TYPE Perspective
PUBLISHED 23 May 2024
DOI 10.3389/fcomm.2024.1401723

OPEN ACCESS

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RECEIVED 15 March 2024
ACCEPTED 13 May 2024
PUBLISHED 23 May 2024

CITATION
Mukherjee I, Williams MG and Sen S (2024) Looking Back to Look Ahead: COVID-19, domestic violence, and digital activism in India.
Front. Commun. 9:1401723.
doi: 10.3389/fcomm.2024.1401723

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Looking Back to Look Ahead: COVID-19, domestic violence, and digital activism in India

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We look back to explore the impact of COVID-19 lockdowns on domestic violence amplification in India and the digital activisms that spotlighted this social and health injustice. This analysis focuses on two case studies – the #LockDownMeinLockUp [#LDMLU] campaign mobilized on Instagram, and articles drawn from the digital feminist publication, *Feminism in India* [FII]. We share our perspectives on how the #LDMLU campaign visually politicized the public nature of a silenced and normalized injustice against at-risk women during a pan-national health crisis. We turn to FII's reporting on DV exacerbation during India's pandemic that vocalized this issue from three critical perspectives: structural problems that contribute to gender injustices; financial violence; and mental, emotional, and physical health impacts on abused and at-risk women. In addition to this 'look back,' we look ahead to consider calls-to-action and opportunities, digital and/or on-ground, that remain imperative after the urgency of the viral lockdown. We are still at the threshold of activisms waiting, and needing, to happen. We conclude with questions for ourselves and our readers about what happens to advocacy when urgency ends. This growing body of feminist work demonstrates that advocacy will persist across physical and virtual landscapes. It is our responsibility and hope, as gender and communication scholars, to rally challenges against oppression based on gender or sex. Domestic violence against Indian women is continually overlooked. Our collective perspective intends to consolidate visibility toward such acts of abuse at the center of this scholarly piece.

KEYWORDS
COVID-19, domestic violence, digital activism, India, health injustice

Introduction

Our world is at the tail end of the pandemic. The virus is present in varying degrees globally and in post-vaccinated, mutative, and long-COVID contexts. Yet, early in 2020, the World Health Organization [WHO] described the novel coronavirus, SARS CoV-2, as a public health emergency (www.who.int, 2023). Within six weeks, COVID-19 was declared a pandemic (Cucinotta and Vanelli, 2020). A pandemic is defined as when a disease spreads and grows exponentially, such as when "a virus covers a wide area, affecting several countries and populations" (Columbia, 2021). As countries developed strategies to combat it, there was a universal emphasis on imposing restrictions on the public, considering their vital role in "slowing the transmission rate of COVID-19 through personal behaviors" (Smith et al., 2021,

p. 402). However, different countries handled the unprecedented health crisis differently, mainly because of un/available resources, population size, socioeconomic dis/parities, policy gaps and allowances, and healthcare in/equities across regional, urban, and rural spaces. Some nations did a better job, and others struggled.

"Heavy-handed and poorly planned" (Kapoor, 2022) was a description of India's COVID-19 stay-at-home mandate that went into effect in March 2020. At its peak, the coronavirus did not stop causing serious outbreaks, mass hospitalizations, and fatalities. In 2020, India's health-mandated lockdown forced social injustices like gender-based violence, casteism, and religious intolerance to fall through the cracks of the country's limited resource distributions (Kapoor, 2022; IDR, 2024). Health safeguarding measures were undoubtedly vital to battle COVID, but India's at-risk public and women facing domestic abuse were now cohabiting with their abusers for months on end. While the Indian government recognizes GBV as a "criminal justice issue," it sadly does not regard its severity as "a public health crisis" (Jain, 2023). The National Family and Health Survey [NFHS] reports that 31% or one in three women in India face sexual or physical abuse with GBV being "a more common cause of ill health among women than traffic accidents and malaria combined," oppressing their emotional, mental, and physical health, and limiting their reproductive care and sexual wellbeing (Jain, 2023; Jain and Raman, 2023). According to studies conducted in two hospitals in the eastern state of Bihar, despite healthcare providers recognizing "signs and symptoms of intimate partner violence," above 50% of medical practitioners had no resources or "information on care pathways and support for the survivors" (IGC, 2022; Jain and Raman, 2023). It's clear that despite its prevalence, "gender-based violence has not received similar attention as a health concern" and is a persistent epidemic that is "largely unaddressed" (Jain and Raman, 2023).

During the lockdown, Indian news outlets failed to address the social and gendered fallouts of the pandemic. Politically policed mainstream media was directed at the virus' toll on numbers infected and its economic implications, along with directives for people to isolate indoors to safeguard life and health (Mathews, 2020; Mishra, 2020). It was during India's lockdown that digital and social media were being leveraged by advocates, survivors, celebrities, and nonprofits to rally domestic violence [DV] campaigns for supporting women who were locked in with their abusers (Mukherjee, 2021). Why were digital and social media stepping in at this time? It is likely because in a context where healthcare and policymakers "do not see women's health, women's bodies or women's minds as being a priority," and believe "women should just bear it" (Jain and Raman, 2023), select alternative media stepped in to communicate the complex relation between women's health risks from DV and the mobility risks posed by the pandemic. *Feminism in India* [FII] and the #LockDownMeinLockUp [#LDMLU] Instagram campaign are both media texts that called attention to GBV exacerbation during India's, 2020 lockdown. They fought a common enemy, DV, yet their digital labor and communicative modalities make them unique and impactful case studies warranting a critical comparison.

In this paper, we revisit the two case studies and draw from current research, original data, and personal insights to shed new light on digital media's critical framing of the socioeconomic and health implications of DV against women during India's lockdown. Our goal is to illuminate a key area needing greater attention in health communication research: digital advocacy against domestic violence in India amid public health crises. To address our queries, specifically (a) how COVID-19 has amplified violence against women in India, and (b) how digital media has framed lockdown-induced DV as a health communication urgency, we first look back to contextualize the pandemic's impact on domestic violence as digitally communicated by FII and #LDMLU, and then look ahead to offer perspectives and future directions for calls to action that may be imperative in what we consider to be a post-activist moment.

In search of "brave media" and "braver publics:" FII on DV during COVID-19

Feminism in India is an intersectional feminist media platform whose mission is to dismantle "patriarchy and social injustice by centering the voices of those that these structures oppress" (About Us, 2024). This award-winning media organization has been recognized for its coverage of gender-based issues in India, having won the Manthan Award for Digital Empowerment and multiple Laadli Media and Advertising Awards for Greater Sensitivity, among others. We focus on FII given its prominence as one of the few digital media platforms to center intersectional gender issues in India. FII has global reach, as well. For example, it was selected by the U.S. Library of Congress for inclusion in their Women's and Gender Studies Web Archive.

In the context of the pandemic, FII was a "brave media" crusader and a venue for "braver publics" (Mukherjee, 2021) to address the trauma of domestic violence exacerbated by the pandemic. In several FII articles about DV during the lockdown, there were at least three framing perspectives that recurred, including structural problems contributing to gender injustices, financial violence, and the mental, emotional, and physical health implications of the lockdown. FII's collective perspective on *structural problems contributing to gender injustices* often cited patriarchy as a seed ideology. Patriarchy runs deep within the social, cultural, and economic fabric of India. Referred to as *annadata* (Sanskrit for 'the food provider'), male adulation is normalized across Indian families (Bhattacharya, 2004). The pandemic was no exception to this pattern. Shaped and socialized by *annadata* culture, Indian men glorify their professional lives and excuse themselves from household duties. Women who work outside still bear the "lopsided burden of unpaid care and unequal share in household responsibilities," being labeled "the *de facto* caregivers" (Agarwal and Sharma, 2020). They spend much of their time "tending to the needs of the children, elderly, and their husbands" (Bhateja, 2020). Given these norms, Bhateja (2020) frames the pandemic as a patriarch in and of itself.

These structural problems result in underreporting and normalization of gender-based violence. The United Nations has found that in India, women have "less access to resources than their male counterparts, especially in economic, political, education and health sectors," meaning that women are often "forced to stay with their abusive partners throughout their lives, without reporting it" (Smridhi, 2020). A pandemic under these circumstances is going to be even harder on women. Social stigma imposed on survivors is one factor that contributes to underreporting. Other factors are more practical – not having access to a mobile phone or not having the space and privacy to make such a call when everyone is forced to stay home (Kumar et al., 2020). Additionally, specific to the pandemic, fear

of exposure to COVID-19 by going to a hospital was also a factor in underreporting (Smridhi, 2020).

For those who were able to contact police about DV during the pandemic, help was not assured. Dubey and Morarka (2002) experimented with reaching police in Mumbai and Delhi, finding that calls were not answered, or if answered, police were unsure of what to do given the lockdown's mobility restrictions. No forethought was given to how authorities would support DV survivors during the pandemic. Dubey and Morarka (2002) argue that the government "overlooked the need to formally integrate domestic violence into emergency response plans against the pandemic." Patriarchy, the culture of *annadata*, and the normalization of DV meant that policymakers were blind to the dangers of the lockdown that trapped some of the nation's most vulnerable citizens in challenging circumstances.

Financial violence was another perspective apparent in the FII pieces. By financial violence, we mean abuse, infringement, and destruction of women's fiscal independence and safety. Juggling the need to earn money with the need to care for COVID patients, remote schooling children, and elderly family members meant that women in India (and all over the world), who typically earn less, had to make the difficult decision to do all that looking after at home, even though it likely "changes women's fate in the workforce" for years to come after the pandemic (Junaid, 2020). Such pay inequity means that women are often financially dependent on their abusive husbands or other men in their lives, which "increases their vulnerability to experience exploitation and abuse" (Mathews, 2020; Smridhi, 2020). Financial dependency can result in an inability to leave, limited or no access to a phone, transit fare, food, or shelter, or using the money saved to escape abuse toward sustenance during the lockdown (Kumar et al., 2020). Financial independence is vital to bringing women security from their abusers (Smridhi 2020).

The third critical perspective in FII addressed the *mental, emotional, and physical health implications of the lockdown* on women. Abuse comes in many forms. FII writers highlighted the psychological abuse women experience, particularly under the stress of a pandemic - "humiliation, intimidation, and controlling behavior" as well as isolating a person from their loved ones can all have significant negative impacts on mental health (Kumar et al., 2020). Mukhopadhyay (2020) focuses on women's mental and physical health during the pandemic in the Sikanderpur Ghosi slum of the northern Indian city of Gurugram. Experts found that the mental health of the neighborhood's women was under severe stress, even suicidal, due to increased DV. Mukhopadhyay (2020) reports on female residents who suffered constant headaches since the lockdown, children who missed vaccines because the hospital stopped providing them during the pandemic, a local health clinic with an unreliable schedule, and limited to no access to prenatal care. There was also limited understanding of the virus's symptoms, the need to wear masks, and even access to masks or gloves. One female resident that Mukhopadhyay (2020) interviewed said she "wears a mask 'because others do'" and does not know what COVID-19 symptoms are, in part, because she depends on "her husband for information, as she does not have a smartphone and cannot read English." In other words, the long-standing, multi-layered abuse, and isolation of women, particularly in a slum such as Sikanderpur Ghosi, meant that women's mental, emotional, and physical health, which was already at risk, became markedly worse because of the lockdown.

Physical violence, as well as isolation and restricting women's mobility (physical, economic, and social mobility), have severe negative impacts on mental, emotional, and physical health. Restricted mobilities on women can stem from individual abusers as well as structurally from the institutions that govern Indian society. Circling back to the structural issues that produce gender injustice, FII emphasizes that the rot of DV permeates many layers of Indian society, and the government-mandated lockdown only intensified these problems.

"This is not a cigarette butt:" #LDMLU and DV during the lockdown

While FII represents digital media featuring in-depth articles, hashtag activism is a different communicative mode of digital storytelling that is more fluid in real time. One notable hashtag activism campaign was #LockDownMeinLockUp, which sought to raise awareness of the increased domestic violence that coincided with COVID lockdowns in India. Why does #LockDownMeinLockUp ("Mein" is the Hindi word for "within") stand out? Social workers and feminist scholars identified the lack of a "gendered approach" (Agarwal and Sharma, 2020) in policies mitigating national health crises. Over 60 percent of women in India comprise the informal labor market and perform most of the free "care work" (Agarwal and Sharma, 2020) at home. Because of physical mobility restrictions during the lockdown, many women were at risk of losing their livelihoods and financial agency, had reduced access to healthcare and medicines, and given that 70 percent of frontline medical employees were women, many were more susceptible to illness (Agarwal and Sharma, 2020; Mathews, 2020). All of this was in addition to increased risks of domestic abuse due to the lockdown (Agarwal and Sharma, 2020; Mathews, 2020).

SNEHA's #LockDownMeinLockUp campaign (2020), co-created by digital media agency Siriti, embraced the visual currency of Instagram, coupled with viral algorithms such media afford (Jackson and Foucault Welles, 2015; Ekman and Widholm, 2017; Williams et al., 2019). The campaign pushed graphical posts featuring fictional names but real stories of nine Indian women afflicted by domestic violence during the pandemic. Each post asked users to swipe the image to learn the survivor's story and warned us about potential triggers (Siriti Creative, 2021). The campaign storyboarded a "microcosm of the multiple types of domestic abuse that hundreds of thousands of Indian women face regularly" (Mukherjee, 2021, pp. 33–35). Episodes included stories of married women being 'sold' into sexual slavery and forced into sexual activity by partners/spouses, women being starved and held captive by marital families, marital rape, and battery of women by partners who were under the influence of alcohol, and women who were beaten, bruised, tortured, and robbed of all their jewelry, money, and material possessions by in-laws (Instagram, 2020).

There was no doubt that the pandemic made these women's experiences worse and the need for intervention urgent. SNEHA, the nonprofit behind the visual campaign's creation, was clear and direct in its messaging and appeals for stakeholder and public support. They openly asked for donations via Instagram, "however small," during the lockdown, which had interrupted the intervention services they would typically offer their "clients/survivors," such as help and resources for "psychiatric counseling and medical intervention," or "legal guidance

and documentation" for stay orders and first information reports (FIR) against abusers, or even "to kick start the process of rescue, therapy and rehabilitation" of DV survivors (Instagram, 2020).

Black and white and sepia-toned photographs of everyday objects, often artistic in composition, like a lit cigarette on an ashtray with the caption "This is not a cigarette butt" or a bunch of wire hangers suspended from a makeshift clothesline with the inset text "This is not a hanger" (Instagram, 2020) were used by the #LDMLU campaign to symbolize how the same everyday objects were now being used to batter, burn and bruise women inside their homes (Siriti Creative, 2021). Peppered with statistics of "an almost 100% increase in domestic violence" (Instagram, 2020), SNEHA spread digital awareness of how "fear or inability to move away" from abusers, coupled with the lockdown's forced immobilities, prevented many victimized women from reporting their abuse to law authorities.

India's fascination with everything Bollywood and with celebrity cultures created pathways for the #LDMLU campaign to accrue viral adopters, awareness, and donations for DV interventions. Indian film stars used their stardom, affinity networks, and loyal followers, tagging other celebrities (Marwick and Boyd, 2011; Mukherjee, 2021; Tuten, 2021) and #LockDownMeinLockUp-hashtagged selfies and photos to support SNEHA's pleas to interrupt the escalation of DV during the pandemic. SNEHA was, in turn, able to leverage the digital 'sociability' and soft power of Indian celebrities (Ekman and Widholm, 2017) by adding their names, faces, and digital footprints to Instagram posts with intimate affirmations like, "I am her voice today and the voices of the many victims of domestic abuse which are going unheard as they are locked up with their abuser's [*sic*] in the lockdown," and directives such as, "You can choose to lend your voice by clicking on @snehamumbai_official, pick a name from their page, post an image with the name you have picked, and donate via the link in the bio" (Instagram, 2020). Indian influencers who helped mobilize #LDMLU, including Karishma Kapoor, Bipasha Basu, Abhishek Bachchan, Konkona Sen Sharma, Kalki Koechlin, Radhika Apte, and many others, were performing a form of social accessibility and issue-authenticity (Ekman and Widholm, 2017; Mottahedeh, 2017; Mukherjee, 2021) that lent much visibility and credence to the digital anti-DV campaign.

To make us aware of "the actual experience of the vast body of citizens who are also already victim-survivors" (Ferreday, 2017, p.130), #LDMLU politicized a medically silenced and normalized injustice into a "public health crisis" (Jain and Raman, 2023). SNEHA and Siriti-floated images depicting performances of embodied interactions and dialogs between survivors/victims and advocates, with body language that symbolized help-seeking, grief, pain, resistance, and help-giving, acted as "powerful and politically subversive critical interventions" (Raji, 2017). Outside of the official #LDMLU campaign, other Instagrammers co-opted similar visual actions and wore the #LockDownMeinLockUp hashtag. Some included plays on COVID-led language like "No Lockdown for Domestic Violence" (framed against a stark red graphic with an illustration of a bloody nose and teary eye peeping through the keyhole of a lock), used infographics and pop art with content on laws and policies (Protection of Women from Domestic Violence Act of 2005), gender-based resources (female cops, safe houses, helplines, etc.). Ultimately, the campaign and its "resistance images," assembled a timely and "locally situated" activism using "visual immediacy, connective visibility, influencer affinity, and affective mobilization" (Mukherjee, 2021, p. 58) against a form of gender violence that was endemic and unrelenting during the lockdown.

Looking Back to Look Ahead: discussion and implications

That a quarantine to combat a virus can become a weapon of violence is hard to imagine. FII's intersectional communication on structural, financial, and psychophysiological impacts of COVID on at-risk women in India revealed that there was "no hope of immediate escape" (Smridhi, 2020) for women trapped by domestic abuse and the layered immobilities and health risks that came with it. Women were afraid that being infected or showing symptoms of the coronavirus would not only risk infecting their families and partners but also feared the forewarned wrath and physical violence they would face if that happened (Smridhi, 2020).

Crises like COVID-19 changed the nature of abused women's calls for help, which pre-pandemic included help-seeking messages, calls, posts, etc. There is now an emphasis on creating networks of essential services, such as grocery stores, hospitals, and medical stores, that can serve as systems of support for the domestically abused (Kumar et al., 2020). Thinking long-term and toward a post-pandemic future, FII reminds us that survivors' "fight for survival" (Dubey and Morarka, 2002) against DV is far from over. Interventional resources like "helpline numbers," digital resources and portals, and "code words" for bystander intervention, as well as a "task force" (Dubey and Morarka, 2002), must be supported and made integral to government policies on women's health and safety.

While the nation recovers and resumes normalcy, DV survivors continue fighting after COVID-19 lockdowns. Unfortunately, DV *is* a part of daily life for too many people in India. Toxic patriarchy fills and chokes Indian society and sidelines abused women's struggles to the extent that they get normalized within the social mindset. Tolerance for DV surfaces as one of the tragic results. In 2023, the National Commission of Women registered 28,811 complaints of crimes against women, with 6,274 complaints specifically focusing on domestic acts of violence against women (The Hindu, 2024). Despite being lower than the record-high numbers of 2022, these figures are an indictment of the cyclical oppression women still face. A 2023 report on GBV-related deaths in a Mumbai hospital alone found more than 12 % of 1,400+ autopsies of women "had an underlying history or indication of domestic violence" (Vital Strategies, 2023). These numbers do not reflect actual DV incidences or fatalities during the pandemic because many victims were unaware of health and support services to help them escape abuse (Krishnamoorthy et al., 2020), while "86% of the women who have faced gender-based violence did not seek any help and 77% never told anyone about it" (Jain and Raman, 2023). Research on Indian women's fear of "social repercussions, jeopardising family honour and divorce" that prevent them from seeking help, are barriers that, according to Avni Amin from the Department of Sexual and Reproductive Health and Research at the WHO, results in further underreporting of DV, denying "survivors the care needed to prevent severe ill-health and, in some cases, death" (Jain and Raman, 2023). These findings point to India's governmental and healthcare sectors' collective failure to create concrete policies and sanctions for protecting the welfare of DV survivors, and the urgent need to "document women with sexual violence and domestic violence in the health management information system as that helps determine the need for health services" (Jain and Raman, 2023).

As a legitimate health communication issue that has persisted over decades, we argue that there is an urgent need to harness digital and social media to advocate against domestic violence. While it is true that social media can polarize the public around sensitive issues, it is also true that in

societies where organized activism is policed, prohibited, and trolled by "gatekeepers of politics, religion, tradition, and morality" (Mukherjee, 2021), digital media can curate discourses that change public opinion and push for policy changes. It is our informed perspective that digital media when used effectively for advocacy, amplifies its possibility of having a palpable impact on safety and healthcare interventions for women oppressed by abuse (Mukherjee, 2021). Alternative media perspectives, as extolled by Instagram's #LDMLU campaign and FII's feminist advocacy against GBV, have pushed digital advocacies from the ground up and top down and helped us close in on the questions we started with. Our collective perspective on these case studies supports our aim to find opportunities where "brave publics" and "braver media" (Mukherjee, 2021) shine a light on the constant and endemic violence that women face during and beyond pandemics.

While COVID-19 is no longer defined as a public health emergency of global concern by WHO, the organization acknowledges its persisting impact on global health (www.who.int, 2023). Meanwhile, the Centers for Disease Control and Prevention [CDC] still considers COVID-19 to be a public threat (www.cdc.gov, 2024). While significant improvements in health-related outcomes create hope that things will get better with time, gender violence as a legitimate health concern persists in India (Jain and Raman, 2023). In this context, we remain at the threshold of activists waiting and needing to happen. In looking ahead, we want to leave our readers with a few takeaway questions to frame future directions in health communication and digital DV advocacy: Do feminist scholars, health professionals, media, and the digital publics have a responsibility, post-pandemic, to keep up with evolving forms of gender violence and its mitigation of the kind that #LDMLU and FII have mobilized? What happens to such advocacies after the urgency ends?

Feminist activism throughout history has adapted and evolved to meet the challenges of the time. This growing body of feminist work demonstrates that advocacy will persist across physical and virtual landscapes. In revisiting these prominent case studies, we highlight a significant point of entry for future health communication research to focus on digital advocacy against DV that both addresses moments of acute urgency as well as long-term awareness. It is our responsibility as gender and communication scholars and activists to bring acts of oppression based on gender or sex from the margin to the center. Domestic violence against Indian women is almost always overlooked. Our collective perspectives intend to consolidate visibility toward such acts of abuse at the center of this scholarly piece.

Data availability statement

The original contributions presented in the study are included in the article/supplementary material, further inquiries can be directed to the corresponding authors.

Author contributions

IM: Writing – original draft, Writing – review & editing. MW: Writing – original draft, Writing – review & editing. SS: Writing – original draft, Writing – review & editing.

Funding

The author(s) declare that no financial support was received for the research, authorship, and/or publication of this article.

Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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References

About Us. (2024). *Feminism in India*. Available at: https://feminisminindia.com/about/ (Accessed February 23, 2024).

Agarwal, K., and Sharma, A.G. (2020). Covid-19 pandemic & the socio-economic & political impact on women. *Feminism in India* Available at: https://feminisminindia.com/2020/04/29/covid-19-pandemic-socio-economic-political-impact-women/ (Accessed December 15, 2023).

Bhateja, A., (2020). Can a pandemic be a patriarch, too? *Feminism in India*. Available at: https://feminisminindia.com/2020/04/07/pandemic-patriarch-too/ [Accessed December 15, 2023].

Bhattacharya, R. (2004). *Behind closed doors: Domestic violence in India*. New Delhi: Sage Publications India.

Columbia (2021). Epidemic, endemic, pandemic: What are the differences? *Mailman School of Public Health, Columbia University*. Available at: https://www.publichealth.columbia.edu/news/epidemic-endemic-pandemic-what-are-differences (Accessed February 24, 2024).

Cucinotta, D., and Vanelli, M. (2020). WHO declares COVID-19 a pandemic. *Acta Bio-medica* 91, 157–160. doi: 10.23750/abm.v91i1.9397

Dubey, A., and Morarka, V. (2002). Stakeholders' response to domestic violence during lockdown. *Feminism in India* Available at: https://feminisminindia.com/2020/04/30/stakeholders-response-domestic-violence-lockdown/ (Accessed December 18, 2023).

Ekman, M., and Widholm, A. (2017). "Performative intimacies and political celebritisation" in *Selfie citizenship*. ed. A. Kuntsman (Cham: Palgrave Macmillan).

Ferreday, D. (2017) in *Selfie citizenship*. ed. A. Kuntsman (Cham: Palgrave Macmillan), 127–136.

IDR. (2024). *India development review*. Available at: https://idronline.org/ (Accessed February 14, 2024).

IGC. (2022). Addressing gender-based violence through public health: Evidence from India. *International Growth Center* (IGC). Available at: https://www.theigc.org/blogs/gender-equality/addressing-gender-based-violence-through-public-health-evidence-india (Accessed February 21, 2024).

Instagram. (2020). #LockdownMeinLockUp. Available at: https://www.instagram.com/snehamumbai_official/ (Accessed October 3, 2023).

Jackson, S. J., and Foucault Welles, B. (2015). Hijacking# myNYPD: social media dissent and networked counterpublics. *J. Commun.* 65, 932–952. doi: 10.1111/jcom.12185

Jain, M. (2023). How hospitals are helping combat violence against women. *Scroll.in* Available at: https://scroll.in/article/1053624/how-hospitals-are-helping-combat-violence-against-women (Accessed February 20, 2024).

Jain, M., and Raman, S. (2023). India lacks a national policy to strengthen the health response for gender-based violence. *Pulitzer Center*. Available at: https://pulitzercenter.

org/stories/india-lacks-national-policy-strengthen-health-response-gender-based-violence (Accessed February 20, 2024).

Junaid, A. (2020). How COVID-19 might change Indian feminist narratives for eternity. *Feminism in India*. Available at: https://feminisminindia.com/2020/03/26/how-covid-19-might-change-indian-feminist-narratives-for-eternity/ (Accessed December 19, 2023).

Kapoor, P. (2022). Shaheen Bagh: Muslim women contesting and theorizing citizenship and belonging during COVID-19. *Front. Commun* 7:857350. doi: 10.3389/fcomm.2022.857350

Krishnamoorthy, Y., Ganesh, K., and Vijayakumar, K. (2020). Physical, emotional and sexual violence faced by spouses in India: evidence on determinants and help-seeking behaviour from a nationally representative survey. *J. Epidemiol. Commun. Health* 74, jech-2019-213266–jech-2019-213740. doi: 10.1136/jech-2019-213266

Kumar, A., Mehta, B.S., and Mehta, S. (2020). How is domestic violence linked to the COVID-19 lockdown? *Feminism in India*. Available at: https://feminisminindia.com/2020/04/23/covid-19-lockdown-domestic-violence-linked/ (Accessed 22 December 2023).

Marwick, A., and Boyd, D. (2011). To see and be seen: celebrity practice on twitter. *Convergence* 17, 139–158. doi: 10.1177/1354856510394539

Mathews, R. (2020). COVID-19: why are women more vulnerable to mental health issues? *Feminism in India*. Available at: https://feminisminindia.com/2020/05/05/covid-19-women-vulnerable-mental-health-issues/ (Accessed December 14, 2023).

Mishra, S. (2020). Covid-19 lockdown: the aroma of patriarchy from Indian kitchens. *Feminism in India*. Available at: https://feminisminindia.com/2020/04/16/covid-19-lockdown-aroma-patriarchy-indian-kitchens/ (Accessed December 14, 2023).

Mottahedeh, N. (2017). "The people: the #selfie's urform" in *Selfie citizenship*. ed. A. Kuntsman (Cham: Palgrave Macmillan), 65–74.

Mukherjee, I. (2021). Virus, violence and [in]visible women: #LockDownMeinLockUp and embodied resistance during COVID-19. *J. Int. Wom. Stud.* 22, 25–61,

Mukhopadhyay, A. (2020). Lockdown's adverse impacts on women's health in Gurugram's slums. *Feminism in India* Available at: https://feminisminindia.com/2020/07/08/covid-19-lockdown-impacts-womens-health-gurugrams-slums/ (Accessed December 14, 2023).

Raji, S. (2017). "'My face is not for public consumption': selfies, surveillance, and the politics of being unseen" in *Selfie citizenship*. ed. A. Kuntsman (Cham: Palgrave Macmillan), 65–74.

Siriti Creative. (2021). Campaign: #LockdownMeinLockUp; Client: Sneha. Mumbai, Maharashtra, India: Siriti Creative Pvt. Ltd. Advertising Services. Available at: https://www.siriti.in/index.php; https://www.siriti.in/lockdown_mein_lockup.php (Accessed January 4, 2024).

Smith, R. A., Myrick, J. G., Lennon, R. P., Martin, M. A., Small, M. L., et al. (2021). Exploring behavioral typologies to inform COVID-19 health campaigns: a person-centered approach. *J. Health Commun.* 26, 402–412. doi: 10.1080/10810730.2021.1946218

Smridhi, S. (2020). Let's talk about domestic abuse during COVID-19. *Feminism in India*. Available at: https://feminisminindia.com/2020/03/27/lets-think-domestic-abuse-covid-19/ (Accessed December 14, 2023).

The Hindu. (2024). *28,811 complaints of crimes against women received in 2023, over 50% from U.P.: NCW data*. Available at: https://www.thehindu.com/news/national/28811-complaints-of-crimes-against-women-received-in-2023-over-50-from-up-ncw-data/article67695834.ece (Accessed February 3, 2024).

Tuten, T. L. (2021). *Social media marketing. 4th Edn*. Thousand Oaks, CA: Sage.

Vital Strategies (2023). Analysis of deaths due to gender-based violence: An autopsy-based cross-sectional study from Mumbai. *Bloomberg Philanthropies, Data for Health Initiative. Seth G S Medical College and King Edward Memorial Hospital*. Available at: https://www.vitalstrategies.org/wp-content/uploads/Gender-Based-Violence-Cross-sectional-study-from-Mumbai.pdf (Accessed February 22, 2024).

Williams, M. G., Mukherjee, I., and Utsey, C. (2019). Mobility and affect in the #deleteuber mo(ve)ment. *Convergence* 27, 85–102. doi: 10.1177/1354856519883739

www.cdc.gov. (2024). *The changing threat of COVID-19 | CDC, National Center for Immunization and Respiratory Diseases* (*NCIRD*). Available at: https://www.cdc.gov/ncird/whats-new/changing-threat-covid-19.html (Accessed February 22, 2024).

www.who.int. (2023). *With the international public health emergency ending, WHO/Europe launches its transition plan for COVID-19. WHO*. Available at: https://www.who.int/europe/news/item/12-06-2023-with-the-international-public-health-emergency-ending--who-europe-launches-its-transition-plan-for-covid-19 (Accessed February 20, 2024).