Assessing COVID-19 Lockdown's Impact: Domestic Violence Against Women in a Selected community of Lalitpur

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Abstract

This study examines at how prevalent domestic violence was against women in a particular Lalitpur community during the Covid-19 lockdown. Violence against women encompasses acts of aggression directed primarily or exclusively towards women and girls. The confluence of economic strain, movement restrictions, heightened partner frustration, and the disruption of social and protective networks during the lockdown amplifies women's susceptibility to exploitation and abuse. Employing a descriptive cross-sectional design, the study employed a convenient sampling technique to select 74 married women within the reproductive age group. A systematic interview schedule was used for data collection, and inferential statistics like the Chi-square test were used in conjunction with descriptive statistics like frequency and percentage for the analysis that followed. The study found that during the Covid-19 shutdown, domestic violence against women was prevalent in 31.1% of cases. Victims reported experiencing emotional (37.7%), economic (23.0%), physical (31.1%), and sexual (8.2%) violence. The primary contributing factors to the occurrence of violence were identified as being confined at home with the abuser (31.1%), financial concerns (28.4%), and problematic inter-relationships within family members (28.4%). Of the variables taken into account, the only ones that showed a significant correlation with the occurrence of domestic violence during the Covid-19 lockdown era were the husband's employment, education, and history of violence. The results highlight how urgent it is to address domestic abuse of women in Nepal, especially during times of crisis like the Covid-19 lockdown. It is imperative for the country to prioritize the enhancement of support systems to prevent the occurrence of such violence and safeguard the well-being of victims.

Keywords: women, domestic violence, Covid-19, lockdown

Introduction

The United Nations defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty" (UN, 1). A thorough examination of available data from more than 80 nations worldwide revealed that 35% of women had either been the victim of intimate partner violence or non-partner sexual assault, with 30% of women who had been in a relationship reporting such incidents. Worldwide, there is a wide

range in the prevalence of intimate partner violence: from 23.3% in high-income nations to 37.7% in the WHO South-East Asia area. Unsettlingly, intimate relationships are responsible for 38% of female killings worldwide, and 7% of women report having experienced sexual assault from someone other than a spouse (UN, 2).

According to a United Nations Women policy brief, the implementation of lockdowns and physical distancing measures prompted by COVID-19 has resulted in a notable increase in cases of violence against women and children (VAWC) across several nations. This substantiates the escalated risk of domestic violence in the current context of confinement. Preliminary data on increased domestic violence during confinement, albeit sourced from issue briefs and press articles, reveal a 30% increase in domestic violence cases across France and a 36% surge in cases in Paris alone since March 17, 2020 (UN Women, 4).

calls have been made worldwide. Domestic abuse hotline calls have increased by 20% in Spain, 30% in Cyprus, and 40% to 50% in Brazil. Reports of domestic violence and an increase in the need for emergency shelter have also been seen in the USA, Canada, and Germany. Since the start of lockdown, calls to the national domestic hotline have increased by 25%, according to the UK-based organization "Refuge." Furthermore, during the Covid-19 epidemic, a study of 400 frontline workers in Australia revealed an increase in the quantity and complexity of domestic violence incidents (UN, 5).

In Brazil, of the 3,739 homicides of women in 2019, 35% were categorized as femcide, translating to a woman being killed every 7 hours for being a woman. The Covid-19 pandemic's social isolation measures have exacerbated indicators of domestic violence, with increased cases attributed to forced co-existence, economic stress, and fears related to the virus. China observed a tripling of police records of domestic violence during the epidemic, while Italy, France, and Spain reported increased domestic violence after the implementation of mandatory home quarantine. In Brazil, complaints registered by the Dial 100 and Call 180 helplines increased by 18% between March 1st and 25th, according to the National Ombudsman for Human Rights (Brazilian Journal of Epidemiology, 6).

Rights activists have reported an upswing in domestic violence cases against women and girls in Nepal during the 7 weeks of the Covid-19 lockdown, with 173 cases documented in 18 districts from March 24 to May 1. The Nepal Women's Commission received 735 calls during the lockdown, of which 248 were related to domestic violence—an increase compared to a similar period before the lockdown. The situation is anticipated to elevate the national annual average of domestic violence cases. Similarly, a Nepal Women's Commission report for the period from March 24, 2020, to July 21, 2020, revealed 1,267 calls to the helpline, with instances of rape, marital rape, polygamy, sexual harassment, and physical assault documented. Additionally, a press release from the Women's Rehabilitation Centre (WOREC) highlighted incidents of domestic violence reported by 200 women between April 29 and May 29, 2021, indicating that 45% of them were victims of such violence (Nepali Times, 7).

Comparable increases in emergency calls pertaining to domestic The most common type of violence against women is domestic abuse, which affects women of all ages and can take many different forms, including forced suicide, maltreatment, and sex-selective abortion.

According to the World Health Organization, 15% to 71% of women worldwide have been the victim of physical, sexual, or both types of abuse from an intimate relationship (WHO, 9).

Although the COVID-19 pandemic is a serious danger to global health, domestic violence is becoming a more pressing public health issue that mostly affects women and children globally. Since the introduction of lockdowns and physical distancing measures prompted by COVID-19, some nations have reported a noticeable increase in occurrences of domestic violence. This health crisis compounds the severity and frequency of domestic violence, underscoring the imperative for substantial and enduring interventions (WHO, 4).

In Nepal, gender-based violence is rooted in attitudinal problems of men towards women, marked by a perceived superiority that leads to violence when women fail to conform to expected roles. Approximately 35% of women in Nepal endure gender-based violence at home, with most cases going unreported in formal or informal institutions (WHO, 17).

An explorative study conducted in the Terai region of Nepal in 2014 revealed alarming statistics. Among married women, 40% of victims fell within the 20 to 29 age group, with illiterate women experiencing higher rates of domestic violence. Alcoholism, male honor, and patriarchal social values were identified as key factors contributing to victimization. The majority of respondents, 78.3%, suffered physical violence, while 10% reported sexual abuse and harassment (Study, 17).

In conclusion, domestic violence against women is a pressing global and Nepalese issue that has escalated during the lockdown. Women confined with their abusers are experiencing severe abuse, compounded by under-reporting due to the fear of COVID-19 infection. This underscores the need for cautious interpretation of official statistics during and post-pandemics.

Objectives of the Study:

- Carry out an exhaustive evaluation to ascertain the frequency of domestic violence against women, particularly during the Covid-19 lockdown, in a chosen Lalitpur community.
- Analyze and measure the frequency of domestic violence against women within the larger framework of the Covid-19 lockdown, taking into account multiple factors that contribute to the phenomenon.
- Identify and analyze the underlying reasons behind the occurrence of domestic violence against women specifically during the Covid-19 lockdown period, delving into the socio-economic, psychological, and situational factors.
- Investigate and establish associations between the prevalence of domestic violence against women and various related factors, such as socio-economic status, educational background, and other pertinent variables.

Research question

What is the extent of the prevalence of domestic violence against women specifically during the Covid-19 lockdown period?

Literature Review

In Brazil, a cross-sectional study involving 938 women in 2019 revealed associations between domestic violence and specific partner characteristics. Those with no occupation and a refusal to use condoms were significantly linked to higher prevalence of psychological, physical, and sexual violence. The study identified controlling behavior and alcohol consumption by men as contributors to increased perpetration of psychological and physical violence ($p < 0.05$). Additionally, women with partners who smoked had a significantly higher occurrence of sexual violence (PR=1.94, 95%Cl 1.11-3.38).

Globally, the impact of lockdowns during the COVID-19 pandemic has been profound, particularly on domestic violence. Reports in France surged by 30% since March 17, and Argentina experienced a 25% increase since March 20. Cyprus and Singapore reported a 30% and 33% rise in helpline calls, respectively. In the United States, Portland saw a 22% increase in DV-related arrests, and San Antonio noted an 18% rise in family violence calls in March 2020 compared to March 2019. New York City recorded a 10% increase in DV reports following stay-at-home orders.

Spain witnessed an evolution of intimate partner violence (IPV) during the COVID-19 lockdown between March and June 2020. A descriptive ecological study examined 016-call rates, policy reports, protection orders, and fatalities. The second quarter of 2020 marked the highest 016-call rate, while policy reports, protection orders, and fatalities decreased. Clusters identified provinces with the highest IPV rates, correlating with elevated unemployment rates.

A 2019 study at Sukoon Crisis Center explored a two-year experience of gender-based violence, revealing notable patterns. The highest number of cases occurred among women aged 20 to 30, with homemakers in rural areas being the predominant victims. Domestic violence was the most prevalent category, followed by sexual violence and sexual assault. Husbands were identified as the primary alleged perpetrators, accounting for the majority of cases.

In a 2020 cross-sectional study in Zimbabwe, 42.7% of 4472 married women experienced domestic violence, with a higher risk among working women. Alcohol consumption by women and their husbands, as well as a husband's history of witnessing parental abuse or having multiple wives, significantly increased the risk of domestic violence (AOR=1.35; $p \leq 0.047$, $p \leq 0.001$, $p \leq 0.001$, respectively).

An indirect questioning survey in South-Central Ethiopia (2020) revealed that adults with lower education levels or in households where women do not participate in economic decision-making were more likely to justify wife-beating (>50% endorsement). Higher education and shared decision-making correlated with a lack of endorsement for wife-beating.

Data from the 2014 Ghana Demographic and Health Survey showed that individuals aged 15-24 and those in the poorest wealth status had higher odds of approving wife-beating. Approval rates also increased among those without formal education, with a gradual decline as educational status advanced.

A 2020 cross-sectional study across three African countries—Nigeria, Kenya, and Mozambique—revealed varying lifetime prevalence of domestic violence (15.4%, 39.0%, and 31.0%, respectively). Separated/divorced women had significantly higher odds of domestic violence, along with factors like education, age at first marriage, region, religion, and spouse's alcohol consumption.

In China (2020), a cross-sectional study involving 813 pregnant women identified 15.62% as victims of domestic violence. Risk factors included tensions between a mother-in-law and other family members, as well as medium household debt.

A March 2021 cross-sectional study in Bangladesh among married women of reproductive age found a 45.29% prevalence of domestic violence. Emotional, physical, and sexual abuse were reported at 12%, 15.29%, and 10.59%, respectively. Factors associated with domestic violence included types of marriage, women's employment status, husband's age and education, family income, and pandemic-induced economic downturn.

The existing literature underscores the pervasive nature of domestic violence, revealing it as a severe issue globally with profound short and long-term implications for women's physical, mental, sexual, and reproductive health. The imposition of national lockdowns worldwide has witnessed a significant surge in cases of gender-based violence. Despite the alarming rise and severity of domestic violence against women during crisis situations, there is a notable scarcity of comprehensive studies conducted on a global scale. In the context of Nepal, while a few studies have delved into domestic violence against women in the past, none have specifically addressed the occurrences during the Covid-19 lockdown period. Recognizing this research gap, there is a pressing need to conduct a study focused on understanding domestic violence against women in the unique context of the Covid-19 lockdown.

Research Methodology

Study Design

During the Covid-19 Lockdown period, a descriptive cross-sectional quantitative research approach was utilized to assess the incidence of domestic violence against women. The purpose of this design was to allow for the observation of prevalence and its relationship to specific parameters in a natural environment, free from the need for variable manipulation or control at a particular moment in time.

Study Population

The study focused on married women within the reproductive age group residing in Ward No. 9 of Mahalaxmi Municipality.

Study Setting

The research was conducted in Mahalaxmi Municipality, situated in Lalitpur district of province 3, specifically in Ward No. 9. Positioned in the north-eastern part of the Lalitpur district, this setting was selected to provide a representative sample for the study.

Sample Size

Formula used for sample size calculation is $\frac{Z^2*p*q}{d^2}$;

n = required sample size

z = confidence interval at 95 % (standard value 1.96)

p = Proportion or percentage or prevalence of an attribute. And the prevalence rate is 26 % (UN report, 2019 of Nepal).

q = (1-p) = 0.74

d = error (tolerance level or precision level) at 10% = 0.1

Then, $n = \frac{1,96^2*0,26*0,74}{0,1^2} = 73.9$

The sample size will be 74.

Sampling Technique

The study employed a non-probability convenient sampling technique.

Exclusion Criteria:

1. Unmarried respondents and women aged below 15 or above 49 were excluded from the study.
2. Individuals who chose not to participate for any reason were also excluded.

Data Collection Procedure

- Approval for the research proposal was obtained from the research committee of Everest College of Nursing.
- Written permission was secured from Mahalaxmi Municipality, Lalitpur, Ward No. 9, through the submission of a request letter from the college.
- The research study's objectives were clearly communicated to the respondents.
- Informed written and verbal consent was obtained from each participant.
- Data collection occurred through door-to-door home visits conducted by the researcher.
- Respondents were assured of privacy and confidentiality, with their information utilized solely for study purposes.
- Detailed instructions about the instrument were provided.
- The semi-structured interview schedule facilitated data collection, taking approximately 20 minutes per participant.
- All components were thoroughly covered and checked for completeness.
- Face-to-face, one-to-one interviews were conducted by the researcher.

Ethical Consideration

In anticipation of the research, several ethical measures were rigorously observed:

- An initial approval letter was obtained from Everest College of Nursing.
- Ethical permission and approval were duly acquired from the concerned ward.
- Prior to data collection, explicit informed verbal and written consent was secured from each participant.

- The study's purpose was comprehensively elucidated to all respondents.
- Any inquiries related to the questionnaire or the research topic were thoroughly addressed before the commencement of data collection.
- Participants were neither coerced nor compelled to take part in the study.
- In adherence to Covid-19 safety measures, participants were requested to wear masks or face shields during data collection.
- Personal protective equipment (PPE), including masks, face shields, and hand sanitizers, was utilized by the researcher, and social distancing was meticulously maintained to mitigate the risk of Covid-19 transmission.
- Participants were afforded the autonomy to withdraw from the study at any juncture.
- Information provided by the respondents was exclusively utilized for the designated study purpose.
- Stringent privacy safeguards were implemented throughout the data collection process.
- The study rigorously upheld the protection of respondents' human rights and justice, ensuring no violations occurred.
- Confidentiality of information was explicitly assured and meticulously maintained.
- Anonymity of participants was preserved by coding their identities during data processing.
- Participants were safeguarded against any form of harm throughout the duration of the study.

Data Collection Tool

The structured interview schedule was meticulously developed in alignment with the study's objectives. This process involved an extensive review of relevant literature, consultations with the research supervisor, and insights from subject matter experts. To ensure clarity and simplicity, the instrument was crafted using straightforward and comprehensible English language.

In order to facilitate broader participation, the instrument underwent translation from English to Nepali by a linguistic expert. The translated version will subsequently undergo a back-translation process by peers and the advisor to ensure linguistic fidelity.

The instrument is organized into two distinct parts:

1. **Part I:** Encompassing questions related to socio-demography and behaviors.
2. **Part II:** Focused on questions pertaining to the prevalence of domestic violence against women during the Covid-19 lockdown period.

Delimitation of the Study

1. The scope of this research will be confined solely to the geographical area of Mhalaxmi Municipality in Lalitpur.
2. The study will exclusively focus on women within the married reproductive age group, ranging from 20 to 49 years.
3. The research will specifically include data collection from residents of Ward No. 9 within Mahalaxmi Municipality, limiting the study to this particular ward.

Findings of the Study

The presentation encapsulates the results derived from the analysis of data collected from 74 respondents concerning "Domestic Violence among Women during the Covid-19 Lockdown Period." The data analysis adhered to the study's objectives, utilizing descriptive statistics such as frequency and percentage to delineate the study variables. Furthermore, inferential statistics, specifically the Chi-square test, were employed to discern the association between the prevalence of domestic violence among women during the Covid-19 lockdown period and selected factors.

The results are concisely presented in a number of tables, each with a distinct function. The respondents' sociodemographic data is included in Tables 1 and 2. The data on the frequency of domestic abuse against women both before and after the Covid-19 shutdown are summarized in Table 3. Similar results on the frequency of various types of domestic abuse during the Covid-19 lockdown period are shown in tables 4 through 6. Furthermore, table 7 provides an explanation of the results on the identification of causes for the incidence of domestic violence. Tables 8 show the relationship between a few chosen parameters and the frequency of domestic abuse among women during the Covid-19 lockdown period.

Table 1

Distribution of Respondents by Socio Demographic Characteristics

Socio demographic characteristics	Frequency	Percent
Age (in years)		
20-25	12	16.2
26-30	23	31.1
31-35	19	25.7
36-40	11	14.9
41-45	5	6.8
46-49	4	5.4
Total	74	100
Ethnicity		
Janajati	66	89.2
Brahmin/Chhetri	8	10.8
Total	74	100
Religion		
Hindu	73	98.6
Christianity	1	1.4
Total	74	100

Table 1 shows that the majority of the respondents (31.1%) were between ages 26-30 years and (89.2%) belonged to ethnic group Janati. Nearly all, (98.6%) of the respondents followed Hindu religion.

Table 2

Distribution of Respondents by Socio Demographic Characteristics (Respondent's Educational Status and Occupation)

Socio demographic characteristics	Frequency	Percentage
Respondents' educational status		
Literate	69	93.2
Illiterate	5	6.8
Total	74	100
Respondents' educational level		
Informal	9	12.2
Basic level	30	40.5
Secondary level	26	35.1
Bachelor and above	4	5.2
Total	69	100
Respondent's occupation		
Home manager	44	59.5
Agriculture	9	12.2
Service holder	14	18.9
Labor	4	5.4
Others	3	4.1
Total	50	100

Table 2 shows that , majority (93.2%) of the respondents were literate with largest proportion (40.5%) on basic level. Largest proportions (59.5%) of the respondents were home manager.

Table 3

Distribution of Respondents' by Socio Demographic Characteristics Husband's Education, Occupation, and Alcohol Consumption Status & Frequency

Socio demographic characteristics	Frequency	Percent
Husband's educational status		
Literate	72	97.3
Illiterate	2	2.7
Total	74	100
Husband's educational level		
Basic level	33	44.6
Secondary level	29	39.2
Bachelor and above	10	13.5
Total	72	100
Husband's occupation		
Agriculture	27	36.5
Business	17	23.0
Service holder	17	23.0
Wage labour	7	9.5
Others	6	8.1

Total	74	100
Husband's alcohol consumption		
Consumes	63	85.1
Does not consume	11	14.9
Total	74	100
Frequency of alcohol consumption		
Daily	6	8.1
3-4 times a week	16	21.6
1-2 times a week	22	29.7
1-2 times a month	11	14.9
Occasionally	8	10.9
Total	63	100

Table 3 shows that majority of the respondents' husband (97.3%) were literate with the majority (44.6%) being basic level. Highest proportions (36.5%) of their husband were agriculture. Similarly, (85.1%) of their husband consumed alcohol among which the highest percentage (29.7%) consumed 1-2 times a week.

Table 4
Prevalence of Domestic Violence

Prevalence	Frequency	Percentage
Violence before lockdown		
No	60	81.1
Yes	14	18.9
Total	74	100
Types of violence experienced*		
Physical abuse	14	37.8
Emotional abuse	12	32.4
Sexual abuse	4	10.8
Economic abuse	7	18.9
Total	14	100
Violence during lockdown		
No	51	68.9
Yes	23	31.1
Total	74	100
Types of violence experienced*		
Physical violence	19	31.1
Emotional violence	23	37.7
Sexual violence	5	8.2
Economic violence	14	23.0
Total	23	100

*Multiple responses

Table 4 shows that (18.9%) of the respondents experienced domestic violence before Covid-19 lockdown among which (37.8%) had experienced physical abuse. Similarly, (31.0%)

of the respondent experienced domestic violence during lockdown and among them (37.7%) had experienced emotional violence.

Table 5

Types and Frequency of Physical Violence during Covid-19 Lockdown Period

Physical violence*	Frequency	Percentage
Hitting		
Daily	5	6.8
Few times a week	12	16.2
Sometimes	2	2.7
Total	19	100
Shoving		
Daily	1	1.4
Few times a week	15	20.3
Sometimes	3	4.1
Total	19	100
Kicking		
Daily	2	2.7
Few times a week	14	18.9
Sometimes	2	2.7
Total	18	100
Throwing body down (n=17)		
Few times a week	11	14.9
Sometimes	6	8.1
Total	17	100
Slapping		
Daily	1	1.4
Few times a week	12	16.2
Sometimes	5	6.8
Total	18	100
Chocking		
Daily	1	1.4
Few times a week	12	16.2
Sometimes	5	6.8
Total	18	100
Using weapon during attacks (n=10)		
Few times a week	8	10.8
Sometimes	2	6.8
Total	10	100
Biting		
Daily	2	2.7
Few times a week	14	18.9
Sometimes	2	2.7
Total	18	100

***Multiple responses**

Table 5 shows that among (37.8%) of the women experiencing physical violence, all (100.0%) experienced being hit and shoved by their abuser.

Table 6

Types and Frequency of Emotional Violence during Covid-19 Lockdown Period

Emotional violence*	Frequency	Percentage
Verbal abuse (intimidation and threats)		
Daily	13	17.6
Few times a week	10	13.5
Total	23	100
Constant surveillance		
Daily	6	8.1
Few times a week	12	16.2
Sometimes	3	4.1
Total	21	100
Detailed rules for behaviour		
Daily	5	6.8
Few times a week	16	21.6
Sometimes	21	28.4
Total	21	100
Confinement		
Daily	3	4.1
Few times a week	16	21.6
Sometimes	2	2.7
Total	21	100
Restricting or controlling activities		
Daily	3	4.1
Few times a week	16	21.6
Sometimes	4	5.4
Total	23	100
Neglect		
Daily	2	2.7
Few times a week	13	17.6
Sometimes	6	8.1
Total	21	100
Constant insults and humiliation		
Daily	5	6.8
Few times a week	9	12.2
Sometimes	9	12.2
Total	23	100

*Multiple responses

Table 6 shows that among (37.7%) of the women experiencing emotional violence in which (100%) of the respondents experienced verbal abuse, restricting or controlling activities and constant insults and humiliation.

Table 7

Types and Frequency of Sexual and Economic Violence during Covid-19 Lockdown Period

Sexual violence *	Frequency	Percentage
Non-consensual sexual relationship		
Sometimes	3	4.1
Total	5	100
Violent sexual relationship		
Sometimes	5	6.8
Total	5	100
Flaunting extra marital affairs		
Sometimes	5	6.8
Total	5	100
Harassment		
Sometimes	3	4.1
Total	3	100
Restricting access to birth control		
Sometimes	5	6.8
Total	5	100
Economic violence*		
Taking personal money		
Few times a week	10	13.5
Sometimes	3	4.1
Total	13	100
Keeping from getting or keeping a job		
Few times a week	8	10.8
Sometimes	5	6.8
Total	13	100
Restrictions on access to basic necessities like food, clothes		
Few times a week	7	9.5
Sometimes	4	5.4
Total	11	100

*Multiple responses

Table 7 shows that among (8.2 %) of the women experiencing sexual violence, all (100.0%) experienced violent sexual relationship and restricting access to birth control. Likewise, among (20.0%) of the women experiencing economic violence, maximum (100%) respondents experienced their personal money taken by abuser and keeping from getting or keeping a job.

Table 8

Reasons behind the Occurrence of Domestic Violence among Women

Reasons*	Frequency	Percentage
Confined at home with abuser	23	31.1
Disruption of routine work and activities	21	28.4
Additional household duties	19	25.7
Financial worry or problems	22	29.7
Job insecurity	19	25.7
Inability to file report/controlled communication	19	25.7
Fewer options for safety and help	20	27.0
Frustration related to crisis period	21	28.4
Problematic relationship between family members	21	28.4
Total	23	100

*Multiple responses

Table 8 shows that the majority (31.1%) of domestic violence among women during Covid-19 lockdown period occurred due to confined at home with abuser.

Table 9

Association of Prevalence of Domestic Violence among Women with Socio demographic characteristics

Socio demographic characteristics	Prevalence of Domestic Violence		Chi-square	p-value
	Violence prevalent Frequency (%)	**No Violence** Frequency(%)		
Respondents' occupation				
Home manager	10 (22.7)	34 (77.3)	12.139	0.16
Agriculture	3 (33.3)	6 (66.7)		
Service holder	4 (28.6)	10 (71.4)		
Wage labor	4 (100.0)	0 (0.0)		
Others	2 (66.7)	1 (33.33)		
Husband's occupation				
Agriculture	8 (29.6)	19 (70.4)	21.336	**0.0**
Business	2 (11.8)	15 (88.2)		
Service	6 (35.3)	11 (64.7)		
Wage labor	7 (100.0)	0 (0.0)		
Others	0 (0.0)	6 (100.0)		
Husband's alcohol consumption status				
Consumes	23 (76.0)	40 (63.5)	5.827	0.16
Does not consume	0 (0.0)	11 (100.0)		
Domestic violence before lockdown				

Experienced	14 (100.0)	0 (0.0)	38.282	**0**
Not experienced	9 (15.0)	51 (85.0)		

[Note: *p*-value≤0.05 is statistically significant]

Similarly, among respondent's occupation, Husband's occupation, Husband's alcohol consumption status and Domestic violence before lockdown, Husband's occupation and Domestic violence before lockdown were significantly associated with the prevalence of Domestic violence.

Discussion

This study sought to determine how often domestic violence was among women during the COVID-19 lockdown, investigate the causes of this type of violence, and see whether it was related to any particular characteristics.

The survey found that the majority of respondents were Hindu (98.6%), from the Janajati ethnic group (89.2%), and aged between 31 and 35 (25.7%). In terms of education, the majority of respondents (40.5%) had only a basic education, but virtually all respondents (93.0%) were literate. During the Covid-19 shutdown, there was a 31.1% incidence of domestic violence, with emotional abuse accounting for the majority of cases (37.7%). Domestic violence before and during the lockdown were shown to be significantly associated, which is consistent with earlier studies emphasizing the negative effects of past exposure to violence.

The victims experienced various forms of violence, including emotional (37.7%), physical (31.1%), economic (23.0%), and sexual (8.2%). These findings parallel a study in Bangladesh reporting a 45.29% prevalence of domestic violence during the pandemic, with a high incidence of emotional abuse (44.12%). Among those facing physical violence, 100% experienced being hit, differing from a Bangladesh study where hitting occurred less frequently, suggesting variations in population characteristics.

The study identified confinement at home with the abuser (100%), financial concerns (95.6%), and problematic family relationships (91.3%) as primary reasons for domestic violence. Similar studies in Nepal and Bangladesh have highlighted income insecurity, home confinement, and financial crises as common causes. Notably, factors like husband's education, occupation, and previous experience of domestic violence were significantly associated with the prevalence of domestic violence during the lockdown. This differs from a Mumbai study where husband's alcohol consumption was a significant factor, showcasing population-specific variations.

Conclusion

The study concludes that domestic violence against women was prevalent during the Covid-19 lockdown. Economic challenges, home confinement, and disrupted family relationships were key contributors to the heightened violence experienced by women during crisis periods.

Recommendations

For Concerned Authorities

1. Undertake extensive studies on a larger scale to comprehensively understand the true impact of the issue.

For Future Researchers

1. Utilize more reliable methods of data collection in future studies to mitigate potential biases introduced by subjects.
2. Consider implementing randomized sampling techniques on a large scale to ensure the selected samples are representative of the overall study population, allowing for more generalized findings.

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