

Domestic Violence and Women Health in Pakistan: During the Period of COVID-19

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Timeline

Received: Aug 26, 2023

Revised: Sep 28, 2023

Accepted: Sep 29, 2023

Published: Oct 22, 2023

DOI

<https://doi.org/10.55603/jes.v2i2.a1>



Abstract

Domestic violence increased sharply in Pakistan during COVID-19 due to the lockdown, severely affecting families, individuals, and communities. The purpose of this study is to estimate the prevalence and factors of domestic violence at household levels during COVID-19 and how women's health is affected due to this domestic violence. Primary data is collected through the questionnaire from the women of 500 households by using the random sampling technique. Ordinary least square method and 3D graphs are used to estimate the prevalence and factors of domestic violence. Moreover, binary logistic regression is employed to find the relationship between women's health and domestic violence. The results show a strong relationship between COVID-19 Consequences, domestic violence, and women's health. Empowerment, financial contribution, and economic decision-making have an effective role in reducing domestic violence and improving women's health. Empowerment and economic decision-making are the key factors to reduce domestic violence at the household level and improve women's health. It is suggested to reduce domestic violence at the household level by monitoring the factors of domestic violence for the improvement of women's physical and mental health.

Keywords: Domestic violence, Women health, Women empowerment, Financial contribution, Economic decision making, COVID-19

JEL Classification: I12, J11, J12

1. Introduction

The pandemic COVID-19, currently the largest global health issue, is threatening the entire world. People of all genders, ages, and ethnicities are affected by the pandemic and its social, psychological, and economic impact is getting worst with the passage of time. Women's hidden vulnerabilities have come to light as a result of the pandemic-induced lockdown, which has forced them to stay at home and work from home. This situation lessens women's autonomy, especially in patriarchal households, which is demonstrated by the rise in domestic violence cases worldwide (Peterman et al., 2020). According to a United Nations study, 90% of married women have experienced psychological abuse, and 50% of married women have experienced sexual violence (Niaz, 2004). Domestic violence is defined as "any physical or psychological abuse performed by a respondent against children, women or other vulnerable individuals that is gender-based. According to the World Health Organization, domestic violence involves sexual coercion of women by a current or former male intimate partner as well as psychological and physical harm (Harvey, Garcia-Moreno, & Butchart, 2007). Domestic violence, also known as intimate partner violence or domestic abuse, is defined by the United Nations as a pattern of behavior in any relationship to acquire or maintain control over an intimate partner. Abuse is defined as coercive or threatening physical, financial, sexual, emotional, or physiological behavior toward another person (Woodlock, 2017).

In Pakistan, domestic violence is a pervasive social and health problem. An estimated 5000 women are killed by domestic violence each year, and thousands more suffer injuries or disabilities. Women have accused intimate partners of attacking them in a number of different ways, including through emotional, physical and sexual aggression. Every year, domestic abuse results in 5000 deaths of women and thousands more injuries or disabilities (Hansar, 2007). Women health is closely related with the child health. Domestic violence is one of the reason that can damage women physical and mental health. It is worth exploring how domestic violence has impacted domestic violence and women health during Covid-19.

Pakistan has been impacted by COVID-19, just like the rest of the globe. On February 26, 2020, the first case of COVID-19 was confirmed when a student in Sindh province tested positive after returning from Iran (Mazhar & Tanwir, 2022). Due to medicine's limited understanding of the virus, it was determined that the only treatment at this time was "lockdown". Financial difficulties also emerged as a result of the operations' suspension, and Pakistan's unemployment rate was sharply raised. Around 18.5 million individuals lost their jobs between 2020 and 2021 in Pakistan and according to estimates by the Government of Pakistan, gender-based violence cases sharply increased during the years of COVID-19. According to research by the Aurat Foundation, 25 districts in the four provinces and Gilgit-Baltistan together reported 2297 cases of violence against women (Murder, Rape/ Gang Rape, Abduction/Kidnapping, Suicide, "Honour" Killing) from January 2020 to December 2020. In Punjab, 57% of cases were reported with 27% of the total cases, Sindh had the second-highest incidence of gender-based violence, followed by KP with 8%, GB with 6%, and Baluchistan with 2% of the cases (Perveen, 2020).

COVID-19, however, also caused stress along with other factors. Women are more likely to experience violence, exploitation, abuse, and neglect during the social isolation practices of social distance. Evidence from the past showed that men and women were influenced by illness outbreaks in their daily activities in distinct ways (Malik & Naeem, 2020). Violence in all its forms—physical, psychological, and sexual—is frequently discussed in the literature. On the other hand, various forms of violence are not precisely categorized. Pedicel claims that in addition to being slapped, beaten, and kicked, etc., women may also encounter violence that is indescribable (Woodlock, 2017). Additionally, a different study found that the majority of women with secondary infertility also had some psychological issues and had reported having been verbally and physically assaulted (Sami & Ali, 2006). However, conceding that "even low-severity violence" always causes issues with women's physical and mental health. Compared to emotional abuse, physical violence leaves deeper wounds and has longer-lasting impacts (Reyes, 2007).

Previous literature has focused on the effects of COVID-19 on livelihood, women's health and domestic violence and how the pandemic in Pakistan affected women differently as individuals and communities, as well as how the pandemic affected women's livelihoods owing to financial issues. Due to public emergencies, all the domestic workers who work in home-based small and medium-sized businesses were laid off as a result of companies being unable to pay wages during the lockdown (Malik & Naeem, 2020). Due to COVID-19, which has been deemed a global public health emergency, nearly 40,000 people have died in the United Kingdom. Increased occurrences and reports have thrust what is typically thought of as private violence into the public eye, making the lockdown measures in the public sphere a window into the actual violence that is present in the domestic sphere. The separation between the public and private spheres has been weakened as a result of the COVID-19 lockdown in the United Kingdom.

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As employment and childcare have moved inside the home, the hidden inequalities of austerity have come to light, illuminating the growing racial, class, and gender divides in society (Krishnadas & Taha, 2020).

Evans, Lindauer, and Farrell (2020) noted a surge in Intimate Partner Violence (IPV) during the Covid-19 pandemic in the United States. Their study found that the closure of schools, workplaces, and other social activities confined individuals to their homes, leaving many victims, particularly female partners, trapped with their abusers. Shockingly, one in four women encountered physical, emotional, psychological, and sexual abuse from their partners. Additionally, the closure of schools and the shift to virtual learning increased the stress levels of mothers, further exacerbating the adverse effects on women's health.

In a separate investigation by Boxall, Morgan, and Brown (2020), the onset and escalation of domestic violence among women in Australia was linked to the outbreak of Covid-19. The first Covid-19 case in Australia was reported in January 2020, and the study conducted an online survey of 15,000 women in May 2020. The survey results revealed that 4.6% of respondents experienced physical or sexual abuse from their current or former cohabiting partners, while nearly 12% reported instances of emotional abuse, controlling behavior, and harassment by their partners.

For women and their children, abuse, particularly violence from an intimate partner or in the home, has serious negative health effects. Violence against women can result in harm, and sexual, serious physical, emotional, and reproductive health issues, including HIV, STIs and unintended pregnancies. According to this study, COVID-19 increases violence against women by making families spend more time together, deal with more stress, and possibly lose their jobs or their income. School closures worsen this load and add to their stress. Physical separation, staying at home, and other measures may have negative consequences for women who are victims of violence and their children, according to all stakeholders participating in the COVID-19 response. In many places, health workers, the majority of whom are women, may be vulnerable to abuse at home or at work (Ali, Rogers, & Heward-Belle, 2021).

According to Munir, Munir and Rubaca (2021) the lockdown has a negative impact on the jobs ratio, particularly in Pakistan's rural areas. The findings of this study are based on data from interviews. Based on eleven in-depth interviews and one focus group discussion held in rural areas of the twin cities of Islamabad and Rawalpindi, the poll found that the COVID-19 lockdown's destruction of income levels has worsened partner violence in the nation (Munir, Munir, & Rubaca, 2021). In Pakistan, violence refers to the study of mental, physical, and sexual attack on living beings at home. Domestic violence, according to this study, can include torture, punishment, injury, robbery, forced sexual attempts, and any other violent act that undermines a person's honor, respect, or self-esteem. Women's violence has become a big concern around the world. This is a grave violation of human rights (Mirani, Mirani, Memon, Chohan, & Qabulio, 2021). The globe has become a global village, with a rapid flow of information. The prevalence of anxiety and depressive disorders among students also revealed anxiety, disease, or depression issues. Additionally, the study's findings showed that during the COVID-19 outbreak lockdown, students' perceptions of disease were linked to lower mental health, whereas they were linked to higher levels of melancholy and anxiety disorders. According to this study, young people who were exposed to the COVID-19 outbreak are more likely to be predisposed to mental health problems (Aqeel et al., 2022).

The existing literature highlights the significant impact of Covid-19 on women's health, with studies conducted in various countries such as the UK, USA, and Australia. However, there is a noticeable research gap in the context of Pakistan. Given the potential influence of location, economics, and culture on the extent of violence during the Covid-19 pandemic in Pakistan, it is imperative to investigate the effects of lockdown measures on the prevalence and exacerbation of domestic violence. Furthermore, this research should explore how these factors impact women's health in the Pakistani context.

Due to the increasing rate of domestic violence during COVID-19, it was required to find out the key factors of domestic violence which may increase or decrease the prevalence of domestic violence at households. Because during the pandemic overall health of women and children were adversely affected and for improving the health of women it was necessary to find out the factors behind the domestic violence which was repeatedly received by the women due to lockdown.

2. Data and Methods

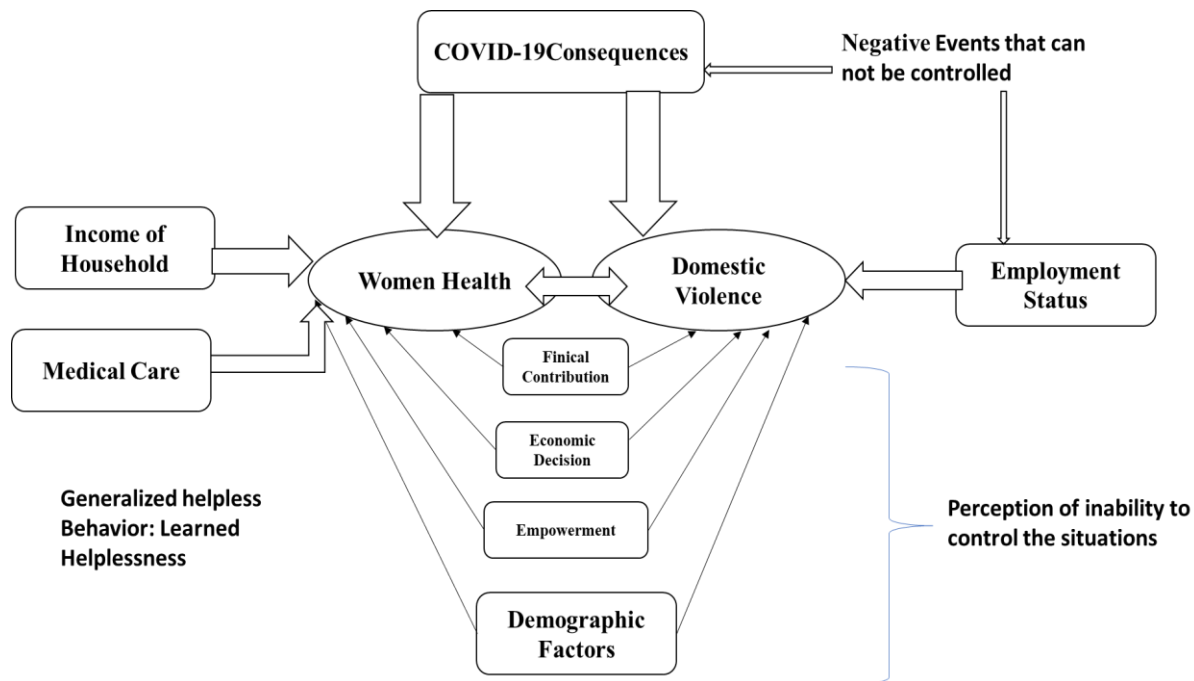
2.1 Theoretical Framework

Communities can respond to domestic violence more effectively by having a shared understanding of its origins. This understanding also helps communities to avoid having divergent responses that might expose attempts to protect victims and hold batterers accountable. When the American movement for maltreated women started in the early 1970s, psychopathology was the most widely accepted explanation for why men beat their partners. According to this theory, husbands who abuse their wives suffer from mental illnesses that can be managed with medication or psychiatric treatment. However, researchers found that the behavior of domestic violence offenders' did not resemble that of those who suffer from mental diseases. Only their intimate partners are the targets of maltreated women. Violence is not limited to romantic partners for those with schizophrenia. The "learned helplessness" notion was another hypothesis put forth by American psychologist Lenore Walker investigated the behavior of women who remain in abusive marriages. According to Walker's theory, women stay in violent relationships because ongoing abuse saps their motivation to quit. However, the learned helplessness theory failed to consider the numerous social, economic, and cultural determinants that might make a woman decide to stay in an abusive relationship. Women frequently have very sound justifications for remaining, such as fear of self- or child-inflicted harm or an inability to provide for themselves financially. If they leave, they can face rejection from their family and community.

The learned helplessness argument also runs afoul of the fact that women who are subjected to abusive relationships frequently make attempts to leave and take proactive measures to try to mitigate the harm done to them and protect their children. Abused women do not live their lives in a position of "learned helplessness." A process of "staying, leaving, and returning" is instead something they frequently do. A Largely Unrecognized Phenomenon Sometimes Encouraged by Court Practices (Zorza, 2004). American psychologist Lenore Walker investigated the behavior of women who remain in abusive marriages. According to Walker's theory, women stay in violent relationships because ongoing abuse saps their motivation to quit. However, the learned helplessness theory failed to consider the numerous social, economic, and cultural determinants that can make a woman decide to stay in an abusive relationship. The current study adapted the learned hopelessness theory, because during the lockdown and unpredictable situations of COVID-19. Women in households was facing the domestic violence on the risk of their mental and physical health. This study is an attempt to find the concerns of COVID 19 and its effects on women health and domestic violence.

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Figure 01: Conceptual Framework



Source: Author's Contribution

2.2 Sample Size and Data Collection

Primary data has been collected from the 500 women of different households during the lockdown due to COVID-19. A convenient sampling technique has been adopted for the selection of women and the target population was a total of 500 women in the region of Bahawalpur District. The variables and measurable scales adopted for the research are given below in Table no 1.

Table 01: Description of Variables and Measurement of Scale

Variables	Descriptions	Reported Questions	Code in Survey/ Measurement	Measurement Scale
Domestic Violence Index	An Index has been created for domestic violence.	What do you think which type of violence is justified?	Physical=1 Verbal=2 Psychological=3 Sexual=4 All above=5	Additive Index Range from 1-20.
		How many times did you experience physical violence?	In numbers	
		How many times did you experience verbal violence?	In numbers	
COVID-19 Consequences	An Index has been created to capture the consequences	Social Isolation due to lockdown	Don't Know=0	Additive Index Range between 1 to 28
		School closures during lockdown	Strongly Disagree=1 Disagree=2 Agree=3	
		Economic Instability		
		Loss of Job during Lockdown		
		Doing work from home during the lockdown		

		Long Stay at home increases the Family Conflicts during lockdown	Strongly Agree=4	
		Family conflicts increase stress at home		
Women's Health	Women's health is measured with any health problem	Are you facing any health issues for the last three months?	Yes =1 No=0	Yes =1 No=0
Education	Completed Years of Education	Education of Women	In Years	Discrete
Age	Age of respondent	Age of Women	In Years	Discrete
Marital Status	Marital Status of respondent	Marital Status of Women	Married=1 Single/Divorce/Widow=0	Married=1 Single/Divorce/Widow=0
Treatment for COVID-19 During Lockdown	Access for treatment	Was there any difficulty in treatment due to the lockdown?	Yes =1 No=0	Yes =1 No=0
Family Member Have COVID-19	Presence of COVID-19	Any member from your family has/had Coronavirus?	Yes =1 No=0	Yes =1 No=0
Employment Status	Employment status of respondent	Are you doing a job?	Employed=1 Otherwise =0	Employed=1 Otherwise =0
Financial Contribution	Role of respondent in household budget	If you have any financial responsibility then how much do you contribute to the family budget?	Yes =1 No=0	Yes =1 No=0
Economic Decision Making	Economic Decision Making	To what extent you are involved in the economic decision making of the house during COVID-19 related lockdown?	More=1 Less=0	More=1 Less=0
Empowerment During Lockdown	Empowerment During Lockdown	Do you think that you will feel free to take decision regarding consult a doctor?	More=1 Less=0	More=1 Less=0
Medical Care	Access	Did you take any proper medical care from the hospital during COVID-19?	Yes =1 No=0	Yes =1 No=0
Income of Household	Income of Household during lockdown	What's your monthly income during lockdown?	In Rupees	In Rupees

Source: Survey

2.3 Model Specification

Two models have been formulated for testing the hypothesis. Ordinary Least Square Regression was used to test hypothesis 1: There is an association between domestic violence and COVID-19. Ordinary least squares technique (OLS) was used for calculating the coefficients of linear regression equations that depict the connection between one or more independent quantitative variables and a dependent variable is called by using the SPSS 22.

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Regression Equation

$$DV = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \beta_5 X_5 + \beta_6 X_6 + \beta_7 X_7 + \beta_8 X_8 + \beta_9 X_9 + \beta_{10} X_{10} + \beta_{11} X_{11} + e_i \quad (01)$$

DV= Domestic Violence

X1= COVID-19 Consequences

X2= Women's Health

X3= Education of Respondent

X4= Age of Respondent

X5= Marital Status of Respondent

X6= Treatment During Lockdown

X7= Family Member Have COVID-19

X8= Employment Status

X9= Financial Contribution

X10= Economic Decision Making

X11= Empowerment During Lockdown

For predicting the impact of domestic violence and COVID-19, Binary logistic regression was used to test the hypothesis 2: There is association between women health and domestic violence. 0 or 1 are the only two possible values for the binary target variable in a regression model called binary logistic regression (LR). Given that the output is either women with any health issue (1) or women have not any health issue (0).

Regression Equation

$$WH = b_0 + b_1 X_1 + b_2 X_2 + b_3 X_3 + b_4 X_4 + b_5 X_5 + b_6 X_6 + b_7 X_7 + b_8 X_8 + b_9 X_9 + b_{10} X_{10} + b_{11} X_{11} + b_{12} X_{12} + e_i \quad (02)$$

WH= Women Health

X1= COVID-19 Consequences

X2= Domestic Violence

X3= Education of Respondent

X4= Age of Respondent

X5= Marital Status of Respondent

X6= Treatment During Lockdown

X7= Family Member Have COVID-19

X8= Financial Contribution

X9= Economic Decision Making

X10= Empowerment During Lockdown

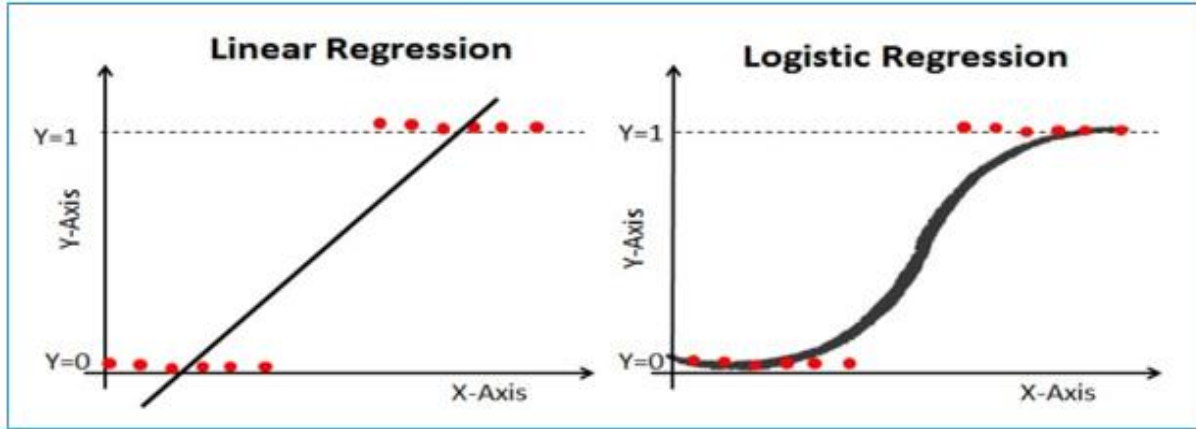
X11= Medical Care

X12= Income of Household

This diagram illustrates how the general logistic regression model for a single predictor can be expanded to a model with k predictors. The likelihood that Y equals one given X is given by p in this equation, where the independent variable X's are, and the dependent variable Y is. The maximum likelihood method, which we'll discuss in a moment, is used to estimate the model parameters, B0 to b K. The variables on the left side of the equation lie between minus and plus infinity.

$$\log \frac{p}{1-p} = b_0 + b_1 X_1 + b_2 X_2 + b_3 X_3 + b_4 X_4 + b_5 X_5 + b_6 X_6 + b_7 X_7 + b_8 X_8 + b_9 X_9 + b_{10} X_{10} + b_{11} X_{11} + b_{12} X_{12} + e_i \quad (03)$$

Figure 02: Linear Regression vs Logistic Regression



3. Results and Discussions

Table 2 presents the results of the ordinary least square method and finds a significant relationship between domestic violence and COVID-19 consequences. In many houses, domestic violence seems to be increasing due to COVID-19 and especially in the case of a lockdown. Frustration, economic instability, closure of schools, and working from home became the reason for domestic violence among the families and women who suffered mentally, and physically during the lockdown.

Table 02: Ordinary Least Square Method for the Analysis of Domestic Violence

<i>Explanatory Variables</i>	<i>DV=Domestic Violence</i>			
	<i>Coefficient</i>	<i>Standard Error</i>	<i>T-statistics</i>	<i>P-Value</i>
COVID-19 Consequences	.022	.021	1.063	.061
Women's Health	REF: Without health problem/Issue			
	.139	.277	2.502	.032
Education of Respondent	.022	.022	1.662	.094
Age of Respondent	-.004	.015	-.2.275	.017
Marital Status of Respondent	REF: Single/Divorce/Widows			
	-.095	.244	-2.389	.026
Treatment During Lockdown	REF: Having no difficulty in treatment during lockdown			
	.221	.289	1.651	.095
Family Member Have COVID-19	.308	.294	1.748	.061
Employment Status of Respondent	REF: No Employment			
	-.185	.111	-1.672	.092
Financial Contribution from Respondent	REF: Not contributing			
	-.021	.109	-2.190	.011
Economic Decision Making	REF: Don't have Economic Decision Making			
	-.104	.132	-2.792	.045
Empowerment During Lockdown	REF: Don't have Empowerment			
	-.054	.104	-2.514	.029
Constant	-.074	.107	.000	.514

Source: Survey

Other control variables of the model show a significant relationship with domestic violence, i.e. women with some health issues face domestic violence and women with more education years also tolerate

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domestic violence at home. Because during the lockdown, the women with more education during work from home and also have to look after household chores which creates a critical, quarrel, and frustrating environment that ultimately results in domestic violence (Sediri et al.,2020). Elder and married women have the probability to reduce the chances of domestic violence showing a negative and significant relationship with domestic violence. Women with employment, having the financial contribution in the family budget, economic decision making and empowerment seems to less chances to tolerate the domestic violence followed by the negative and significant relationship with the domestic violence (Iqbal, Farooq & Padda, 2021; Sharma, & Khokhar, 2022). The households where the greater number of family members were suffering with the COVID-19, seems to be increased the chances of happening the domestic violence among the women (Nduna, & Tshona, 2021).

Table 3, showed the results of Binary Logistic Regression analysis to predict the effects the domestic violence on the women health. According to these results, domestic violence has the probability to be increase the health issues among the women followed by the odd ratio greater than one which showed the positive and significant relationship with domestic violence and women's health issues. This positive relationship indicated that domestic violence adversely effects health of women.

Table 03: Binary Logistic Model for the Analysis of Women Health

<i>Explanatory Variables</i>	<i>DV=Women's Health</i>			
	<i>Coefficient</i>	<i>Standard Error</i>	<i>P-Value</i>	<i>Odd Ratio</i>
COVID-19 Consequences Index	.043	.028	.124	1.043
Domestic Violence received by Respondent	REF: Not Receive Domestic Violence			
	.034	.070	.626	1.035
Education of Respondent	-.022	.024	.024	.995
Age of Respondent	-.005	.018	.069	.995
Marital Status of Respondent	REF: single/Divorce/Widow			
	.302	.299	.013	1.353
Treatment During Lockdown	REF: Having no difficulty in treatment during lockdown			
	2.153	.306	.000	8.606
Family Member Have COVID-19	.957	.334	.004	2.604
Financial Contribution				
	-.248	.126	.049	.780
Economic Decision Making				
	-.309	.161	.055	.734
Empowerment During Lockdown				
	-.020	.128	.075	.920
Medical Care	REF: Have not Medical Care			
	.417	.295	.057	1.517
Income of Household	-.022	.006	.075	.820
Constant	-3.129	1.351	.021	1.044

Source: Survey

COVID-19 consequences index and a greater number of family members having the COVID-19, access to hospitals during lockdown and difficulty for treatment increased the chances of health issues among the women during the lockdown. On the same time more years of education and age of respondent reduces the chances of health issues among the women during the lockdown due COVID-19 disease (Malathesh, Das, & Chatterjee, 2020). Women financial contribution in the family budget, having economic decision making and empowerment during the lockdown saved the women form the health issues. Women who are financially strong and have the power of economic decision making, these

women are empowered. Empowerment always improved the wellbeing and health of women (Usta, Murr & El-Jarrah, 2021). The same results and relationship among the domestic violence, women’s health and COVID-19 presented in the Figure 3 and 4.

Figure 03: Domestic Violence and COVID-19

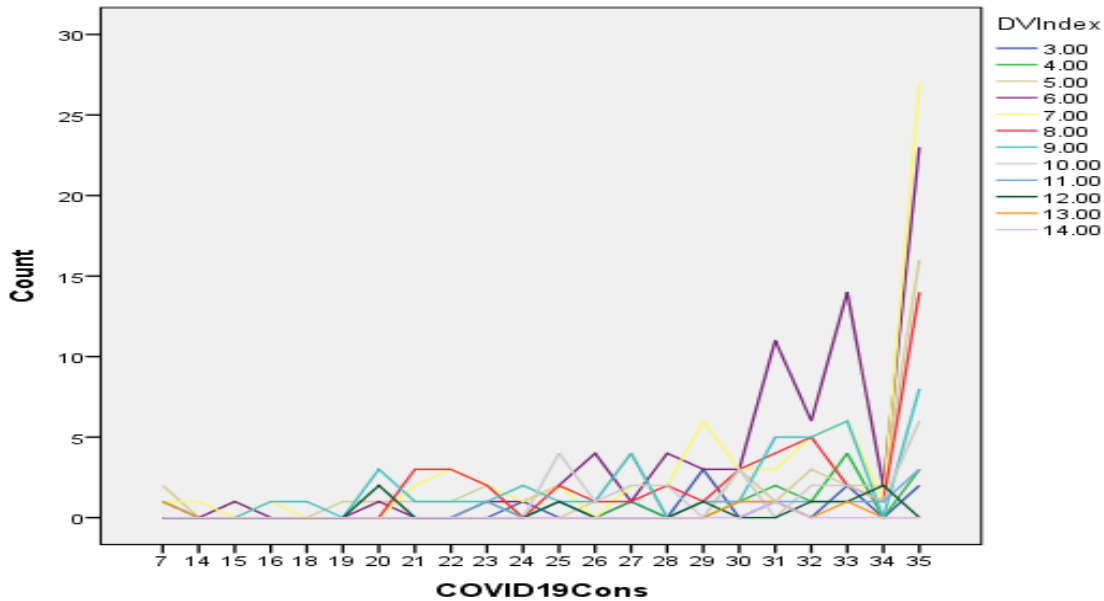
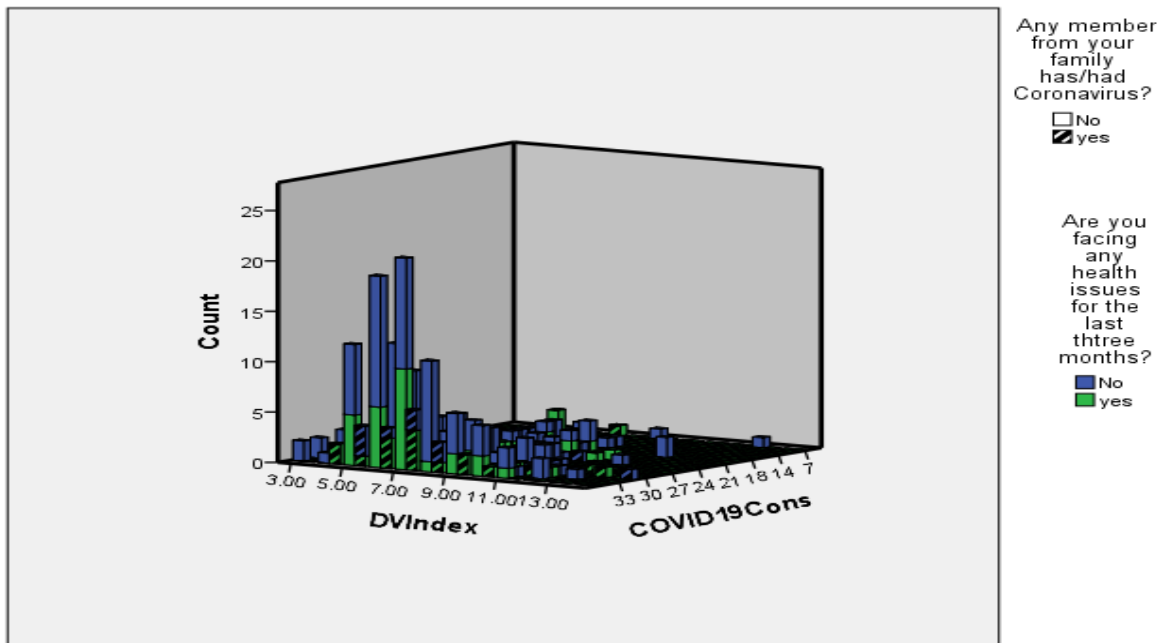


Figure 04: Domestic Violence, Women Health and COVID-19



The COVID-19 pandemic and the subsequent lockdowns implemented in many countries like in Pakistan, had a significant impact on various aspects of society, including domestic violence. There were reports from around the world suggesting an increase in domestic violence cases during lockdowns (Shumba et al., 2020)

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The main cause which is associated with the pandemic, such as financial difficulties, job loss, and social isolation, exacerbated tensions within households, leading to a rise in domestic violence incidents. Lockdown measures often confined women and perpetrators together at home, making it difficult for women to seek help or report abuse (Kourti et al., 2023). Fear of retaliation and reduced access to support services further hindered reporting. Many domestic violence shelters and support services faced challenges in providing assistance during lockdowns due to limited resources and concerns about virus transmission (Lyons & Brewer, 2021).

4. Conclusion

The present research revealed that lockdown consequences in Pakistan due to the pandemic increased the chances of domestic violence and health issues among women. In response to domestic violence, women faced health issues during the lockdown (Peterman et al., 2020). During the lockdown period, all the economic and social activities were performed on the premises of houses which resulted in social distancing and financial crises. Economics and social behaviors were adversely affected during the lockdown due to a cut-off from social gatherings, official routines, and the closure of schools (Aqeel et al, 2022). All these changes in behavioral responses affected the physical and mental health of people. And unfortunately, women and children are the highly affected part of the population.

This study is an effort to combat domestic violence during and after lockdowns have highlighted the importance of a comprehensive approach involving governments, law enforcement, healthcare providers, and community organizations (Krishnadas and Taha, 2020). Ensuring access to support services, promoting awareness, and addressing the root causes of domestic violence are essential steps in protecting the rights and safety of women and COVID-19 pandemic and lockdown measures had complex and multifaceted effects on women's health, particularly concerning domestic violence.

Women who facing domestic violence often experience physical injuries and health problems as a result of the abuse. The pandemic further complicated access to healthcare services, as many individuals were hesitant to seek medical attention due to fears of contracting COVID-19 in healthcare settings (Malik & Naeem, 2020). Some women may have delayed or missed necessary medical care and screenings during the pandemic due to restrictions, leading to a potential decline in overall health and the detection of medical conditions.

Lockdowns sometimes made it difficult for women to access essential support services, including shelters, counseling, and legal aid. Overwhelmed support systems and reduced funding posed additional challenges. The isolation imposed by lockdowns exacerbated feelings of loneliness and powerlessness among women of domestic violence, which can have significant negative implications for health and emotional well-being (Mirani et al., 2021).

4.1 Policy Implications and Future Direction

In developing countries occurrence of natural disasters and the spread of communicable diseases is common which gets worst due to a lack of resources, awareness, medical care, and unfitting policy implications. Policies should be formulated according to the demographic structure (age, and gender) of the population. There is also a need to find out the health issues of children and domestic violence in case of child labor. Efforts to mitigate the impact of domestic violence on women's health during lockdowns require a holistic approach that combines public health measures, support services, and policies aimed at preventing and addressing domestic violence. This includes ensuring access to healthcare, mental health services, legal assistance, and safe housing for survivors. It is essential to recognize that the effects of domestic violence on women's health are not limited to the pandemic period and require ongoing attention and support. Addressing domestic violence during and after the COVID-

19 pandemic requires a coordinated, multi-sectoral approach that prioritizes the safety, health, and well-being of women and their families. It's important to recognize that the effects of domestic violence are far-reaching, and addressing them is not only a matter of crisis response but also a long-term commitment to creating a safer and more equitable society.

Acknowledgments

The authors acknowledge the useful comments from the Editor and anonymous reviewers. Certainly, all remaining errors are our own.

Data Availability Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Funding if any

Nil

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