Risk of Gender-Based Violence and Poor Mental Health among Nepalese Women during COVID-19 Pandemic: A Review

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ABSTRACT

During Covid-19 pandemic, gender-based violence (GBV) against women and poor mental health with limited health service access for women have received paramount attention among researchers, policy makers, health professionals and healthcare service providers. This paper presents a review of published articles in an attempt to understand GBV and poor mental health among Nepalese women in the context of Covid-19. Evidence suggests that gender inequality and gender-based violence have played a significant role in increasing mental health issues among women during the pandemic. Social factors such as low education, financial dependency, lack of support system, limited access to healthcare, lack of awareness about the GBV laws, and cultural norms that put women in the lower position within the society are the realities of majority of Nepalese women. These factors intersect each other and present compounded risks that put women at more vulnerable position than others, which is further exacerbated during the COVID-19 pandemic putting Nepalese women at risks of GBV and poor mental health compared to men in the society. The paper also recommends actions that are required to address the GBV and poor mental health among Nepalese women.

INTRODUCTION

The unprecedented Covid-19 pandemic crisis has created a chaotic situation worldwide where many nations are still struggling to understand and respond to this complex situation. Developing countries like Nepal where lack of resources to fight against COVID-19 pandemic is evident and therefore faces extra challenges to deal with the physical and mental impact of the pandemic. The Covid-19 pandemic has impacted all aspects of our lives and all parts of our society, leading to long-term social and health inequalities. One of the most concerning issues in this pandemic is that the pre-existing mental health gender gap has exceeded significantly, with women worst affected than men.1 The intersection of women’s position in the society2 and experience of gender-based violence may further
Risk of Gender-Based Violence and Poor Mental Health among Nepalese Women during COVID-19... exacerbates their mental health during the Covid-19 pandemic. This means “we are all in the same storm, but we are not all in the same boat”. Therefore, while attempting to address the issues of mental health and GBV against women in Nepal, we need to understand the social position of women in terms of education, employment, health service accessibility, and their experience of increasing GBV in the Nepalese society. Evidence suggests that Nepal has historically neglected mental health issues in policy, practice and investment on mental health services are very limited. Similarly, the issue of GBV has been paid little or no attention due to socio cultural norms of the society. Throughout this paper, we attempt explore the impact of Covid-19 on the risk of GBV and mental health of women in the context of their social position within the Nepalese society.

METHOD

This review paper includes selected and relevant research that enhance the understanding about the issues of GBV and poor mental health of Nepalese women during Covid-19 pandemic. The academic search of literature was performed using several databases such as PubMed, Medline, PsycINFO, Science Direct, British Nursing Index and Google/Google Scholar were also used as a search engine. Websites of the organizations known to be active in this field such as the World Health Organization (WHO) and the United Nations (UN) websites and the Nepalese Government websites were searched for the relevant reports, which were used to provide evidence and support the arguments made in this paper. The following keywords were used to conduct the literature search: mental health, gender-based violence (GBV), Covid-19, pandemic, social determinant, and Nepal. Synonyms of these words were used where appropriate and use of ‘OR’ and ‘AND’ were used when combining these key words while searching for literature. Skimming and scanning strategy was used before reading full articles and only those articles relevant to this research were analysed in-depth and included in the reference list.

SOCIAL POSITION OF WOMEN

Nepal is predominantly a patriarchal society, as other countries in the South Asia, where majority of people think that ‘girls are born to be fed throughout their lives and boys are born to earn and support the whole family’. The gender disparity in political power and position, property and wealth rights, and educational attainment are clearly visible in Nepal. For example, women are less likely than men to have completed secondary or higher education. As a result, women are less likely to receive services and support available to them due to lack of awareness since they have limited literacy and this put them in a disadvantaged position in our society. There are ongoing debates and changes in Nepalese laws about equal property rights for daughters. According to the 2011 census in Nepal, only 20 percent of households reported to have female ownership of fixed assets such as land or house. This demonstrates that women are hugely dependent on male members of the family with limited decision-making ability related to financial decision. We understand gender gap favours males in all areas of our society, such as in education, health, wealth and autonomy. It is unfortunate to see the gender gap is huge between rich and poor countries. Although men earn more in almost all societies, poor countries are facing gender monopoly as a serious issue in the society. Even in rich countries female participation in labour market is not equal as men, still the attitude towards women is more progressive. Many countries, especially poor countries have a cultural norm that favours males in the society and Nepal is not an exceptional. In terms of gender inequality index, Nepal sits in 110th position in the world despite the fact that labour force participant for women is 82.6% compared to male around 85%, according to human development reports by UNDP. Surprisingly, despite the huge contribution from women in agriculture and economy, their position in the society is much lower than men. All these evidences suggest that
the social concept in Nepalese society is that women are lower in status and have less power than men and they are more likely to perceive inequalities and GBV that can have huge negative impact on women’s mental health during this pandemic.12

Globally, around 75% of unpaid care and domestic work in our home and societies are done by women and girls13. Majority of women’s role is mostly bounded by household works, looking after kids and elderly in the family regardless of their earning and employment, but the situation is more visible in Asian countries.14 A survey report by Oxfam found women are doing considerably high amount of unpaid work in Kenya, a developing country like Nepal.15 In Nepal, like other nations around the world, this pandemic has created a situation where families are stuck at home, school closure means childcare responsibilities have increased, while outside help such as hiring cleaners or maid to complete the household chores are not an ideal option, mostly due to the financial constraints. This means the unpaid work for Nepalese women may have increased significantly like in other nations globally.16-17 As a result, women are finding hard to cope during this pandemic in both developed and developing countries. In one of the recent survey in the United kingdom, 61% of women found it harder to stay positive day-to-day compared with 47% of men18. In the context of Nepalese women, according to a survey, about 50% of women found it hard to manage multitasking work during the lockdown in Nepal.17 In addition, women may have to face a devastating financial constraint during this pandemic. Globally informal employment is a greater source of employment for both men and women at around 60%.19 This figure is much higher for low and low- and middle-income countries. In Nepal, the figure of informal employment seems to be the highest around 94.3%.19 This means majority of family in Nepal hugely rely on informal work/employment that has been significantly impacted during this Covid-19 pandemic. As a result, women may have been facing distressful financial insecurity, especially food insecurity with minimal or no alternative source of income or employment during this pandemic.

**EXPERIENCE OF GBV DURING THE PANDEMIC**

A lower position of women in the society and gender-based violence (GBV) are serious public health problems that raise and exacerbates significant concerns of injustice and inequality during this Covid-19 pandemic.12 Generally, GBV against women is seen because of hierarchical and unequal structural power imbalance between women and men that tries to capture the oppressive pattern of coercive control against women’s freedom and that affects human rights of the women. Research focussed on GBV in South Asian countries suggest that GBV is more prevalent among women with low socioeconomic and educational attainment background, including women living in cultural inferiority in the society, having more number of male children in the family, women’s acceptance of violence as a norm, women with lack of empowerment and women who are going through marital discord.20-21 If this is the situation then the severity of GBV could be much higher than we know because majority of Nepalese women have low socioeconomic status in Nepal. Intimate partner violence (IPV) is seen as the most common type of violence experienced by women, almost one third of women experience IPV at some point in their lifetime.22 IPV includes physical, sexual, emotional abuse as well as controlling behaviours of men towards women, and these are considered as detrimental for women and their children’s wellbeing.21-23

GBV has been highly prevalent in Nepal prior to the COVID-19 pandemic, especially intimate partner violence (IPV), where about 26% of married women have experienced physical, sexual, or emotional violence, according to the report by Nepal’s Ministry of Health.6 The report also suggests that women from disadvantaged indigenous groups (Janajati) and Dalit and religious minority groups (such as Muslims)
are less likely to report GBV, and they are not aware about GBV laws compared to women of the upper caste Brahman/Chhetri. Overall, around two third of these women have not sought for help or justice to stop the violence they have experienced, despite the fact that Nepal published the Domestic Violence Act in 2009.6 During this pandemic, the cases of GBV has soared during the lockdown in Nepal, from 24th March to 9th May 2020, with total number of violence cases recorded were 231.17 The evidence suggests that some women from marginalised group may have experienced further marginalisation during this Covid-19 pandemic which is outrageous.17 Nepal, being a patriarchal South Asian society, many women receive little or no formal education and have limited decision-making power within the household, as well as limited property rights as discussed above.24 In addition, limited public services availability to the local areas during this pandemic may further discourage these women to act against GBV in Nepal.

A qualitative research conducted in Nepal states the gender norms, economic dependence of women, alcohol consumption of husband, lack of knowledge about sexual rights, social stigma, and lack of supportive familial and social environment are the key factors for putting women lives at major risk of sexual violence within married life.25 In the context of lockdown during the pandemic, it further restricted the mobility of women due to the fear of Covid-19 and limited availability of public services. Therefore, women have been at greater risk of abuse within the family, as they are trapped at home with their abuser, in most cases family members or husband. As discussed above, social norms and acceptance of GBV as normal part of their life stops women reporting about such cases, which means official statistics barely capture the full story and context of GBV within the Nepalese society. Even if it is reported, very often, families and victims would decide to drop the official cases about GBV to avoid the stigma and shame that would be brought on the family in the society. Again, in such cases, the victims are persuaded by family members to withdraw such cases. GBV is a complex issue to understand within the Nepalese society and it is important to explore the individual factors as well as the context within which GBV occurs. Further research are needed need to better understand the reality of GBV during the COVID-19 and how the pandemic has further exacerbated the GBV within the Nepalese society and played into the hand of structural factors due to the lack of guidance and support available for the victims of GBV.

**EXPERIENCE OF POOR MENTAL HEALTH WHILE LIMITED HEALTH SERVICES AVAILABLE**

The issues of mental health among general population around the world have increased significantly due to the circumstances associated with the COVID-19 pandemic, and women are the worst affected.26 A cross sectional study conducted in Spain reported about the impact of lockdown and its association with gender, age and socioeconomic conditions, in which, women with lower socioeconomic position had experienced higher level of poor mental health and the study concluded that an urgent strategy for public health emergencies should be developed that includes and addresses the issues of mental health and its social determinants by taking into an account of gender-based approach27. A similar cross sectional study conducted in the United States of America (USA) also showed that the mental health gender gap increased by 66% in the states under the lockdown with women worst affected28. If lower socioeconomic position is associated with experience of poor mental health by women in this pandemic as discussed by Ochega and John29, then much remain to be explored to understand the depth of the mental health issue, since majority of Nepalese women lives in lower socioeconomic situation with strict socio cultural norms that puts women in a vulnerable position to access the required mental health support.
Several countries around the world have limited the health service access, including mental health services, due to the concerns of spread of virus among health professionals and patients in the hospitals. The limited services are also the result of demand and supply side factors, however, the World Health Organization has expressed a great cause of concern and provided guidance to continue health service provision. Limited health care services during this pandemic may have huge impact on accessibility of health care among women, particularly to access maternal health care and the issues can affect more severely for women in resource poor countries such as Nepal. For example, a large scale prospective observational study by Ashish KC and colleagues found that Institutional childbirth reduced by more than half during the lockdown in Nepal. The possible cause could be demand side as the first Covid-19 related death in Nepal was a young woman in her postpartum period. This may have had significantly increased the stress among women that large number of pregnant women are avoiding health services access for maternity care. Other research has shown the prevalence rates of mental disorders among pregnant women during the Covid-19 pandemic are higher. Yet, there are very limited research among the mental health of Nepalese pregnant women during this pandemic. The limited and delayed health services were evident in across-sectional study at Dhulikhel hospital in Nepal. The study also found a significant number of increase cases of suicide during the Covid-19 pandemic while the number of women is predominantly high, and concluded that patients were late to have the lifesaving treatment because of this pandemic. Yet, data about suicide and self-harm from the Government of Nepal is to be published for public. A systematic review by Xiong and colleagues presented the evidence of high level of poor mental health among general population during this pandemic and suggested mental health should be the global priority. Similar findings presented in a survey in Nepal conducted by Gupta and colleagues states that one fourth of Nepalese Health professional may have experienced increased poor mental health and suggested expanding mental health services in the community. The findings are supported by other research suggesting health professionals have experienced increased poor mental health globally. That may have negative impact on effective health service delivery to public.

CONCLUSION AND RECOMMENDATION

The evidence and discussion show that women are highly marginalised within the Nepalese community in terms of health, wealth and freedom in decision-making, and this Covid-19 pandemic may have further exacerbated their mental wellbeing. The long-lasting adverse impact of Covid-19 in our mental health indicates that support for women should be prioritised. Sometimes, physical abuse on women is promptly noticed while physiological and emotional abuse might not be seen by many health professionals which may cause delay in responding and supporting the victim of GBV. Support from health professional for the victims of violence could help to diminish the consequences of the violence, but very limited supports are available in low- and middle-income countries.

Since the impact of Covid-19 pandemic are likely to remain in the society for years to come, an effective Covid-19 strategy that combines the rational, evidence-based public policy, health services and other aspects of health support should be a priority to avoid the long-term impact of poor mental health among the women in the community. It is also important that healthcare professionals are well-trained to deal with the issues of poor mental health and GBV. Charity organisation and the government of Nepal should take efficient action from their capacity to address this visible inequality of mental health and GBV against women in our society. The discussion in this paper also suggests the need of primary research about the impacts of
Covid-19 that explore the issues in-depth and provide recommendation to address the issues.

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