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Research Article

Gender-Based Violence among University Nursing Students in the Context of the Covid-19 Pandemic.

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Abstract

Introduction

Violence is a current word in our days, it frequently occurs in women, the National Institute of Statistics, Geography and Informatics reports that, in México, 70.1% of women aged 15 and over have experienced at least one situation of violence throughout their lives. Psychological violence was the most prevalent (51.6%), followed by sexual violence (49.7%), a situation that also occurs in nursing students from three faculties of the National Autonomous University of Mexico, especially during extraordinary situations such as a pandemic. Objective: To identify the gender-based violence that occurs in students of the nursing degrees at the National Autonomous University of México, who live in confinement due to the COVID 19 pandemic. Method; Qualitative descriptive phenomenological research, using the in-depth interview technique, answered by 10 students of the bachelor's degrees in nursing and nursing and midwifery, upon reaching theoretical saturation in discourse analysis, with prior informed consent. Results; the confinement and violence category was obtained, with two subcategories: emotional changes and society and violence. Conclusions: The objective was achieved, and it was identified that students suffer gender-based violence due to double confinement, both physical and psychological, due to feeling trapped and unable to find a solution to their experiences.

Keywords: Gender-Based Violence; Nursing Students; Covid 19

Introduction

The word violence as such cannot be traced back in history with the same meaning it uses in the 21st century. Its expression dates back to Greek culture, where texts speak of public violence (occurring in groups, in the city) and private violence (occurring in the home, in the family). In Roman culture, "violence is the combination of two Latin words 'vis' (force) and the participle 'latus', from the word 'fero' (to carry, to levar), "to carry force towards". Violence means 'intense force"" [1]. Some trace its origins back to the Paleolithic era. The truth of the word is that it is here to stay and it seems that it does not have a specific time to decrease, violence, like many actions carried out by human beings, evolves and becomes visible especially in the last decades of the 20th century, it increases even more during the COVID 19 pandemic, present throughout the world, where for reasons of avoiding a greater number of deaths in the world population, confinement is resorted to. Violence is an act of extreme force, which can be used by both men and women. This has become tangible so far in the 21st century, according to the Pan American Health Organization (PAHO). The Americas are "the region with the highest homicide rate in the world, three times the global average, and where one in three women has experienced physical or sexual violence from an intimate partner." Regarding

México, the National Institute of Statistics and Geography (INEGI) mentions that during 2021, "the federal entities where women aged 15 and over have experienced the most violence throughout their lives are; State of Mexico (78.7%), Mexico City (76.25) and Querétaro (75.2%), in Mexico, 70.1% of women aged 15 and over have experienced at least one situation of violence throughout their lives. Psychological violence was the most prevalent (51.6%), followed by sexual violence (49.7%)". [2] As part of the statistics mentioned, there are possibly women who study nursing, in this sense we can say that the largest number of nursing students are women, for example; "in 2022, the School of Nursing of the Ministry of Health of the Federal District had 327 enrolled, of which 17.4% (57) were men and 82.6% (270) were women". [3]

The Faculty of Nursing and Midwifery (FENO) of the National Autonomous University of Mexico (UNAM), in the year 2023 of a "total enrollment of 3152, 70% (2,208) corresponds to women and 30% (944) to men"[4], in the Faculty of Higher Studies Iztacala of a total enrollment of 1390 bachelor's degree students in nursing, 73.6% (1022) are women and 26.4% (368) are men"[5], in the Faculty of Higher Studies Zaragoza of a total enrollment of 1481 bachelor's degree students in nursing, 68% (1006) are women and 32% (475) are men"[6]. Considering the three faculties there is a total of 6023 students, of which 70% (4236) are women and 30% (1787) are men, as we can see, the nursing degree course continues to be a women's course, therefore the risk of gender violence is found in all the spaces in which they operate, especially if due to a situation necessary to preserve life in the face of an infectious disease transmitted by air, one is in confinement, in order to avoid being infected and infecting others.

On December 1, 2019, in Wuhan, Hubei (Central China), a disease "caused by the infection of the beta coronavirus SARS-CoV-2" [7]. began, with "high transmissibility through the air, which is why it quickly managed to reach all countries in the world, regardless of race, socioeconomic level, latitudes or seasonal season"[8], a pandemic that reached Mexico with the first confirmed case on February 27, 2020. From that moment on, the Mexican government, through the Ministry of Health, initiated various strategies such as "hand washing and isolation or social distancing, as well as the use of face masks" [9], continuing with the closure of schools, which includes all educational levels, from daycare centers and kindergartens to public and private universities, considering them non-essential activities.

Due to the increasingly rapid spread of the virus and being considered a serious disease requiring priority care, the General Health Council as a health authority recommends that "the country's inhabitants remain at home, to contain the disease caused by COVID-19" [10], a measure that requires schools to use various tactics, such as teaching classes through digital means through platforms such as Moodle, zoom, meet, which means that students, in addition to remaining at home, have to spend long hours in front of the television, screens or desktop computers, laptops or tablets. The nursing degree program, which is taught in three faculties of the UNAM, as well as the nursing and midwifery degree at FENO, is no exception. This fact leads to nursing students spending more time at home, with their families, experiencing aspects that are possibly unknown to them, in the sense that confinement led to carrying out the minimum of social activities that are part of human beings, possibly social distancing and confinement itself led to more violence against students. Therefore, the question arises: what is gender-based violence like in university nursing students who are confined in the context of the COVID-19 pandemic?

The confinement carried out by the majority of the Mexican population gave rise to various social aspects in Mexicans, changing the way of life of Mexicans, who travel great distances to get to work, to educational activities, transformed the lives of nursing students in general, even in the sense that to avoid crowds within health institutions, they were not allowed to do clinical practices in these institutions, remaining like the nursing generations of COVID-19.

Methodology

Qualitative, descriptive, and phenomenological research was conducted from October 3, 2022, to May 26, 2023, in compliance with Article 100 of the Mexican General Health Law and the Mexican Official Standard NOM-012-SSA3-2012. The data collection technique used was an in-depth interview with nursing students aged 23 to 30 years, with prior informed consent. They were from three UNAM faculties, including bachelor's degrees in nursing and bachelor's degrees in nursing and midwifery. The interviews were conducted in the participants' homes, as this was the space where they felt most comfortable expressing themselves freely. The selection criteria for the interview were: enrollment in the undergraduate program, identification with a valid ID; the student could withdraw from the research at any time; and whether they were in their sixth or eighth semester. The interview consisted of five questions, which were recorded and transcribed. It was considered in this research that by conducting the interviews in the home, the researcher had the opportunity to listen and support the interviewee with the dialogue at the end of the recording, in addition to providing times of silence, necessary for the continuity of the interview. Another point to consider is the fact that, since this is a sensitive topic, the need for anonymity of the interviewees was emphasized. Once the interviews were transcribed, a content analysis of the testimonies was carried out, achieving theoretical saturation in 10 interviews. Since no new elements, ideas, codes or significant themes emerged, categories and subcategories were created with what was found. Validity and reliability criteria were applied to achieve scientific rigor.

Results

In the 10 interviews conducted, it was found that 6 were from the Faculty of Nursing and Midwifery, 2 from the Iztacala Faculty of Higher Studies, and 2 from the Zaragoza Faculty of Higher Studies. All 10 participants were single, 2 were in their sixth semester, and

8 were in their eighth semester. Nine students experienced gender-based violence at home, one in the workplace. The perpetrator reported by the participants was a male relative or someone in a relationship; 3 were brothers, 1 was a cousin, 5 were ex-partners, and 1 was not specified. The analysis of the testimonies revealed the category of confinement and violence, with two subcategories: the first, emotional changes, and the second, society and violence. The category of confinement and violence, according to the analysis carried out, is conceptualized as the physical, psychological and visual manifestation of violence resulting from living without leaving the physical area where one lives for a prolonged period of time due to the presence of the COVID-19 pandemic and being a measure indicated by the Mexican Ministry of Health, as can be read in the following testimonies:

"Well, I am the only woman and my parents are separated, almost everything was on me and they didn't let me go out except to work, my brothers, like my mother, but that has always been the case, so I have to let my brothers know where and with whom I am, I started to get frustrated because during the pandemic it became more noticeable, because since they were at home they were more aware of what I did, like my mother, the truth is I still don't understand, why are we the only women, for wanting to control" Cecilia

"On the other hand, I also had a conflict because I no longer saw my boyfriend and that caused problems because he started to distance himself and become irritable, angry about everything and then one day when he came to my house, which was very strange, I discovered on his cell phone that he was cheating on me and it wasn't the first time" Carolina

"Depressed, sad, uncertain, anxious, very scared, with many mixed feelings and sensations. I don't know how to describe it, because there were many times when I was very sad." Carla

These testimonies reveal that, with confinement, the students experienced stress, anxiety, and fatigue. They felt under surveillance. Authoritarianism on the part of family members became apparent during confinement. All of this led them to feel emotional dependence and frustration, actions that led them to seek professional help. Based on what the participants experienced and expressed, we can say that confinement is a measure intended to protect a person's physical health, but there is no protection or preventive measures for mental health, which makes the violence that possibly already existed visible, but which becomes visible to the student, and she begins to become aware of it. The subcategory of emotional changes is constructed and conceptualized as the variability of mood due to the situations experienced at home due to confinement during the time indicated by the Mexican Ministry of Health. At the beginning of the confinement, they felt happy with their daily coexistence and spending quality time with the family, but over time it became unbearable, as Cintia expresses with the following testimony:

"Well, I just lived with him and at first it was good because they shortened his work hours and stopped sending him out, and we were both at home and we helped around the house because it was something new for me because it was the first time I lived with someone, he was already separated and had a daughter, at last for me, everything was hell because of the change, he would get angry at the slightest thing because there was a wrinkle when I ironed his shirts and well I was learning, he wanted me to drop out of school because he said I wasn't 100% good enough for him, it drove me crazy because I came to think that I was useless".

What is described in the previous paragraph possibly responds to the fact that living in situations of confinement alters the emotional intelligence of human beings, "it is estimated that the cortex constitutes the thinking part of the brain, it also plays an important role in understanding emotional intelligence, since it allows us to have feelings about our feelings, that is, we can discern, analyze why we feel what we feel and then act on it" [11], this makes us think that sociability occurs from living with people who are outside the home and who are in places that are part of society.

The subcategory of violence and society is understood as the change that occurs in the home and outside-home environment in which the nursing student works due to confinement, where displays of force towards her person increase, as can be read in Corina's testimony:

"Well, I lived more with my mother-in-law and my then partner and the truth is that I had a really bad time, he didn't work, I had a lot of cats, I was the one who worked, I took online classes and I broke into several parts because I also couldn't even lift a plate and that bothered me a lot, more because since we lived in his house and my mother-in-law was there, I couldn't say anything to him because every time I told him she defended him, the biggest problems began, he yelled at me about everything, he got angry, he started to get jealous of everything, he treated me badly and I thought that I had to put up with it or at least he wouldn't hit me, I had a really bad time, my self-esteem dropped, I don't know if his attitude changed so much because of the insecurity that I went out to work and he stayed at home or if it was already like that and as soon as I realized, I ended up loving myself more, I went to the psychologist and now I love myself more, now I know what I really deserve".

Based on the above testimony, it can be said that domestic violence has increased with confinement, a phenomenon that harms society in terms of health, economics, relationships between different people, and harms third parties in all aspects of life. "Domestic violence is transmitted from generation to generation because it is a response to the root causes of the conflict" [12], which increases in times of confinement, regardless of the causes that provoke it.

Discussion

Violence in general continues to increase. It is becoming more visible every day. It is more prevalent among women. In the case of nursing students, regardless of whether they are pursuing a bachelor's degree, they are unable to break the cycle of violence they experienced before the lockdown. Since the lockdown, a measure

ordered by the Mexican Ministry of Health, domestic violence has increased, where students with boyfriends felt trapped, data found in this research, which coincides with the study by García Díaz Vanesa, who reports that "31.7% of female students reported feeling trapped in their relationship, 13.8% feeling fear and 9% feeling abused" [13]. One of the aspects that are disrupted in nursing students due to confinement are emotions. In the present investigation, it was found that they felt stressed, depressed, sad, uncertain, and afraid, but also with mixed sensations and feelings. Data that agree with what was found by Medina Mora in a study carried out with medical students, who "reported more than one disorder (90%)" [14], an aspect that is related to people who have a problem with substance abuse and in whom "it is known that comorbidity is frequent and that the severity of emotional discomfort increases, as well as the search for care" [15]. In the qualitative research we are talking about, it was found that violence towards nursing students emanates from within the bowels of society itself, it is something accepted, seen as normal, that is transmitted from generation to generation not so much as a problem, but as a solution to the deep causes of different conflicts, where the student does not realize that she lives in violence and with violence as Corina says;

"Well, I lived more with my mother-in-law and my then partner and the truth is that I had a really bad time, he didn't work, I had a lot of cats, I was the one who worked, I took online classes and I broke into several parts because I also couldn't even lift a plate and that bothered me a lot, more because since we lived in his house and my mother-in-law was there, I couldn't say anything to him because every time I told him she defended him, the biggest problems began, he yelled at me about everything, he got angry, he started to get jealous of everything, he treated me badly and I thought that I had to put up with it or at least he wouldn't hit me, I had a really bad time, my self-esteem dropped, I don't know if his attitude changed so much because of the insecurity that I went out to work and he stayed at home or if it was already like that and as soon as I realized, I ended up loving myself more, I went to the psychologist and now I love myself more, now I know what I really deserve".

With this testimony, we can say that it's not just about giving nursing students courses on gender-based violence, but rather workshops that allow them to acquire the tools to boost their self-esteem, and thus, the students themselves, who are caught in the cycle of violence that surrounds them.

The workshops have the possibility that the student asked for help to get out of the statistics of the National Survey on the Dynamics of Relationships in Households (ENDIREH 2021) on violence in the school environment, who reports that "women aged 15 and over who have attended school, 32.3% experienced some type of violence throughout their life as students, while 20.2% experienced violence from October 2020 to October 2021.

Based on the testimonies presented in this research, we realize that "physical violence (18.3%) was the most prevalent throughout school life, while sexual violence (13.7%) was the most experienced in the last 12 months" [16], as we can see, students would like to have a safe space like home. They find that after more than six months of confinement, their home is a physical place filled with stress, anxiety, irritability, and harsh voices and words that damage their self-esteem—in other words, violence. As a result, their home is no longer a safe place, and they feel adrift. The findings of this research are a starting point for designing workshops that foster the development of tools in students, allowing them to understand and apply protocols that allow them to file complaints with the university's ombudsman's office and receive psychological support to continue their daily lives without fear.

Conclusions

Violence is a word that has been present in humanity throughout the 21st century and will surely remain so for several more centuries. This qualitative research found that nursing undergraduate students enrolled in three faculties of the National Autonomous University of Mexico, during the lockdown implemented by the Mexican Ministry of Health, experienced domestic, emotional, and social violence perpetrated by family members such as siblings, cousins, and boyfriends. With the lockdown, violence against students increased, but above all, it became apparent that this violence already existed. Some of them were able to identify that they were experiencing violence within their homes and sought help to resolve the violence they were experiencing. The physical lockdown ordered by the Ministry of Health shows how violence is increasing from a social perspective, manifesting strongly in the homes of nursing students. Before the pandemic, they were already experiencing not only physical but also mental confinement. This mental confinement is what leads them to feel even more trapped than they already do. Thus, we can say that they actually experienced a double confinement, both physical and mental. Having discovered that the student is experiencing two confinements at the same time, we propose developing protocols to identify students who suffer from domestic violence. We propose a psychological consultation to help them file a complaint and initiate various interventions, such as including a violence detector on their cell phones, which will help them feel safer in all environments as they carry out their daily lives.

References

1. Aparicio Ordas G L A (2025) The Origin of Violence in Human Societies: Symbolic Violence, Founding Violence, and Political Violence; Spanish Institute for Strategic Studies. Opinion Document [Internet] pp. 14.
2. National Institute of Statistics, Geography, and Informatics [Internet]. México; Institute; 1983-2025 [cited November 8, 2024]. Press Release No. 485/22.
3. School of Nursing of the Ministry of Health of the Federal District [Internet]. Mexico; 1946-2025 [accessed October 25, 2024].
4. Faculty of Nursing and Midwifery (2023) [Internet]. Mexico; Faculty; 1905-2025 [accessed January 3, 2025] First Report.
5. Iztacala School of Higher Studies [Internet]. Mexico; School; 1975-2025 [accessed February 1, 2025] 4th. Activities Report 2020-2024.

6. Zaragoza School of Higher Studies [Internet]. Mexico; School; 1976-2025 [accessed February 18, 2025] 1st. Activities Report 2022-2026.
7. García BC, Villasis Keever MA (2020) COVID-19: a turning point in Mexico. A new beginning? A new period? Mexican Journal of Pediatrics. March-April 87(2): 43-45.
8. World Health Organization [Internet]. Suiza: Organización; 1948-2025. [citado el 17 denoviembre del 2024] Coronavirus Disease (COVID-19) Dashboard.
9. Chu DK, Akl EA, Duda S, Solo K, Schünemann HJ, et al. (2020) Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta- analysis. Lancet. June 27 395(Issue 10242) P1973-1987.
10. General Health Council [Internet]. Mexico: Council; 1887-2025 [cited March 1, 2025] Executive Branch. Agreement declaring a public health emergency due to force majeure, due to the epidemic of the disease caused by the SARS-CoV2 virus (COVID-19); Official Gazette, Evening Edition, Monday, March 30, 2020.
11. Mulsow G (2008) Emotional Development: Impact on Human Development Education; January-April 31 (1: 61-65: pp. 5.
12. Mercedes B, Arce Rodríguez (2006) Gender and Violence. Agric. Soc. Development 3(1): 77-90:3
13. García DV, Fernández FA, Rodríguez DFL, López GML, Mosteiro DMDP, et al. (2013) Gender violence in nursing students during their dating relationships; Aten Primary 45(6): 290-296.
14. Medina M.M.E. Guerrero B. Cortés J. How did the economic downturn resulting from the long COVID-19 lockdown impact the mental health of Mexican students?; COVID-19 Bulletin, Public Health and Epidemiology, Department of Public Health, Faculty of Medicine, National Autonomous University of Mexico; August 2022; 3 (28): 3.
15. Harris MG, Bharat C, Glantz MD, Sampson NA, AlHamzawi A, et al. (2019) Cross-national patterns of substance use disorder treatment and associations with mental disorder comorbidity in the WHO World Mental Health Surveys 114(8): 1446–1459.
16. National Institute of Statistics, Geography, and Informatics [Internet]. México: Institute 1983–2025 [cited February 17, 2025]. National Survey on the Dynamics of Household Relationships (ENDIREH 2021).

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