



MEASURING THE SHADOW PANDEMIC:

**VIOLENCE AGAINST
WOMEN DURING
COVID-19**

COUNTRY REPORT: BANGLADESH

EXECUTIVE SUMMARY

Women's safety in Bangladesh is eroding as COVID-19 has had significant negative impacts on women's experiences in both public and private spaces.¹ In particular, reported cases of violence against women and girls have increased sharply since the onset of the pandemic, along with exacerbating risk factors largely due to social and economic stress, social isolation and measures restricting movement. Congruently, the downstream impacts of COVID-19 vary in type and severity based on pre-existing factors, including socioeconomic status and vulnerability to other stressors. This research delves into the relationships between

measures of violence against women (VAW) and the demographic, behavioural and socio-economic factors related to them.

This study found that women's baseline feelings of safety in Bangladesh, whether it was inside or outside of their households, were associated with significant negative impacts on their mental and emotional well-being. In addition to this, external stressors such as food insecurity and family relations stood out as having a significant impact not only on experiences of safety (or violence) but also on women's well-being overall.

¹ [UN Women. 2020. Gender Impacts of COVID-19 in Bangladesh.](#)

1. INTRODUCTION

Prior to the COVID-19 pandemic, UN Women’s Global Database on Violence Against Women found that 54% of women in Bangladesh aged 15–49 have experienced physical violence and/or sexual violence from an intimate partner at least once in their lifetime,² which is double the global estimated average of 26%.³

Since the pandemic began, rapid gender assessments (RGAs) conducted by UN Women using administrative data from police, VAW hotlines and other service-providers suggested that the COVID-19 pandemic has increased risk factors for women and intensified some of the existing forms of VAW. Measures implemented to limit the spread of the pandemic, such as lockdowns and curfews, have had an impact on VAW risk factors, especially for women and girls who faced multiple forms of discrimination. In Bangladesh in particular, reported cases of sexual violence against women and children have been on the rise since the onset of COVID-19. Between January 2020 and September 2021, there were 975 cases of rape of women and 204 cases of attempted rape reported, outnumbering the total number of reported cases of rape of women from 2016 to 2019 combined.⁴ These statistics paint a grim picture, as sexual violence often is underreported, and this led to an outbreak of protests in October of 2020 that resulting in the passing of the “Women and Children Repression Prevention (amendment) Ordinance – 2020”,

which adopted the death penalty or life imprisonment as the nation’s legal consequence for rape.⁵

Within this context, UN Women commissioned Ipsos to conduct an RGA survey on the impact of COVID-19 on women’s well-being and safety in 13 countries across regions. In adapting the surveying methodology to be feasible in the COVID-19 context, proxy measures on experiences of VAW were used to collect data on sensitive topics to reduce the risk to the respondents, and thus may not be directly comparable to other studies conducted before the pandemic.

Having reliable data that were collected in line with methodological, safety and ethical standards, without putting women at greater distress and risk of violence, was critical to informing where policies and programmes can respond to the UN’s system-wide efforts to scale up actions to address VAW in the context of COVID-19.

This report details the findings of the survey in Bangladesh from 18 August to 30 September 2021. The survey was conducted with women aged 18 and older who had access to a mobile phone – a population that is estimated to be 61% of the total population of women aged 18 years and older in Bangladesh.⁶

2 Bangladesh Bureau of Statistics. 2016. Report on Violence Against Women (VAW) Survey 2015. Dhaka: BBS.

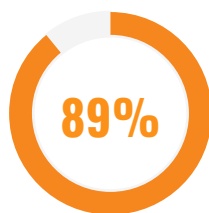
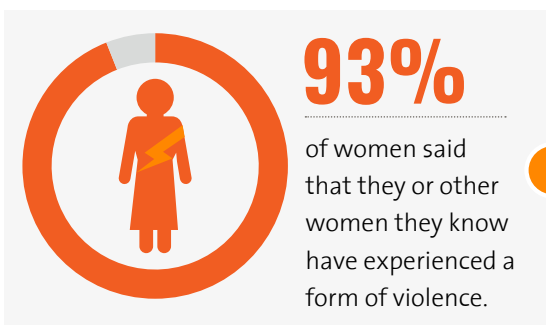
3 [World Health Organization. N.D. Global Database on Violence against Women.](#)

4 Das, Shuva. 2021. “[Rape in Bangladesh: An Epidemic Turn of Sexual Violence.](#)” *Harvard International Review*. 11 January.

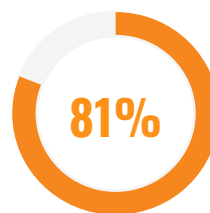
5 Islam Sifat, Ridwan. 2020. “[Sexual violence against women in Bangladesh during the COVID-19 pandemic.](#)” *Asian Journal of Psychiatry*. 54:102455.

6 GSMA. 2020. [Mobile Gender Gap Report 2020.](#)

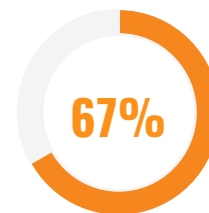
KEY FINDINGS



Verbal Abuse



Sexual Harassment



Physical Violence



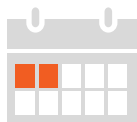
9%

of women feel unsafe in their homes.



15%

said this has gotten worse as a result of the COVID-19 pandemic.



22%

of women live in households with conflict among adults at least weekly.



36%

said conflict between adults has become more frequent as a result of the COVID-19 pandemic.



98%

of women think that the experience of verbal or physical abuse at the hands of a partner is common for women in their community.



81%

said this has gotten worse as a result of the COVID-19 pandemic.



87%

of women think that physical harm, abuse and harassment are a problem for women in their community.



62%

of women think physical harm, abuse, and harassment has gotten worse since the onset of the COVID-19 pandemic.



72%

of women feel unsafe walking alone at night.



32%

of women feel unsafe walking alone during the day.



97%

of women think that it is common for women to be harassed in public.



2. EXPERIENCES OF VIOLENCE AGAINST WOMEN

2.1. Perceptions of violence against women in the community

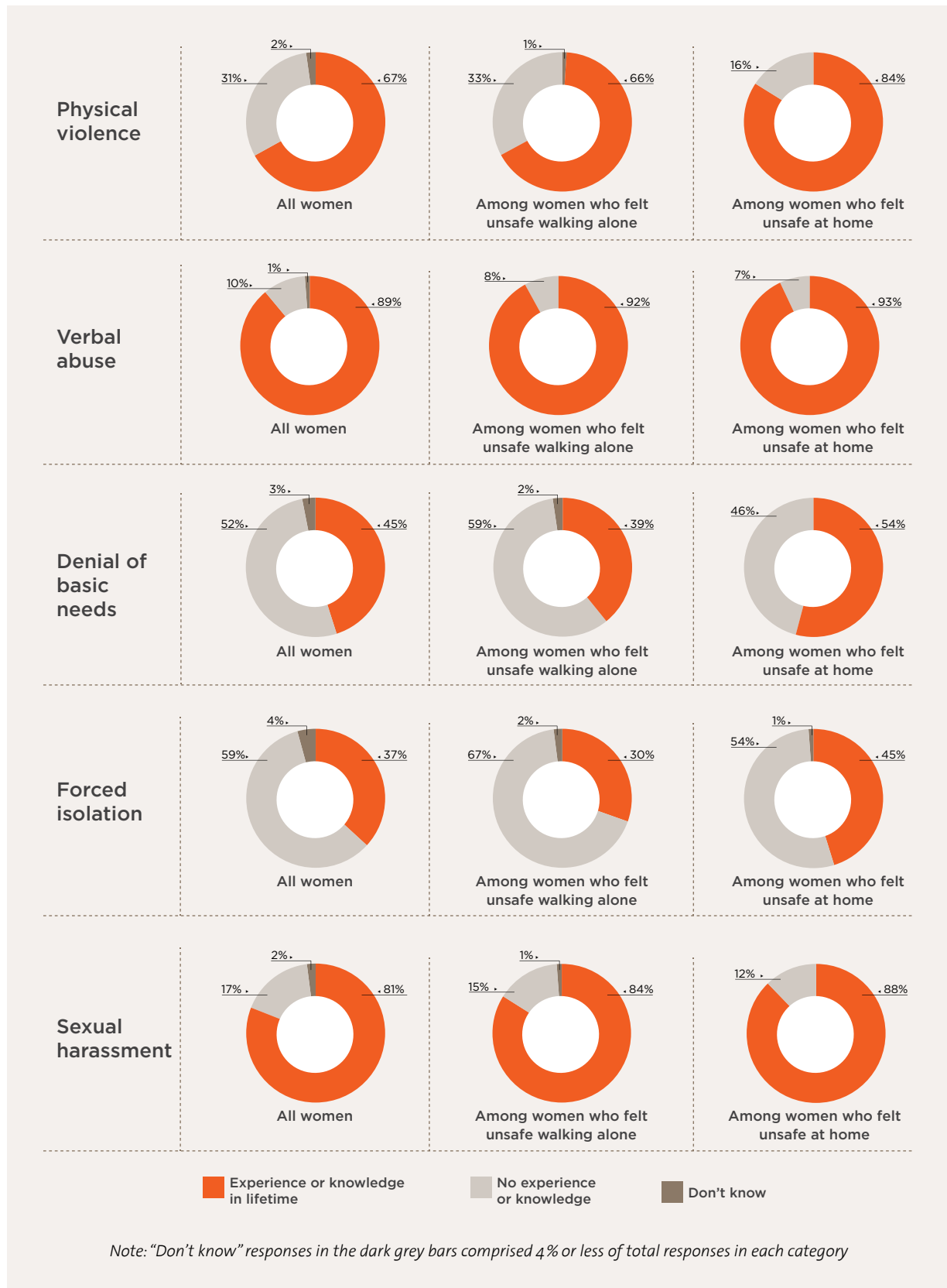
When considering measures of violence against women at the community level, it is important to keep the context of the study in mind. Due to the remote nature of this survey, indirect questions were asked as proxy indicators of VAW, meaning it was not possible to distinguish respondent experiences from those of other women in their community or whether this experience occurred within or outside of the household. Therefore, while data from this study should not be interpreted as prevalence data, it nevertheless provides critical information on the impact of COVID-19 on women's perception of well-being and safety.

Aligned with high perceptions of violence, abuse and harassment of women in Bangladesh, more than 9 out of 10 women (93%) said that they, or another woman they know, have experienced at least one form of VAW (such as physical violence, verbal abuse, denial of basic needs, sexual harassment or forced isolation⁷) in their lifetime. Verbal abuse (89%), sexual harassment (81%) and physical abuse (67%) were the most commonly reported forms of VAW.

Women who reported having felt unsafe at home or in public, and particularly those who have felt unsafe in public, were more likely to have experienced, or know a woman who has experienced, at least one forms of VAW in their lifetime, compared to women who have not felt unsafe. In particular, women who said they had felt unsafe when walking alone in public spaces, whether it was during the day or at night, were more likely than those who felt safe to say that they or another woman they know had experienced verbal abuse (92 compared to 81%, respectively) or sexual harassment (84 compared to 73%, respectively). They were however significantly less likely to have experience or knowledge of physical violence, denial of basic needs, or forced isolation. Women who had felt unsafe in their home were more likely than those who had not felt unsafe to say they or another woman they know experienced physical violence (84 compared to 66%, respectively), denial of basic needs (54 compared to 44%, respectively) or sexual harassment (88 compared to 80%, respectively).

7 Cognitive testing of this question revealed that, for many women, forced isolation and denial of basic needs were influenced by COVID-19-related measures and economic stress. The results from this study suggest that women may bear a disproportionate burden when it comes to COVID-19 effects; however, it is important to keep the overall context in mind when interpreting study results.

FIGURE 1
Experience or knowledge of specific forms of VAW, over a lifetime



Women who acknowledged violence, abuse and the harassment of women in their community as a problem had particularly high rates of experiencing, or knowing a woman who has experienced, at least one of VAW in their lifetime (94%). Additionally, women who reported frequent household conflict were significantly more likely than women who reported infrequent conflict to report experience or knowledge of at least one of VAW (97% of those who reported frequent or occasional conflict, compared to 87% of those that reported infrequent or no conflict). These data suggest that women reporting experience or knowledge of VAW in their lifetime may be including their own experiences.

Several groups of women consistently reported experiencing or knowing of someone who experienced certain forms of VAW more in their lifetime including physical violence, verbal abuse and sexual harassment.

Income also seemed to have an impact on experience or knowledge of VAW among women in Bangladesh. Those who reported decreased income in the household over the past year were significantly more likely to report knowledge or experience of at least one form of VAW in their lifetime than women who did not report a change in income (94 compared to 89%, respectively). While this was particularly true for verbal abuse (90 compared to 85%), the opposite was reported for denial of basic needs, with those reporting decreased income less likely to have experience or knowledge of VAW compared to those whose income stayed the same (43 compared to 50%). Additionally, women living in rural areas were more likely than women living in urban areas to report experience or knowledge of physical violence (70 compared to 64%, respectively), and widows were more likely than those that were single or married to have experience or knowledge of verbal abuse (95 compared to 88%, respectively).

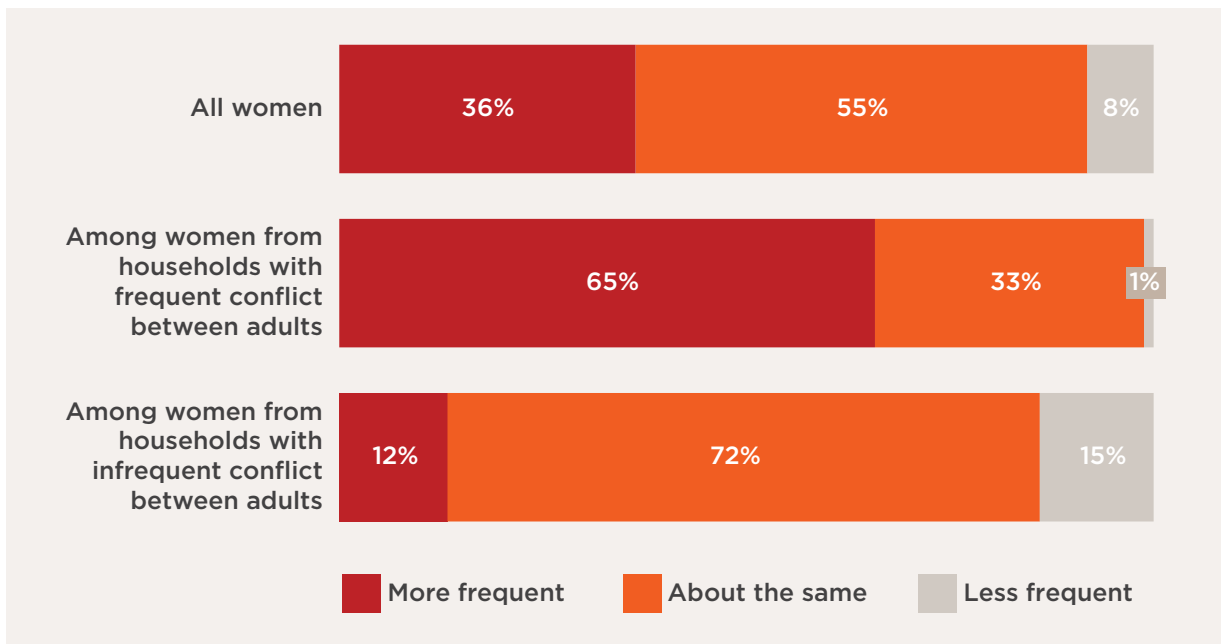
3. FEELINGS OF SAFETY

3.1. Personal safety inside the home

When it comes to safety within the household, 22% of women said that there has been conflict between adults in their household at least weekly over the past six months and 36% said that conflict has become more frequent since the onset of COVID-19. Those who experienced conflict more often were more than five times more likely than those who experienced infrequent conflict to say that the frequency has

increased as a result of the pandemic (65 compared to 12%, respectively). Women who experienced a decrease in household income were also more likely to say that household conflict had increased as a result of COVID-19 (39 compared to 23% of women whose income did not change). Both these points suggest that existing household tensions have been exacerbated as a result of the socioeconomic impacts of COVID-19.

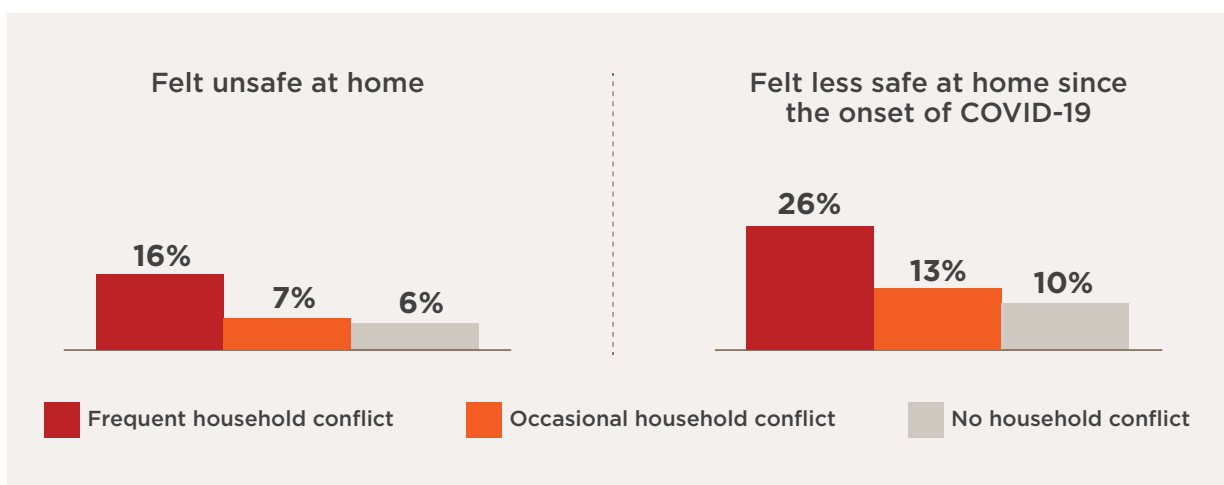
FIGURE 2
Changes in frequency of household conflict as a result of COVID-19



Despite high levels of household conflict, less than 1 in 10 women in Bangladesh (9%) said they have felt unsafe in their household in the last six months, and 59% of these women said that the COVID-19 pandemic has made things worse compared to 15% of women overall. Women who experienced frequent conflict (at least weekly) between adults in the household were more than twice as likely as those who experienced infrequent conflict to have felt

unsafe in their homes and say their feelings of safety have gotten worse since the onset of the COVID-19 pandemic (26 compared to 11%, respectively). Socioeconomic stressors such as food insecurity also have a significant impact on safety, as women who reported feeling unsafe at home in the past six months (37%) were more likely to be moderately and severely food insecure compared to women who reported feeling safe at home (20%).

FIGURE 3
Perceptions of women’s safety in the household, by frequency of household conflict

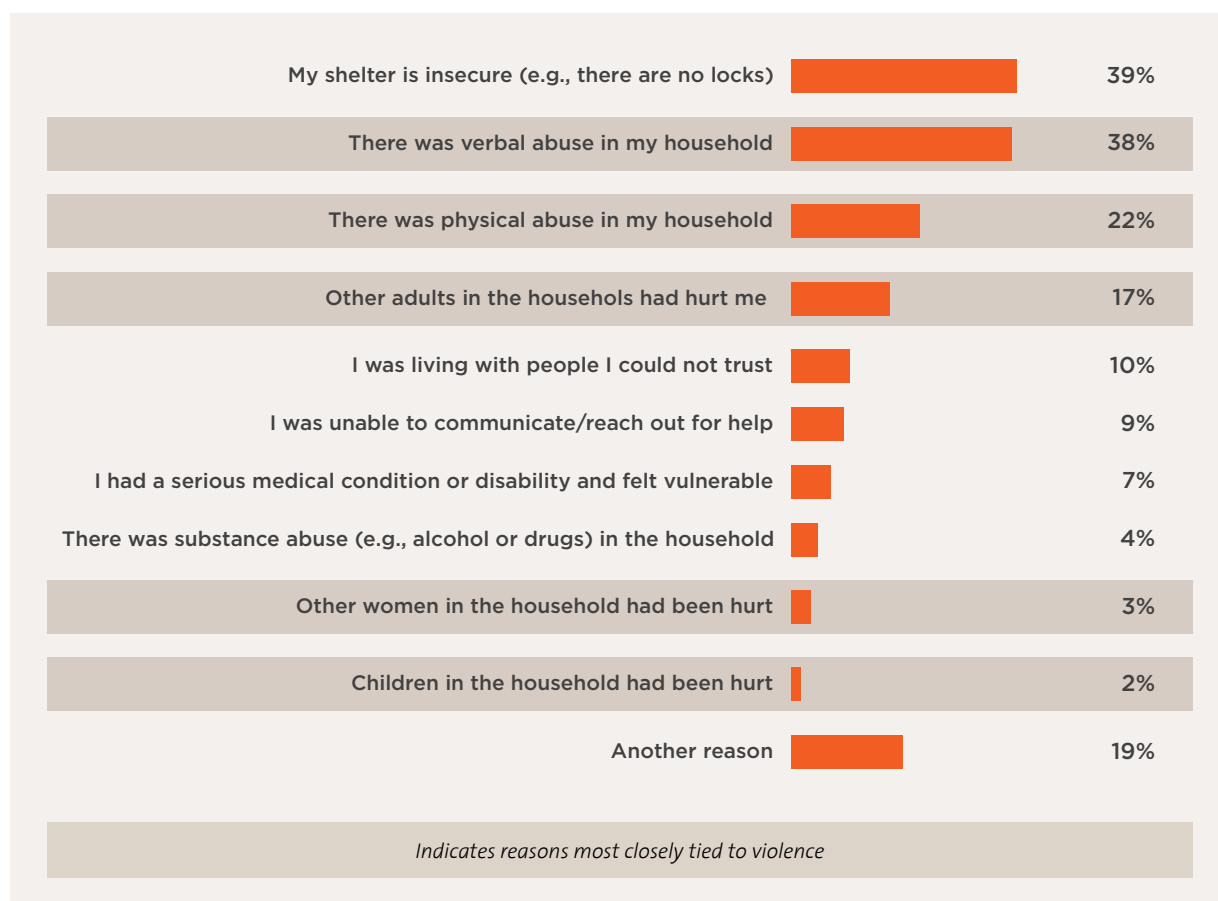


Women who participated in income-generating activities were significantly more likely to have felt unsafe in their homes (13%) than those who did not (7%). They were also significantly more likely to perceive that the COVID-19 pandemic had made them feel safer at home (6%) than those who did not generate income (3%). Women who had children in the home were also more likely to say they have felt unsafe at home in the past six months (10, compared to 4% among women who did not have children in the home), as well as to

say that the situation of COVID-19 has made things worse in terms of how safe they feel in their homes (16, compared to 11% among women with no children in the home).

When asked why they have felt unsafe in their homes, unsafe shelters (39%), verbal abuse (38%) and physical abuse (22%) were the most-cited reasons. Women in rural areas were more likely than women in general to say that the reason why they felt unsafe in their home was due to physical violence (28, compared to 22%) or verbal abuse (46, compared to 38%).

FIGURE 4
Reasons for women feeling unsafe in their homes (among the 9% who reported feeling unsafe)

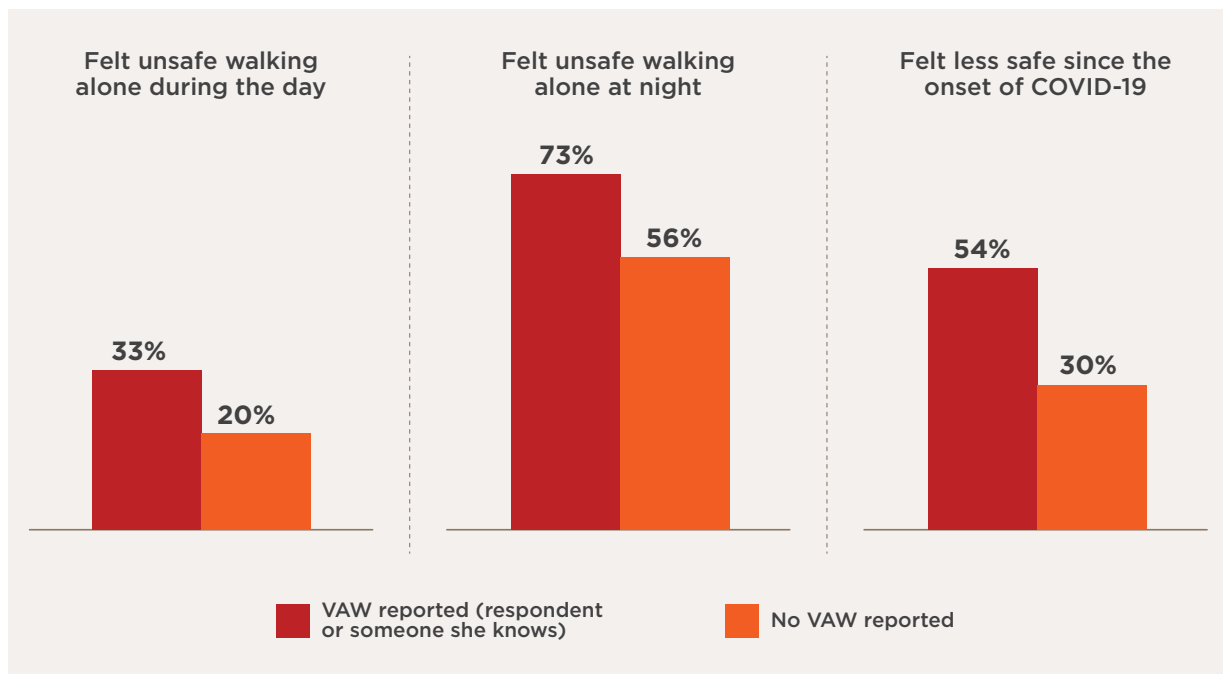


3.2. Personal safety in public spaces

When out in their communities, the majority of women said they feel safe walking around the areas where they live during the day (68%), but this drops to 28% when asked the same question about walking alone at night. Experiences of safety also differed across urban and rural areas. While the majority of women in both urban and rural areas reported that they felt unsafe walking alone at night (74 and 70%, respectively), women in urban areas were

more likely to say they did not feel safe walking alone during the day (39 compared to 27% of rural women). Additionally, women who reported knowledge or experience of VAW were significantly more likely than women who did not to feel unsafe walking alone, day or night (33 compared to 20% during the day, respectively, and 73 compared to 56% at night). They were also significantly more likely than women who did not have knowledge or experience of VAW to report feeling less safe while out in public since the onset of COVID-19.

FIGURE 5
Perceptions of safety while out in public, by experience or knowledge of VAW



Over half of women (53%) said that they feel less safe while out alone at night since the start of COVID-19. This number increases with age. Younger women aged 18–29 were less likely to say that their feelings of safety have decreased since the start of the COVID-19 pandemic (49%), compared to women aged 30–59 (52%), and to women aged 60 and older (69%). Women who had experiences or knowledge of VAW were also significantly more likely than women who did not to report feeling less safe while out in public since the onset of COVID-19 (54 compared to 30%, respectively).

Full-time caregivers were also more likely than employed women or students to say that they feel less safe now than prior to the pandemic (55 compared to 49% among employed women and 47% among students), though there were no major differences between these groups in terms of how safe they feel during the day or at night. Women who said their household income had decreased over the last year were much more likely to say their feelings of safety in public spaces have been impacted by the COVID-19 pandemic (56 compared to 42%, respectively).

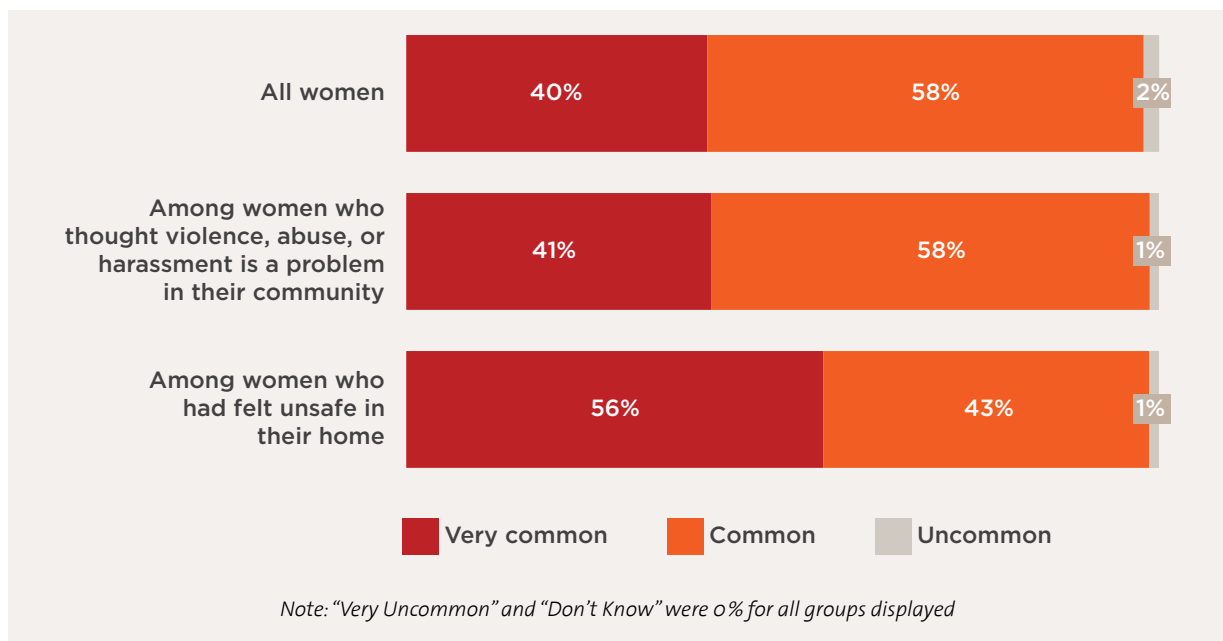
4. PERCEPTIONS OF VIOLENCE AGAINST WOMEN

4.1. Women’s perceived safety inside the home

In contrast with expressions of personal safety inside the home, nearly all women (98%) said they think that the experience of verbal or physical abuse at the hands of a partner is common for women in their community. Moreover, the majority of women (81%) thought this issue had worsened since the onset of the COVID-19 pandemic. Women’s own experi-

ences of safety in their household appear to be associated with their perceptions of how common partner abuse is in the broader community, as women who had felt unsafe in their own home in the last six months were more likely than those who did not report feeling unsafe to say that the experience of partner abuse was very common, though both groups were almost equally likely to say things have gotten worse since the onset of COVID-19.

FIGURE 6
Perceptions of partner abuse, by experience of safety



Similar to patterns seen when discussing women’s safety in public spaces, older women were more likely to think that it was very common for women to experience verbal or physical abuse at the hands of a partner (48% of women 40 and older, compared to 35% of women under 40). Younger women were also

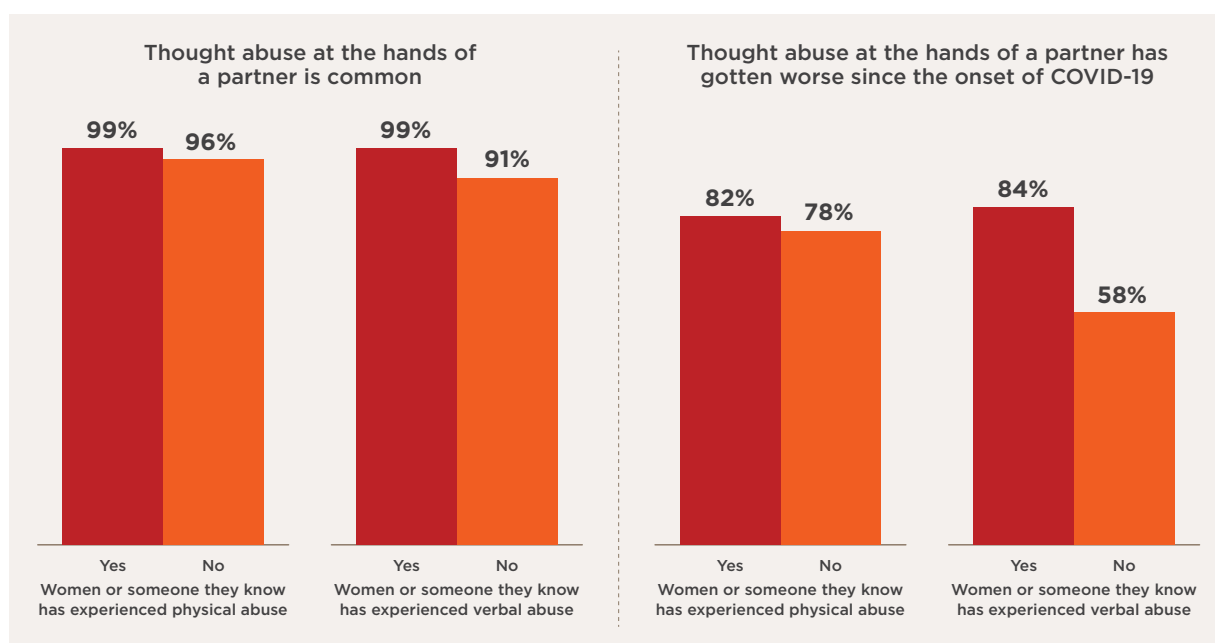
less likely to say the situation of COVID-19 has made things worse for women in terms of experienced verbal and physical abuse at the hands of a partner (77% of women under 30, compared to 83% of women aged 30 and older). Women in urban areas (85, compared to 78% in rural areas) and those with higher

education levels (86% of college-educated women, compared to 78% of women with a primary education or less) were also more likely to say that COVID-19 has made things worse for women in terms of partner abuse.

Women who reported experiences or knowledge of physical or verbal abuse in their lifetimes were significantly more likely than those who did not to think that physical and verbal partner abuse was common in their communi-

ties and were also much more likely to think that partner abuse had gotten worse since the onset of COVID-19. These data points suggest that women may be including their own experiences when reporting on the experiences of women in their community, as well as bolstering the evidence-based theory that women who experience safety issues themselves are more likely to think that abuse is common in the community overall.

FIGURE 7
Perceptions of partner violence, by experience or knowledge of VAW in lifetime



In line with experiences of violence outside the home, the majority of women (96%) said they believe that women would seek help if they experienced verbal or physical abuse at the hands of a partner. However, in this case, a greater proportion of women (71%) said that they would most likely seek help from family, and just 6% said they would first go to the police, indicating that domestic violence may be underreported to authorities particularly in comparison to violence in public spaces. Aside from seeking support from family, 10% of women overall said women would primarily seek support from a community leader and 9% said women would primarily seek help from women’s shelters, centres or NGOs.

Women who themselves had felt unsafe in their homes were significantly less likely to believe women would primarily seek support from their family (59, compared to 72% among those who felt safe), and significantly more likely to think women would primarily seek help from a community leader (16 compared to 10% among those who felt safe in their homes).

In line with findings from safety issues in public spaces, there were significant trends for sources of support sought when looking at women by age and urbanicity. Women aged 50 or older were significantly more likely to cite family as the primary source of support

for women experiencing physical and verbal abuse at the hands of their partner (83%), particularly when compared to women aged 30–49 (72%) and those aged 18–29 (62%). This group of younger women aged 18 to 29 were more likely than those aged 30 or older to seek help primarily from women’s shelters, centres or NGOs (15, compared to 7% of women aged 30 or older) as well as the police (9, compared to 5% of women aged 30 or older).

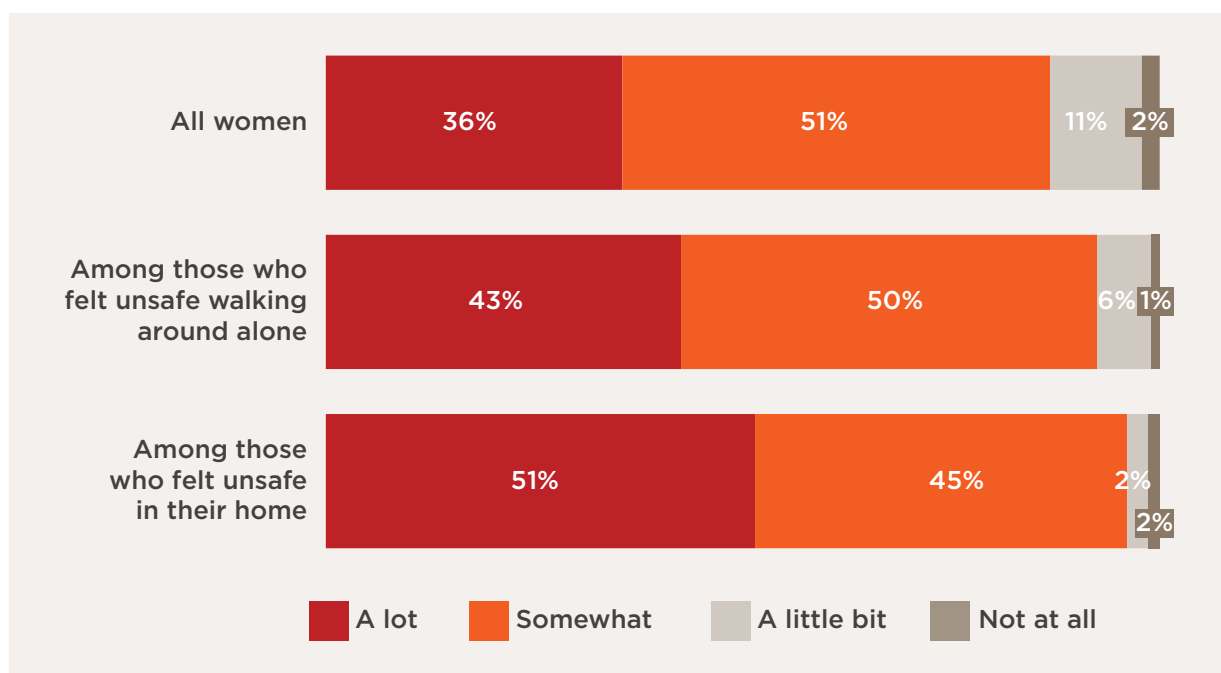
Women living in urban areas were significantly more likely to think women would primarily seek support from women’s shelters, centres or NGOs (11%) than women in rural areas (8%), and women in rural areas were significantly more likely to cite primarily approaching community leaders for support (14%) than women living in urban areas (6%). Across all groups, only 6% of women said that they expected women facing abuse at the hands of their partner to first go to the police, though nearly half of women (47%) said that legal support services to help in reporting VAW incidents to police were available to women in their community.

The vast majority of women (89%) reported that the COVID-19 pandemic has limited their interactions with friends and social groups. Women who reported that they felt unsafe at home were more likely than those who felt safe to never leave the house (23 compared to 19%, respectively) and also reported a reduction in external interaction at higher rates (93 compared to 89%, respectively).

4.2. Perceptions of violence against women in the community

When asked about violence, abuse and the harassment of women in their community, the majority (87%) of women said that they believe they are at least somewhat of a problem and an additional 11% said that they are a little bit of a problem. Violence, abuse and the harassment of women in the community were more likely to be perceived as a major problem by women who felt unsafe while walking alone during the day or night, as well as by women who had felt unsafe in their own home.

FIGURE 8
Extent to which violence, abuse or the harassment of women are a problem in the community



In addition to personal safety being associated with perceptions of violence, abuse and harassment of women in the community, women aged 40–49 were the most likely of all age groups to report these as an issue (93%, compared to 87% of women overall), and were significantly more likely to perceive them as an issue than younger women aged 18–29 (83%) or 30–39 (85%). While the majority of women who were full-time caregivers (85%) felt that violence, abuse and the harassment of women in the community were a problem, they were less likely to feel so than other groups, particularly employed women (91%) and students (88%), likely because these groups spend more time out in their communities.

Six out of 10 women (62%) said that violence, abuse and the harassment of women have increased in their community since the start of the COVID-19 pandemic. This number increases with age. Younger women aged 18–29 are less likely to think that violence, abuse and harassment of women have increased since the start of the COVID-19 pandemic (52%), compared to women aged 30–59 (63%) and to women aged 60 and older (79%).

Women who had experienced safety issues, whether they were inside or outside of the household, were also more likely to think that violence, abuse and the harassment of women in their community have increased since the onset of COVID-19. Nearly three quarters of women (71%) who said they felt unsafe when walking alone during the day or at night thought that violence, abuse and the harassment of women had increased (compared to 41% among those who reported always feeling safe). Similarly, more than two-thirds of women (67%) who experienced occasional or frequent conflict in their households said they thought violence, abuse and harassment of women had increased compared to 56% of those that experienced infrequent or no household conflict. Additionally, women who experienced a decrease in household income in the past year were more likely to say that

violence, abuse and the harassment of women have increased since the onset of the pandemic (65%) compared to those with unchanged income (52%).

4.3. Women’s perceived safety in public spaces

Nearly all (97%) of women surveyed said they think it is common for women to experience sexual harassment in public at night, which is more than the 72% of women who said they themselves have felt unsafe at night. Those that had felt unsafe when walking alone, whether it was during the day or at night, were slightly more likely than those that always felt safe to say that it is common for women to experience sexual harassment in public spaces at night (98 compared to 93%).

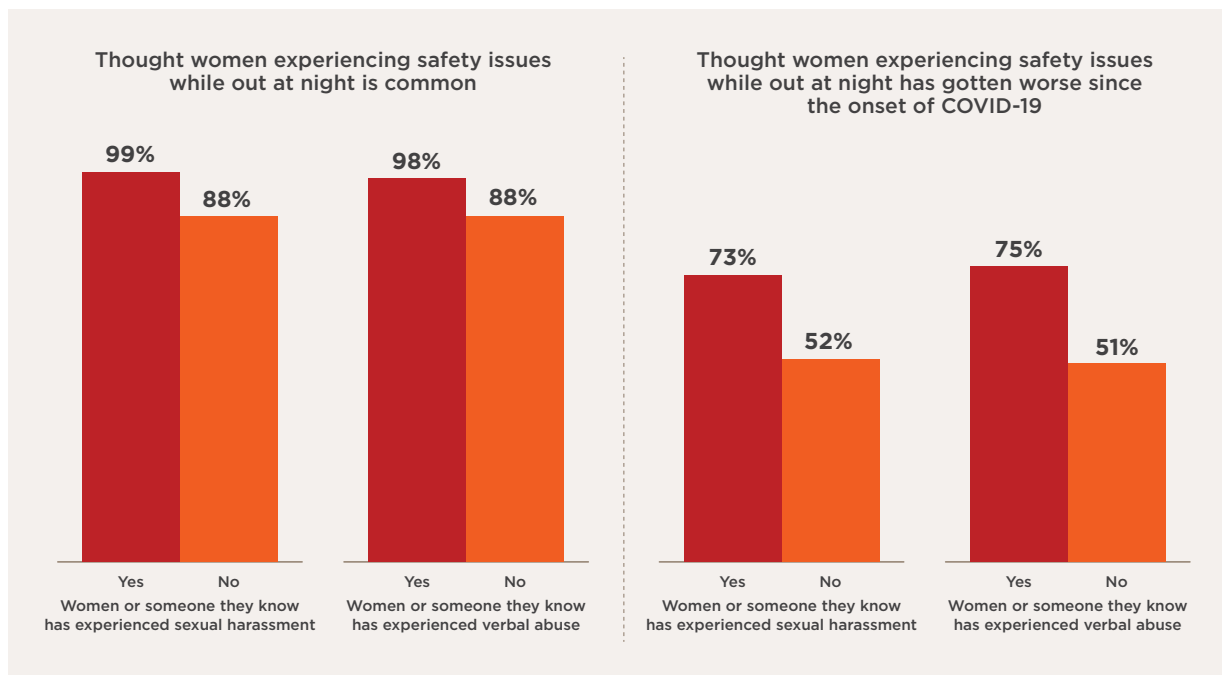
COVID-19 has negatively impacted women’s own perception of safety in public spaces, with 70% of women saying that the situation of COVID-19 has made things worse in terms of women experiencing sexual harassment in public spaces at night. This was particularly the case in urban areas (74 compared to 68% among women in rural areas), and among those who said their income had decreased in the past year (72 compared to 64% for those whose income did not decrease). Similar to sexual harassment perceptions, women who had themselves experienced safety issues at night were also more likely than those who did not to say that sexual harassment has gotten worse since the onset of COVID-19.

Experience or knowledge of VAW was also associated with women’s perceptions of women’s safety at night and of the impact of COVID-19. Women who reported experience or knowledge of sexual harassment or verbal abuse were significantly more likely than those who did not to think that women experiencing safety issues while out at night is common (99 compared to 89% for those who reported experience or knowledge of sexual harassment

compared to those who did not, and 98 compared to 88% for those who reported experience or knowledge of verbal abuse compared to those who did not). They were also more likely to feel that women’s experience of safety in public spaces at night has worsened since

the onset of COVID-19 (73 compared to 52% for those who reported experience or knowledge of verbal abuse compared to those who did not, and 75 compared to 51% for those who reported experience or knowledge of sexual harassment compared to those who did not).

FIGURE 9
Perception of safety issues, by experience or knowledge of types of VAW



Nearly all women (99%) expected that women experiencing safety issues in the public spaces would seek help, and about 4 in 10 women (38%) said that they expected women would primarily seek help from family, though primary sources of help were diverse, with 27% women saying they would most likely seek help from the police, followed by community leaders (17%).

The likelihood that the primary source of support for experiencing safety issues in public spaces was family increased with age – 32% of women aged 18–29 chose this as the main source of support, compared with 51% of women aged 60 and older. Younger women aged 18–29 were more likely to primarily seek help from women’s shelters, centres or NGOs (13 compared to 2% of women aged 60 and older).

The police were also a more likely source of primary assistance for younger women (32% of women aged 18–39 would mainly seek help from the police, compared to 22% of women aged 40 or older).

While women in both urban and rural areas believed women would most likely seek support from family at similar rates (37 and 38%, respectively), women in urban areas were significantly more likely than those in rural areas to think women would primarily call a helpline for support (11 compared to 4%, respectively), whereas women in rural areas were significantly more likely than women in urban areas to think women would most likely approach community leaders for support (20 compared to 14%, respectively).

Interestingly, education levels also have a significant impact on primary sources of help sought by women when dealing with harassment and safety issues in public spaces. Women with a primary education or less were far more likely to seek support from their families (43 compared to 36% of women with secondary education and 27% of women with at least a college education) or community leaders (21 compared to 14% of women with secondary education or higher). Women with higher education levels were more likely to primarily seek help from the police (32% of women with a secondary education or higher, compared to 23% of women with a primary education or less) or helplines (16% among women with at least a college education, compared to 8% of women with secondary education, and 3% of women with primary education or less).

When asked if security and/or crime-prevention support services were available for women in their community, one woman in five (21%) responded positively. This may be driven by availability in specific areas, as urban women were more likely to know of services than those in rural areas (24 compared to 19%) or it may be related to greater awareness, as those

with higher education levels tended to know about services (27% of those with a secondary education or higher, compared to 15% of those with a primary education or less).

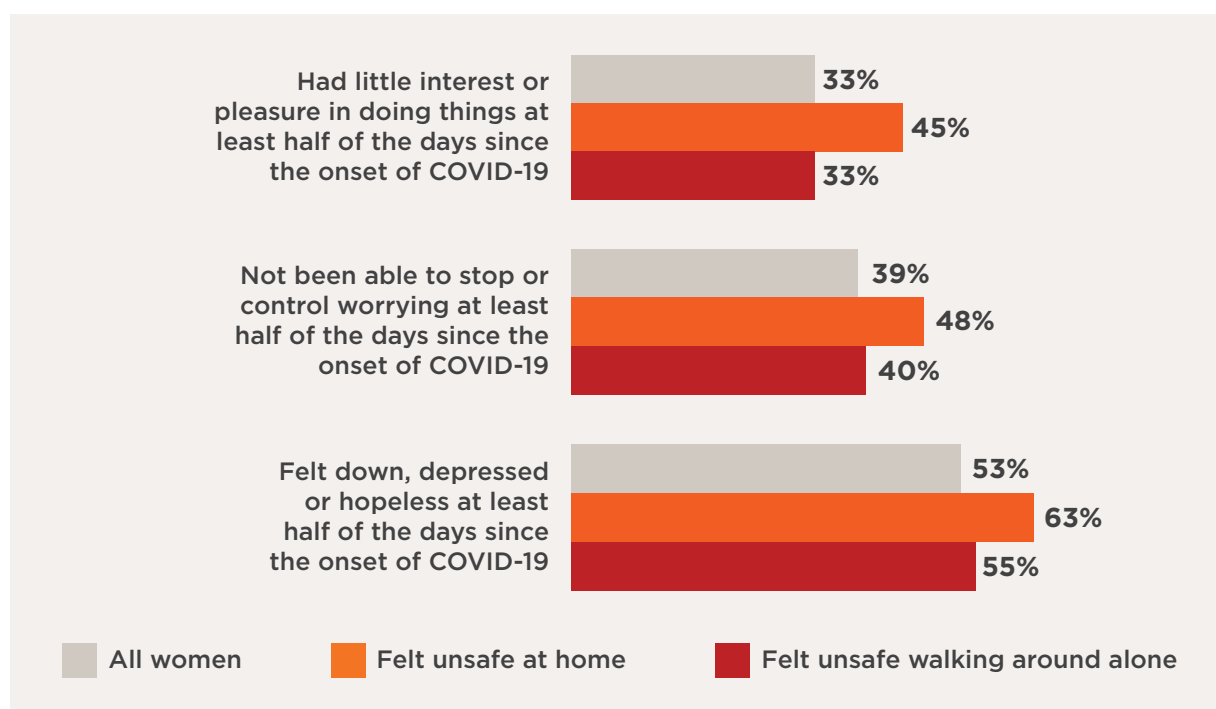
It is clear that women have an increased sense of anxiety and fear outside of the household, and that this has impacted their ability to engage in public spaces. While nearly half of women (46%) said that they leave their house by themselves at least once a week, over one third of women (35%) only leave their house by themselves once or twice a month, and one fifth of women (19%) reported they had not left their house alone at all in the past month or longer. Women who participate in income-generating activities were significantly more likely to leave their house daily than those who do not participate in these activities (39 compared to 8%, respectively). Additionally, women who said that they had felt unsafe walking around alone, whether it was during the day or at night, were nearly twice as likely to say they had not left the house alone in the past month (21 compared to 13% of women who always felt safe), suggesting that experiencing safety issues can have a significant impact on women's mobility.

5. IMPACTS OF VIOLENCE AGAINST WOMEN

This study indicates potential relationships between measures of VAW and changes in women’s behaviours and their feelings of mental and emotional well-being. Impressions and experiences of safety (or lack thereof) may be associated with symptoms and anxiety and depression for women, particularly those who

have felt unsafe in their own home in the past six months. Women who said that they had felt unsafe, whether it was in their home or in the public spaces, were more likely to report issues with mental health and say that the COVID-19 pandemic has impacted them negatively.

FIGURE 10
Measures of mental health, by feelings of safety



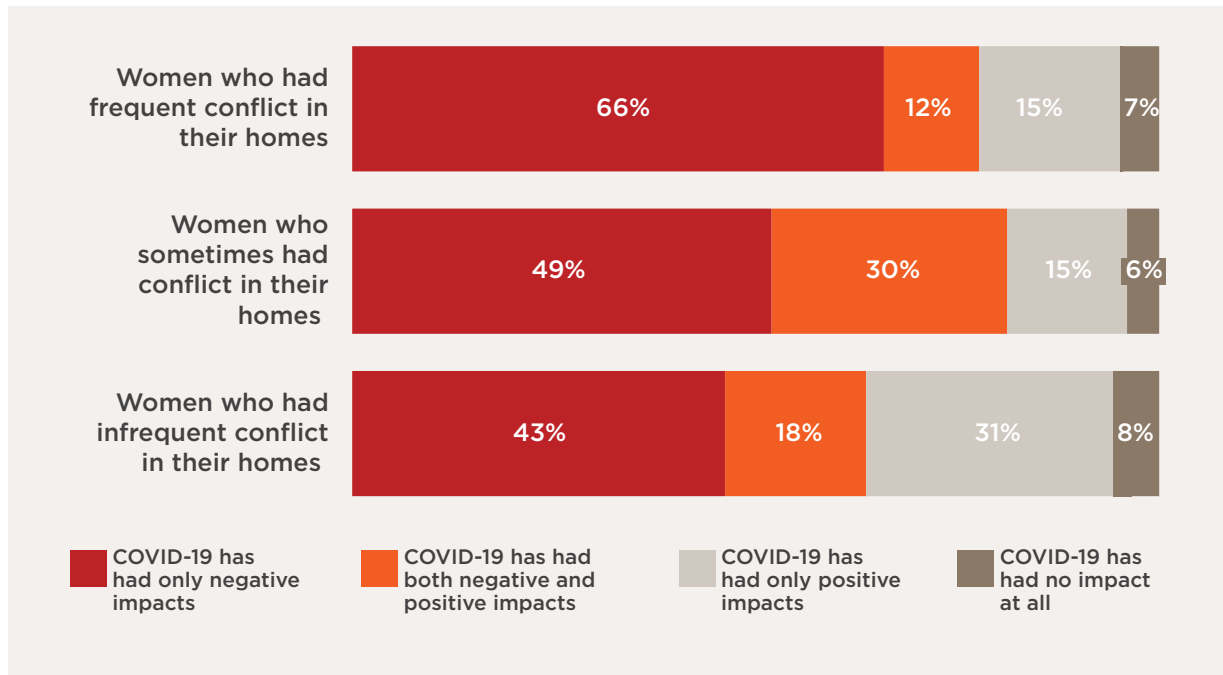
In addition to personal experience of safety being associated with indicators of poor mental health, income was also a closely associated factor. Women who reported decreased income over the past year were more likely than women whose income did not change to report not being able to stop or control worrying (41 compared to 32%, respectively), having little interest or pleasure in doing things

(35 compared to 26%, respectively) and feeling down, depressed or hopeless (56 compared to 41%, respectively) at least half the time. This was also reflected in measures of food insecurity, where women who said they had felt symptoms at least half the days since the onset of COVID-19 were more likely to have experienced food insecurity.

Irrespective of women’s safety issues in the public or private sphere, the majority of women in Bangladesh reported that the COVID-19 pandemic had an exclusively negative impact on their mental health. For women who experienced frequent conflict in their homes, this

negative impact was much higher compared to those who experienced infrequent conflict, however, again suggesting that COVID-19 may be intensifying stress in households that already faced conflict.

FIGURE 11
Impacts of COVID-19 pandemic on mental health, by frequency of household conflict



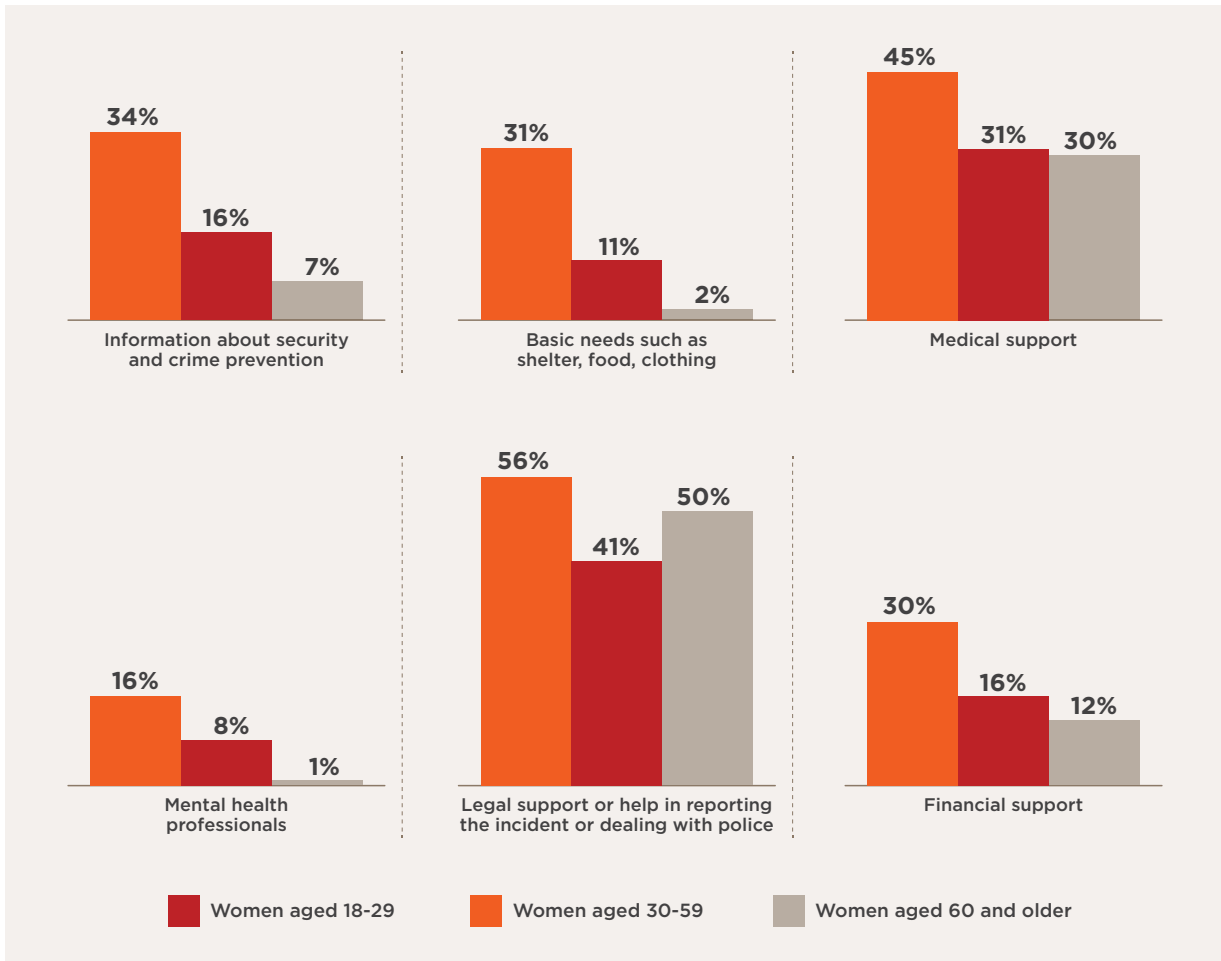
Age also seems to have a significant relationship with women’s experience of COVID-19 and their mental and emotional well-being. Women aged 18 to 39 were much more likely to say that COVID-19 had an exclusively negative impact of their mental and emotional well-being (57, compared to 48% of women aged 40 to 59, and 25% of women 60 and older), while those who were 60 and older were far more likely to say there had been both positive and negative impacts (52, compared to 17% of women under 60). Women who generated income were also more likely to say that they faced exclusively negative impacts of the pandemic on their mental and emotional well-being

(56, compared to 49% of women who did not generate income). Additionally, women who felt any negative impacts of COVID-19 on their mental or emotional health were more likely to be moderately or severely food insecure when compared to women whose mental and emotional health were not affected.

When asked about the availability of mental health services, just 10% of women overall said that these were available to women in their community, suggesting that more could be done to help improve awareness of, and access to, critical support services to women across Bangladesh.

FIGURE 12

Awareness and availability of services for women



The impacts of violence against women in public and private spheres were also observed when analysing women’s socialization and movement patterns. The majority of women who reported feeling unsafe, whether it was

outside or inside the household, said the COVID-19 pandemic has limited their interactions with friends and social groups (81 and 80% respectively, compared to 64 and 70% of women who did not feel unsafe).

6. RECOMMENDATIONS

The impacts of COVID-19 on VAW in Bangladesh are significant. Women in Bangladesh encounter violence in public and in private spaces, at the hands of strangers and of those closest to them. As nearly all women in Bangladesh (93%) said that they or another woman they know had experienced a type of VAW in their lifetime, urgent action is required to ensure a safe future for Bengali women. Additionally, with around 22% of women likely experiencing food insecurity at the time of the study and 78% saying they had lost income, mostly due to the COVID-19 pandemic, external stressors that can increase the risk of VAW are on the rise.

As a result of the intersectionality of VAW, policy and programmatic interventions required tailoring to the factors driving different experiences of violence. Not only does the type of response that is best-suited to address VAW vary based on the specific experiences of women, but the resources they would seek out vary as well. This work stresses the importance of partnering with existing infrastructure that supports women in vulnerable situations to empower communities with the full suite of resources they may need to support women. Considering this, the research supports three recommendations:

1. Interventions that are meant to address VAW should consider how policy interventions in other areas may alleviate some of the root causes of VAW, including through fully integrating VAW measures in post-COVID-19 recovery plans as an opportunity to build back better.

While this study provided insights on some of the factors associated with VAW, such as fluctuations in income or life stage, the results emphasize the pervasiveness of VAW in

Bangladesh. Given that so many women have experiences or knowledge of VAW, it is hard to provide a description of any particularly affected group. It is clear in this case that all programmatic interventions in Bangladesh need to incorporate measures to help ameliorate women's vulnerability to violence, whether this is directly through programming that shifts gender norms and educates both men and women on the topic, or indirectly through programming focused on other substantive areas. In the case of Bangladesh, gender mainstreaming that emphasizes the causes and risk factors of VAW is direly needed to help the large number of VAW survivors across the country.

Bangladesh was struck hard economically by COVID-19, with the nation's poverty rate increasing from 14.4 to 18.1% in 2020.⁸ This points to an urgent need for focus on economic support policies as well as greater support for, and focus on, raising awareness on existing local community programmes designed to assist those who are already vulnerable and have been made even more so by the effects of the pandemic. Programming responses to COVID-19 present a unique opportunity to shift to a more integrated approach to VAW programming in which all policy areas are seen as having potential to create positive impacts for women.

2. Enhance the response and provision of essential services by authorities and civil society and improve trust in order to boost reporting and bolster women's confidence and feelings of safety.

Results from this study show that women are expected to seek help when they face VAW, although most expect this help to come from

⁸ [World Bank. N.D. Bangladesh Overview.](#)

informal sources, and many women are unaware of resources that are available to them. This was particularly true among older women when compared to their younger counterparts, suggesting that there is a need for further policy interventions such as those that enhance the quality and accessibility of the response and services available to women survivors of violence, as well as efficiency in the treatment of cases.

Despite high awareness and accessibility of at least some forms of support among younger women in particular, women expressed great reluctance to report VAW to official authorities and express preferences to report to other entities, including NGOs, shelters, or family members. Given the pervasiveness of VAW in Bangladesh, improving referral pathways for reporting, sensitizing law enforcement agencies towards women experiencing VAW, and refocusing judicial and social services systems to provide trustworthy and credible support for women is critical for the long-term health of the country.

In addition to improvements to formal reporting systems, interventions seeking to provide support to women survivors of violence in Bangladesh should also expand the informal institutions and networks that women already use. Centralized resources may not be accessible for all women and therefore careful placement of resources in more informal channels where women already feel comfortable reporting and supporting NGOs and civil society organizations focused on ending VAW with harmonized tools and government support to achieve their objectives.

3. Sensitivity around traditional roles and norms and shame associated with experiencing VAW in Bangladesh require programmatic interventions that aim to shift harmful social norms while conducting further research on how gender norms may silence VAW survivors.

While this study provides insightful information about the concerning current state of VAW in Bangladesh, further research that seeks to understand the social norms and behavioural associations that underlie the experience of VAW and help-seeking behaviour is critical in order to end VAW. In-depth qualitative research is particularly useful in unpacking the “how” and “why” behind attitudes and behaviours. Such research can help build a more thorough framework of the underlying social and gender norms and the reasons why (or why not) women experienced VAW and sought help. This could help to develop campaigns to end VAW in Bangladesh and support women survivors of such violence, making them feel more safe and comfortable seeking help through official channels.

As part of these efforts, it is critical to undertake programming focused on destigmatizing VAW, as it remains a shameful topic in Bangladesh that women are not comfortable discussing and have conflicting feelings about. With women’s roles in Bangladesh being governed by traditional cultural and social norms, most surveyed women reported assumed non-income-generating (89%) and caregiver (72%) roles in the household. Given the substantial role that social and gender norms play in ending VAW, it is critical that any interventions seeking to improve or eliminate environmental stressors that are root causes of VAW are paired with educational programming that engages men along with women to address masculinities, bolster women’s well-being, and improve women’s safety within the home.

7. METHODOLOGY

The survey was fielded via Computer-Assisted Telephone Interviewing using random-digit dialing with mobile numbers between 18 August and 30 September 2021. The total number of completed interviews was 1,242. During the survey period, Bangladesh had no lockdown in place, and had just lifted a lockdown as of 11 August that had been in place since 23 July after the country's Eid holiday celebrations.⁹

The sample was drawn via random-digit dialing among the population of mobile phone

numbers, so the sample population is limited to women aged 18 or over with mobile phone access. Women over age 60 were also specifically targeted with an existing database to ensure adequate coverage of this age group. However, the percentages for each age group from this survey match the percentages for each age group based on projections from the United Nations World Population Prospects 2019.¹⁰

Age group	Percentage of adult women based on Census data	Percentage of adult women from sample data
18–29	32%	32%
30–39	24%	24%
40–49	19%	19%
50–59	13%	13%
60+	12%	12%

9 [COVID-19 timeline in Bangladesh](#)

10 [United Nations Population Division. 2019. World Population Prospects 2019.](#)

DEFINITIONS

Community: A term referencing the geographic area in which the respondent lives.

Food insecurity: This study used the Food and Agriculture Organization (FAO)'s formulation to measure food insecurity, with an eight-statement battery. These data can be used to establish estimates of the proportion of the sample who were moderately or severely food insecure, which can also be disaggregated by other variables of interest through the use of the FAO Food Insecurity Experience Scale (FIES) module. Any references in the report to prevalence of moderate or severe food insecurity represent estimates of the prevalence and should be interpreted as such.

Partnered: A term referring to women who were married or living/cohabiting with a partner.

Violence against women: Any act of gender-based violence that results in, or was likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

Felt unsafe walking alone: Refers to women who indicated that they felt “not very safe” or “not safe at all” walking alone outside during the day (at question Co2) or during the night (at question Co3).

Experienced or knew someone who had experienced VAW: Refers to women who indicated that they, or another woman they knew, had experienced at least one of VAW. “Since COVID-19” is added to indicate women who indicated that these incidents had only been occurring since the start of the pandemic.

Experienced frequent conflict: Refers to respondents who indicated that they experienced conflict or arguments in their homes at least once a week during the last six months (at question C19).

Experienced infrequent conflict: Refers to respondents who indicated that they experienced conflict or arguments in their homes “once or twice” or “never” during the last six months (at question C19).

Violence, abuse or the harassment of women are a problem in the community: Refers to respondents who indicated that physical harm, abuse or the harassment of women are “a lot”, “somewhat”, or “a little bit” of a problem where they live (at question Co7).

Violence, abuse or the harassment of women are not a problem in the community: Refers to respondents who indicated that physical harm, abuse or the harassment of women are “not at all” a problem where they live (at question Co7).

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