IJFANS INTERNATIONAL JOURNAL OF FOOD AND NUTRITIONAL SCIENCES
ISSN PRINT 2319 1775 Online 2320 7876

Research paper UGC CARE Listed (Group -I) Journal Volume 11, Iss 9,Sep 2022

Impact of Violence Connected with The COVID-19 Pandemic on Gender and its Mental Health Implications

Brijesh Saran[1*], Amoolya K. Seth[2], Anuradha Singh[3], Parul Gairola[4], Anoop Peter[5]

[1*]Assistant Professor Psychiatry,
[2]Professor Psychiatry Dept. of Psychiatry Santosh Deemed to be University, Ghaziabad, NCR Delhi,
[3]Professor Obstetrics and Gynaecology Lady Hardinge Medical college Delhi,
[4,5]Assistant Professor Clinical Psychology, Dept. of Psychiatry Santosh Deemed to be University, Ghaziabad, NCR Delhi

Corresponding Author: [1*]Brijesh Saran

ABSTRACT

Violence, in its various interpersonal and societal manifestations, is a prevalent phenomena across cultures. Since violence at an interpersonal; as well as societal level, has been inextricably linked with existing socio-political-cultural and economic variables, violence related to the psychosocial crisis associated with the COVID-19 pandemic must be analysed primarily through a psychosocial lens in order to identify the factors that contribute to its emergence and persistence. The massive surge of information and COVID-19 related misinformation disseminated via the internet and social media, which is now referred to as a "infodemic"2, has also caused a wave of paranoia, fear of contagion, and health anxiety, which has aggravated the psychological and social instability in communities around the globe. 3 A culmination of the psychosocial pressures caused by the COVID- 19 epidemic has been an increase in incidences of violence, particularly directed towards interpersonal and familial dominance and women in particular.

Keywords: interpersonal , societal , manifestations , misinformation, disseminated, scapegoating ,labour oppressions.

1. INTRODUCTION

The 2019 new coronavirus illness (COVID-19) pandemic has wrecked havoc on continents with unparalleled physical and mental health consequences. Globally, the pandemic has placed a tremendous pressure on the healthcare infrastructures of both developing and wealthy countries, primarily because to the sharp increase in hospitalisations and deaths. The COVID-19 pandemic has imposed enormous emotional strain on communities, transforming this disease from a public health disaster into a global humanitarian crisis. The statewide lockdowns imposed to halt the spread of the disease and strengthen health care response systems had the unanticipated negative

effects of restricted mobility, isolation, sudden unemployment, lack of access to basic commodities, and economic crises.[1] The massive influx of information and COVID-19-related misinformation disseminated via the internet and social media, which is now referred to as a "infodemic"[2], has also triggered a wave of paranoia, fear of contagion, and health anxiety, which has exacerbated the psychological and social unrest felt by communities around the world. [3] As a result of the psychosocial pressures caused by the COVID- 19 epidemic, there has been an increase in incidences of violence, particularly directed towards interpersonal and familial domination and women in particular.

Global data suggests that lockdowns imposed to prevent the spread of COVID-19 have resulted in an extraordinary spike in domestic and intimate partner violence against women.[4] The Executive Director of UN Women [5] has labelled the increase in domestic abuse, which primarily affects women and children, a "Shadow pandemic" to bring greater attention and emphasis to the issue.

Violence, in its various interpersonal and societal manifestations, is a prevalent phenomena across cultures. Since violence at an interpersonal; as well as societal level, has been inextricably linked with existing socio-political-cultural and economic variables, violence related to the psychosocial crisis associated with the COVID-19 pandemic must be analysed primarily through a psychosocial lens in order to identify the factors that contribute to its emergence and persistence.

Pandemics and violence: Historical and sociological context

New disease outbreaks have been found to place significant social strains on civilizations and groups, challenging their capacity to assimilate novelty. A dramatic visual confirmation that "something has gone dreadfully wrong in the broader social world."[7] The novelty and "mystery" of a sickness induce tremendous insecurity and dread, resulting in scapegoating and even violence directed at particular communities. During the plagues of the sixteenth and seventeenth centuries, a wide range of insiders and outsiders, from high-ranking officers and physicians to the lowest levels of health workers – plague cleaners, cartmen, and gravediggers – were targeted as plague-spreaders and subjected to discrimination and violence. 8,9 Similarly, in 1831–32, cholera outbreaks in Europe and the United States triggered waves of social violence against doctors, hospital workers, and government officials, which continued to incite hatred and collective violence throughout successive outbreaks. [10]

While history is filled with instances of paranoia, prejudice, and "social violence" across cultures and nations, the distinct impact of gender on these phenomena cannot be ignored as a social variable is lacking from these accounts.On the eve of the First World War, tales of outbreaks of sexually transmitted illnesses reported a gender-based pattern of discrimination that coincided with the Great Influenza epidemic. Young women in the United States were blamed for an increase in venereal illnesses that reportedly presented a threat to the nation's war preparation, and vice squads picked up females for coerced medical monitoring involving painful examinations. 11 The SARS, Ebola, and Zika outbreaks have produced previous research on the importance of gender as a social component in the study of disease outbreaks. Moreover, it should be emphasised that intimate partner violence (IPV) and gender-based violence (GBV) increased significantly during the Ebola (2014) and Zika (2016) epidemics. [12]

Research paper UGC CARE Listed (Group -I) Journal Volume 11, Iss 9,Sep 2022

COVID-19 and domestic/intimate partner violence

Since the implementation of lockdowns, nations around the world have documented a widespread and worrisome increase in domestic and intimate partner violence relationship violence directed primarily against women.14,15 The epidemic and subsequent lockdowns revealed domestic violence as a vicious circle for women of all castes and classes, and were acknowledged as a crucial element that further disempowered and marginalised women. Chakraborty16 has described how women are likely to experience various forms of oppression during the COVID-19 pandemic due to their subordinate position to their male counterparts within the gender hierarchy and how, during the pandemic, such forms of subordination for women were followed by socioeconomic insecurity resulting from the economic shutdown, loss of jobs, and labour oppressions. [16]

Due to the mix of heightened tension, worry, and confinement in the home during times of crisis, women were locked down within the lockdown with no way to complain to anybody. [17,18] The National Commission on Women reports that intimate relationship abuse has increased by 2.5 percent in India since the lockdown. [19,20]

Lack of physical space: As a result of the COVID-19 shutdown, many women worked from home and at home. Constrained by the confines of the domestic sphere, women were at a greater danger of physical and mental abuse at the hands of their male spouses, their virility emasculated by post-lockdown uncertainties, loss of social life, physical and social constraints, and mounting stress due to the impending economic crisis.[16]

Despite being viewed as a sanctuary from the infection, the private sphere during the lockdown proved to be anything but a home, expressing "simple joys, familial unity, privacy and freedom, a sense of belonging, of security, a place to flee but also return to, a secure memory, an ideal."[20] Lack of psychological catharsis: Lack of psychological catharsis was one of the primary negative impacts of self-quarantine. In a study conducted by CARE, a non-profit international aid organisation, researchers discovered that while almost no one was immune to the anxiety, worry, and overall emotional fatigue caused by the coronavirus pandemic, women were almost three times as likely as men to report suffering from significant mental health consequences, such as anxiety, loss of appetite, inability to sleep, and difficulty performing daily tasks. [19]

The COVID-19 epidemic has overburdened healthcare systems around the world, which has had a negative impact on the Sexual and Reproductive Healthcare (SRH) of women, as the majority of vital resources have been redirected to emergency responses. In addition, widespread illness outbreaks compounded the shortage of reproductive and sexual health services in communities with limited resources.[16]

Due to economic difficulties and unemployment, the International Labour Organization (ILO) anticipated a 17% decline in working hours, equivalent to 495 million hours. million full-time employment positions in the second quarter of 2020.The data also indicates that the employment risk for women was 19% higher than that for men.[16,17]

According to an analysis by the Consumer Pyramids Household Survey (CPHS) of the Centre for Monitoring Indian Economy (CMIE), at least four out of ten women in India lost their jobs as a result of the coronavirus pandemic, and an estimated 17 million women lost their jobs

in the formal and informal sectors between March and April 2020 as a result of the nationwide lockdown to prevent the spread of novel coronavirus.[17] Economic difficulties increased women's reliance on their male counterparts, which in turn exacerbated the power disparities and social hierarchies that contribute to violence against women.

Increased unpaid care responsibilities and housework: In patriarchal countries, gender roles assign women home duties and uncompensated caregiving responsibilities. Prior to the commencement of the COVID-19 epidemic, women were already performing the majority of the world's unpaid care work. However, new study reveals that the crisis and its following shutdown reaction resulted in a huge rise in this burden.The United Nations29 confirmed that because institutional and community-based child care was inaccessible to many families during the lockdown, the burden of providing unpaid child care fell disproportionately on women, limiting their ability to work.

Need for gender-disaggregated data on COVID-19

Gender-disaggregated data pertaining to the collection of evidence to develop more equitable remedies for the disproportional problem. The impacts of COVID-19 on women and girls, as well as the sharing of best practises and learning, are vital.

On the long run, it can be integrated into the government's epidemic and emergency response planning and preventative actions. In this regard, UNDP and UN Women's established the COVID-19 Global Gender Response Tracker in September 2020, which demonstrates that the social protection and employment responses to the pandemic have mostly ignored the needs of women. It analyses government actions with a gender lens that combat violence against women and girls (VAWG), promote unpaid care, and strengthen women's economic security in 206 nations and territories. It contains more than 2,500 measures.

Ensuring women's access to information and participation

Guaranteeing women's equal representation, meaningful involvement, and decision-making authority in the national COVID-19. Forward-looking response and recovery planning, implementation, monitoring, and evaluation, as well as governance and decision-making processes for public health and emergency responses.Identifying with communities reflecting the broad and diverse experiences of women and girls, the needs of the most marginalised, and ensuring that they are given priority in COVID-19 response plans and budgeting.Expanding access to social support programmes for women.

Adopting measures to prevent domestic violence

Maintaining access to vital health information and supplies, such as antiretroviral medications and condoms syringes, opioid replacement therapy, and overdose prevention.
Strengthening community relationships and increasing awareness of the significance of reporting abuse instances.States should offer diversified services, such as multi-month dispensing, community service delivery, and self-care initiatives, in order to ensure the safety and accessibility of all women and girls.

In all pandemic reactions, they may foresee and resolve supply chain problems and assure continuous compliance with medical privacy standards.

Research paper UGC CARE Listed (Group -I) Journal Volume 11, Iss 9,Sep 2022

2. CONCLUSION

As the COVID-19 pandemic reveals systemic inequalities and gendered power dynamics, underprivileged women and girls are enduring the repercussions. The most significant health and human rights impacts. In addition to the virus, their disparate experiences are due to existing discrimination and gender stereotypes; economic inequality; unequal access to food, clean water, housing, and health services; and stigma and discrimination based on sex, sexual orientation, gender, gender identity, race, age, caste, class, religion, HIV status, disability, indigenous identity, and immigration status. [14]

The COVID-19 problem presents countries with an opportunity to change their existing economic models into a new social compact that promotes social justice and gender equality.[16] Using a gender lens to develop strategies for the eradication, control, and prevention of COVID-19 can ensure the inclusion of the voices of women and girls from a rights-based standpoint.

3. REFERENCES

1. WHO. Coronavirus disease (COVID-19): Violence against women; 2020. Available at
2. https://www.who.int/emergencies/diseases/ novel-coronavirus-2019/question-and-answershub/
3. q-a-detail/coronavirus-disease-covid-19- violence-against-women.
4. Naeem SB, Bhatti R. The Covid 19 ‘infodemic’: a new front for information professionals. Health Inform Libraries J 2020; 37(3) : 233-239.
5. Viveiros N, Bonomi AE. Novel coronavirus (COVID-19): Violence, reproductive rights and
6. related health risks for women, opportunities for practice innovation. J Fam Violence 2020; 37 : 753-757.
7. UN Women. COVID-19 and Its Economic Toll on Women: The Story Behind the Numbers;
8. 2020. Available at https://www.unwomen.org/ en/news/stories/2020/9/feature-covid-19-economic-impacts-on-women.
9. Wenham C, Smith J, Morgan R. COVID-19:The gendered impacts of the outbreak. Lancet 2020; 395(10227) : 846-848.
10. Eamon, W. (1999). The Great Pox: The French Disease in Renaissance Europe. Renaissance Quart 1999; 52(2) : 474-475.
11. Cohn SK, Cohn SK. The Black Death transformed: disease and culture in early Renaissance Europe. London: Arnold; 2002: p75.
12. Cohn Jr SK. Epidemics: Hate and Compassion from the Plague of Athens to AIDS. London
13. Oxford University Press; 2018.
14. Cohn S, Kutalek R. Historical parallels, Ebola virus disease and cholera: understanding community
15. distrust and social violence with epidemics. PLoS Curr 2016; 8.
16. Stern AM. America’s Forgotten Mass Imprisonment of Women Believed to Be Sexually

17. Immoral; 2019. Available at https://www. history.com/news/chamberlain-kahn-act-stdvenereal- disease-imprisonment-women.
18. Davies SE, Bennett B. A gendered human rights analysis of Ebola and Zika: locating gender in
19. global health emergencies. Int Affairs, 2016; 92(5) : 1041-1060.
20. Chakraborty D. The "living dead" within "death worlds": Gender crisis and covid 19 in India.
21. Feminist Frontiers; 2020. DOI: 10.1111/gwao. 12585. Available at https://www.ncbi.nlm.nih. gov/pmc/articles/PMC7753691/pdf/GWAO- 9999-na.pdf
22. Kumari R Those fired first over Covid must be hired first; 2020. Video available at https://
23. www.thequint.com/voices/women/women-jobscoronavirus- pandemic-ranjana-kumari#readmore
24. Nanthini S, Nair T. COVID-19 and the Impacts on Women; 2020. Available at https://www.
25. researchgate.net/publication/343599782_ COVID-19_and_the_Impacts_on_Women.
26. Malathesh BC, Das S, Chatterjee SS. COVID-19 and domestic violence against women. Asian
27. J Psychiatry 2020; 53 : 102227. doi: 10.1016/j. ajp.020.102227. Epub 2020 Jun 15.
28. The Hindu. NCW records sharp rise in domestic violence amid lockdown; dated 15th June 2020. Available at https://www.thehindu.com/news/ national/ncw-records-sharp-spike-in-domesticviolence- amid-lockdown/article31835105.ece
29. 17. Kumar A. COVID-19 and domestic violence: A possible public health crisis. J Health Manage
30. 2020; 22(2) : 192-196.
31. Dixit D, Chavan D. Women Locked and Down: Gendering the Covid-19 Pandemic, Economic
32. and Political Weekly, 2020; 55(17) https:// www.epw.in/journal/2020/17/commentary/ gendering-covid-19-pandemic.html
33. CARE International. Gender implications of COVID-19 outbreaks in development and humanitarian settings. 2020 Mar 16 [cited 2020 Apr 14]. Available from: https://www.careinternational. org/files/files/Gendered_ Implications_ of_COVID-19_Full_Paper.pd
34. Saltzman LY, Hansel TC, Bordnick PS. Loneliness, isolation, and social support factors in
35. post COVID-19 mental health. Psychol Trauma 2020; 12(S1) : S55–S57.
36. Jarnecke MA, Flanagan J. Staying safe during COVID-19: How a pandemic can escalate risk
37. for intimate partner violence and what can be done to provide individuals with resources and support. Psychol Trauma 2020; 12(S1) : S202-S204. doi: 10.1037/tra0000688. Epub 2020 Jun 18.
38. Azcona G, Bhatt A, Encarnacion J, et al. From Insights to Action: Gender equality in the wake of COVID-19, 2020. Available at https:// www.unwomen.org/ en/digit a l-libr a ry/ publications/2020/09/gender-equality-in-thewake- of-covid-19.