

EFFECT OF COVID-19 PANDEMIC ON GENDER BASED VIOLENCE: A STUDY ON TMSS MICROCREDIT MEMBERS

MOST. AEYSHA SULTANA* AND ARIFA RAHMAN

Department of Psychology, University of Dhaka

Key words: Gender based violence, COVID-19 pandemic, Microcredit members

Abstract

The present study was aimed at investigating if the COVID-19 outbreak had an impact on gender-based violence (GBV) among TMSS microcredit users. The study was designed to gather data using both quantitative (individual interviews) and qualitative (Focus Group Discussion) method. One hundred and eighty-five married women of Bogura district made up the sample. The sample included 159 microcredit members and 26 non-members. Majority of the participants experienced financial hardships during the COVID-19 epidemic, according to quantitative and qualitative data. Quantitative data showed that a significant portion of microcredit participants (56%) experienced physical, mental, or both types of violence from their husbands during the lockdown. However, the TMSS Microcredit members had greater exposure to GBV than non-members, according to qualitative findings. The same factors—such as income loss, staying at home constantly, and concern about providing for family needs—were highlighted by both microcredit members and non-members as probable causes for the rise in violence during lockdown. But microcredit members mentioned that the lack of microcredit loans and the pressure to make loan payments also resulted in violence against women during lockdown. Quantitative data also indicated that women who experienced violence from their husbands had trouble accessing medical care and law enforcement support. The present study recommended that during emergency situation the microcredit providers should take different policies to help people cope with their financial crisis and government and non-government organizations should take safeguards to prevent gender based violence.

Introduction

During COVID 19, several countries around the world, including China, France, Italy, Brazil, Spain, etc., reported an increase in the rate of domestic violence of 30% to 50%⁽¹⁾. There was an immense impact of COVID-19 pandemic on every sector including domestic and gender based violence in Bangladesh. UNFPA (United Nations Population Fund), for example, projected that due to the outbreak and imposing lockdown, the world, including Bangladesh might experience around 20% increase of domestic violence⁽²⁾. In Bangladesh,

* Author for correspondence: aeysa_sultana06@yahoo.com

physical, verbal, financial, psychological, and sexual abuse were frequent⁽³⁾. The consequences of COVID-19 also limit access to life-saving resources for survivors of violence and those at risk, such as psychosocial, health, and safety programs⁽³⁾. In a study⁽⁴⁾ conducted by the local human rights organization, the Manusher Jonno Foundation (MJF), it is evident that lockdown in COVID-19 situation increased the rate of domestic violence. This study found that 1672 out of 4249 women in Bangladesh faced domestic violence for the first time in their lives and considered lockdown as the reason for this situation. The incidence of intimate partner violence among married young women (20–24 years old) from March 15 to March 31, 2020, was highest (28.1%) among all age groups⁽⁵⁾. 49.2% women and girls feel their safety and security is an issue during the current lockdown and it is assumed that women, girls, and female-headed households are likely to face more severe impacts during the COVID-19 situation⁽⁵⁾. In Bangladesh, 25.74% of women reported experiencing domestic violence, and "an increase in different types of mental stress" was cited as one of the main contributing factors during this time of lockdown⁽⁶⁾.

Significant financial hardship was brought on by the COVID-19 pandemic. Poor people in both rural and urban areas have lost their income substantially during the COVID-19 pandemic; hence, they were bound to reduce food consumption, take help from relatives and friends, and use their savings to fulfill their daily necessities⁽⁷⁾. Previous study has demonstrated that high level of physical violence was significantly associated poverty and inadequate access to basic needs⁽⁸⁾.

Gender-based violence (GBV) refers to harmful acts committed against a person based only on that person's gender. No matter their age, race, or socioeconomic status, girls and women are constantly at risk from GBV around the world. And they face danger everywhere, including at work, school, and home⁽⁹⁾. There are several forms of GBV, such as sexual, physical, mental, and financial harm inflicted in public or privately. Threats of violence, coercion, and manipulation are also included. This can appear in a variety of ways, including intimate partner violence⁽¹⁰⁾. In the present study, violence by intimate male partner or violence against women was considered as the gender-based violence.

The goal of the present study was to find out whether the COVID-19 has any impact on GBV among women microcredit members. Although microcredit involves a small loan given to people of lower socioeconomic background to help them become self-employed or grow a small business, individuals who received a microcredit loan, were under extreme pressure to give installment when they were already facing financial crisis due to pandemic. With an ongoing financial crisis, pressure to make a microcredit loan installment could exacerbate the situation and lead to violence against women or gender based violence. Exploration of the factors related to microcredit programs might give us insight about how GBV is triggered and what are the steps should be taken to make the microcredit program friendlier for the women in lower socioeconomic status.

Objectives of the study: The general objective of the study was to analyze the overall situation of microcredit members of TMSS (Thengamara Mohila Sabuj Sangha) during COVID-19 (when there was no or limited access to microcredit loans and the members were under pressure to give the installment). The specific objectives of the study were – (a) to see the effect of COVID-19 and lockdown on the lives and livelihoods of women and their families; (b) to find out whether the frequency of GBV including physical and mental/psychological would vary between COVID-19 pandemic and normal situation among microcredit members; (c) to examine whether GBV would vary between women microcredit members and non-members during COVID-19 pandemic and (d) to know whether gender would be an issue in getting medical treatment (physical and/or psychological) during COVID-19 pandemic.

Materials and Methods

The primary goal of the present study was to investigate the factors influencing GBV among microcredit members, and the literature review revealed evidence of increased GBV among ordinary people, so the quantitative phase only included microcredit members to ascertain whether the situation was the same for them. In order to determine whether there were certain elements that specifically affected microcredit members and gender-based violence, the qualitative phase included both microcredit members and nonmember women.

Sampling and study design: The sample consisted of 185 married women selected from both Bogura sadar and Gokul village of Bogura district. Among them, 159 were TMSS microcredit members (100 participated in individual interview and 59 participated in 4 FGDs) and 26 were non-members (all participated in 2 FGDs). TMSS is one of the largest organizations operating countrywide and a leading female headed non-government organization in Bangladesh and South Asia. It provides microcredit loan only to women. Size of 6 FGDs ranged from 13 to 15. Following systematic random sampling procedure, microcredit members were selected while non-microcredit members were selected by snowball sampling from the same locality and same socio-economic status same as that of microcredit members. Microcredit members of TMSS were contacted over cell phone taken from the list (used as index of sampling frame) collected from TMSS high official. Microcredit members served as referrals to select non-member women from the same area.

Microcredit members and non-members all belonged to lower middle class. Their age ranged from 18 to 66 years ($M = 34.56$; $SD = 10.28$). The duration of microcredit membership varied from 1 year to 20 years. Most of the participants (31%) completed Junior School Certificate exam while illiterate participants were only 1%. The majority of respondents were housewives (80%). The husbands of the respondents were daily laborers (30%), businessmen (27%), non-govt. service holder (12%), driver (12%), farmer (9%), carpenter (7%) and rickshaw puller (3%). 93% families were headed by the respondents' husbands

while only 7% families were headed by the participants themselves. The study followed cross-sectional design.

Measures: The researchers have prepared a semi-structured questionnaire consisting of 56 items based on literature review and focusing the study objectives. Examples of questions and response format were as follows: Has the relationship with your husband been deteriorated during COVID-19 and/or lockdown? - (i) yes, (ii) no, (iii) not sure. During lockdown, did you face any violence (mental/physical) from your husband? - (i) yes, (ii) no. If the answer is “yes” what was the nature of violence?- (i) Physical, (ii) mental, (iii) both physical and mental. Ethical approval has been taken from the Ethical Review Committee, Department of Psychology, University of Dhaka.

Data collection procedure: The necessary data and information from the respondents were collected through a semi-structured questionnaire containing several parts including participants’ personal information, impact of lockdown on the respondents, gender-based conflict/violence, accessing medical treatment and receiving assistances/supports. A group of trained research assistants visited the respondents’ localities, asked questions and wrote down the answers. The present study adopted both quantitative (semi-structured questionnaire in individual interview) and qualitative (FGDs) approach of data collection. The individual interviews and FGDs lasted between 32 and 55 minutes. During FGDs, informal discussion and field notes have been used.

Before collecting data, participants were informed about the objectives of the study. They were assured that their confidentiality would be highly maintained and their information would be used only for research purpose. They were also provided proper instruction and further clarification. After collecting data, they were thanked for participating in the study. The fieldwork was conducted from January to April 2022.

Results and Discussion

Frequencies and percentages were calculated based on quantitative data and thematic analysis was conducted based on qualitative data. Theoretically, themes can be found, explained, and interpreted in great detail within a data set using a thematic analysis⁽¹¹⁾. Findings of the study are described here in two phases: (i) findings of the study based on quantitative data; (ii) findings of the study based on qualitative data collected through Focus Group Discussion (FGDs)

Phase I- Effect of COVID-19 and lockdown on the lives and livelihoods of the participants: The present study revealed that 78% microcredit member’s family income was hampered by COVID-19 and 62% were bound to maintain their family expenses with their savings. The condition of 50% participants deteriorated for reducing the number of earning members in their families during lockdown. Since the price of daily necessities increased during this pandemic, 61% participants felt this as a challenge to meet family expenses.

Phase I- Gender based violence during pandemic and lockdown: More than half (56%) of the respondents themselves faced physical (1%), mental (28%) and both types (27%) of violence from their husbands during the lockdown. 37% respondents believed that these sorts of violence increased during lockdown situation. They reported several factors, such as not being able to pay the loan installment (according to 18% participants), no income, unavailability of microcredit loan (7%), staying at home always, worried in meeting family expenses as the probable reasons.

Phase I- Gender discrimination in medical treatment during COVID-19 pandemic situation: Almost all of the participants (99%) confirmed that they were not affected by COVID-19 though, some participants (37%) had been affected by other diseases during pandemic situation and 32% women participants mentioned that they were taken to the doctors by their family members. Only 2% participants reported that their family members were unable to take them to the doctor due to poverty. None of the participants mentioned gender discrimination as the barrier of getting treatment.

Phase II- The thematic analysis of qualitative data revealed the following themes: Theme1- Uncertainty in life and livelihood; Theme 2- Risk factors of GBV; Theme 3- Gender discrimination in human rights.

Theme 1- Uncertainty in life and livelihood: The COVID-19 pandemic has had a significant negative impact on both members and non-members in terms of income, food consumption, daily necessities, treatment, transportation, and other factors. The participants were asked *how their daily lives affected by the COVID-19 pandemic*.

A middle aged (40 years old) non- member women said that- My husband is a rickshaw puller and we, a family of 5 members, depend on just his income. But during the pandemic and lockdown, he lost his access of work and could not go to work. So, we had to spend the days with extreme difficulties. Even if we started borrowing at first, no one agreed to give anymore. So, we had to spend many days without any food [Non-member 3].

Most of the women, moreover, mentioned that during the COVID period their income dropped significantly. Specifically- women and their family members have lost their jobs during COVID-19; they lost access to markets to sell their products; they had to close shops or markets due to COVID-19 pandemic; they lost their savings. In answering the question, *'How did they cope with the income disruption due to COVID-19 pandemic?'*, most of the FGDs participants mentioned that they reduced the quantity and quality of meals during pandemic; they sold valuable assets including gold, domestic animals (e.g. cow, goat); they borrowed from relatives, neighbors and friends; they spent from their previous savings.

Theme 2- Risk factors of GBV: Most of the participants reported that they have been directly or indirectly exposed to at least one kind of GBV (e.g. physical violence, verbal abuse). Data also showed that microcredit members had more exposure to GBV than non-members. Majority of them replied that they were facing severe financial crisis due to their

husbands' sudden job loss and this incident created a lot of problems in their family life. They often faced disputes or conflicts which worsened their overall mental and emotional health. A microcredit member said that- *My husband had no work at the time of Corona. There was also enormous pressure to pay the installment which was taken from an NGO. Whenever I asked my husband for money on the day of payment, he used to get quite upset and physically abused me [Microcredit Member 5].*

Most of the participants mentioned the following probable reasons of GBV: job loss of male members; male partners residing at home for a long time. A 38 years old service holder woman said,- *My husband lost his job. This loss created stress and depression. Since he lost his job, he's been physically violent with me more often [Non-member 4].* Another young woman mentioned that- *In our society, men are considered as the primary earning member of a family, and since Corona, many men have lost their jobs. My husband lost his income source as well and therefore, was unable to provide for his family and this ultimately creating discord at home [Non-member 7].*

Theme 3- Gender discrimination in human rights: Participants reported that police and legal services were seemed unable to assist women experiencing domestic violence since they were busy in maintaining stay-at-home orders. Women were also afraid of reporting violence without any protection or an alternative living situation. A participant proclaimed, *whenever there was a conflict, the female was exposed to torture, but they couldn't leave since it's curfew time. Because a woman couldn't go out, she was forced to endure the beatings [Microcredit Member 12].*

Women who had undergone severe violence and needed medical care could not get emergency services because of COVID-19. Overcrowded emergency departments and hospitals impeded GBV care and physical and mental assistance. Another reason was fear of infection which discouraged people from seeking health services during an outbreak.

After discussion with the participants of FGDs, it became evident that they were subjected to extreme discrimination when seeking health care services or getting treatment for their sickness. When the male members of the family became sick, they typically went outside and received treatment, but when women became sick, they were neglected in most of the time. As there was a restriction on movement, they were unable to leave the home and get medical treatment.

Contradictory findings on the gender discrimination in getting treatment between quantitative and qualitative phases can be explained by the fact that, in quantitative phase (individual interview), 98% participants skipped answering to the issue. This might be due to not asking the further probe questions which could help to find out the actual information. However, the probe questions in qualitative phase have reveal the actual information of extreme gender discrimination when seeking health care services or getting treatment for their sickness.

Both microcredit members and non-members mentioned the same factors as probable reasons for increasing violence against women during lockdown, like income loss, staying at home always, and worrying about meeting family expenses. However, among microcredit members, the pressure to pay the loan (microcredit) installment might lead to more GBV.

As males were unable to maintain their family expenses due to income loss and financial crisis, this inability might threaten their role perception (as the main earner of a traditional male-headed family) and created a feeling of inferiority. All these factors might make the males more agitated, hostile, and inclined to physically and/or psychologically assault their wives. This situation can be explained based on the Frustration-Aggression Theory⁽¹²⁾. That means, frustration might lead to aggressive behavior. Previous research evidence also revealed that men of lower socioeconomic status and the unemployed have an increased risk of being perpetrators of domestic violence^(13,14).

Traditional gender role perception might also explain the increase of violence against women during lockdown. During this period, male partners were confined at home for a long time. They might be involved in conflict with their wives when they refused to do household chores, because they believed that these tasks were only for women. Lockdown situation in COVID-19 pandemic created severe economic crisis and made the people socially isolated, bored and distressed. To deal with the stressful situation, men might show hostility as the displacement coping strategy toward their wives who were weak and innocent target. The finding was also consistent with previous research. The challenges imposed by the COVID-19 pandemic, including coping with the fear of the disease, the restructuring of the traditional household routine, spending more time with the partner, isolation from other people outside the home, and extreme financial crises, might significantly contribute to an increase in intimate partner violence⁽¹⁵⁾.

The findings related to the barriers (a lack of police and legal services during the pandemic; negligence to other health services due to the perception that patients with the Corona virus were emergency cases; fear of further victimization by the male partner; and an inability to find alternative housing due to lockdown and social isolation) in accessing to health care service after experiencing violence were also consistent with previous studies. These kind of barriers kept the victims close to the perpetrator (male partner) for a long period of time and increased their danger during the COVID-19 pandemic^(15,16).

As many victims still find themselves confined to the abuser and unable to report the abuse, the rising global trend of domestic violence reports may merely represent the tip of the iceberg⁽¹⁾. Due to a lack of an adequate reporting system and response service for domestic violence, this fact is especially relevant in countries with low or middle incomes, including Bangladesh⁽⁶⁾.

Limitations and recommendations: The generalizability of the present study findings is constrained because the participants were chosen only from the Bogura district. There are

also limitations on generalization in the qualitative data that has been gathered from a group of microcredit members and non-members, or a case. However, the findings of the study have some merits which are as follows: government and non-government organizations need to take policies and create alternative sources of income for people of lower socioeconomic status during pandemic situation; the authority should make the microcredit program member-friendly to mitigate the stress aroused due to the unavailability of microcredit loans and the pressure to pay the loan (microcredit) installment; government and non-government institutions should establish sufficient service centers and policies to protect the safety of victims experiencing violence committed by the male partner and the treatment facilities of them; the awareness program should be introduced through several agencies and media for preventing gender based violence.

Acknowledgement

The author gratefully acknowledge the financial support of the Centennial Research Grant (2020-2021), University of Dhaka, for conducting this study.

References

1. Campbell AM 2020. An increasing risk of family violence during the Covid-19 pandemic: Strengthening community collaborations to save lives. *Forensic Science International: Reports* 2:100089. <https://doi.org/10.1016/j.fsir.2020.100089>
2. United Nations Population Fund (UNFPA) 2020. Impact of the COVID-19 pandemic on family planning and ending gender-based violence, female genital mutilation and child marriage. Interim Technical Note, Information as of 27 April 2020, <https://gbvguidelines.org/wp/wp-content/uploads/2020/05/Impact-of-the-COVID-19-Pandemic-on-Family-Planning-and-Ending-Gender-based-Violence-Female-Genital-Mutilation-and-Child-Marriage-EN.pdf>
3. Ali A 2020, May 5. A Socio-Legal Analysis of Domestic Abuse. *The Daily Star*. <https://www.thedailystar.net/law-our-rights/news/socio-legal-analysis-domestic-abuse-1899505> (accessed 26 August 2020).
4. Ranjana SH 2020, May 6. Amid lockdown, 4249 women and 456 Children became victims of domestic violence in April: MJF. Manusher Jonno Foundation. [http://www.manusherjonno.org/latest_stories/amid-lockdown-Marital-Rape-in-Bangladesh / Akram & Pervin](http://www.manusherjonno.org/latest_stories/amid-lockdown-Marital-Rape-in-Bangladesh-Akram-Pervin) (ISSN: 2413-2748) *J. Asian Afr. soc. sci. humanit.* 7(3): 44-59, 2021 59 4249-women-and-456-children-became-victims-of-domestic-violence-inapril-mjf/
5. Needs Assessment Working Groups Bangladesh 2020, April 15. COVID-19: Bangladesh multi-sectoral anticipatory impact and needs analysis. <https://reliefweb.int/report/bangladesh/COVID-19-bangladesh-multi-sectoral-anticipatory-impact-and-needs-analysis>
needs?_gl=1*pxgrol*_ga*MjgzMjg4OTQ4LjE2OTE4NDg5Mzc.*_ga_E60ZNX2F68*MTY5MTkyNzU2OC4yLjEuMTY5MTkyODk2OC42MC4wLjA.
6. Soron TR, MAR Ashiq, M Al-Hakeem, ZF Chowdhury, HU Ahmed and CA Chowdhury 2021. Domestic Violence and Mental Health During the COVID-19 Pandemic in Bangladesh. *JMIR Formative Research*, 5(9):e24624. <https://doi.org/10.2196/24624>

7. Islam MS, TR Tusher, S Roy and M Rahman 2021. Impacts of nationwide lockdown due to COVID-19 outbreak on air quality in Bangladesh: a spatiotemporal analysis. *Air quality, atmosphere, & health*, **14**(3): 351–363. <https://doi.org/10.1007/s11869-020-00940-5>
8. Ahmed SM 2005. Intimate partner violence against women: experiences from a woman-focused development programme in Matlab, Bangladesh. *Journal of Health, Population, and Nutrition* **23**(1): 95–101.
9. Zack, GC 2022, November 21. Stand with her: 6 women-led organizations taking gender-based violence. United Nations Foundation. https://unfoundation.org/blog/post/stand-with-her-6-women-led-organizations-tackling-gender-based-violence/?gclid=CjwKCAjw6p-oBhAYEiwAgg2Pgq7N3A2v8NY0Xvncvzb-Tw82LVEAD0GhMrcyP8CZkExFrTFebiZVJRoC5sIQAvD_BwE
10. The United Nations High Commissioner for Refugees (n.d.). Gender-based violence. Retrieved October 17, 2023, from <https://www.unhcr.org/us/what-we-do/protect-human-rights/protection/gender-based-violence>
11. Braun V and V Clarke 2006. Using thematic analysis in psychology. *Qualitative Research in Psychology*, **3**(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
12. Breuer J and M Elson 2017. Frustration-Aggression Theory. In P. Sturme (Eds.), *The Wiley Handbook of Violence and Aggression* (pp. 1-12). Chichester: Wiley Blackwell. <https://doi.org/10.1002/9781119057574.whbva040>
13. Heise L and C Garcia-Moreno 2002. Violence by intimate partners. In E. Krug, L. L. Dahlberg, & J. A. Mercy et al. (Eds.), *World report on violence and health*. Geneva: WHO.
14. Riggs DS, MB Caulfield and AE Street 2000. Risk for domestic violence: Factors associated with perpetration and victimization. *Journal of Clinical Psychology*, **56**(10): 1289–1316. [https://doi.org/10.1002/1097-4679\(200010\)56:10<1289::AIDJCLP4>3.0.CO;2-Z](https://doi.org/10.1002/1097-4679(200010)56:10<1289::AIDJCLP4>3.0.CO;2-Z).
15. Women's Aid UK 2020. The impact of COVID-19 on women and children experiencing domestic abuse, and the life-saving services that support them. <https://www.womensaid.org.uk/the-impact-of-COVID-19-on-women-and-children-xperiencingdomestic-abuse-and-the-life-saving-services-that-support-them/>.
16. Gupta J 2020. What does coronavirus mean for violence against women? <https://womensmediacenter.com/news-features/what-does-coronavirus-mean-for-violenceagainst-women>.

(Manuscript received on 20 August, 2023; accepted on 28 December, 2023)

