



POLICY PAPER: March 2021

Gender-based violence in Tajikistan in the context of COVID-19

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Background

International Alert, together with its partner organisations, has been working actively in Tajikistan in preventing various forms of gender-based violence against women and girls (VAWG), including against persons living with disabilities. Our Zindagii Shoista (Living with Dignity) approach has successfully and effectively reduced VAWG by addressing gender norms,¹ not as abstract concepts, but through their manifestations in everyday life.² Simultaneously, the approach also seeks to improve family livelihoods by giving participants the necessary skills for income-generating activities,³ reducing some of the stress factors leading to VAWG, fostering more co-operation in the family and increased respect for the role and contributions of women.

Following on from a successful three-year project in four villages in Jomi and Penjikent districts, in which we were able to reduce VAWG sustainably by approximately 50% through the Zindagii Shoista approach;⁴ we are currently implementing a follow-up project in six villages in Jomi and Vakhsh districts in the south of the country.

The coronavirus disease (COVID-19) pandemic and the measures undertaken to control the outbreak have had

multiple impacts on the lives of women and girls,⁵ not least the risk of exposure to increased levels of different forms of domestic and intimate partner violence (DV/IPV). These risks are often greatest for those who are already in the most vulnerable situations, including people living in precarious economic conditions or persons living with disabilities.

While the findings here focus on Tajikistan, many of these are applicable to other low- and middle-income countries (LMICs).

Drivers of VAWG

Through our previous work in Tajikistan, we have identified a range of drivers of DV/IPV, as well as particular drivers of gender-based violence and discrimination against persons living with disabilities.⁶ Among the key drivers we have identified include patriarchal and gerontocratic gender norms which expect subservience and acquiescence from younger women, high levels of social control linked to the policing of these norms, acceptance of violence, economic and related psychological stress factors, links between food insecurity and DV/IPV, women's lack of mobility and substance abuse. These are often interlinked and can be mutually reinforcing. Similar factors have been identified globally (see figure below).

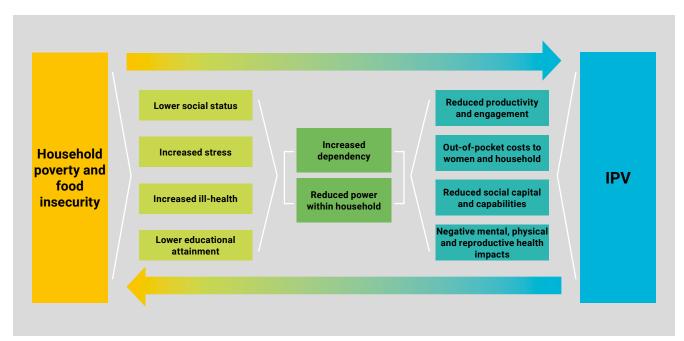


Figure: Pathways between poverty and IPV

Source: A. Gibbs, N. Duvvury and S. Scriver, What Works evidence review: The relationship between poverty and intimate partner violence, Pretoria: SAMRC, 2017

Early impacts of COVID-19

Our research in six villages in Jomi and Vakhsh districts was for the baseline study of Alert's new project. While the COVID-19 pandemic had begun during data collection, the research was carried out prior to mandatory stay-at-home orders. As a result, we were not able to record any direct impacts of these measures on DV/IPV rates. However, other research findings point to an increase in interlinked risk factors. These stand to exacerbate the risks of violence in communities where there is already a relatively high level of normalisation of DV/IPV.

The risk factors which have increased due to the COVID-19 pandemic include:

- Higher food insecurity, particularly for women.
- Increased strains on household finances due to Russia closing its borders to Tajik migrant labourers, a significant source of income for many.
- Increased levels of stress and anxiety.

These factors can heighten the risks of DV/IPV in the short and medium term, as the border closures and other preventative measures hit households just before the period when they would expect to be making the bulk of their annual earnings. This creates pressures especially on men who are expected to be – and to be seen as – successful providers for their families. Failure to live up to these expectations can often be a source of social stigmatisation and frustration, increasing the risks of substance abuse and perpetration of DV/IPV.⁷ Additionally, social stigmatisation of people, even with non-communicable diseases, is already a major issue in many rural communities, leading to fears that those who do contract COVID-19 will be ostracised by other community members.

The impacts of DV/IPV are made worse by a lack of support services for survivors, especially in rural communities, as well as a lack of access to sexual and reproductive health services more broadly. Despite the 2013 law on preventing domestic violence guarantees survivors' rights to protection and social services, there continue to be ongoing gaps in police and judicial responses to domestic violence, including refusing to investigate complaints, failing to issue or enforce protection orders, and treating domestic violence as a minor offence.⁸ Furthermore, as our research highlighted, there are often social and cultural norms against reporting violence to outsiders and accessing services; these are further compounded by restrictions, especially on younger women's mobility, imposed by husbands and parents-in-law. Persons living with disabilities and those with care responsibilities for persons with disabilities face a multitude of risks due to COVID-19. Apart from having underlying conditions that may potentially put them at a higher risk of death if they contract the disease, persons with disabilities and their families are likely to be economically in a more precarious situation than others, as well as face higher levels of stigmatisation and discrimination.

However, in addition to the probable negative impacts of COVID-19, our research also showed a possible shift in gender norms towards an increased acceptance of women's mobility and involvement in economic activities outside of the household as families struggle to make ends meet. However, as much as this norm change is welcome, it also brings with it the risk of placing additional burdens on women.

Relevance to other LMICs

Although our findings are specific to rural Tajikistan, other LMICs face similar challenges with respect to COVID-19 and DV/IPV. Although hard data is often not available, there are strong indications across the planet that DV/IPV has been increasing with lockdowns, as have other forms of abuse, including sexual exploitation of women in economically increasingly uncertain jobs, and online misogyny and abuse.

The most obvious risk is that of increased exposure to DV/ IPV as women and girls are trapped in potentially abusive relationships. If support services such as hotlines or safe houses exist, accessing these safely can be difficult for a number of reasons, including preventive measures such as stay-at-home orders or quarantining guidelines.

Furthermore, various stress factors that affect VAWG such as emotional stress, poor mental health, economic stress, and food insecurity are increasing. In Tajikistan and elsewhere in Central Asia and beyond, food insecurity seems to be hitting young women hardest due to cultural norms according to which they should sacrifice themselves on behalf of others. This includes eating less, less often, and frequently after other family members have eaten. Women's already-high workloads in households have also become more difficult, time-consuming and depleting given reduced incomes and decreased access to goods.

As in the villages in our study, COVID-19 does however also present a possibility for re-thinking gender norms and roles, and moving towards less violent and more equitable relationships.

What needs to be done

The rapid spread of COVID-19 has forced governments and non-state actors across the globe to respond at very short notice. While for many measures there is a high degree of urgency, others require longer-term investments. This includes ensuring that any recovery planning takes into account the need to prevent DV/IPV, and is designed in such a way that it leads to an improvement rather than a deterioration of women's rights and their position in society, and that the particular needs of vulnerable groups such as persons with disabilities are taken into account. Otherwise, there is a very real risk of a rolling back of the gender equality gains of the last decades as well as of DV/IPV becoming a 'shadow pandemic'.

Throughout, planning and implementation for recovery needs to be based on a reliable evidence base and be conducted, to the degree possible, through participatory mechanisms. In Tajikistan, Alert now has in-depth data on mental health, masculinities and gendered expectations, as well as economic and livelihoods variables such as financial and food security, savings, labour market needs and prospects, and more.9 Where this data is not available, it should be collected to ensure that sensitive recovery that acknowledges and prevents VAWG, upholds and strengthens women's position in society and takes the needs of the most vulnerable into account. Evidence and data on DV/IPV prevalence and drivers can be used in a variety of different ways, from informing national decision makers and the international community, to targeted communications campaigns for different population segments, from survivors to perpetrators of violence.¹⁰

Immediate short-term measures include:

- Awareness-raising and behavioural change campaigns which provide information on accessing service providers and help with mental and physical health issues.
- Economic support for those hardest hit by preventative measures.
- Support for COVID-19 patients that is not stigmatising.
- Clear and trustworthy public information.

Medium- and longer-term measures include

- Increased, long-term engagement on shifting gender norms coupled with concerted efforts to reduce other factors that contribute to DV/IPV, for example through livelihoods programming and improving mental health. Alert's Zindagii Shoista (Living in Dignity) methodology, which combines these elements, has proven extremely effective in rural communities Sughd and Khatlon oblasts, achieving a 50% drop in prevalence of violence against women and girls, positive shifts in terms of gender attitudes and social norms, and increased savings by families (fourfold) and women themselves (eightfold). The methodology is ready to be rolled out across Tajikistan, with materials available in both the Tajik and Uzbek languages. They also exist in English and the methodology's applicability can be explored in other LMICs (this process is ongoing in Nepal and Kyrgyzstan, and being explored for the South Caucasus).
- Investment into public health care systems, such as access to immediate and long-term health care for survivors of GBV, including immediate medical care, sexual and reproductive health (SRH) care, psychosocial support; engaging with all family members to ensure importance pf access to health care is understood (and in-laws/ husbands do not veto women accessing SRH for reasons of shame and stigma); ensuring needs of persons living with disabilities are taken into account; COVID-19-related restrictions do not hamper access to necessary services.
- Economic support that allows families and individuals get 'back on their feet' but also improves the situation of women in particular, including in terms of being able to participate equally in financial decision-making in the household.
- Support to increase local-level understanding on VAWG. By promoting awareness of legislation on preventing DV/IPV among communities, both in terms of citizens, civil society, local government, and law enforcement, this can help different levels of the community to become more sensitive to the law, the protections that it affords, the different responsibilities to it, and thereby help to change institutional behaviours.

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Endnotes

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- 10 For example, evidence from Alert's work on preventing DV/IPV in Myanmar has led to the creation of successful tools to support survivors of DV/IPV (https://www.international-alert.org/myanmar-covid-19-family-violencesupport-english), as well as awareness-raising campaigns on preventing DV/ IPV (https://www.facebook.com/watch/?v=293990481924635), including one specifically tailored for the COVID-19 period (https://www.youtube.com/ watch?v=qH78shLrtik&feature=youtu.be).

Cover image: © What Works to Prevent Violence Against Women and Girls Global Programme

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