

Gender-based Violence in India in Covid-19 Lockdown

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Abstract

Indian Government and policymakers remain more occupied by the Covid-19 lockdown's impact on financial crisis and the economy than on social issues such as gender-based violence (GBV) especially against women. From academic and non-academic studies, we can fairly observe that the current pandemic has rightly grasped gender-based measurements in terms of justice and mitigation of the problem at every stage of the Covid-19, mainly during the lockdown periods. Women are already carrying out a significant proportion of the household work burden during the lockdown, escalating tensions related to the crunch in resource and space, are creating gender-based violence behind closed doors. Many of the vulnerable women, mostly employed in informal economic sectors and with negligible technological capital under lockdown, are denied entrance to the usual forms of mental and physical refuge as supplied by relatives, friends, and health-care system. The danger of gender-based violence for these women remain inside their own family set-ups. The article will examine how Covid-19 lockdown aggravated gender-based violence (GBV) in general (Sen, N., Singh Roy, A., Bagchi, S. S., 2020). It will also try to examine the policies to solve the intense problem based on previous academic and non-academic studies and reports.

The pandemic has brought a catastrophic effect on higher education (HE) in India as the students are now facing marginalization, deteriorating mental health conditions and uncertain future. The schools, colleges and universities are closed for more than six months. The abrupt closure of colleges and universities and the concomitant shift towards online teaching is creating further digital divides and marginalization. Several female students are facing the maximum brunt of the pandemic as their confinement within households in addition to their family's deteriorating financial conditions are creating increasing pressures on them to leave HE to get married or take up jobs. Their plights are further compounded by increased pressure to do household chores and subjection to domestic abuses.

A systematic review of literature on the impact of Covid-19 on gender-based violence within the Indian context will be undertaken. Keywords will be defined based on a specific inclusion criterion, which will be used to generate relevant qualitative and quantitative studies. Following further screening of studies to verify suitability, appropriate data on gender-based violence induced by the Covid-19 situation will be extracted. A narrative synthesis or meta-analysis will be applied to systematically combine the data from several studies to enable a robust evidence-based analysis. Summary of results and visualisations will also be carried out.

Keywords: Gender-based violence (GBV), Covid-19 (India), policies, mitigation, crisis, lockdown.

I. Introduction

In record ways Covid-19 has affected families, communities, and societies. The coronavirus pandemic tests societies: it is an examination of political leadership, health, and social care systems, of cohesion, of the social agreements — an evaluation of our social fabric. Social fabric of India has been imperiled in various ways, in terms of GBV, mental health issues, disproportionate mental and physical health hazard of the women. To contain the outbreak and prevent a health system overload, isolation, school closures, and lockdown measures have been imposed in India, with social and economic consequences and effects on mental and physical health, which are still to be fully evaluated. In the face of this enormous challenge GBV intensifies the social calamity. Indian policies and public health efforts have neither addressed nor examined the gendered impacts of Covid-19 outbreaks (Smith, J., 2019). The response to COVID-19 appears no different from the previous pandemics. States were not sensitive enough of gender analysis of the outbreak by global health institutions or governments in affected countries or in preparedness phases, India is no omission. Accepting the degree to which pandemics affect women and men differently is a fundamental step to understanding the primary and secondary effects of a health crisis on different individuals and communities, and for creating effective, equivalent policies and interventions (Wenham, C., Smith, J., 2020). For improving gender crisis in India, it is necessary to developing policy measures to ease the long-term influence of the pandemic on women's professions and well-being. It is important that gender viewpoint should remain a crucial promise for the Indian Government both beforehand and afterward the current pandemic of Covid-19 (Wenham, C., Smith, J., 2020).

One of the main objectives of this article is to reflect and acknowledge that extensive gender-based data is necessary for India to project holistic, complete, and gender-sensitive social and economic policy responses to the global and country specific pandemic. The other focal points include dissemination of basic theoretical notions and information to Indian policymakers, governments, decision makers, gender activists and international researchers who want to understand and respond thoughtfully to the gendered impacts of the Covid-19. The article tries to partially look at the huge research gap to observe a pandemic through the lens of gender. It synthesizes some of the existing reviews, articles and data including ethnography, especially those published from the anthropological, statistical, development, and humanitarian perspectives, to study how gender is affected in multiple ways in the Covid-19 lockdown situation. It dissects the whole situation particularly on how the response to Covid-19 has generated higher rates of general gender-based and domestic violence across India, and gender-based violence or discrimination among students in higher education. This article, in conclusion, discusses a list of plausible solutions that are applicable to low resource settings like in India for addressing –or at least solving – the acute challenges of aggravated gender-based discrimination and violence (Sen, N., Singh Roy, A., Bagchi, S.S., 2020; Ganguly-Mitra, A., Devolder, K., 2020).

II. Major Perspectives

'Domestic Violence' is defined (The Protection of Women from Domestic Violence Act, India, 2005) as "any act of commission or omission or conduct resulting in physical, verbal, emotional, sexual and economic abuse" and this can range from calling names, insulting, humiliating, controlling behaviour, physical violence to sexual violence (Govt

of India., 2005). Past studies have shown link between exposure to natural disasters or other extreme events and increase in rates of GBV (Vora, M., Malathes, B.C., 2020). The reasons behind GBV during any natural disaster or pandemics is multiplied, fell through multiple, interdependent reasons like stress due to physical confinement, economic disruption, slowed down businesses, possible unemployment, lack of basic provisions, scanty social support. Though precedent for the current situation (lockdown) are limited, but studies of past disasters and its effects can put some light on factors behind current trend of increase in intimate partner's violence (Vora, M., Malathes, B.C., 2020). Covid-19 has exposed vulnerabilities and created challenges at other fronts too. More specifically, women's dearth of freedom in the in-law's homes is further getting reduced when today, 'homes' which are no longer merely seen as comfort zones, but during the lockdown, homes are changing as spaces where people are working from home and making their livelihoods, children are attending classes and other activities are being coordinated. A major shift in the concept of space has evolved and escalated GBV in closeted areas. Acute abusive situations are trapping women and children within houses (Selvaratnam, T., 2020).

It is pathetic to think that the most dangerous place in the world for a woman is her own home (Wenhan, C., Smith, J., 2020, Sen, N., Singh Roy, A. and Bagchi, S. S., 2020; Ganguly-Mitra, A. Devolder, K., 2020). According to the *National Coalition Against Domestic Violence*, intimate partner violence influences many women every year to leave their homes. Now the pandemic raises many questions for victims in dire need of attention from state and humanitarian agencies. (Smith, J., 2019). While resources during the outbreak are limited, the gender experts encouraged victims to seek out shelters, hotlines, therapists, and counselors. Where walk-in service is no longer available, phone and digital communications are still working. "Ruth Glenn, the chief executive officer and president of the National Coalition Against Domestic Violence, advises victims turn to a trusted friend or family member, if available, who can make a call to a hotline on their behalf should they not be able to do so themselves. And in an emergency, Ms. Friedman recommends calling 911" is the solution (Sen, N., Singh Roy, A., Bagchi, S.S., 2020). As a victim of intimate partner violence told O'Donnel (Wenhan, C., Smith, J., 2020) as she was dealing with her own situation, "You're not alone, and you're not crazy." These resources could be a lifeline if you're in quarantine with an abusive partner" (Wenhan, C., Smith, J., 2020). The rise in gender-based and domestic violence since the onset of the COVID-19 pandemic marks an urgent call to action for the private sector parallel to state to keep women safe at home and safe at work (Sen, N., Singh Roy, A., Bagchi, S.S., 2020).

This article, in the absence of a systematic database examining the details of the impact of GBV, fuses existing opinions, reviews and the scarcely available data to show how, not only the outbreak, but particularly state response to it, are increasing the incidence of domestic violence (GBV) across the globe, including in India. Despite tackling a much higher Covid caseload and mortality rate than India has, countries such as France and Spain have also ranked responding to GBV in their respective societies, working out possible and credible solving mechanisms. Admittedly, low resource settings (LRS) such as India, have additional basic and economic challenges; but would that denote Indian government do not respond to GBV? This article contends that Indian government have two public health urgencies to resist, the Covid-19 and GBV. It develops on the writers' research while working on GBV and LRS context in India and deduce with a set of solutions on better responding to GBV during Covid/lockdown times (Nigam, S., 2020; Ghoshal, R., 2020). Loss of earning, especially for males leads to lesser control over

financial security and thereby making them exert more control on their partners, this scenario is worse if female partner is employed and male is unemployed. On the other hand, for females, it works in different level. Occupation and earning source for females work as a cushion against violence since their income supports the family to be financially better, unemployed females lose their cushion and become more vulnerable to violence at the hands of partners. Lack of paid occupation for females also mean being dependent on male partner, loss of social ties and being locked up with abusers (Nigam, S., 2020; Ghoshal, R., 2020).

“Data from a cholera epidemic in Haiti in 2010 and the Ebola outbreak in West Africa in 2016 showed that such public health emergencies “place a three-fold caregiver burden on women and girls”: from exposing them to greater risks of infection coupled with lower rates of treatment, to higher degrees of physical, socioeconomic, and emotional distress and harm, the pandemic/epidemic collaterals are highly gendered” (Golechha, M., 2020). Under lockdowns, Indian women’s basic sanitary and hygiene needs, including menstrual health needs, are neglected, and more so in LRS (Wenham C, Smith J, Morgan R., 2020). Lack of focus on sanitary and menstrual needs have impacted sexual and reproductive health of the vulnerable women under lockdown. A temporary gender analysis of the Covid data points out that “development or humanitarian contexts could disproportionately affect women and girls in a number of ways, including adverse effects on their education, food security and nutrition, health, livelihoods, and protection. Even after the outbreak [Covid] has been contained, women and girls may continue to suffer from its ill-effects for years to come.” (CARE International. Gender implications of COVID-19 outbreaks in development and humanitarian settings. 2020).

III. Evidence

In Uttam Nagar, Delhi, during lockdown a 28-year-old woman, a mother of two, confronted acute corporal violence at the hands of her husband and in-laws. Initially, the police sought to mediate between the two and asked the woman to stay home during the lockdown. But the violence deteriorated after husband came to know that she has filed a police complaint. The police took her for medical checkup, doctors studied her wounds and transferred her and her two children to the Shakti Shalini shelter home. In Kerala, the State’s Women Commission got a call from Chennai pleading for help by a man who said that her sister, along with her daughter, residents of Idukki district, are hiding in forest as her sister’s husband has driven both of them out of the house. The man said that there are wild animals in jungle. The case was investigated, and the husband was arrested. (Ratnam, D., 2020)

In West Bengal, a 26-year-old woman was allegedly strangled by her husband. In another incident, a man killed his wife after she protested his extra-marital affair (Ratnam, D., 2020).

On 25 March 2020 in a slum, in Chennai, an alcoholic husband has beaten Parvathi, 25-year-old woman. Earlier, when he used to beat her, she would run outside in the narrow lanes to call for help from neighbors. This strategy usually works every time, but this time condition is different. Because of police barricade, she cannot go out to seek help of neighbors (Rukmini, S., 2020).

In another incident in Chennai, a 45-year-old woman has been abused by her alcoholic husband for years, but the abuse reduced a few months back when she got employment to serve as a maid and would return home with money. After the lockdown was imposed,

her employer asked her to stay home and she was not paid. As her alcoholic husband was denied access to his daily drink, he was in a rough mood and started manipulating her. She walked to the nearest police station and asked to be taken for police protection. The officer on duty asked her to go home saying that police and courts are shut because of lockdown (Rukmini, S., 2020).

Bunty works in a cloth factory, and her husband is a garbage collector. He is an addict and physically violated her during the lockdown. "She angrily asks, "They (the government) think we will sit at home and drink tea and watch Ramayan (mythological TV show) My husband got angry about small things on the first day of lockdown and hit me and broke the TV" (Rukmini, S., 2020).

In Maharashtra, Shefali (name changed) packed her belongings and sought recourse in her friend's home when her schizophrenic partner began to threaten her again. (Wallen, J., 2020).

"In Vadodara, a man, working with a private electronics company, breaks his 24-year-old wife's spine after she defeated him in online ludo. He mercilessly thrashed her as she defeated her consecutively in the game." (The Economic Times, Politics, 17 April 2020)

In Assam, a woman crossed two paddy fields with her child to seek refuge in her parent's home from her violent husband during the lockdown. (Nigam, S., 2020). The figure represents double the average rate of death and highlights the extreme danger women face when trapped in the same house with violent men.

The National Family Health Survey data reveals that GBV is not understood as a criminal offence. 42 % men and 52% women believed that husband is justified in beating his wife in certain situations such as when she argues, disobeys, cannot serve hot food, or could take care of babies. Only less than one percent sought help from police. Finding support from the natal family or a community is already difficult in case women face violence in marital homes.

Medical care and psychosocial support are not easily accessible under lockdown (Ratnam, D., 2020; The Economic Times, 2020; Rukmini, S. 2020; Wallen, J., 2020). Parental homes have supported women to provide care in some cases earlier, but during lockdown it is difficult to access it. Further, there is a fear of putting elderly parents in vulnerable situation of getting infection adds to the problem. Law enforcement in many cases has not upheld women's interest in long run. Thus, domestic violence remains highly prevalent but least reported human rights abuse (Taub, A., 2020)

The lockdown, however, changed everything. "I live in a constant state of fear - of what could affect my husband's mood," the woman told the journalist, speaking softly over the phone after locking herself up in a room so that her husband and mother-in-law cannot listen her, "I am constantly told I am not a good mother or a good wife. They order me to serve elaborate meals and treat me like a domestic worker." The police, who are the first respondent, are usually not empathetic to women. NCW (National Commission of Women) representatives say that cannot be an excuse for not helping women in dire straits. UN representatives for protecting women against GBV say governments need to prioritize support for them as a fundamental service so victims can be moved to safe spaces. (Meenakshi, P., 2020; 25, Rukmini, S., 2020).

IV. The Plight of Higher Education Students in India

The pandemic caused a disastrous effect on Indian students, especially on the women students, pursuing higher education in India. These students are facing marginalization,

deteriorating mental health issues and an uncertain future. The abrupt closure of schools and universities in India and the shift towards online teaching have created further digital divides and discrimination. Female students in higher education are facing the utmost brunt of the pandemic due to their confinement within the households as their families' deteriorating financial conditions are creating increasing pressures on them to take up jobs or get married soon. Their plights are further aggravated by often insuperable pressure from their families to participate in the household chores and they sometimes face domestic abuses.

It is quite evident from different policy measures taken during the last few years that education and particularly the higher education aren't on the priority list of the present right-wing political dispensation in India as in the 2020-21 annual budget they allotted a meagre 1.3 per cent of the entire expenditure to all forms of education including higher education (Alexander, S., Kwati, N., 2020). The new education policy (NEP2020) of the Indian government, bulldozed during the pandemic, spells out the policy of gradual withdrawal of governmental funds from higher education and involvement of private sectors in PPP (Public-Private Partnership) model. Interestingly, NEP2020 targets to raise the expenditure in education above 5 per cent of GDP but fine prints of the policy suggest that it will be achieved primarily by the money from the private sector while the government would gradually abandon its stake in education particularly the higher education. The intention of the Central Government become further suspect as we see that during the pandemic the Government of India, Reserve Bank of India (RBI), Securities and Exchange Board of India (SEBI), Insurance Regulatory and Development Authority (IRDAI), and different state-owned banks have infused huge funds in the financial sectors and extended lucrative incentives to industries and businesses (Measures taken by Government of India to aid Businesses during Covid-19 lockdown). But the plight of students and other stakeholders in higher education is not addressed.

Female students in higher education have become particularly vulnerable as the pandemic caused them confined in their households which resulted in a cascading effect on their domestic life. Many Indian families still consider girl children as the burdens particularly after attaining their legal marriageable age of 18 years. Such families, with financial insolvency, worsened due to the loss of income during the pandemic, cannot afford their female members to continue their study. As a result, many female students left, or contemplating leaving higher education to earn and support the livelihood of their families. Many female students in higher education are also facing insurmountable pressures for early marriage as their parents cannot wait 'indefinitely' in the wake of the uncertain future of higher education in India. Gender-based discriminations have further been exacerbated by the pressure on them to participate in household chores and failure or non-performance of those household drudgeries often lead to abuses and violence. The lack of opportunities for future employment after the completion of higher studies and receiving scholarships/fellowships for doctoral research have further contributed to the climate of uncertainty, particularly for female students.

All these made the students in higher education very vulnerable and female students have become the worst victim of this quandary leading to their early exit from higher education. These factors have aggravated the psychological vulnerability of the female students in higher education leading to acute depression and anxiety which sometimes pushing them to commit suicide. If the Indian Government continues to ignore higher education sector and fail to ameliorate the plight of the higher education students, we

are afraid that the future of Indian socio-cultural fabric, as well as the research-based knowledge expansion in all disciplines, will be seriously impaired. This indifference towards higher education will further aggravate the gender-inequality in higher education as female students will be the first victims in a country like India forcing their early exit from higher education and research. The lackadaisical approach of the Indian Government particularly to the female Indian students in higher education is further evident as we see that while they received little or no government support during the pandemic, their counterparts in the countries like UK and Germany had entitlements to receive financial support from the universities and/or governments (Packham, A., 2020).

V. Analysis

The analysis aimed to systematically review existing literature on gender-based violence and disparity and impact on students in higher education during the Covid-19 pandemic in India, and collate qualitative and quantitative data from several studies to enable a robust evidence-based perspective of the situation.

The literature search was based on keywords relating to the following:

- Covid-19 India
- Gender based violence
- Gendered impact
- Violence against women
- Domestic violence
- Students in higher education
- Discrimination against students
- Psychological effects on female students
- Depression amongst students

The literature search resulted in the screening of several articles, some of which were deemed relevant for the purposes of this review. Due to the lack of sufficient and appropriate quantitative data, common effect sizes could not be calculated and hence a meta analysis was not possible. Therefore a narrative synthesis of results extracted from the relevant studies was performed.

Gender based violence and disparity

Global estimates reported by WHO based on a 2013 analysis using existing data from more than 80 countries demonstrated that almost one-third (30%) of women who have been in relationships had experienced intimate partner violence (sexual and/or physical) or non-partner sexual violence at least once in their lives (World Health Organization, 2013). Of the 87000 women victims of homicide in 2017, more than 50% were killed by family members or intimate partners (UN, 2020). Gender-based violence therefore is already a serious and widely prevalent issue, and has expectedly worsened during the Covid-19 pandemic induced lockdown.

The Hubei province in China reported a threefold increase in domestic violence rate as compared to the previous year and for the same period of time (Graham-Harrison, Giuffrida, Smith & Ford, 2020). In the UK, there was a 25% increase in calls and online messages to the National Domestic Abuse Helpline after imposition of the lockdown. Similarly, increase in domestic abuse was also reported in Brazil, Germany, Italy, USA, Australia, Lebanon, Malaysia, and Cyprus (UN, 2020, Graham-Harrison et al., 2020).

The situation in India is quite similar, if not worse, in this regard. Within a week of implementation of the nationwide lockdown in March, the National Commission for Women (NCW) observed 58 complaints of domestic violence, almost a double of its number of weekly complaints (The Telegraph Online, 2020). NCW data from early April showed a 100% rise in complaints pertaining to violence against women following the lockdown (Malathesh, Das & Chatterjee, 2020). In April and May, a striking 47.2% of cases pertaining to crimes against women were related specifically to domestic abuse (Pandit, 2020). Considering that the majority of these complaints were registered over email, the numbers are likely to be an underestimation, since there would victims with no access to emails or postal services, or simply no privacy for phone calls (Ghoshal, 2020).

An empirical study investigating the differential effects of domestic abuse complaints in districts most to least impacted by the lockdown was conducted (Ravindran & Shah, 2020), using data on district-month level complaints received by the NCW across India between January 2018 – May 2020. A large and statistically significant increase of 131% (0.47 SD) in the number of domestic violence complaints was seen in districts with the most stringent lockdown measures relative to those with fewer constraints. The study also investigated the role of attitudes towards domestic abuse, as measured by the large and nationally representative National Family Health Survey 4 (2015-2016), in the rise in complaints received by the NCW during lockdown. Overall it was found that in districts where a larger proportion of husbands considered domestic abuse as justified, there was a relative increase in complaints during the lockdown. Whereas, in districts where a higher proportion of wives believed domestic violence as justified, there was a relative decrease on complaints during the lockdown (Ravindran & Shah, 2020).

Psychosocial variables related to Covid-19 and the nationwide lockdown in India was studied using data from a cross-sectional online survey spanning across a week (Nilima, Kaushik, Tiwary & Pandey, 2020). Fisher's exact test was used to determine relationships between variables, and a significant association was observed between psychosocial impact and gender. Individuals with severe or moderate psychosocial impact were likely to be females - 55.7% female vs 43.2% male and 50.9% female vs 48.6% male respectively; whereas those with mild psychosocial impact were likely to be males - 42.1% female vs 57.3% male. A similar outcome was observed in another study that assessed the psychological impact of the pandemic in India via data from an online survey (Varshney, Parel, Raizada & Sarin, 2020). A statistically significant relationship was found between gender and psychological impact of Covid-19, with greater impact predicted for females ($\hat{\alpha} = -0.134 [-6.887, 1.882]$; $p = 0.001$). These results were comparable to that found in the Chinese community where women experienced higher psychological impact as a result of the coronavirus outbreak (Wang, Pan, Wan, Tan, Xu, Ho & Ho, 2020, Liu, Kakade, Fuller, Fan, Fang, Kong, Guan & Wu, 2012)

Other forms of gender disparity were also examined and discussed by studies. An investigation of the impact of Covid-19 on livelihood and diet (Harris, Depenbusch, Pal, Nair & Ramasamy, 2020) found that female farmers were more vulnerable than their male counterparts. The likelihood of women farmers reporting a decrease in consumption of vegetables, fruits and dairy was significantly more ($p < 0.1$), whereas their likelihood of affordability of the same was significantly less. As caregivers at home, women were at a greater risk of coronavirus infection (Nigam, 2020). Detrimental effects of sexual violence were observed wherein the dearth of medical assistance compelled women to consume abortion drugs without supervision (Srivastava, 2020). Moreover, cultural and social bigotry has resulted in the expectation of females to assume traditional gender duties and engage in domestic chores with little or no help from men (Shekhar, 2020).

Students in higher education

Of the various unprecedented changes that accompanied the covid-19 pandemic, one that most affected the education sector was the absolute closure of all academic institutions worldwide and classroom lessons being replaced by remote teaching via online learning modules. Within the Indian context, this has had some dire effects on students in higher education – undergraduate and postgraduate.

A descriptive statistical analysis of the effects of the Covid-19 induced lockdown on undergraduate and postgraduate candidates in West Bengal was undertaken based on an online survey via structural questionnaire link (Kapasia, Paul, Roy, Saha, Zaveri, Mallick, Barman, Das & Chouhan, 2020). More than half (54.3%) of the students reported a decrease in their study time during the lockdown period, with only 14.1% attending regular online classes while 54% were attending classes less than thrice a week. 44.4% lacked a separate study room. A staggering 73.7% disclosed not having exposure to any digital platform for study before the outbreak of the pandemic. A negative effect of low family income on education was reported by 76.7% students, while 75.9% believed that the pandemic could result in the discontinuation of their studies. Furthermore, 78% stated that their economic situation would be impacted by the covid-19 crisis. The most common challenges faced by students amidst the lockdown was observed to be stress, depression and anxiety (42%), followed by weak internet connectivity (32.4%), and lack of an environment conducive to learning at home (12.6%).

A study (Rehman, Shah Nawaz, Khan, Kharshing, Khursheed, Gupta, Kashyap & Uniyal, 2020) researching psychological distress among Indians during the period of lockdown using a sample constituting of students, teachers, researchers, health professionals amongst others, found statistically significant differences in stress levels, anxiety and depression between students and teachers ($p < 0.05$), students and mental health professionals ($p < 0.01$), and students and corporate employees ($p < 0.01$, $p < 0.05$ for depression), with students displaying the highest mean values for stress, anxiety and depression scores. The investigation of psychosocial variables related to Covid-19 and the nationwide lockdown in India, using data from a cross-sectional online survey spanning across a week (Nilima et al., 2020), resulted in a significant association between job profile and psychosocial impact ($p < 0.001$). Students and salaried private/semi-government employees were found to be most likely to report severe, moderate or mild psychosocial impact, wherein individuals with severe psychosocial impact were more likely to be students when compared to salaried employees (27.8% students vs 23.1% employees). Yet another study (Majumdar, Biswas & Sahu, 2020) involving undergraduate and postgraduate university students and corporate sector professionals in India found significantly longer duration of naps during the day ($p < 0.05$) and higher levels of depressive symptomatology ($p < 0.001$) for this sample post-lockdown in comparison to pre-lockdown.

VI. Summary

This catastrophe, under Covid-19 lockdown, is a chance for Indian Government to acknowledge the importance of the public awareness and varied procedures to confront GBV and adding resources in health for making women's well-being resilient towards future pandemic. The government needs to gear up to protect their women population in a non-threatening, non-frightened manner to ensure protection of all individuals. The country should focus more on improving primary care, health-care infrastructure, and

human resources for health. India's public health-care system is chronically underfunded (at just 1.5% of GDP), leaving primary care weak. This pandemic could be the necessary wake-up call to the need of long-term changes to India's health system (Vora, M., Malathes, B.C. 2020). Government must include essential services to deal with violence against women in covid-19 response plans, resource them, and identify strategies to make them accessible during physical distancing measures. Health facilities should identify locally available support services for survivors (such as hotlines, shelters, GBV crisis centres, counselling) and refer women when they seek health services. Health providers should be aware of the risks and consequences of violence against women and provide those affected with support and relevant medical treatment. (Panchal, A., Vishal, G., 2020). It is important to guarantee the maintenance of fundamental medical services, such as for post-trauma care, including accessibility of the necessary medicines and other supports.

Older women living alone, women with disabilities, women living in humanitarian disastrous contexts, poor women living in crowded conditions, and ethnic minorities may be disproportionately affected and have extra needs. The use of mobile health and telemedicine to safely support those experiencing abuse against women must be explored urgently, as well as other means to reach women in settings where access to mobile phones or the internet is limited or lacking. Significantly, the world's most vulnerable populations will be affected as this pandemic reaches countries with high levels of poverty, displacement, and conflict. International humanitarian organisations need to make services accessible for women experiencing GBV and collect data on reported cases. Government must learn lessons from past epidemics about the failures to accept and recognise gender related effects of outbreaks. As the global health community slowly grasps with how best to halt the spread of covid-19, the ongoing epidemic of GBV cannot be ignored (Rosech, E., Amin, A., 2020).

VII. Suggested Mitigation

- Capacity building of frontline health-care worker and a large-scale public engagement campaign to increase help-seeking,
- Creating and spreading awareness through mainstream media and social media. (Vora, M., Malathes, B.C., 2020).
- Helplines, counselors, shelter homes
- Protection officers are working round the clock to help victims of violence under the Domestic Violence Act 2005 through counseling.
- Rekha Sharma (@sharmarekha on Twitter), chairperson, National Commission for Women said, "While the COVID-19 pandemic and subsequent lockdown have impacted everyone, there have been adverse effects on women and girls who may be victims of intimate partner violence. With social distancing norms in place, several women are unable to contact their regular support systems. This initiative by Twitter will provide big support to the survivors, who would otherwise be easily isolated without access to relevant information and help."
- As per Mahima Kaul, director, public policy, India and South Asia, Twitter, the collaboration with the public, government and NGOs is key to combating the "complex issue of domestic violence". Accessing reliable information through this search prompt could be a survivor's first step towards seeking help against abuse and violence, she stated (The Indian Express, 17 June 2020)).
- Shifts in household norms that mean men assume more unpaid care responsibilities. Initiatives focused on promoting women's economic empowerment (Wenhan, C., Smith, J., Morgan, R., 2020).

- In Bangladesh, evidence has shown that in households where interest-free loans were offered to men to expedite migration, it resulted in a 3.5% decrease in women's exposure to physical and/or sexual intimate partner violence over a period of six months (Mobarak, M.A., Ramos, A., 2019)
- Indian Government must continue to invest in **evidence-based programs and policies that improve women's economic opportunities and support organizations** such as the Self-Employed Women's Association and Women in Informal Employment (Wenhan, C., Smith, J., Morgan, R., 2020; The Indian Express, 17 June 2020).

Organisations in the UK arranged for specific police powers to help rescue GBV survivors. In Italy, a trade union group has requested that for the duration of the pandemic, the perpetrator, and not the survivor, should be made to stay outside homes. Police forces in Greece are endorsing on public campaigns to raise awareness about domestic violence during the pandemic, and on tactics which would assist survivors in seeking support (Golechha, M., 2020). The Scottish government has promised funds for organisations working to help survivors of GBV, to guarantee that access to support services is maintained during this Covid outbreak period (Ghoshal, R., 2020). The same day, the Secretary-General of the United Nations also gave speech regarding this issue; he appealed to all governments to prevent a "horrifying global surge in domestic violence" (UNFPA, 7 September 2017). Though this article presents a resource-challenged context, Governments cannot use that perspective to justify a refusal to focus on aggravated domestic violence; governments need to negotiate their constraints and push boundaries to confront it. (Ghoshal, R., 2020; UNFPA, 7 September 2017)

VIII. Conclusion

Women must have a safe household and sufficient resources. Victims of GBV are, unfortunately, denied both. Social and structural obstacles often tamper reporting GBV by intimate partners, with reports estimating that up to 99% of cases go unreported (Rosech, E., Amin, A., Gupta, J., Garcia-Moreno, C., 2020). Apart from the obvious awareness programs and better reporting mechanisms, one way to encourage reporting is to assure proper response and rehabilitation for the victims that come forward and report violence. GBV legislation in India provides a vast set of powers to the magistrates to procure justice and effective shelter of the victim. The two major factors that contribute towards effective rehabilitation are creating a safe physical space for the victim and a steady resource for sustenance. While the most obvious solution to ensure a safe physical space is a 'protected home' for the victim, the legislation also foresee the 'shared household' principle which prevents the offender from having access to the shared household, regardless of the ownership of legal title to said household. The offender under legal circumstances is bound to pay for the maintenance, damages, and medical expenses of the victims (O-Donnell, M., 2020; Panchal, A., Vishal, G., 2020).

The time has now come to not only flatten the curve of GBV but also to smash it in its entirety. To successfully deal with any problem, it must be identified first- there is an urgent need to come up with ways to make reporting safer and less difficult, and it is equally relevant to raise public awareness. The COVID-19 pandemic has clearly demonstrated the information-dissemination power of the state machinery. Even someone who has been living under a rock will have heard about the pandemic and the need to combat it by social distancing. It is unfortunate to witness a huge disaster that has pushed gender concerns out of the focus. It only intensifies the vile practice of pushing gender

concerns out of the main concern; stereotyping it as something unessential that can be abandoned to suit other necessities. The state must come up with a more possible solution before more victims fall prey to GBV. If the world returns to a state of relative normalcy, we should survive by balancing ourselves on a “tripod” of well-funded and vigorous support services for survivors of GBV, their post-trauma care, and economic reserves devoted to their support (Panchal, A., Vishal, G., 2020).

The reality is that all members of households stuck at home over an extended period also transfers to women having to serve “to routine caregiving of so many more members, managing food so many more times per day, and attending to the increased burden of housekeeping; procuring higher volumes of potable water, especially in areas of water scarcity, is an aggravated challenge” (Panchal, A., Vishal, G., 2020). With incidence of sexual abuse and exploitation also increasing during public health emergencies, “women and girls will become more vulnerable when travelling to collect water for household use or to use latrines” (Panchal, A., Vishal, G., 2020). More than 90% of employed Indians work in the informal sector and stand the risk of losing their jobs – unless already lost. Of all women who work, 94% work in the informal sector and will bear the brunt of going incomeless: “Women are more likely to be engaged in the informal sector and be hardest hit economically by COVID-19” observed the Inter- Agency Standing Committee, a forum of the UN and non-UN humanitarian partners (IFRC, OCHA, WHO, 15 March 2020).

If the response to disease outbreaks such as COVID-19 is to be effective and not reproduce or perpetuate gender and health inequities, it is important that gender norms, roles, and relations that impact on women’s and men’s differential vulnerability to infection, Governments and global health institutions should reflect on the sex and gender effects of the COVID-19 outbreak, both direct and indirect, and organise a study of the gendered impacts of the multiple outbreaks, incorporating the voices of women on the front line of the response to COVID-19 and of those most affected by the disease within preparedness and response policies or practices going forward (Briefing Note, UNFPA, 2017). “Experience from past outbreaks shows the importance of incorporating a gender analysis into preparedness and response efforts to improve the effectiveness of health interventions and promote gender and health equity goals” (Wenhan, C., Smith, J., Morgan, R., pp. 846-848, 2020).

We can improve the gender fairness scenario by exploring several disciplines and aspects of gender related to Covid-19. This will inspire researchers, policy makers, and specifically Indian Governance to realise the impacts of the fears and problems hidden inside the GBV and their mitigation into every aspect of the gender frame. Our research-emphasis on the problem will open more discussions and investments to direct the problem towards holistic empowerment, education, “health and social protection” of the women against GBV specifically by partners, and in-laws even under awkward circumstances of pandemic like Covid-19. An ideal governance will surely protect vulnerable sectors including women from desperate situations after taking lessons from different research and history of pandemics for similar situations.

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