

Salient Yet Silent: A Need for Strategies to Cope with Violence against Infertile Women during COVID-19 Pandemic

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Abstract

COVID-19 pandemic along with the strategies to contain the spread of infection provides a lockdown environment with enough potential to flare up diverse forms of domestic violence, another global public health concern. Women suffering infertility are more prone to domestic violence and are likely to suffer twice the domestic violence as compared to fertile population. The goal of this commentary is to highlight the domestic violence against infertile women during COVID-19 pandemic and call for need of strategies (like psychiatric counselling, yoga, meditation, etc.) to reduce the global burden and developing alternate methods of delivery of services to the vulnerable population.

Keywords: Domestic Violence; Infertility; COVID-19; Yoga; Meditation

Introduction

COVID-19 pandemic, which began in Hubei province, China in late 2019, has become a global public health concern affecting 215 countries worldwide. The rapid spread and unavailability of targeted therapy enforced countries to practice social isolation and has resulted in nationwide lockdowns. While social isolation is ratifying to be effective in controlling the spread of infection, psychological stress has come up as a bigger public health concern. This present situation of physical isolation, nationwide lockdowns, psychological stress, closure of community resources provides a lockdown environment that erupts diverse forms of domestic violence affecting children and women [1]. As per a recent report by United Nations, 243 million women and girls aged between 15 - 49 years have been subjected to physical and/or sexual violence in the past 12 months during the COVID-19 pandemic [2]. According to the World Health Organization (WHO), violence against women is a major threat to global public and women's health during emergencies, yet it is frequently ignored during a pandemic [3].

Infertility, psychological stress and domestic violence

One in three women worldwide, experience domestic violence in their lifetime [3] and out of that 30 - 35% of the population is infertile [4]. Infertility is a non-event transition that affects the very self-identity of an individual. According to WHO, one in every four couples in developing countries is being affected by infertility. In Asian countries like India, Bangladesh and Pakistan, childbearing is considered to be a social obligation and when a couple fails to conceive, it may profoundly influence their quality of life, but is given a little attention. This situation may cause depression, guilt, or even a feeling of worthlessness in people and the prevalence of psychological problems in infertile couples is estimated to be 25 - 60%, which is affected by several factors such as gender, duration of infertility and culture [5]. Despite suffering such psychological distress, women are subjected to yet another abuse which is domestic violence, a larger global public health concern. The most common form of violence against women is Intimate Partner Violence, the prevalence of which is found to be around 50% in the infertile population [6].

Effect of COVID-19 isolation on domestic violence against infertile women

Violence against women tends to increase in emergencies like epidemics and the one we are facing is a pandemic that has risked more women to violence than we have observed in the times of an epidemic like Ebola outbreak [2,3]. Multiple reports of increasing domestic violence have already been surfaced around the world [1-3], with India reporting a two-fold increase in domestic violence against women since the country imposed the world's largest lockdown. A recent article underlined the association of earlier natural disasters like Katrina hurricane with the current crisis and increases in the domestic violence against women and highlighted a greater increase in domestic violence against women during and after this pandemic [7]. Intimate partner violence, a gendered phenomenon, where mostly perpetrator is the male partner has also been discussed as a potential threat to women's health in the current situation. It has also been observed in intimate partner violence survivors that during social and functional isolation the support systems are either unreliable or have alliances with the perpetrator. According to WHO, one in three women experience physical and/or sexual intimate partner violence globally and the present situation of quarantine, isolation and associated social, emotional, and economic stressors are likely to increase the risk of intimate partner violence [7] and thus, making infertile women an easy prey to domestic violence.

The need for Awakening: Strategy to avert domestic violence against infertile women

Undoubtedly, the current pandemic will increase the strain upon our health systems in the upcoming time but will also intensify psychological stress and domestic violence. We have been very briefly acquainted with increased risk of violence against infertile women during social isolation and the severity of the consequences, which is just like the tip of the iceberg, but what remains below the waterline should not be trivialized. Considering it as an acute need in this situation, there is a need to develop a strategy to cope with this global public health threat which has seen a steep increase since the COVID-19 outbreak and has left no country untouched. Since the WHO declaring Covid-19 a pandemic, the societies in the field of Reproductive Medicine have come up with various guidelines in response to the pandemic including deferring pregnancy and suspension of various reproductive treatments including intrauterine inseminations, ovulation induction, invitro-fertilization, oocyte and sperm cryopreservation, as well as fresh/frozen embryo transfers. American Society for Reproductive Medicine, in its recent update has mentioned resumption of care with proper risk assessment and has highlighted the practices are advised to ensure that each patient is provided with a list of resources for support and counselling, including but not limited to, a referral list of mental health professionals, who specialize in fertility/infertility counselling in reproductive medicine [8]. Keeping the effects and after-effects of the pandemic on women's health in mind, we suggest that the governments across the world must keep women's health in the centre of its policy changes, and provide essential services to address violence against women during the pandemic and in preparedness and response in long term solutions post-pandemic. There is also a need for developing alternate methods of delivery of these services to hard-to-reach, remote and vulnerable populations. WHO emphasizes on using mHealth and telemedicine as a prospect to address violence against women. Different physical exercises and mindfulness methods like slow breathing, meditation, progressive muscle relaxation are also recommended by WHO for coping with the stress at home and improving psychological wellbeing [3]. Yoga and mindfulness practices have shown alleviation of mood disorder and traumatic experiences among similar population [9] in past possibly by correcting hypoactivity of gamma amino-butyric acid (GABA) system, and autonomic nervous system resultant reduction in allostatic load [10]. These practices may also foster positive psychological outlook and optimism towards health and life, which further enhances the resilience among survivors of domestic violence.

Conclusion

"Stay Home, Stay Safe" is an aphorism for containing the infection but for the vulnerable women, this attests to be a curse. Following the above-mentioned strategies; with screening and risk assessment, risk mitigation, consideration of resource availability, and with the support of local regulators, if policies are prepared, it may reduce the global burden of domestic violence against infertile women during this pandemic.

Conflict of Interest

The authors declare no conflict of interest.

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