

The Pandemic and the Trauma of Home-Staying Women: The Indian Perspective

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Abstract

The COVID-19 pandemic triggered an unprecedented global health crisis, resulting in extended lockdowns and mobility restrictions. These conditions disproportionately affected women, especially those confined to the domestic sphere in India. This paper explores the multifaceted trauma experienced by home-staying Indian women during the pandemic, including physical, psychological, emotional, and economic dimensions. Drawing on data from national surveys, governmental reports, and academic studies, the paper examines how domestic violence surged, mental health deteriorated, care burdens increased, and financial insecurities worsened for women. It also highlights the structural issues that exacerbated these challenges, such as patriarchy, inadequate policy support, and social stigmas. The paper concludes with policy recommendations for building a gender-sensitive response to future crises

Key Words: Pandemic trauma, home-staying women, gender-based violence, unpaid care work, psychological impact, feminist crisis, gender inequality, structural violence, reproductive health disruptions

Introduction

The COVID-19 pandemic, declared by the World Health Organization in March 2020, led to unprecedented global health and socio-economic crises. In India, the government's stringent lockdown measures aimed at curbing the virus's spread had profound implications, particularly for women confined to their homes. While the public health emergency necessitated such measures, they inadvertently exacerbated existing gender inequalities and exposed women to heightened risks of trauma.

Home-staying women, including homemakers, caregivers, freelancers, and unemployed individuals, faced compounded challenges during the lockdown. Their homes, traditionally considered safe spaces, became sites of increased labor, surveillance, and, in many cases, violence. This paper seeks to explore the multifaceted trauma experienced by these women, analyzing psychological, physical, economic, and social dimensions within the Indian context. The research delves into how societal norms, institutional neglect, and systemic

inequalities magnified the pandemic's impact on women, rendering their suffering both profound and often invisible.

The goal of this study is to bring visibility to the silent struggles of home-staying women during the pandemic and to recommend policies and interventions that can mitigate such trauma in future crises. The paper argues that understanding this gendered trauma is vital not only for equitable recovery but also for the evolution of a just and inclusive society.

Methodology

This research employs a qualitative approach, analyzing secondary data from various sources, including peer-reviewed journals, government reports, non-governmental organization (NGO) publications, and credible media articles. The study focuses on data collected between 2020 and 2022, providing insights into the pandemic's impact on home-staying women in India. The analysis is grounded in feminist and socio-psychological theoretical frameworks to contextualize women's experiences within broader structural narratives.

Key databases consulted include JSTOR, PubMed, and Google Scholar. Reports from Indian government ministries such as the Ministry of Women and Child Development, and international organizations like UN Women and WHO, have been critically reviewed. Thematic analysis has been employed to identify recurring issues such as domestic violence, mental health deterioration, economic loss, and increased care responsibilities.

This approach allows for a nuanced understanding of the issue, emphasizing the lived realities of women and how they intersect with structural policies and cultural norms.

Understanding Trauma in the Domestic Sphere

The domestic sphere, often idealized as a haven of comfort and familial warmth, was reconfigured during the pandemic into a site of psychological and emotional distress for many Indian women. The abrupt disruption of daily routines, isolation from social circles, and increasing expectations within the household led to a complex blend of trauma responses among women.

Psychologically, women experienced heightened levels of anxiety, depression, and a pervasive sense of helplessness. A study by Grover et al. (2020) found that nearly 60% of respondents reported anxiety symptoms during the early months of the pandemic, with women significantly more affected than men. The lack of access to mental health services—particularly in rural areas—aggravated the situation. Telemedicine initiatives, while commendable, were often inaccessible to women due to digital illiteracy, lack of devices, or restricted autonomy over technology usage in patriarchal households.

Emotional trauma was compounded by the burden of maintaining harmony in a stressed family environment. Women frequently played the role of emotional regulators—absorbing the fears and frustrations of their spouses, children, and elders while suppressing their own distress. As described in a qualitative study by Kumar and Mehta (2021), several homemakers reported feelings of invisibility and dehumanization, as their labor and emotions went unacknowledged.

This trauma must also be seen as structural, not merely incidental. It is embedded in a culture where the domestic burden is feminized and normalized, and where mental health remains deeply stigmatized. Addressing domestic trauma, therefore, requires dismantling these entrenched norms as much as it requires medical or psychological intervention.

The Multiplication of Care Work

Care work during the pandemic did not merely increase, it exploded. With schools, day-care centers, and elderly care institutions closed, the responsibility of care fell almost entirely on women. Indian households witnessed an intensification of unpaid labor, including cooking, cleaning, nursing, homeschooling, and emotional support—all tasks performed disproportionately by women.

According to Deshpande (2020), Indian women already spent nearly 352 minutes daily on unpaid care work pre-pandemic, compared to 51.8 minutes by men. During lockdown, this gap widened dramatically. For many women, especially those juggling remote jobs or home-based enterprises, the dual load of professional and domestic responsibilities became unbearable. A report by the Centre for Monitoring Indian Economy (CMIE) found that the female labor force participation rate fell to just 9.3% in April 2020, largely due to this overburdening.

The psychological effects were profound. Women reported sleep deprivation, chronic fatigue, and irritability, compounded by the absence of domestic help—traditionally a support system for middle-class Indian families. In lower-income households, where male members faced job losses, the economic strain added further tension.

This multiplication of care work not only affected women's health and professional lives but also reinforced regressive gender roles. A post-pandemic study by Oxfam (2021) argued that the failure to redistribute household work equitably could push back decades of progress in gender equality. To address this, there is a need for policy frameworks that recognize and remunerate care work and actively promote co-responsibility within households.

Economic Dependence and Insecurity

The economic impact of the pandemic on Indian women was profound and multifaceted. Particularly for home-staying women who were part-time earners, informal sector workers, or dependent on male breadwinners, the lockdown-induced disruptions led to substantial economic insecurity.

The sudden halt of economic activities rendered millions of women jobless. According to Oxfam India (2021), over 17 million women lost their jobs in April 2020 alone, and many of them did not return to the workforce even after restrictions were lifted. This was especially true for women engaged in informal work such as tailoring, beedi-rolling, domestic work, and small-scale home enterprises.

Furthermore, those running micro-enterprises from home found it difficult to resume business due to disrupted supply chains, reduced consumer spending, and lack of access to capital. An International Labour Organization (ILO, 2021) report noted that women entrepreneurs in India were among the hardest hit, largely due to the absence of gender-responsive relief policies.

The digital divide worsened this situation. Women faced barriers in accessing digital platforms necessary for financial aid, remote work, or online upskilling. GSMA (2020) reported that Indian women were 20% less likely to own a mobile phone and 50% less likely to use mobile internet. Consequently, even where remote economic opportunities existed, women were often left out.

This economic dependence increased women's vulnerability to domestic abuse and lowered their bargaining power within households. It also created long-term psychological stress and feelings of disempowerment. Hence, post-pandemic recovery policies must prioritize gender-inclusive economic reforms.

Gender-Based Violence: Silent Epidemic

Domestic violence, already a pervasive issue in Indian society, saw a sharp increase during the COVID-19 lockdowns, gaining global attention as the “shadow pandemic.” Confinement with abusers, reduced access to support systems, and heightened economic pressures created the perfect storm for an escalation in violence.

The National Commission for Women (NCW) recorded a 2.5-fold increase in complaints of domestic violence between March and May 2020 compared to the same period in the previous year. Reports from NGOs such as Jagori and Breakthrough indicate that these figures only represent the tip of the iceberg, as many women were unable to report abuse due to constant surveillance and the absence of private communication spaces.

According to UN Women (2021), one in three women worldwide experienced violence during the pandemic, and in India, cultural factors further complicated the scenario. Women were conditioned to prioritize family honor over personal safety, often tolerating abuse silently. Emergency helplines and shelters were either overwhelmed or inaccessible due to mobility restrictions.

Sexual abuse, coercive control, and psychological torture were also reported, and girls faced increased risk of early marriage and trafficking. A survey by Save the Children (2021) in rural India showed a rise in cases of underage marriage following the economic devastation of the pandemic.

The pandemic thus intensified the structural nature of gender-based violence, making it imperative for India to reform laws, ensure stricter enforcement, and make digital and offline reporting mechanisms widely available and safe.

Health, Hygiene, and Gendered Access

The healthcare crisis triggered by the pandemic diverted resources from essential services like reproductive health, maternal care, and child immunization—services that predominantly impact women. Hospitals prioritized COVID-19 care, often at the cost of women's health.

A study by Bhardwaj and Bhattacharya (2021) documented disruptions in antenatal care and institutional deliveries, especially in rural areas. Many women were forced to deliver at home without skilled assistance, leading to increased risks of maternal and infant mortality.

Access to menstrual hygiene products also declined significantly. In urban slums and rural villages, NGOs like Dasra and WaterAid reported that young girls and women reverted to unsafe practices due to the closure of sanitary pad factories and restricted mobility. The economic downturn further exacerbated this, as menstrual hygiene was deprioritized in household budgets.

Mental health services, too, were difficult to access. The government's telemedicine programs were not tailored to women's specific needs, and language or literacy barriers reduced their effectiveness.

A gendered approach to health that includes reproductive, mental, and sanitation concerns is vital for equitable recovery. Women's access to healthcare must be ensured through decentralized, community-based systems and stronger policy safeguards.

Conclusion and Recommendations

The pandemic exposed the deep fissures in India's socio-economic fabric, revealing how crises disproportionately affect the vulnerable—especially home-staying women. Their trauma, manifested through mental stress, economic disenfranchisement, violence, and invisibility, is a call to reimagine India's policy and social frameworks through a gender-sensitive lens.

Recommendations include:

1. Gender-Inclusive Crisis Planning: Future lockdown and disaster management policies must include women's voices and needs.
2. Strengthening Support Systems: Increase funding for women's helplines, shelters, and community mental health services.
3. Digital Inclusion: Launch gender-specific digital literacy and access programs.
4. Recognition of Unpaid Labor: Develop frameworks to quantify and compensate domestic labor in economic terms.
5. Economic Empowerment: Provide targeted loans and skills training for women entrepreneurs.
6. Health and Hygiene Access: Ensure uninterrupted access to reproductive and mental health services.

By centering women's lived experiences in the discourse around pandemic recovery, India can not only heal but build a more equitable future for all its citizens.

References:

- Agarwal, B. (2020). Covid-19 and the Invisible Women. The Indian Express.
- Bhardwaj, R., & Bhattacharya, S. (2021). Impact of COVID-19 on Maternal Health Services. Journal of Public Health Research.
- Chakraborty, P. (2021). Women as Corona Warriors: A Cultural Analysis. Economic and Political Weekly.
- Dasra. (2021). Sanitation and Hygiene During the Pandemic. Dasra Reports.
- Deshpande, A. (2020). The Covid-19 Pandemic and Lockdown: First Effects on Gender Gaps in Employment in India. GLO Discussion Paper.

Grover, S. et al. (2020). Psychological Impact of COVID-19 Lockdown in India: Different Strokes for Different Folks. Indian Journal of Psychiatry.

GSMA. (2020). The Mobile Gender Gap Report 2020.

ILO. (2021). COVID-19 and Women Informal Workers in India.

Jagori. (2020). Gender Based Violence During COVID-19: Field Experiences from India.

Kumar, S., & Mehta, P. (2021). Mental Health of Homemakers in India during COVID-19. Journal of Mental Health and Human Behaviour.

NCW. (2020). Annual Report of Complaints on Domestic Violence.

NDTV. (2021). Rise in Domestic Violence Cases during Lockdown.

Oxfam India. (2021). The Inequality Virus: India Supplement 2021.

Rege, S. (2020). Intersectionality in the Time of COVID-19. Seminar.

Save the Children. (2021). The Hidden Impact of COVID-19 on Girls.

SEWA. (2021). Digital Skills and Livelihoods for Women during the Pandemic.

Times of India. (2021). Domestic Violence Sees a Spike Amid COVID-19 Lockdown.

UN Women. (2021). Measuring the Shadow Pandemic: Violence Against Women During COVID-19.