

Reading the Compounded Vulnerability of Domestic Workers in COVID-19 Pandemic Narratives

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Abstract: The COVID-19 pandemic ravaged the whole world and disturbed all facets of human life. In India, things were not so different, but the experiences of the pandemic had not been the same for all. While some passed through it by staying at home, for others it was a seemingly endless nightmare. Domestic workers are a group whose subject position makes them more vulnerable to the pandemic. The study scrutinizes the experiences of the pandemic among domestic workers in India, as they are in good numbers and contribute economically while being employed at urban households, yet have been unrecognized and, hence, unrepresented. Drawing on three texts, namely, Namita Gokhale's *The Blind Matriarch*, Shobha Dé's "Doctor Doctor", and Udayan Mukherjee's "Holidays", this article explores the inherent and increased vulnerability of Indian domestic workers in the face of the COVID-19 pandemic. Moreover, it also lays bare the lack of representation and invisible presence in the socio-economic and political sphere of Indian urban settings. The article employs the theoretical framework of vulnerability developed by Judith Butler and others to conduct the study.

Keywords: COVID-19; precarity; domestic workers; pandemic; vulnerability

Introduction

Epidemics or pandemics are not a new phenomenon. The annals of the human past are full of such kinds of calamities and outbreaks, which have affected humankind enormously. Earlier, the range of such outbreaks was limited to geographical regions or territories; therefore, the outbreaks were known as 'epidemics', and the study of epidemics as 'epidemiology'. As human civilization grew and developed, connectivity among several tropical regions became stronger and faster; thus, people started traveling frequently, and thereby the susceptibility of contracting such outbreaks also increased. When an outbreak takes place, global connectivity allows it to spread faster and reach multiple countries, taking the shape of a pandemic. A pandemic is defined as "an epidemic occurring over a wide area, crossing international boundaries, and usually affecting a large number of people" (Porta 209). In recent centuries, the Spanish Flu, AIDS, Ebola, and the recently occurring COVID-19 have been major pandemics recorded. These outbreaks kill people and go away only to return a few years later or with more fatal intensity. Prima facie, they seem merely a disease that kills people in masses, but they are more than that. They upheave the whole structure of human settlements, cultural practices, politics, and thought processes. Although the time span of a pandemic is small, it rattles the whole chord of human society whenever it comes. It unearths and increases the inequalities already persisting in human societies. COVID-19 is not different in revealing those persisting inequalities. As Arvind M. Nawale states, "The COVID-19 outbreak triggered a global health crisis that endangers our financial stability, economy, employment, security, and social well-being. The shutdown has put people in a deplorable, unsettling situation" (45). These situations created tremors, and no life remained untouched by the pandemic.

According to data, the most vulnerable groups of COVID-19 were older adults and individuals with underlying health conditions; immunocompromised individuals; socioeconomically disadvantaged populations comprised of informal sector and migrant workers, minorities, and low-income communities; frontline workers; and several others (Liu et al. 2023). Despite the Indian government's immense effort to manage the lockdown and navigate the unprecedented time swiftly, several things went south. It created disturbances that led to suffering for citizens, an uphill challenge for administration, and a cumbersome burden on the health care system. The deplorable conditions of migrant laborers gained traction when millions of them were forced to move thousands of miles away from the cities to their villages on foot. Many of them were involved in blue-collar jobs, while several were employed in semi-organized or unorganized sectors. Domestic workers were one of them. In such conditions, domestic workers suffered in many ways. According to a 2018 report on domestic workers by the ILO:

The term "domestic worker" is most commonly used, however, to refer to workers who perform domestic work for pay. These are workers who work in the homes of others for pay, providing a range of domestic services: they sweep, clean, wash clothes and dishes, shop, cook, care for children or the elderly, sick

and disabled, and/or provide such services as gardening, driving and security (4).

Domestic workers provide a plethora of household-level services and thus play a pivotal role in the urban domestic sphere. From serving as maids, nannies, caretakers, drivers, guards, and many other skilled, semi-skilled, or unskilled roles, these workers are in high demand in urban households. They are one of the major invisible groups who collectively make a significant contribution to urban economic activities. The number of domestic workers in India is estimated to be more than 5 million according to PLFS 2017-18 (Raveendran and Vanek 4).

Fictional narratives like stories and novels are one of the few strong mediums that capture the human experience like none other. They reach parts that are left uncovered by data and facts. In India, the COVID-19 experiences have been captured in such narratives by authors like Amitava Kumar, Namita Gokhale, Shobha Dé, and Udayan Mukherjee. They have explored human conditions, social inequalities, economic instability, psychological issues like mental health, prolonged anxiety and distress, and so on in their respective works. Although their works have tried to capture various groups from all regions and strata of society, only a few have drawn comprehensive representations that show the plight of domestic workers in India. The study delves into three fictional narratives, namely, Namita Gokhale's *The Blind Matriarch*, Shobha Dé's short story "Doctor Doctor," and Udayan Mukherjee's short story "Holidays," to study the experiences, conditions, and fate of domestic workers who are working in small to big cities across India.

Namita Gokhale's *The Blind Matriarch* is a story of a joint family living in a four-story building, where the head of the household is Matangi Ma, an old and blind lady trying to keep the family intact and united. At the same time, they all sail through the pandemic. Lali and Munni are two maids working there. Lali is in the service of caring for Matangi Ma, while Munni is in the service of Matangi Ma's daughter, Shanta. Shanta works at an NGO, Peace for Women, and Munni helps her cook for the NGO and do household chores. Two other domestic workers are employed at this house, but they are not serving due to the pandemic. Although Gokhale's work is centered on the experiences of the joint family drawn in the novel, at some places it also peeps into the lives of domestic workers employed there.

"Doctor Doctor" is a story written by Shobha Dé which deals with the challenges faced by a doctor who is employed as a frontline worker. She serves as a gynecologist at a hospital in Mumbai. Here, Haribhau serves her as a driver. During COVID-19, due to economic pressure, he chooses to stay back in the basement of the employer's building. Unfortunately, after a while, when he gets infected with COVID-19, his owner's response and reflection draw the story further and open the hidden chasm of employee-employer relations during the pandemic.

Udayan Mukherjee's "Holidays" is a tale of Achala, a maid who is asked to stay back at their home due to the pandemic and lays bare the crisis that emerges in her own household. She lives in a chawl in Mumbai with her husband, Amol, a gig worker in a

courier service, and two sons. This is the only story, among the three, where a domestic worker herself narrates the experiences of the pandemic.

A slew of scholars has explored the pandemic from various perspectives, such as gender, health, social, economic, political, administrative, and management. Although the pandemic brought unprecedented impediments to economic activities for all people, several studies have explored it. The study focuses solely on the experiences and positionality of domestic workers through the three narratives mentioned above, applying the theoretical framework of vulnerability. precarious positions of their jobs are being analyzed to map the predicament they underwent during the COVID-19 pandemic in India.

Domestic Workers and Inherent Vulnerability

The word 'vulnerable' derives from the Latin word 'vulnus', which means 'wound'. In a quotidian explanation, vulnerability signifies a susceptibility to being wounded by illness, violence, or injury. The human body is exposed and shows a certain kind of dependency on "infrastructure, understood complexly as environment, social relations, and networks of support and sustenance" (Butler, *Rethinking Vulnerability* 21). The fragility of the human body makes humans vulnerable to many things. Since we live in a socio-political setting, this protects us from several vulnerabilities, but it also inflicts vulnerability upon a subpopulation. Butler argues that it is a "socially induced condition, which accounts for the disproportionate exposure to suffering" (Butler, *Rethinking Vulnerability* 25).

In India, from metropolitan cities to Mofussil towns, many domestic workers are employed in an unorganized manner. No fixed salary, zero job security, sometimes exploitative working spaces, and so on make things more complex. Moreover, in India, as a growing economy, there is very high competition among domestic workers who are ready to do the same job at comparatively lower wages, which makes things worse. Being an employee of such an unstable job makes one's life precarious and pushes them to social vulnerability. 'Vulnerability' is backed up with two more terms: 'precarity' and 'precariousness'. Butler explains:

Lives are precarious: they can be expunged at will or by accident; their persistence is in no sense guaranteed. ... Political orders, including economic and social institutions, are designed to address those very needs without which the risk of mortality is heightened. Precarity designates that politically induced condition in which certain populations suffer from failing economic networks of support and become differentially exposed to injury, violence, and death (*Frames of War* 25).

In "Doctor Doctor," fearing the loss of his job as a driver, Haribhau insists on continuing his duty while compromising his quality of life and making himself more susceptible to COVID-19 by staying with other drivers in the basement (Dé 93). There is heavy competition for getting a job as a driver. For Haribhau, a chance to keep his earnings continues as his wife is pregnant and he is supposed to have a hefty amount of money for the delivery of his baby. For him, staying back at home earning nothing

but spending indispensably on food and living was not an option for God knows how much longer. Moreover, this was also a chance to keep his job secured once the lockdown was lifted. His precarious life borders on precarious job conditions and puts him into a more vulnerable condition.

In "Holidays," Achala froze when she heard her last employer asking her to quit for some time. "Pretending not to be heard, she asked, 'Did you say something to me, didi?' 'I said you should not come tomorrow onwards.'" (Mukherjee 33). She had already left working at Mrs. Mehta's, and now her second and last employer is asking for a lay-off. Losing a job at an employer's whim is a very usual thing in this profession. Moreover, this precarious position in this profession makes domestic workers vulnerable. Her husband works in a courier service (36), but his manager asked him to stay back till the lockdown is over. Riding over without a fixed source of salary, for god knows how many days, could be tougher for them.

Many domestic workers suffer a plethora of psychological pressures and exploitation, which ultimately culminate in their deterioration of dignity and self-worth. Some employers keep their domestic workers under constant surveillance, terrorize them time and again, or verbally abuse them. In contrast, some others take it to extremes by giving them corporal punishment for small mistakes. These issues raise questions about domestic workers' well-being and healthy relations with their employers. In *The Blind Matriarch*, Lali is employed in the service of Matangi Ma. She is happy there and loves to care for the matriarch of the family. She is also afraid of the very thought of being employed at the same place but in the service of Matangi Ma's daughter-in-law, Ritika, once the matriarch passes away. "And Ritika. Lali couldn't imagine working with Ritika. She was of the other breed of the employers— Lali had seen many of them – who drew a line, a Lakshman Rekha, between servants and masters" (159). The very nature of the profession is so unstable and full of uncertainty that it makes various kinds of vulnerability inevitable for the workers. The dual position of being formal and informal at the same time in this job makes it more complex. They seem to be family, but they are not family. Ritika reflects, "Lali and Munni were servants, even though they had both been working here long enough to almost qualify as family—almost but not enough" (93).

COVID-19 and Compounded Vulnerability

If humans have a physical existence, they are vulnerable to any harm, violence, and illness that could be exacted upon their bodies. Butler calls it "corporeal vulnerability," a vulnerability that is part of bodily life that we all live with (Butler, *Precarious Life* 28-29). Here, as the pandemic struck, no one was immune to the disease. Every character in all three narratives is vulnerable to one thing or the other.

In "Holidays," the employers of Achala had asked her to stay back at home until the pandemic got over. One of them said, "There. It's just pragmatic, nothing else. Don't think it is because we are afraid you will get the disease at home or anything like that. You are very clean, but it can happen to anyone, right? (Mukherjee 34). Unlike Achala,

they are financially strong enough to tide them over the pandemic, but they are equally vulnerable to disease.

In "Doctor Doctor," the employer is a doctor herself. She serves as a frontline worker in a government hospital. She shares her fear and anxiety: "So much pressure on doctors, as if they were not ordinary human beings, also worried about their own health. I didn't want to die of Covid!" (Dé 89). Her husband Nikhil is also an established doctor. Having no standard cure till that day of the pandemic pushes him to cope with it by consuming the generic and commonly recommended tablets, as she talks about him, "My husband was behaving like an unpadh himself and insisting large, imported tablets of Vitamin C swallowed three times a day, would make us both totally immune to picking up the virus" (89).

In *The Blind Matriarch*, Suryaveer, the eldest son of Matangi Ma, passes away (Gokhale 186), and Satish, anyhow, survives in the hospital ICU (200) from COVID-19. Ritika's maid, Irina, in Delhi, got a cough and fever (17), and the unnamed maid in Mumbai tested positive for COVID (201), and their fate remains uncertain till the end of the novel. For domestic workers, vulnerability is compounded by their subject positions in their respective social settings. So, economic precarity manifests in several other vulnerabilities for such a subpopulation. As per Florencia Luna, "To address the subjects' vulnerability, more than one answer may be needed. Different types of vulnerabilities can overlap, and this should be adequately considered" (124). Achala and her husband were unable to carry on the family's subsistence as the lockdown prolonged. Their problem is not just saving themselves from COVID-19 but arranging lunch, rent, and other unputdownable requirements. When one of the employers did not receive Achala's call regarding payment. The crisis deepened. They planned the budget with bare minimum requirements, and even they cannot do so:

"Mehta Madam isn't answering her phone. I think it's best to plan our budget without her. If 6,000 is all we have to manage on..."

'Four thousand,' Amol interrupted her.

'Okay, 4,000. Then we will be short.'" (Mukherjee 56)

As they proceed further, they are disturbed physically and mentally. Amol once raised his hands on Achala (57), and she suffered more than others. So, her vulnerability does not end at a chance of getting infected with COVID-19 like her employers but extends to her subsistence as well as physical violence. The inability to sustain themselves during the pandemic due to unpaid wages leads to manifold complications. As per the survey commissioned by SEWA, nearly 60% of the 795 domestic workers interviewed in December 2020-January 2021 said that their employer did not pay them during the lockdown (quoted in Ravi 2021).

In the "Doctor Doctor," Haribhau serves her employer during the pandemic. He continues serving as a driver because "he needed the salary and didn't want to risk losing his job once the lockdown was lifted" (Dé 93). His fear is real. In an *Economic and Political Weekly* telephonic survey of December 2020, 31% of domestic workers had not found employment, and fewer had support from the employer (quoted in Ravi 2021).

Even the doctor was secretly delighted with his duty in the hour of crisis (94). However, the moment he tested positive for COVID, the doctor's husband "made it very clear he would not cough up in case Haribhau tested positive" (95). This aspect opens the sense of disposability of domestic workers. Adriana Cavarero propounds, "'vulnerability' as our constitutive ontological condition of being reciprocally exposed to each other's power for care or harm" (quoted in Tzelepis, 2016). Here, the sense and duty of care are absent in the same vulnerable position, which makes one get hurt. Once Haribhau got COVID, his employer thought him solely responsible for the disease and was ready to disown him. The doctor thinks, "Even if he did survive – I am brutally honest – Nitin and I would not be able to keep him" (96).

Through the lives of Haribhau, Achala, Lali, and other domestic workers, it becomes clear that the COVID-19 pandemic heightened their vulnerability. Those vulnerabilities did not just stem from their own existence but from a relational one, which worsened with the interdependence and unavoidable bonds shared with others in society. As Florencia Luna says, "The concept of vulnerability is a relational one. That is, it concerns the relation between the person or a group of persons and the circumstances or context. It is closely related to the situation under analysis" (129).

In the Indian context, caste is one of the important factors that determines an individual's social dynamics. When the pandemic struck, it exacerbated the pre-existing inequalities prevalent in the society. Unlike other inequalities, all three narratives show no trace of caste-based issues. In "Holidays," Achala and their family went through tough times, but that narrative gives no trace of caste-based discrimination, neither with her employees nor with the neighbors from the chawl. "Doctor Doctor" is also free from caste-based discrimination and such language. An article from National Herald, devoid of any such claims in many domestic workers' lives, strengthens the claim that domestic workers' lives did not become more vulnerable with this aspect of the social issue during the pandemic at large (Bharti and Giri 2020). Increasing literacy, growing urbanization, and economic development might be the reasons behind the lessening of casteism and related issues.

Conclusion

It is said that any outbreak, disaster, or calamity has equal effects on all the people. However, we forget that some groups or subpopulations are placed in such circumstances and positions that they are more exposed to those calamities. Domestic workers are such a group that suffered a lot during COVID-19, as revealed through the present study. The easy availability and unorganized nature of the job, despite their colossal numbers, keep them invisible and, hence, their issues and sufferings unaddressed. All three narratives open the bitter experiences of their lives as domestic workers in a very comprehensive way. In "Holidays," Achala's life reveals the effect of the pandemic on her own household. *The Blind Matriarch* opens up about how employers' vulnerability shapes domestic workers' conditions and lives during those days. "Doctor Doctor" reflects on the grim reality of the domestic workers in the face of employers' apathy and indifference. They peep through as small actors in others' stories and make their presence in bits, pieces, and fragments, such as Haribhau's life in the

story of the doctor couple; Rishika's, Lali's, and Munni's lives in the life of Matangi Ma; and Achala's life in her own domestic setting. Moreover, this study, through these experiences in pieces and fragments, brings them forth in the center of discourse and maps their suffering, which is more than the others'. They are helpless in the face of the pandemic, but they are resilient in their own way. They endure the pandemic in the hope of picking up the pieces again once the pandemic is over. As Achala does in "Holidays," she finds a hold on her life after listening to the old lady who said to her, "it's only after a storm that one knows what a house is really made of" (Mukherjee 59).

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