diverted to deal with the pandemic. Building on a call for an immediate global ceasefire, the UN Secretary-General António Guterres in April 2020 appealed to end all forms of violence everywhere, on the battlefield and at home, and urged governments to address the "horrifying global surge in domestic violence" through prevention and redress measures in their national response plans.

## **III. Health Care Workers**

The pandemic is a reminder of the essential contribution that women make at all levels. As health professionals, community volunteers, transport and logistics managers, scientists, doctors, vaccine developers and more, women are at the frontlines of the Covid-19 response. Globally, women make up 70 per cent of the health workforce, especially as nurses, midwives and community health workers, and account for the majority of service staff in health facilities as cleaners, launderers and caterers. Despite these numbers, women are often not reflected in national or global decision-making on the response to Covid-19. Further, women are still paid much less than their male counterparts and hold fewer leadership positions in the health sector. Masks and other protective equipment designed and sized for men leave women at greater risk of exposure. The needs of women frontline workers must be prioritized. This means ensuring that health

care workers and caregivers have access to women-friendly personal protective equipment and menstrual hygiene products and are afforded flexible working arrangements to balance the burden of care.

#### IV. Women's Health

Hand hygiene and sanitation is a critical element in preventing the spread of Covid-19. Yet, 3 billion people, or 40 per cent of the world's population, do not have a hand washing facility with water and soap at home, according to the latest global estimates from WHO and UNICEF. The world's extreme poor — 689.4 million, over half of whom are women and girls living on less than USD 1.90 a day, displaced people and refugees are at immediate high-risk. Women and girls, who already faced health and safety implications in managing their sexual and reproductive health and menstrual hygiene without access to clean water and private toilets before the crisis, are particularly in danger. When healthcare systems are overburdened and resources are reallocated to respond to the pandemic, this can further disrupt health services unique to the well-being of women and girls. This includes pre- and post-natal healthcare, access to quality sexual and reproductive health services, and life-saving care and support for survivors of gender-based violence. The health impacts can be catastrophic, especially in rural, marginalized and low-literacy communities, where women are less likely to have access to quality, culturally-accessible health services, essential medicines or insurance coverage. Before the pandemic, around 810 women died every day from preventable causes related to pregnancy and childbirth — 94 per cent of these deaths occurred in low and lower middle-income countries.

#### V. Economic Burden

When crises strike, women and girls are harder hit by economic impacts. Around the world, women generally earn less and save less, are the majority of single-parent households and disproportionately hold more insecure jobs in the informal economy or service sector with less access to social protections. This leaves them less able to absorb the economic shocks than men. For many families, school closures and social distancing measures have increased the unpaid care and domestic load of women at home, making them less able to take on or balance paid work. The situation is worse in developing economies, where a larger share of people are employed in the informal economy in which there are far fewer social protections for health insurance, paid sick leave and more. Although globally informal employment is a greater source of employment for men (63 per cent) than for women (58 per cent), in low and lower-middle income countries a higher proportion of women are in informal employment than men. In Sub-Saharan Africa, for example, around 92 per cent of employed women are in informal employment compared to 86 per cent of men. It is likely that the pandemic could result in a prolonged dip in women's incomes and labour force participation. In the U.S., men's unemployment went up from 3.55 million in February to 11 million in April in 2020 while women's unemployment — which was lower than men's before the crisis — went up from 2.7 million to 11.5 million over the same period, according to the U.S. Bureau of Labour Statistics. The picture is even bleaker for young women and men aged 16-19, whose unemployment rate jumped from 11.5 per cent in February to 32.2 per cent in April.

#### VI. Unpaid care and Domestic Work

The world's economies and maintenance of our daily lives are built on the invisible and unpaid labour of women and girls. Before the crisis started, women did nearly three times as much unpaid care and domestic work as men. Social distancing measures, school closures and overburdened health systems have put an increased demand on women and girls to cater to the basic survival needs of the family and care for the sick and the elderly. With more than 1.5 billion students at home as of March 2020 due to the pandemic, existing gender norms have put the increased demand for unpaid childcare and domestic work on women. This constrains their ability to carry out paid work, particularly when jobs cannot be carried out remotely. The lack of childcare support is particularly problematic for essential workers and lone mothers who have care responsibilities. Discriminatory social norms are likely to increase the unpaid work load of Covid-19 on girls

and adolescent girls, especially those living in poverty or in rural, isolated locations. Evidence from past epidemics shows that adolescent girls are at particular risk of dropping out and not returning to school even after the crisis is over. Women's unpaid care work has long been recognized as a driver of inequality with direct links to wage inequality, lower income, and physical and mental health stressors. As countries rebuild economies, the crisis might offer an opportunity to recognize, reduce and redistribute unpaid care work once and for all.

Still, millions of people around the world are facing a precarious future as a result of Covid-19. If governments are truly committed to doing something about gender inequality, they can do for the betterment of women who are the most suffer. The problem is that in most places, there is no real commitment; it is hard to imagine that this pandemic is not going to have a massive, negative impact. Women have been under-represented in Covid-19 research since the beginning of the outbreak. Gender equality and inclusiveness in Covid-19 research are key to succeed in the global fight against the pandemic. The disproportionate contribution of women to Covid-19 research reflects a broader gender bias in science that should be addressed for the benefit of men and women alike.

Sources:

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