

Gender Violence on Pandemic of COVID-19



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Abstract

Among the measures imposed by different countries, suggested by experts and epidemiologists to curb the number of infections and death from the pandemic COVID-19 is quarantined, forcing families to stay home longer and interact with family members. Life as a couple becomes increasingly difficult to lead, there are problems of gender violence since before confinement. The situation of social isolation in many cases can worsen relationships and increase conflicts, fighting, and altercations between couples, becoming a social problem. The objective of this work is to analyze the figures and reports of cases of gender violence during the 1940s. The methodology applied was bibliographic research considering reliable and current sources; from qualitative-quantitative approaches that allow evaluating the information and making statistics for a better explanation of the study. The development of the text has a deductive and an inductive approach for its understanding. The results offer a clear overview of the problem that is exacerbated in times of compulsory quarantine in families while protecting themselves from the coronavirus from home, death can lurk in domestic violence that is understood to be the safest. It concludes with an increase in the problems during the quarantine.

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1 Introduction

Gender violence understood as physical, verbal, psychological, patrimonial aggression and taking a woman's life is a social problem that afflicts the length and breadth of the planet, in some culture's women are considered an object that is acquired. In the 21st century, there is a fight for gender equality and above all for the protection of women against aggressors.

In Spain, an approach to the issue of gender-based violence is carried out, differentiating it from domestic violence. The results are that long-standing relationships have been marked by situations of violence. The woman suffers from violence from her family, the community, and the state. Furthermore, the situation worsens stereotypical ideas about the role of women. Feeling that the violence received by women goes beyond what their partner inflicts on them from home (Yugueros, 2014).

In Murcia, violence against women is classified as a public health problem, identifying that the most affected are women with low social status, few resources, and little education. In this problem, health agents have a preventive role in detecting and treating women victims of violence, leading them to the bodies and institutions that provide legal advice and comprehensive care (Calvo & Camacho, 2014).

In Costa Rica, the events of violence against women within the family nucleus are alarming. Government agencies and women's organizations show their alert about the serious causes and damages and even the death of women if the problem is not carried out or addressed. Demonstrating that beyond being female victims, their children are victims of silence and apprentices of aggression as a normal part of family life (Ávila, 2007; Jewkes *et al.*, 2015; Schwab-Stone *et al.*, 1999; Dimitrov, 2008).

In Cuba, it is pointed out that the repercussions of gender violence go beyond the family and personal spheres to reach social and health issues, becoming a problem for humanity that affects millions of women and their offspring who learn from this violent context. to solve a couple of difficulties with blows, normalizing violence. Those most affected in their development are childhood and adolescence (Águila *et al.*, 2016).

In Nicaragua, a study was carried out on beliefs about gender violence, even though many showed that they did not agree with this type of behavior and actions, it was also possible to feel obstacles or entrenched mental schemes or traditionalist ideas as to whether A woman can act as a health professional. There are many difficulties in terms of the violence of being discriminated against for accessing a faculty to study medicine previously related to men (Rodríguez *et al.*, 2005; Meetoo & Mirza, 2007; Foshee *et al.*, 2001).

In Brazil, one in three women has suffered gender violence, a problem that was previously considered private of the couple, now it is considered a public health problem. From the different instances, plans, agreements, services and support for women have been drawn up or designed, demonstrating that not enough has been done yet, the creation of support networks is being thought so that victims receive the necessary and required care and protection (Caldas & Gessolo, 2008).

In Chile, gender violence is considered to be a global evil and it is seen from everyday events to high-ranking command or government positions, classifying this problem as transversal. Societies operate as a form of oppression of women, in the way that they are not part of power, they are marginalized for senior positions and their development is fourth (Villavicencio & Zúñiga, 2015). There are side effects on the health of women, from the economic and social costs, alerting doctors to immediate treatment and solution to this problem (Aliaga *et al.*, 2003; Dunkle *et al.*, 2004; Heise *et al.*, 2002).

In Argentina, it was shown that the highest rate of women who suffer from gender violence are victims of psychological assaults. The most prone females are those who have finished their basic education, are older, do not produce economically, are in the care of their children, and have partnered with less education about them with anger management and jealousy problems (Safranoff, 2017).

In Bolivia, gender violence is not unknown, it is manifested that this problem has structural roots aligned to the social aspect, dependency, development, patriarchy, urban planning, multi-ethnicity, history, and other categories such as work, origin, age, and influence. in the aggressions that women are subjected to; becoming a social problem with too many edges to tackle and mitigate (Moreno, 2006; Njovana & Watts, 1996; Leach, 2006).

In Venezuela, it is determined that gender violence exists and it is classified as a public health difficulty, where most women have suffered some type of abuse in their lives. Establishing that of 5 women, 3 have suffered gender violence (Vega *et al.*, 2011).

In Peru, it was shown that emotional and economic dependence makes women stay by their aggressor's side, enduring the types of violence that this violates, demonstrating a serious health problem (Aiquipa, 2015). Also, it is manifested that not only the mental health of women is in decline, but that of their adolescent children are also affected, recommending the development of programs of intervention and prevention of gender violence (Vargas, 2017).

In Colombia, violence against women or gender violence from its visualization allows us to understand the edges that surround this problem, perceived in different environments and spheres of action that the set of intervention and prevention processes require to generate changes for good (González *et al.*, 2016). On the other hand, there is the normalization of gender violence by men, tolerance, and ignorance of it, evidencing serious health and social problem that is crying out for treatment (Barredo, 2017).

In Ecuador, a weighted existence of machismo is revealed, reinforced by edges that are deeply embedded in the mental patterns of the population. Over time, sociology and psychology point to complex social groups with too many stigmas about what a woman can and cannot do. Adding to this the pressure of religion, economic power, ideology, education, language, and mental stereotypes deeply rooted and valued by society (Berni, 2018).

2 Materials and Methods

The applied methods were consulted from the research methodologies book belonging to Hernández *et al.* (2010). Bibliographic research is used, obtaining information from reliable and current sources; a quantitative and qualitative approach in the valuation of information, and its statistical analysis. Finally, the structure of the text has a deductive and inductive design for the presentation of information.

3 Results and Discussions

3.1 Gender Violence

The origin of all types of violence has been characterized by control of power; in this way, gender violence is an unbalanced manifestation of power relations; from the male to the female (Bravo, 2004). Considered as a problem that afflicts society, it is understood as the violent act exerted against women for the fact of being it (Adam, 2013). Among the attacks are physical, verbal, psychological, sexual, and femicide (Alvarado & Guerra, 2012), with serious consequences and emotional problems regarding mental health developing in victims (Chávez & Juárez, 2016). This evil that gradually breaks down social systems (Ortiz, 2013), is worsened by institutional violence on the part of the states' omissions and negligence (Bodelón, 2014).

3.2 COVID-19

SARS-CoV-2 or coronavirus originated in China at the end of 2019 (López, 2020), called by the World Organization as "COVID-19" (Ramos, 2020) is an infectious disease that mainly attacks the respiratory system and it is transmitted from person to person upon contact with the expedition of droplets from the nose and mouth (López, 2020).

One of the prevention measures imposed by the different states throughout the world to avoid infections was quarantine (Ribot *et al.*, 2020), forcing families to stay longer than usual in their homes. In addition to the aggressive false information about the disease (Sánchez, 2020), it damaged the mental health of society and strained relationships in the family. In the place of research, Ecuador, the development of the disease has been aggressive, with the number of people infected and deaths from the disease rising nationwide. Despite the measures to stop contagion, the most affected provinces are Pichincha, Guayas, and Manabí (Ogonaga & Chiriboga, 2020). Figure 1 shows the number of infections by the province in Ecuador.

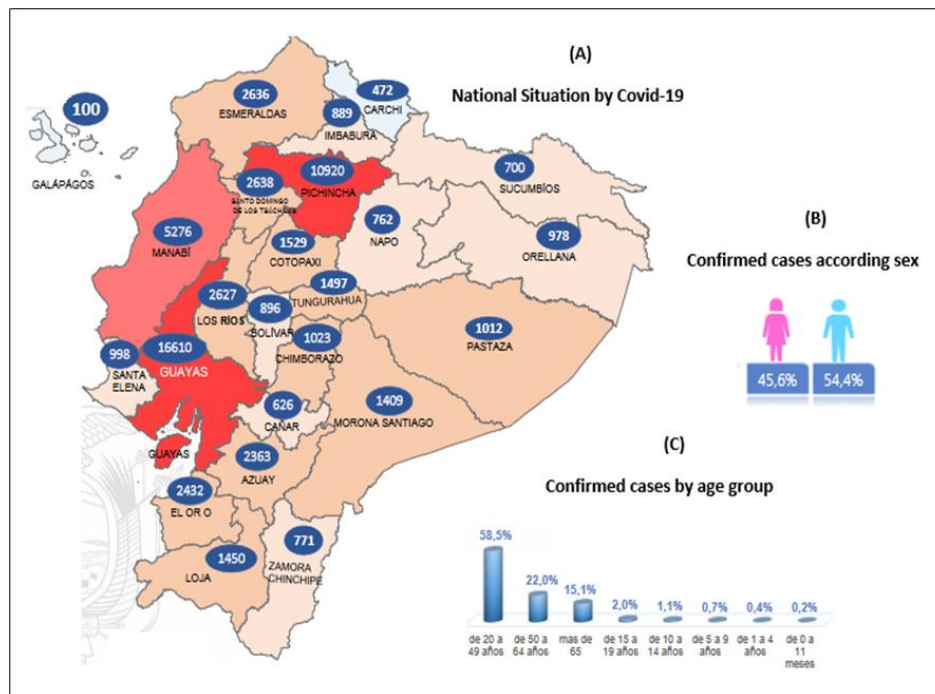


Figure 1. National Situation of COVID-19 (A), Cases confirmed by sex (B), and Cases confirmed by age groups (C). Source: (National Secretariat of Risks and Emergencies, 2020)

In all the provinces of Ecuador, there are confirmed cases of Covid-19 infection, with the most affected provinces being Pichincha, Guayas, and Manabí. The age most prone to contagion ranges between 20 and 49 years and, as regards the gender of the patients, 54.4% are men and 45.6% women. Until the present date of July 14, 2020. Once the country applied the necessary measures, including the mandatory quarantine.

3.3 Increase in Gender Violence in Ecuador during Quarantine

Like coronavirus, violence is also a disease, since March 16, Ecuador declared a state of emergency against the pandemic, the number of cases increased of gender violence. Confined to their assailants in the homes, 6,819 alert calls of violence against women were registered (El Telegraph, 2020). According to the prosecution, 90% of complaints of gender violence during the confinement increased (La Hora, 2020), alerting and witnessing new cases of aggressors who, from the confinement, discharge their frustrations with the couple, energy that previously channeled into other recreational or sports activities (La Hora, 2020). Table 1 details the cases of violence during mandatory confinement by provinces of Ecuador.

Table 1
Cases of violence during confinement by provinces of Ecuador

News of crimes registered between March 16 to April 19, 2020, by the province of Ecuador					
Azuay	12	0	6	3	3
Bolívar	1	0	0	4	11
Cañar	2	0	2	2	3
Carchi	1	0	2	1	10
Chimborazo	3	1	2	6	8
Cotopaxi	3	2	0	0	3
El Oro	7	0	7	3	6
Esmeraldas	2	0	13	3	14
Galápagos	1	0	3	0	0
Guayas	19	2	15	9	44
Imbabura	8	0	7	4	15
Loja	8	1	5	0	3
Los Ríos	4	0	7	3	5
Manabí	3	1	5	4	12
Morona Sa.	7	0	7	1	3
Napo	3	0	3	7	7
Orellana	2	0	4	0	4
Pastaza	7	0	16	15	16
Pichincha	61	0	39	29	44
Santa Elena	0	0	2	0	1
S. Domingo	10	0	3	4	3
Sucumbíos	4	1	4	1	2
Tungurahua	1	0	1	9	17
Zamora Ch.	2	0	1	0	2
Total	171	8	15	108	236
			4		

Source: (La Hora, 2020)

Faced with the serious reality of the women of Ecuador and in a time of mandatory confinement, their own homes where they should feel safe are spaces of violence that can detonate at any time. The most affected province is Pichincha, considering that many of the cases do not go so far as to be reported throughout the country. Until April 22, there were 677 crimes in the prosecution related to violence against Ecuadorian women. Quarantine as a time of confinement was a trigger for violence (Primicias, 2020), 278 calls for help registered the ECU-911 for domestic violence (Expreso, 2020), of which 235 women call daily for abuse in

their homes (RT, 2020), which represents 41 cases handled by the judicial units of Ecuador (El Universo, 2020).

3.4 Prevention as a measure against Gender Violence

The personal worlds of women victims of violence are different; Its manifestations in aggression can be physical, verbal, psychological, denial, patrimonial, among others. These forms are habitual from the urban woman and the rural woman. The latter with large gaps in information to whom to turn and submissive even in the registration of her lands that by inheritance they obtained but which come to be administered by her husband. It is patrimonial violence that advances in silence (Navarrete & Paz, 2020).

Preventing gender violence is an exhaustive work that involves an analysis of the social context of where the cases occur; prevention is the key piece that social promotion technologists and social workers point to through interventions and educational campaigns with the family, the media and educational centers to achieve an education from childhood and adolescence to mitigate this disease (Piedra *et al.*, 2018).

Recognizing that it is a problem that must be mitigated from prevention, that is, from the formation of the individual from childhood (Hernández P., 2017), and the other way is the reaction to the events that must be reported. In Ecuador, in a life-to-death situation, you can call ECU-911, register your complaint with the prosecution, which can be done online. There are lines and professionals in the care of this social evil (Family, 2020) and (El Comercio, 2020).

4 Conclusion

Gender violence is a health and social problem facing society; where victims are attacked for being a woman. The most frequent assaults are physical, verbal, psychological, sexual, denial, institutional, patrimonial, and femicide. The paradox of these events is the place where it is committed, the home, which should be the place of protection, becomes spaces of violence. In the place of investigation, Ecuador is a country where there is a high number of gender violence, figures that increased alarmingly in the time of mandatory confinement, quarantine, where victims and aggressors lived together for a longer time; where the man released his frustrations, plus the anguish caused by the pandemic towards the woman. Although the authorities address this problem and there is legislation to sanction them, it is in the prevention and training of new generations through education to mitigate this disease.

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