OPINION EDITORIAL

Long-term Impact of the COVID-19 Pandemic on Intimate Partner Violence in Rural India

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Introduction

Intimate partner violence (IPV) is one of the most common forms of violence against women that continues to persist worldwide [1]. IPV includes physical, sexual, and emotional abuse and controlling behaviours by an intimate partner [2]. It impacts women of all ages, races, religions, and socio-economic backgrounds, as indicated by a systematic review encompassing 81 countries, which displayed a high prevalence of IPV in most regions of the world [1]. The state of Uttar Pradesh (UP) ranks the highest in India for IPV, particularly amongst married women living in remote regions [3,4]. COVID-19 has forced victims of IPV to socially isolate at home with their abusive partner, and little research has been conducted into understanding the unprecedented consequences of social isolation. As the pandemic continues to linger on, further investigation into this area is vital to help women who are socially isolated and face IPV. This article will discuss the long-term impacts of social isolation due to COVID-19 on intimate partner violence faced by married women living in rural UP, India.

The National Family Health Survey reported that 30% of Indian women between the ages of 15-49 have experienced violence by their male partner [5]. Women in rural UP villages are at an increased risk of exposure to IPV, due to factors such as low education levels, marriage at a young age, and entrenched gender inequalities that enable violence against women [2,6,7]. Traditional gender roles in UP society, enforce violence against women for choosing to deviate from their expected roles, as violence is deemed a strategy for conflict resolution [6,8]. In India, and globally, COVID-19 has had devastating impacts on all aspects of healthcare and society at large. COVID-19 is an acute respiratory syndrome coronavirus which first appeared in Wuhan, China [9]. The virus is transmitted from person to person via air droplets causing certain individuals to develop a severe respiratory illness that could potentially be life threatening [9]. Therefore, in the following months of the virus being detected, countries, including India underwent an extended lockdown to slow the viruses' spread [10]. Currently, there is a potential risk of a fourth wave in the country due to the Omicron sub-variants [9].

Prior to the occurrence of the pandemic, a study involving 225 villages in rural UP, indicated that one third of women were already experiencing violence by a male partner [6]. After the onset of the pandemic, a conceptual review explored the impact of social isolation due to COVID-19 and the rise of IPV in India [8]. A doubling in the number of domestic violence complaints by women was noted [8]. The pandemic has resulted in higher rates of alcohol consumption, unemployment, and job uncertainty, which has further provoked offenders [12]. The household has turned into an unsafe environment as social isolation has forced women to be confined with the perpetrator and seeking assistance from friends or neighbours has been challenging [5,8].

Long-term impacts of IPV

The inability for women to remove themselves from the place of conflict can impact their sexual and reproductive health in the long-term. Sexual violence is a form of IPV. Throughout the pandemic there has been a rise in coercive and non-consensual sexual practices, thereby increasing the rate of unprotected sex, forced sex, and marital rape [13]. Previous studies have linked such practices to reports of gynecological morbidity, pelvic pain, and pelvic inflammatory disease [7]. Sexual violence inflicted by the male partner can impact women's reproductive health by putting them at an increased risk for STIs [7]. Data from pre-pandemic studies indicate that in rural areas throughout India, symptomatic women are unlikely to seek out treatment for STIs [7]. However, the closure of clinics, disruption in care, and redirection of resources due to the pandemic, limit the availability of already scarce options for women [14]. This could have severe long-term implications for women's reproductive health, including fertility, down the line [7].

In rural areas in the states of Bihar and Maharashtra, verbal, physical and sexual IPV have been shown to generate mental health disorders within victims after sustaining longstanding violence [15]. Due to geographic similarities, it is possible to apply the outcomes of this study to rural UP. The experience of violence itself or the fear of potential violence is stressful, and women are at an increased risk for mental health outcomes such as: depression, anxiety, posttraumatic stress disorder (PTSD), sleeping disorders, suicidal ideation and attempts [15]. Often, women experiencing violence withdraw from social life to hide evidence of abuse or are forcibly isolated by their partners, which furthers their risk of mental health issues [15]. Social support systems remain inaccessible due to social isolation.

Recommendations

As the pandemic continues into its third year it is important that Indian government officials address the "shadow pandemic", which is how the WHO describes IPV during COVID-19 [16].

The Indian Ministry of Health must define IPV as a major public health concern and generate policy change to help support victims [17]. Furthermore, sexual and reproductive health services should remain open throughout the state, and services offered should expand based on specificity to each district and community within UP. Accessing health services for STI treatment could potentially translate to women accessing IPV-related screening or support services [18]. Finally, leaving an abusive partner needs to be seen as a valid option for women, which means shelter spaces must be available.

For mental health distress, helplines managed by local non-profit organizations would be the most accessible mode of communication, as internet access remains restricted in rural areas. Helplines would be a primary resource, and act as preliminary counseling and emotional support for women [17]. They would also be used to link individuals to further mental health resources in the community and establish a safety plan based on their unique situation [17].

Conclusion

IPV is prevalent in most regions of the world, and is especially prevalent in UP, India. The COVID-19 pandemic has exacerbated the crisis of violence against women, as they are forced to socially isolate with abusive partners to curb the spread of the virus. The long-term impact of social isolation due to COVID-19 on IPV faced by married women living in rural UP could be intensified if the appropriate measures are not immediately introduced. Specifically, concerns regarding the burden of disease associated with STIs related to coercive sexual practices and the impact of violence on the mental wellbeing of victims. It is important that governments create adequate policies and support local organizations to reduce IPV faced by women living in rural UP.

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