DIGITAL EXPOSURE, EMOTIONAL REGULATION, AND PSYCHOLOGICAL FATIGUE DURING COVID-19: A REVIEW-BASED STUDY OF INDIAN WOMEN'S MENTAL HEALTH

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Abstract:

The coronavirus (COVID-19) pandemic has created a crisis in India that is unprecedented in terms of the amount of information available. During the length of time during which people were required to remain inside their homes due primarily because of limitations placed on them by the pandemic, they were subject to constant digital updates, engagement through social media, and other methods of communicating through digital technology. This availability of information has greatly impacted the mental health of many people throughout India (particularly women), who have been impacted more than men by the COVID-19 pandemic due to their caregiving roles, disproportionate amounts of emotional labour, increased levels of reliance on family and friends for social support and care, and the consequences of cultural norms associated with women regarding silence, endurance and caregiving. Digital platforms provide a primary means of accessing information, connecting to others, and obtaining reassurance, but they also serve as stress amplifiers to the extent that they increase access to fear, misinformation, social comparison, and emotional contagion. The current study examines how the cumulative experiences of using digital technology, during the COVID-19 pandemic, have influenced the psychological distress and emotional exhaustion experienced by Indian women.

This research is a narrative-themed review which includes entirely secondary sources (including peer-reviewed journals, open-access papers, and other publically available policy/program documents) that are related to Indians. The report presents a summary of the evidence across four themes: women's digital exposure and usage patterns; the psychological

mechanisms between digital and emotional distress; emotional regulation and coping pathways; and digital well-being interventions during public health crises.

The study demonstrated that psychological distress can originate from multiple sources. The factors that contributed to distress were related specifically to how their digital use (e.g., high amount of time spent on screens) lead to some of the following outcomes (e.g., experiencing multiple forms of psychological distress because of information overload/ fear-amplified/digital misinformation exposure/ruminative cycles/sleep disturbance/social comparison stress). In addition to the aforementioned causes of psychological distress, there are also cultures or structural factors relating to feelings of having caregiving responsibilities or household surveillance/poverty or inequality through digital means/limited access to good sources of credible information and/or resources to receive help that compounded the causes of psychological distress. The conclusion of this research suggests that while there is a major influence by women's gendered and institutional conditions on the mental health outcome of women during this pandemic; that it has a lesser relationship to the individual vulnerability of these same women. In this way, improving women's digital well-being can be done through the development of gender-sensitive intervention frameworks that will incorporate digital literacy, household/community supports, privacy protections, and access to tele-mental health services. The integration of these approaches is necessary to decrease emotional fatigue and improve women's resilience in future crises.

1. Introduction:

Along with the COVID-19 outbreak, India faced an incredible information crisis due to ongoing digital updates at all times, constantly changing health guidance and an influx of pandemic-related information on social media and other messaging services. Beginning in early 2020, people in India experienced a non-stop deluge of news reports including COVID-19 rates, death rates, acute hospital shortages, lockdowns, and debates about the accuracy of vaccinations. This non-stop barrage of information, which included contradictory and emotionally charged data, resulted in a state of psychological distress due to fear, uncertainty, and cognitive overload. Digital or online platforms served as the primary means for people to gain understanding of their individual risk, find reassurance, and try to re-establish their control over the uncertain and chaotic situation around them (Garfin et al., 2020).

In this highly informational society, women had different experiences based on their gender. The responsibilities given to women as caregivers made them responsible for the health of their families and

keeping families emotionally stable during times of lockdown. In a lot of cases, women also had to monitor health information, take care of family members, be responsible for their children's schooling, help with elderly relatives, and keep the family unit comforting and stable emotionally. With the responsibility that women had to provide this care, they were constantly exposed to various forms of digital information. However, at the same time, women had limited opportunities to separate themselves from or - more harmfully- to recover from the emotional distress of viewing this information. Because of an unequal amount of emotional labour placed on women, lack of autonomy and culturally defined expectations of silence and every woman's need to endure, women endured a great deal of distress and trauma from viewing digital information without the opportunity for adequate emotional processing or recovery from the loss of sleep created by viewing these stressful pieces of media (Rao et al., 2021).

During the pandemic, online and social media were an important part of society. When people were home in lockdown, social media and online platforms became their primary source for getting information, connecting with family and friends, and receiving emotional support. Social media in particular has provided many women with a way to feel supported by interacting with others who were experiencing similar issues, and for accessing resources or support groups that provide help around coping with the situation. Conversely, during this time, women were repeatedly exposed to news articles that fostered fear; the stories of others who had died from COVID-19; misinformation about COVID-19; and stories comparing how people were doing throughout the lockdown; this created an increased level of anxiety, fear, and emotional exhaustion. Research has shown that the use of social media during the COVID-19 pandemic was both a benefit and a detriment in that it helped connect individuals with others but also increased the levels of distress through exposure to information and sharing of emotions (Gao et al., 2020).

A review of the existing evidence for excessive and unregulated digital exposure and the negative effect it has on mental health. Overexposure to information can lead to confusion, irritability, and poor decision-making due to interference with cognitive capacity. Repeated exposure to threatening information creates fear amplification by increasing the risk perception well beyond light of individual exposure to that threat. The uncertainty caused by the presence of misinformation or unverified health claims is often associated with stress, while emotional fatigue and ruminative thinking are heightened when adults continuously consume distressing media (Bendau et al., 2021). In addition, studies have shown that prolonged exposure to the media can lead to sleep disturbance, anxiety symptoms, and a decreased level of psychological functioning during the COVID-19 pandemic (Bendau et al., 2021). Among women, this effect was compounded by increased caregiving demand, strain from working from home, and limited ability to create a space for social and emotional recovery.

There were several factors that influenced women's vulnerability to experiencing distress from digital sources during COVID-19. First, socioeconomic status had an impact on both digital access and the ability to cope since women from lower-income households often depended on sharing devices with others, and also had limited digital literacy which put them at risk of being exposed to forwarded misinformation without

having necessary verification skills. Second, marital status and household structure had an impact on women's privacy and autonomy; many women experienced increased surveillance within their households that limited their ability to show emotion and ask for help. Third, work-from-home arrangements were blurring the lines between paid and unpaid work, helping to increase women's daily responsibilities and in turn, increasing how long women spend on a screen each day. Fourth, pre-existing mental health vulnerabilities, such as anxiety or depression, led to women being more receptive to the digital stressors associated with the pandemic. Finally, cultural norms that prohibit emotional expression contributed to women internalising their distress as a result of being less likely to seek out professional or peer support systems (Banerjee, 2020).

The research problem addressed by this study is the absence of a comprehensive understanding of the influence of digital media exposure during the COVID-19 pandemic on the emotions and mental health of women in India. The increase in exposure to digital media during COVID-19 led to a surge in consumption of digital information by Indian women; however, this was coupled with a lack of empirical evidence regarding how this exposure influenced women's emotional regulation and psychological fatigue, and thus, created a need to generate new knowledge about the relationship between gendered roles, cultural expectations, and household power dynamics and women's experiences of consuming digital media in India.

In this paper, we will critically assess the literature for secondary evidence about how digital exposure impacted the psychological wellbeing of women in India as a result of COVID-19 and propose strategies to reduce the negative effects of digital media exposure on women's mental health during subsequent instances of crisis. Our goal is to provide an empirical understanding of the mechanisms that connect digital environments to women's mental health outcomes, while using a multi-method approach to synthesise the overall findings from multiple disciplines.

A narrative-thematic review methodology with systematic and transparent search/screening processes was utilised for this study. Secondary data sources included peer-reviewed journal studies indexed in Scopus, open access journals, publisher open repositories, and selected policy/ program documents contextualising digital trends during the pandemic. Academic databases and journal platforms were searched using structured keyword clusters such as: 'Indian women' AND COVID-19 AND social media; "information overload" AND mental health; misinformation AND anxiety; dooms scrolling OR media exposure AND distress; emotional regulation AND pandemic; digital well-being interventions.

The inclusion criteria included the following: peer-reviewed journal articles on mental health outcomes published in the COVID-19 era or later that reported on anxiety, depression, fear, stress, emotional exhaustion, sleeping problems or regulation of emotion among women or had gender-separated data that was relevant to India. The following types of publications received priority: publications that examined digital media exposure, media use, or online environments; non-referenced blogs, opinion articles that did not provide empirical support; sources for pay which could not be verified independently; clinical studies which did not relate to digital media use; and studies that did not include mental health outcomes in association with digital media usage.

A thematic coding synthesis of all included studies was performed to identify themes, as well as patterns and mechanisms, in how digital media exposure affects psychological outcomes. A comparison of findings was then conducted across all studies based on methodology, population, and setting to identify similar and differing findings. An emphasis was placed on gender-based explanatory factors, contextual moderators, and potential interventions. This synthesis identified gaps in the available evidence with respect to developing culturally competent digital wellbeing strategies for women in disaster and emergency situations.

2. DIGITAL EXPOSURE PATTERNS AMONG INDIAN WOMEN DURING COVID-19

The transformation of digital media into a primary mechanism for transmitting information, communicating with others, and regulating emotion as a result of COVID-19 is an observation with wide implications. The extended periods of lockdown and movement restrictions in India have also caused many Indians to significantly rely on technology to find news and health updates, to interact socially, and to coordinate daily life.

For Indian female users of digital platforms, the transition to using more digital platforms has resulted in unique and heightened experiences of digital use that are shaped by their gender roles, expectations of caregiving, and differential access to digital technologies. Research on digital engagement by women during COVID-19 highlights that the use of technology has a broader purpose than for entertainment; it is deeply embedded in social responsibilities, managing their families' needs, and performing emotional labour, and therefore has resulted in a higher volume and level of intensity of digital exposure among women(Gao et al., 2020).

Sources of Exposure

Women in India accessed information about pandemics via combination of overlapping digital channels. Social media sites like Facebook, Instagram, and Twitter served as the most significant sources for real-time updates about COVID-19. Messaging apps like WhatsApp and Telegram also provided a substantial source for forwarding information, providing health advisories, and community alerts. WhatsApp community groups that were set up for neighbouring areas, school areas, housing societies, and religious groups became instant information sources of officially provided updates along with rumoured content, experiential content, and emotionally charged stories. News portals offered ongoing coverage of case count and mortality numbers as well as policies being put in place, often in a very direct, urgent, or alarming fashion. Short video content platforms enhanced emotional narrative through visual content detailing suffering, recovery, and death, thus heightening affective stimulation. Workplace groups further heightened the incidence of overlapping by moving all professional communications online, thus blurring the lines between work and personal activity (Garfin et al., 2020).

Frequency and Timing of Exposure

The number of times many women are looking at their phones has increased a lot due to the COVID-19 lockdowns. Studies show that many women continue to look at their phone repeatedly because of anxiety and uncertainty and some women are looking for updates from the time the infection started until when they

were peaking in infections which occurred in a matter of hours. It became common for women to scroll on their digital devices late at night for reassurance after they had completed all their motherly and caring duties and then stayed awake because of it. Many women turned to checking their phones repeatedly out of anxiety which then made them feel like they had to stay on their digital devices for longer periods of time to always have access to anything they would need for being prepared or staying safe. Because there were no boundaries to when things were permitted to happen during lock downs (such as working from home, getting information or caring for others) the amount of time a person was digitally engaged increased, making it very hard for someone to recover from a mental perspective during that time and therefore resulting in cumulative emotional exhaustion.

Purpose of Use

Women have used digital products for different reasons during the COVID pandemic, but most were used to complete functional tasks. The primary reason for using digital products was to browse for information about one's health and others' health during the pandemic (e.g., symptoms, how to get treatment/where to go, hospital capacity, and vaccine process information). In addition, Women often assumed the responsibility for caring for family members by coordinating medical appointments, obtaining medications, and tracking health advisories for family members through digital products. Finding social connection and reassurance were also important to women's digital behaviour; therefore, they sought out their peers online to gain support through their shared experiences and to ease feelings of being alone. Digital products provided women with entertainment and spiritual or motivational support to help them through difficult and lengthy times of uncertainty. Unfortunately for women, many of the positive uses of digital products existed with distressing content, resulting in a complicated digital environment for women to manage in terms of support and stress with their mental health (Rao et al., 2021).

Gendered Drivers of Exposure

The pandemic resulted in an increased level of digital exposure for women as a consequence of their gendered social roles. Women had to act as a primary family caregiver in terms of health, in turn requiring consistent access to constantly changing information pertaining to their families regarding the health risks, treatments, and prevention of illness. Digital engagement with teachers, educational platforms, and parent groups was also required for families engaged in home and school learning. Additionally, women monitored household supplies (e.g., food, medicine, etc.) via digital updates so they could track product availability and service providers. Because of family pressure to remain connected through access to digital content, women often felt the need to provide that information to their families or other people in their communities. As a result of their role-driven expectations, women found it difficult to be free from access to digital content without feeling guilty or fearing that they would let others down, which only increased their levels of stress (Banerjee, 2020).

Digital Inequality Layer

Significant inequalities in access to and autonomy over digital technologies shaped exposure among Indian women. Device ownership was uneven many women accessed phones that were shared, or controlled by other family members, which meant limited privacy and control over content consumption. Privacy constraints affected access to online mental health information and seeking mental health care discreetly, particularly in households with increased surveillance during lockdowns. Low levels of digital literacy made women very susceptible to misinformation, and diminished their self-confidence in evaluating the credibility of the sources of such misinformation. Women experienced further restrictions resulting from language barriers as most of the content related to the pandemic was available only in English and/or technical Hindi and therefore excluded women who had limited proficiency in those languages from accessing credible sources of information. Thus, the overall inequalities resulted in exposure not being diminished but instead altering its quality, often increasing the amount of emotional distress created by the amount of confusion and uncertainty related to accessing information (UN Women, 2020).

Analysis of the research shows that women's use of digital media was significant in quality and quantity during the time of COVID-19, as well as being heavily influenced by role-related and duty-related events. The amount of time that women spent using digital media was also impacted by how they communicated their experiences to one another, fulfilled their obligations to others, fulfilled their duties as caregivers, etc. Because of these obligations, the women frequently felt unsafe disengaging from digital information, or that it was wrong not to participate. Therefore, they continued to engage with digital information even when they felt overwhelmed by the content of the information provided to them. This could explain why digital media produced both positive coping resources as well as additional stressors. In designing intervention programs for women, it is important to consider the nature of the gendered patterns of exposure, and what those patterns of exposure mean socially and the ways in which they shape women's experiences on digital platforms during crisis events like the current COVID-19 pandemic.

3. MECHANISMS LINKING DIGITAL EXPOSURE TO PSYCHOLOGICAL DISTRESS AND EMOTIONAL FATIGUE

Researchers found that while digital exposure from engaging with the internet during the COVID-19 pandemic did have mental health implications for individuals, those implications were not consistent or linear. Rather, specific psychological and social mechanisms intervened to turn the amount of time women spent online (this includes social media, games, etc.) into feelings of distress, anxiety, and emotional tiredness. For women living in India, those psychological and social mechanisms also operated according to gender-specific social contexts based upon factors associated with women's roles as caregivers, lack of independence (i.e., being restricted by their families), and reduced opportunities to emotionally recover through alternative means.

Information Overload and Cognitive Saturation

Excessive exposure to digital media, also known as information overload, has been well documented as one of the first and most common mechanisms linking digital exposure to emotional distress associated

with the pandemic. During the pandemic, individuals experienced excessive amounts of information regarding case counts, death counts, quarantine rules, and health recommendations, which were often delivered via multiple platforms simultaneously. Additionally, many articles, social media influencers, and forwarded messages provided conflicting information, creating confusion and decreasing individuals' perceived ability to make sound decisions. Cognitive overload occurred when individuals' mental capacity to process information exceeded, creating mental clutter, increased irritability, and reduced ability to concentrate. A variety of studies conducted during COVID-19 reported a strong relationship between information overload and increased levels of stress and anxiety due to finding reliable sources of information. (Bawden & Robinson, 2020). In particular, for women with multiple responsibilities associated with household management and caregiving, these additional demands on their cognitive resources increased emotional fatigue.

Fear Amplification and Risk Perception

The more people are exposed to digitally distressed images of death heaped upon death, overcrowded hospitals, and oxygen shortages, the more they perceived threats related to the virus, even if they had not had any direct exposure to COVID-19. Additionally, and equally important to the idea that frequent viewing of any form of pandemic-related media amplifies fear and enhances the anxiety response, the manner in which the media framed all news related to pandemics added to an overall perception of imminent danger (i.e., "imminent crisis"). And finally, researchers have shown that repetitive exposure to the actual statistics associated with the COVID pandemic produces the same heightened emotional response as does seeing images of worst-case scenarios (Garfin et al., 2020). For Indian women, the need to protect family members, in addition to increased threat-appraisal incidents, compounded their perceived risk and created an overall sense of hypervigilance and ongoing anxiety. Therefore, fear amplification within the response system is self-perpetuating; one cycle of anxiety-driven monitoring increases exposure, which subsequently raises the level of perceived risk and amplifies fear.

Misinformation and Uncertainty Stress

Misinformation as a type of distress created additional levels of uncertainty rather than providing clarity. Messages containing unverifiable types of "medical advice", home remedies, conspiracy theories and exaggerated warnings socially circulated through messaging applications. These conflicting claims regarding how the virus is transmitted, treated, and prevented created uncertainty stress (i.e., distress caused by ambiguity and by not having any reliable information) and research studies showed that people exposed to COVID-19 misinformation experienced greater anxiety, emotional instability, and maladaptive coping methods (Allington et al., 2020). Women with lower digital literacy or limited access to authoritative sources were particularly vulnerable, as they faced pressure to act on uncertain information for family safety, escalating emotional strain.

Emotional Contagion and Collective Anxiety

Digital forums allowed people to spread their feelings and create what's called an emotional contagion; a feeling of anxiety expressed in community groups, family chat groups or workplace forums could create

similar reactions across all members participating in these groups. When individuals shared fears, rumours, and personal losses, anxiety was created in a collective sense and reinforced as having a collective feeling of panic. Social media has been researched in the past, and it has been determined that negative emotions can spread faster and farther than what would be considered normal (Kramer et al., 2014). During lockdowns, a time period in which the number of ways in which people interact with each other offline was extremely restricted, these digital emotional loops became the primary means of conveying emotional connections with others. Women of Indian origin, whom typically interact with multi-generation social, employment(s), and caregiving networks, experienced multiple overlapping emotional influences and were at greater risk of developing an emotional or psychological exhaustion.

Doomscrolling and Rumination Loops

Doomscrolling is the tendency to continuously read and/or view negative news that results in Negative Distress. People continue to check for new information even though they know it is negatively affective for them, and this need to stay "on top" of things or to be "prepared" causes them to become further enmeshed in a rumination loop about the reasons they are feeling the way they do (unable to escape thoughts of potential threats and uncertainty). Research done throughout the pandemic has conclusively demonstrated that the process of doomscrolling is related to increased levels of anxiety, depression, and lower levels of well-being among individuals (Bendau et al., 2021). Doomscrolling generally occurred for females at night after work-related caregiving, limiting an opportunity to get restorative sleep and prolonging (for extended periods of time) their level of emotional arousal. The difficulty in disengaging from the process of doomscrolling became a negative coping mechanism that maintained levels of anxiety, not reduced them.

Sleep Disruption and Physiological Strain

Digital screen time by extension at night caused sleep disturbance through disruption/failing of normal sleep schedule; the resulting physical and emotional strain caused by lack of sleep has been linked with higher levels of stress, especially during COVID-19 (Altena et al., 2020). While the degree of effect on each person differs based on their individual circumstances, everyone who was tested experienced disrupted sleep patterns, making regulating emotions more difficult due to increased physiological response to stress, resulting in increased fatigue. Women found themselves in a unique bind as they tried to manage working from home while also caring for children and/or household responsibilities. As such, women experienced prolonged periods of sleep deprivation and as a result of this, they experienced increases in the physiological stress of digital exposure which contributed to their overall feeling of emotional exhaustion.

Social Comparison Stress

The use of social media has made comparing yourself against other people's ability to cope and remain productive much more intense and stressful. The representation of women's "perfect home management," fitness regimens, or positive methods of coping were made public via social media and created implicit reference points that many women could not achieve. For many women, the feeling of guilt, inferiority, or self-blame when comparing themselves to other people's seemingly strong ability to cope increased as they

dealt with the stress of COVID-19 and increasing caregiving and lack of resources. Research has shown that there is a significant correlation between socially comparing yourself upwardly on social media with a decrease in self-esteem and increased depressive symptoms (Vogel et al., 2014). During the time of the COVID-19 pandemic, the comparisons created by social media further increased the emotional stress that women were facing and further decreased their feelings of self-efficacy as they were dealing with disproportionate amounts of caregiving with limited resources.

The body of evidence indicates that the impact of digital exposure on mental health during the COVID-19 pandemic cannot be generalized by the amount of screen time, but instead through specific processes; over saturation of information, amplification of fear, misinformation, contagion of emotion, rumination loops, sleep interruption, and social comparison - induced digital engagement turned into emotional exhaustion and psychological stress. Indian women experienced these mechanisms of digital exposure in ways that reflected their roles as caregivers, their limited autonomy, and their inability to recover in private. Disengaging from digital devices was found by participants to be both unavoidable and emotionally burdensome. Disengagement from devices was often perceived as being at odds with participants' sense of safety as well as their sense of responsibility to parents, spouses, and children. Identifying these mechanisms will be critical for developing interventions for digital wellbeing that address the volume of exposure and the social and emotional processes through which distress is generated.

4. EMOTIONAL REGULATION, COPING PATHWAYS, AND INTERVENTION STRATEGIES FOR DIGITAL WELLBEING

Throughout the COVID-19 pandemic, Indian women have had to regulate their emotions consistently within an environment of uncertainty & information overload & limited freedom of choice. As a result, women were not able to regulate their emotions in a vacuum as it was influenced by family obligations to provide care, as well as through the use of technology to communicate. In addition, women continued to provide emotional support despite feeling fear, anxiety and exhaustion from the multiple demands placed on them given the emotionally taxing environment they lived in during the pandemic, which resulted in the development of both positive coping strategies as well as negative ones.

Emotional Regulation under Prolonged Crisis

Emotional regulation for Indian women has now gone from expressing their emotions to keeping them hidden when experiencing distress during the pandemic. Social/cultural values placed on endurance and self-sacrifice meant that most women felt they needed to disguise their fear, sadness and frustration for the sake of maintaining stable families. Women who live with others in multi-generational homes often feel they must present themselves as being calm and capable to care for both children, and older adults in the home as they reassure them. As a result of the suppression of their emotions, women have become more irritable, experience emotional numbness and feel fatigued from holding on to emotion but not expressing it. Being required for such an extended period of time to display calmness and resiliency as they process their emotions and recover

from enduring hardship, has caused many women to feel they are at a greater risk for experiencing burnout and psychological fatigue.

Coping through Digital Spaces

During the lockdown, the digital world has also provided women with places to cope. Many women have used online support groups, friend relationships, and women's forums to connect, learn new things, and find comfort in knowing that others feel the same way. In addition, messaging apps have helped women connect and support each other by sending messages to reassure them that they are not alone and their feelings are normal. Women have also used shared coping strategies for dealing with stress, mindfulness and spiritual practices, and have been able to find meaning and purpose through these activities. Many women have reached out for support through tele-support services when face-to-face support was not available to them. On the other hand, using these online and digital applications for coping can be both beneficial and have negative consequences; they allow for a way to connect with others, however they also expose the individual to other peoples' distress which may overwhelm the individual emotionally.

Protective Digital Practices

Protective digital practices developed as critical self-regulating strategies. Setting limits on the amount of news consumed to a particular time period reduced anxiety and prevented the continual monitoring of perceived threats. Verifying the source before taking action to verify information helped mitigate feelings of uncertainty and reduce reactionary behaviours based on panic. Many women actively limited the amount of content they recycled by muting groups or removing themselves from distressing feeds. Unfollowing accounts that promoted anxiety or unreasonable coping mechanisms reduced the stress of social comparison. All these strategies took digital literacy and personal agency, which is distributed unevenly, so there is an urgent need for a systemised approach to guide people in healthy ways to use digital technology during times of crises.

Family and Household-Level Interventions

Women's emotional regulation was significantly influenced by the environments where they were raised. In homes that provided support through shared caregiving and recognized the effects of emotion on them: Women had reduced psychological burdens; Women were less likely to be constantly observed by others in the household and had opportunities for private time to decompress and seek assistance. Women were able to cope better when homes created norms of support in expressing emotions to one another, rather than discouragement from doing so; whereas homes that reinforced silence and control contributed to an increased risk for emotional exhaustion. Hence, any household interventions are important for achieving sustainable digital well-being and cannot be accomplished only with individual strategies if restrictive domestic environments exist.

Community-Based Interventions

Community-based measures gave people extra help with emotions. Local women's associations and self-help organizations have given women a place, which is familiar to them, to get emotional support and share information with others. Community health workers are trusted members of the community who share

accurate information and identify early signs of someone who is distressed. Digital literacy programs helped women understand how they can use technology safely, how to find false information and how to monitor how much technology they are using. Giving women clear knowledge of referral pathways will allow them to be confident in their decision to seek assistance when needed. These community resources have been especially helpful for women who have had limited access to either technology or who do not have the ability to independently use technology.

Policy and Platform-Level Strategies

It is important to use policies and platform-level strategies to develop healthier digital environments during an emergency. Adhering to crisis communication standards emphasising clear, consistent messaging and emotional sensitivity will help to avoid creating an environment where fear is increased. Reliable information sources will reduce individuals' use of informal communications. Active control of misinformation will limit uncertainty-based stress. Incorporation of mental health reminders, such as take-break notices and links to support resources, into existing digital platforms will promote self-regulation. These systemic interventions change the way we view responsibility; therefore shifting it from the individual level to the environmental level and acknowledging the structural design of digital platforms as a contributor to overall digital wellbeing.

Tele-Counselling Integration

Tele-counseling services can provide an essential pathway for assisting women in the regulation of their emotions during times of crisis. For effective integration of these services, there needs to be more than just the provision of services; there should also be awareness raising, confidentiality protections, and culturally safe counselling modalities. The use of established processes for ensuring seamless transitions between levels of care is critical to ensure that women suffering from emotional distress can smoothly navigate between levels of care. When distress collides with experiences of violence or coercion, tele-counselling services need to be linked with safety planning and protection systems. Digital mental health services will continue to be underutilised or inaccessible to the women they were intended to help without having these protections in place.

This analysis indicates that any digital wellbeing intervention must address the digital environment that exists as well as the context in which women are living, the gendered social norms that shape their realities and responsibilities. The strategies women use to regulate their emotions are influenced by their culture expectations, family dynamics, and the digital structures available to them. Therefore, successful interventions created from a solely individual behaviour change-focused approach will not work. In order for sustainable digital wellness to occur during periods of public health emergency, approaches to the provision of digital well-being need to be integrated so that they simultaneously support the creation of a positive family or home environment, provide access to community-based resources, improve digital literacy and privacy protection, and promote culturally safe and sensitive means of communicating mental health messages. By understanding

the lived realities and responsibilities of women, intervention strategies can better promote resilience, reduce emotional exhaustion and foster normalised help-seeking during future crises.

Conclusion

This research has shown that the COVID-19 global epidemic formed a multifaceted information ecosystem that had a significant influence on the ways in which Indian women experienced mental health challenges. The extensive amounts of digital exposure during lockdown periods produced information overload, fear amplification, mass misinformation and ongoing emotional exhaustion. Many of the psychological implications originating from these exposures were not dispersed randomly; they were influenced by the gendered social positions and duties assigned to women. As women are the principal caregivers, health managers of families and the person who leads the way in providing an emotional anchor for family members, the volume and intensity of digital exposures experienced by women significantly increased. Women found it very difficult to disengage from distressful content and often believed that disengaging from this content was considered irresponsible.

Women's coping capabilities were considerably affected by household and societal contexts as well. Increased control over them by more family members, lack of privacy and expectations of maintaining emotional endurance all acted as barriers to women regulating their emotions externally and reaching out to others for support. Digital inequality created barriers between women and the ability to consume digital material that did not only impact the volume of volumes consumed but also how much support they actually received from family members to deal with the emotional impact of what they consumed. The digital cultural norms that emphasized silence or the need to make sacrifices acted as reinforcement for emotional suppression where women would accumulate distress and express it later through their negative emotions such as fatigue, irritability, anxiety, or restlessness.

The review indicated that the psychological impact of COVID-19 was influenced not only by individual differences but also by a variety of interconnected and predictable variables. Women's mental health throughout the pandemic was influenced by the interplay between digital settings (e.g., Zoom) and the nature of their gender role and responsibilities, the distribution of power within their home, and their access to and/or use of reliable information, emotional and/or logistical support. If these structural/cultural dimensions of women's daily lives are not addressed, the use of digital devices to cope with the pressures of the COVID-19 pandemic will continue to present both a source of stress and an avenue for coping and, as a result, limit women's ability to emotionally recover from an extended crisis.

Recommendations

Based on the synthesis of evidence, the following actionable recommendations are proposed to improve digital wellbeing for women during future public health emergencies:

- Create campaigns that raise awareness about digital mental health and inform people about how "information overload" will legitimately help them manage the mental health aspect.

- Use formal public health messaging to help identify what is appropriate with structured media use to update timelines with trusted sources only and reduce constantly checking your media accounts.

- Enhance digital literacy programs focused on women to help them identify misinformation, verify information they encounter and be safe & deliberate when using online services, regardless of their geographic location.

- Include digital wellness information in community-based outreach efforts to women and provide additional resources that are not necessarily dependent on digital platforms alone.

- Help ensure caregivers/household members are supported in developing practices that encourage shared caregiving responsibilities, limit spying on women and provide them with safe private areas for emotional self-regulation.

- Develop privacy policies to ensure that telehealth and tele-mental health practitioners have the privacy and security standards needed to support both the client and the practitioner and ensure continuity of care for women.

- Support community-based support groups for women with limited digital access or autonomy during emergency situations & connect to reliable mental health and psychosocial support services.

Together, these measures can help transform digital environments from sources of sustained distress into supportive spaces that enhance resilience, emotional regulation, and mental wellbeing for Indian women in times of crisis.

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