Women's Role in Household and Community Resilience During the Pandemic

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Abstract

Women were central to household and community continuity during the pandemic, yet the work through which resilience was produced was often unpaid, informal, or absent from program records. This conceptual review examines resilience through five interconnected domains: care and domestic labor, livelihood adaptation, health and food management, mutual-aid networks, and participation in decisions. Evidence through 2021 indicates that describing women as naturally resilient can conceal unequal time burdens, exposure, income loss, violence risk, and limited authority over resources. The proposed Care-to-Collective Resilience Map records contributions together with cost, control, support, safety, and voice. It asks programs to reduce burdens rather than merely celebrate them, recognize informal coordination, provide accessible services and social protection, and include diverse women in the decisions that affect their work. The framework avoids treating women as one homogeneous group and considers age, disability, household structure, livelihood, and location. This article does not estimate gender effects or represent the experience of a specific community. It offers an equity-oriented method for evaluating whether resilience initiatives sustain the people who make collective coping possible.

Keywords: women; unpaid care; household resilience; community networks; gender equity

Introduction

Households absorbed school closure, illness precautions, food insecurity, income disruption, and care for children and older relatives. Women frequently coordinated these demands while also maintaining paid or informal work and participating in neighborhood support. Much of this labor occurred outside formal job descriptions and program indicators.

Calling this contribution resilience can be affirming, but it can also normalize exhaustion. A system is not equitable when continuity depends on one group supplying unlimited time, accepting higher exposure, or remaining silent in decisions about resources.

Purpose of the Article

This article asks which forms of work produced household and community resilience, what costs accompanied them, and how programs can strengthen agency without transferring more responsibility to women.

Conceptual Approach

Design and Source Base

The review integrates gender analysis, care-economy research, humanitarian guidance, and pandemic studies through 2021. It examines roles and institutions rather than assuming that sex alone determines experience.

Resilience is defined as the capacity to maintain essential functions, adapt, and recover without making unequal burdens invisible. The analysis considers intersectional differences in income, age, disability, migration, household structure, and access to authority.

The Care-to-Collective Resilience Map

Care and Domestic Continuity

Cooking, cleaning, water collection, health precautions, learning support, and care for dependent family members expanded when services and schools closed. Time-use evidence is necessary because household output can remain stable while one person's rest and paid work disappear.

Programs can reduce care burdens through childcare, water and food access, flexible service hours, caregiver information, and shared household responsibility. Training women to cope with more tasks is not burden reduction.

Livelihood Adaptation and Control

Women shifted products, sold through informal networks, combined home and paid work, and managed unstable household budgets. Adaptation is stronger when women control earnings, assets, credit decisions, and the use of assistance.

Livelihood support should examine safety, market demand, digital and transport access, and care constraints. A loan offered without time, buyers, or decision authority may increase risk rather than resilience.

Health, Food, and Safety

Women often managed health information, symptoms, medicines, food allocation, and contact with services. These responsibilities can increase exposure and emotional strain, especially for frontline, retail, agricultural, and care workers.

Confidential routes for health care, psychosocial support, reproductive health, and violence response must remain available during restrictions. Household resilience cannot be claimed where safety is absent.

Mutual Aid and Informal Networks

Neighborhood groups shared food, information, childcare, transport, and livelihood contacts when formal systems were delayed. Women frequently carried the relationship work that allowed these networks to function.

Public programs can support networks with small flexible resources, referral links, safe meeting methods, and recognition without capturing or politicizing them. Informal volunteers should not replace trained and protected service workers.

Voice and Institutional Change

Women should participate in defining needs, eligibility, delivery, monitoring, and correction. Attendance at a consultation is not meaningful voice if decisions and budgets are already fixed.

Monitoring should record who contributes time, who bears risk, who controls resources, who benefits, and who can challenge a decision. Diverse representation is necessary because the experience of one organized group cannot stand for all women.

Table 1

Care-to-collective resilience map

Domain	Hidden cost to examine	Program responsibility
Care	Time loss, fatigue, and foregone income	Reduce and redistribute burden
Livelihood	Debt, unsafe work, and weak control	Link market support with agency
Health and food	Exposure and emotional strain	Keep services safe and accessible
Networks	Unpaid coordination and volunteer risk	Resource without replacing services
Voice	Participation without decision power	Share authority and correction routes

Note. The table is an analytic tool proposed in this article; it does not report field measurements.

Discussion

The map connects contribution with conditions. It values women's work while refusing to treat sacrifice as a renewable community resource. Resilience policy should redistribute care, protect safety, expand control, and convert informal knowledge into decision authority.

Scope and Research Agenda

This review does not measure household labor or evaluate a specific intervention. Crisis surveys may miss women with limited connectivity, unsafe homes, or heavy workloads. Future studies should combine time use, control of resources, safety, health, income, and decision influence over recovery.

Conclusion

Collective resilience is stronger when the people sustaining daily life are themselves sustained. Recognition matters, but redistribution, protection, material support, and voice determine whether resilience is equitable and durable.

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