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Social Perspective of Women towards Epidemic

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Abstract: This study deals with the investigation of the Social perspective of Women towards epidemic. The study investigates the level of awareness, preventive understanding, and fear/ myths of participants towards an epidemic like COVID-19 infection. For this purpose, a descriptive survey model of the Social perspective Scale was developed by the investigator. The total sample of this study is 100, Collected data from women in Srikakulam District (Andhra Pradesh). This study is limited to the Srikakulam district only. The data were evaluated by Statistical software using to calculate the t-test, F-test, Standard Deviation, and Mean tests. The final result revealed that the awareness, understanding of prevention and fear/myths of the epidemic are moderate in women. Only a few members show a high-level Social perspective for the epidemic, and some members indicate a low level of Social perspective for the epidemic. Locality and Age play a significant role in the social perspective for the epidemic. Other variables like the occupation didn't play any significant role in the Social perspective of the epidemic. According to this study, the investigator concluded tribal and rural area women differ in their Social perspective for the epidemic. Age also a significant factor in women's. 16 to 25 years, 26 to 35 years, and 36 to 45 years persons differ in their Social perspective of Women towards preventive measures of the epidemic.

Keywords: *Social perspective, Covid-19, epidemic, awareness, understanding.*

Introduction

The place of women in Indian culture and tradition is unique. The dignity of women depends on the respect they receive from their communities. It is no exaggeration to say that the success of women has made these societies the highest in the world. If we look at their merits from the ordinary family to the level of governing the country, we can realize the strength of their will. The role of women in our country before independence, in the struggle for freedom, and after independence is unparalleled. Women in India as well as around the world are expressing their importance in many fields. All this is only one side of the coin.

There is no doubt that women are in a miserable situation, especially in the current catastrophic situation. On the other hand, from ordinary homemakers to working women, they face severe, miserable conditions. The emotions of women in this epidemic situation also cause them psychological problems. According to appraisal theories, the feeling is vague but still enough to motivate the organism to approach, avoid, or wait. Rather than a single emotion of anger or sorrow, there are many nuances of irritation, resentment, rage, depression, sudden grief, and desperation. These are names; the experience is continuous. In this condition, women must have a social perspective to understand the present situation. This social perspective leads to the behavioral stability of women. Women endure extra burden, and the impact of epidemic is highly impacted on their health. The majority of unpaid care work in households faces high risks of economic insecurity. This insecurity leads to domestic violence, abuse, or harassment. The pandemic will continue to have a major effect on the health of many susceptible peoples. This is the severe effect on women. Men who have contracted COVID-19 have a 60% to 80% higher mortality rate than women. Women are at the front position of the fight in contradiction of the pandemic because they frame nearly 70 percent of the healthcare staff, baring them to a higher risk of epidemic, while they are under served. Furthermore, because of obstinate gender bias across many conditions, women's, businesses, jobs, works and overall income standards may be more vulnerable than men's to the probable extensive financial fallout from the crisis. In some situations women living alone on low incomes than men, these conditions putting them at greater risk of economic insecurity. Lockdown situations increase the risk of women.

Worldwide, the role of women in preventing pandemics is growing. In the prevention of pandemic, women leaders showed their leadership styles, such as cooperation and teamwork. Society has long believed that men perform better than women in the prevention of pandemic. However, in women-led countries, they have been able to curb the pandemic effectively. With this, society had to change its way of thinking. In most areas of public life, women are miserable low representation in decision-making bodies. Only quarters (24.9 percent) of the women are national members 36.3 percent of parliaments and elected officials worldwide in local forums. Only 21.3 per cent of ministers worldwide will be women by the end of 2020. Women make up at least 40% of the world's ministers in just 30 cabinets. Women are under-represented in the ranks of health ministers. Women make up about 70% of the healthcare workforce. Women make up only 24.7 per cent of the world's health ministers and 25 per cent of senior positions in health organisations.

Meanwhile, 72 per cent are World Health Organization executives. Women are not even represented in the media: According to available data, only one woman for every three men is quoted in the media discussing the problem. Women's engagement in the emergency response is also crucial in groups, task teams, and operation centers. However, these teams mainly recruited from police, fire, and transport services. Few women have leadership roles. There are some women professionals from health and education in general Social affairs or national gender equality initiatives. During the epidemic, many women put on

extra shoulders Home and care work at Home and faced threats related to the virus. Its effects can adversely affect their effectiveness. Get wholly involved in public life. The government takes steps to address this burden, including providing protection Equipment, Access for women working in their communities for information, and changes in funding and working methods. For example, if parliaments vote on new legislation, Make decisions cautiously, and during the pandemic, they must consider the demands of women lawmakers and staff. There may be more care chores at Home, but there is still a need to approve emergency laws allocate and review resources Government expenditure. Society should also be considered gender equality during election activities to respond, by the occasion of the pandemic, Voter registration, public health problems, including the applicant Nomination, voter education, election campaign, and voting. Needed governments and their election management companies ensure women are equal participants in the election Voting is done by individual or remote means? Special attention Necessary to ensure that women are experiencing multiple and intersections Discrimination forms, especially rural women, compatriots, Women, and disabled, disquisitions, or experienced inappropriate family effects on voting preferences. Explains evidence from Ebola and Zika infections Community-based organizations (CBOs) play a key role. Women's groups reach the most vulnerable populations, including women with disabilities, HIV-positive women, migrant and refugee women, and others. The present pandemic emphasises its critical role in front-line crisis response. CBOs and female agencies attract access to their technical skills and local communities and the necessary services for groups that are not eligible to fill fields in the collection or produce health utensils such as masts and sanitisers and provide essential information about the changing public health landscape. Women's organisations in the Democratic Republic of the Congo, Lesotho, Nigeria, Sudan, and Uganda, for example, are using social media to distribute information about how to do it. It prevents the transmission of the virus and contacts women and girls directly when they do not have associations to which they belong. Have access to the Internet. They also raise awareness about women's and other marginalised groups' unique problems. During the epidemic, certain groups were particularly vulnerable to losing income due to gender-based violence and the shutdown of unlicensed markets. 31 Women in India, Kyrgyzstan, Rwanda, and Serbia, amongst other countries, their work on violence against women includes providing victims of violence with prompt and free legal and mental health care. Hotlines and online chat channels are available 24 hours a day, seven days a week. Even though women's organisations and community groups have unsupported response operations in their local communities, they are frequently left out of the crisis response strategy. In 2018, for example, only local women's organisations contacted humanitarian Processes to prepare a response strategy, accounting for more than half (56 per cent). During the current Covid-19 Crisis, numerous women-owned businesses say that they are facing closure due to financial hurdles and shifting donor choices. There are numerous examples of existing women who run efficiently. Governments, elected officials and UN agencies must also support pandemic responses to move forward. Gender-balanced businesses assist women and others in making decisions. Governments, on the other hand, the character that appears in the exact portrayal of women's equal representation and decisions, legislators, and locally participating elected politicians, UN agencies, non-governmental organisations (NGOs), and the commercial sector all have a role to play. Despite English's online dominance, has information spread in other languages? Social media platforms must implement safeguards. Telecommunications companies and Internet service providers should work together to increase access to low-cost connectivity. Because the Internet will not be available in some nations and regions, other communication channels, such as television, radio, and public advertisements, must be maintained or expanded for female audiences. In Mali, for example, TV and radio commercials promoting women are initially altered to incorporate election engagement messaging. Governments and their partners may organise small-group sessions to bring women together and inform them about their needs and preferences. Civil society and women's CBOs can increase women's access to information, particularly in rural regions and groups. The deadline and the minority are both late. Governments and funders should consult with female-owned businesses when developing, implementing, monitoring, and evaluating programmes and procedures. Governments should take the initiative. Facilitate participation through all responsible companies. Covid-19 reaction with women at the national and local levels Activists and women's organisations are represented. Additional efforts should be made to ensure those women, particularly those who face multiple forms of discrimination, are safe and their needs, preferences, and concerns about personal security and security, health, economic restoration, care burdens, and other gender consequences and pandemic risk factors. Governments should give Women's networks and CBOs the most up-to-date information on viruses and reactions and training and resources to function in emergencies. Donors and governments rely on access to information and knowledge. Women's businesses and other non-profits should be ready as well. There is enough support for those who handle their work. We, Will, need to confirm dedicated and comfortable funds for women Companies for major expenses to buy personal protection Equipment to continue and carry their regular programs COVID-19 response and renewal. Corresponds to UN Secretary-General calls, UN agencies, and member countries Should extend and use existing funds for gender equality And women's organizations - for example, UN Women's Peace and humanitarian treasure and UN trust fund End violence on women. Local authorities, local female groups, together with religious Leaders and journalists, UN women, are developing and spreading Public information that can access and take action to confirm Women and all the girls are well informed about their health Moreover, how to protect and use their rights. Worldwide, women's voters, candidates, election, election, and understanding of women's political participation with elected officials and female activists continue to meet the national rules and regulations and the terms of the social distance. In Georgia, the United Nations Women are supporting the women's alliance with over 400 people working in the margins of women against Covid-19, including Virtual Information Sharing a session with the National Center for Disease Control.

Need and significance of the study:

Women are fighting COVID-19 on the front lines, and the crisis has a significant impact on women. Women must have a social perspective to understand the current situation. Women are at the forefront of the pandemic fight because they make up nearly 70% of the healthcare workforce, exposing them to a higher risk of infection and leaving them underserved. Women's jobs, businesses, incomes, and overall living standards may be more vulnerable to the crisis's expected fallout due to persistent gender inequalities across many dimensions. Governments should consider extending unemployment benefits to disadvantaged groups, making on-time payments to affected workers, and providing financial assistance to insecure workers. Evidence from the 2014-15 Ebola outbreaks in West Africa indicates that sexual violence and abuse were more prevalent than in previous years. Domestic violence stems from patriarchal masculinities, which give men more power and control over women. COVID-19's social consequences— inability to leave the house, loss of social interactions, all-day presence of children due to school closures, tensions

inherent in forced cohabitation—is likely to be an additional reason for some to justify violence. Local authorities, local female groups, together with religious Leaders and journalists, UN women, are developing and spreading Public information that can access and take action to confirm women and all the girls are well informed about their health and how to protect and use their rights.

Women need a social perspective to deal effectively with pandemic conditions. The awareness of the prevalence, prevention, treatment, and misconceptions of COVID-19 comes from a social perspective. Socially mature women take pleasure and pressure equally in any condition. According to Indian culture, women are the indicator of a good and healthy home. Is there any change in women's love and affection towards their families no matter how many difficulties they face mentally and physically? The firm answer is that there is no change in their love and appreciation for their families. Because women have more social maturity than men, they can cope with any situation effectively. It is only possible for a society to heal the trauma of losing family members and jobs due to COVID-19. The loving affection that the community shows towards them will help them recover quickly from these catastrophic situations. In this study, the researchers will try to determine the measure of women's social perspective.

Objectives of the study:

1. To find out Social perspective of women and to classify it.
2. To find out the Social perspective of women in the following dimensions
 - a). Awareness of epidemic
 - b). knowledge in prevention of epidemic
 - c).fear of epidemic eg. COVID19
3. To find out the Social perspective of women with respect to the following variables:
 - a). Locality : Rural / Tribal
 - b). Occupation : House wife/ Daily wage/ Private employ
 - c). Age : 16 TO 25 YEARS/ 26 TO 35/ 36 TO 45 YEARS

Sample: A random sample of 100 women from Srikakulam District.

Method used:

Descriptive survey method was followed to study this problem. The survey method is deliberated to be the suitable process for such a study. The survey method collects data from a quite large number of cases at a specific time. It is concerned with the generalized statistics that result, when the data are abstracted from the number of individual cases. Survey method is found to be relevant to collect data about the Social perspective of women's.

Tool used:

Social perspective Scale developed by researcher and used to collect the data from women's. The scale consists of 36 items. These items are divided into 3 components. The factors are mixed randomly.

Data Analysis:

Objective -1:

To find out Social perspective of women and to classify it.

To analyzing data for this objective S.D, Mean, percentage of Mean of Scores of total sample of women's and tabulated in table 1 and 2.

Table 1: Social perspective among women's-Mean, S.D

Sample	Mean	S.D	Percentage%
100	103.49	5.45	95.82%

Table 2: Levels of Social perspective among women.

S.No	Levels of Social perspective	Score	No of Sample	Percentage
1	High level Social perspective	108 and above	42	42%
2	Average level Social perspective	98 to 107	42	42%
3	Low level Social perspective	Below 98	16	16%

Procedure:

One standard deviation is added to the mean ($\text{Mean} + 1\text{SD} = 103.49 + 5.45 = 108.94$). The obtained value is 108.94. The number of women whose scores are above 108 (rounded off) is arrived at (42) and converted into percentage (42%). This group is considered to have high Value of Social perspective. One standard deviation is subtracted from the mean. The obtained value is 98.04 ($\text{Mean} - 1\text{SD} = 103.49 - 5.45 = 98.04$). The number of women whose scores are below 98 (rounded off) is arrived at 16 and converted into percentage (16%). This group is considered to have low Social perspective. The number of women whose scores are in between 98 and 108 are considered to possess average Social perspective.

Interpretation:

1. From the tables 1 and 2 it may be inferred that the sample of women have average level of Social perspective.
2. 16% of the women have low level of Social perspective.
3. 42% of the women have average level of Social perspective.

4. Only 42 % of the women have high level of Social perspective.

Objective -2:

To find out the Social perspective of women in the following dimensions

- Awareness of epidemic
- knowledge in prevention of epidemic
- fear of epidemic eg. COVID19

Table 3: Factors of Social perspective of Women- Mean, SD

S.No.	Factor	Sample	Mean	SD	Rank
1	Awareness of epidemic	100	45.46	2.88	I
2	Fear of epidemic eg. COVID19	100	29.22	1.29	II
3	knowledge in prevention of epidemic	100	28.83	1.75	II

Interpretation:

- From the table 3 it is observed that women scored high in all dimensions of Social perspective.
- Social perspective of women in all factors is around 90%

Discussion:

The Social perspective of women consists of 3 factors and from those factors Awareness of epidemic has higher mean score (45) than the other factors. The women have high Awareness of epidemic, moderate level of knowledge in Fear of epidemic eg. COVID19 (29), and low level of the, knowledge in prevention of epidemic (28).

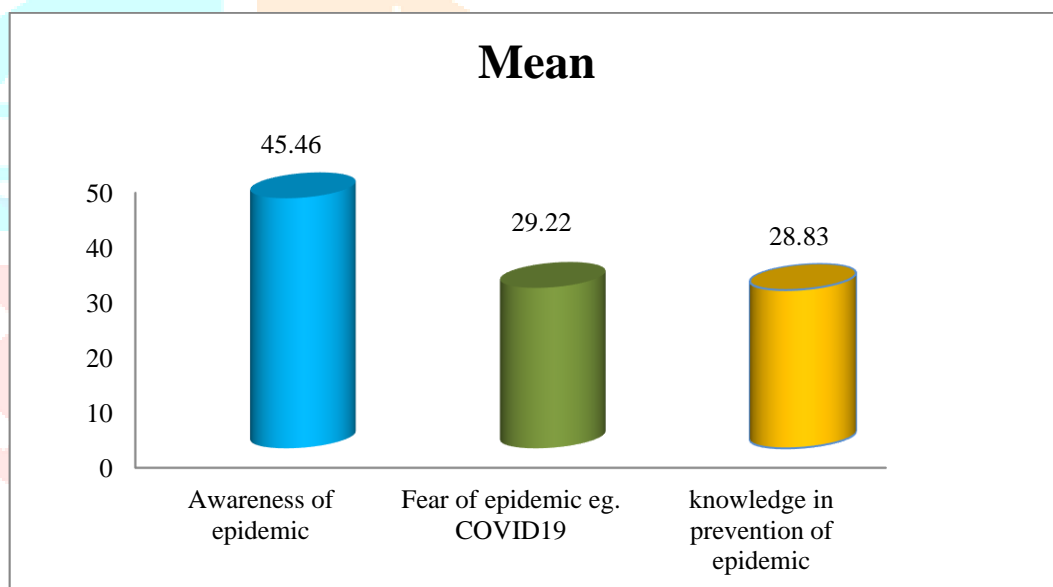


Fig. 1- Bar diagram showing mean score values relating to the Factors

Objective- 3

To find out the Social perspective of women with respect to the following variables:

- Locality : Rural / Tribal
- Occupation : House wife/ Daily wage/ Private employee
- Age : 16 TO 25 YEARS/ 26 TO 35/ 36 TO 45 YEARS

The following hypotheses have been formulated and they are tested on by one.

Hypotheses formed:

- Rural and Tribal women have no significant difference in their Social perspective.
- 16 TO 25years, 26 TO 35 years and 36 TO 45 years age groups of women make no significant difference in their Social perspective
- House wife, Daily wage and Private employee occupation of women make no significant difference in their Social perspective.

Hypotheses-1

Rural and Tribal women have no significant difference in their Social perspective

Table-4 Social perspective - Rural and Tribal women-Mean, SD and “t” value

S.no	Variable	Group	N	Mean	SD	SE _D	“t”	Hypotheses
1	Area	Rural	56	105.05	3.67	1.04	3.40*	Null hypothesis rejected
		Tribal	44	101.50	6.66			

* Significant at 0.05 level

Interpretation:

The table 4 indicates that the calculated t value 3.40. Therefore, it is significant at 0.05 level. Hence, the null hypothesis is rejected. So it can be stated that area of women differed significantly in their Social perspective. The mean difference (4) is in favour of women who are belongs to rural area. Hence, it can be inferred that rural area women possess high Social perspective when compared to the women who belongs to tribal area.

Hypotheses-2

16 TO 25years, 26 TO 35 years and 36 TO 45 years age groups of women make no significant difference in their Social perspective

Table – 5 Mean, SD comparison

Age Group	N	MEAN	SD
36 to 45 years	24	104.62	3.86
26 to 35 years	62	104.56	4.58
16 to 25 years	14	97	7

Table -6 Social perspective - Age Group – ANOVA

Source	Sum of squares	df	Mean squares	F-value
Between-groups	685.881	2	342.941	14.751*
Within-groups	2255.109	97	23.249	
Total	2940.990	99		

* significant at 0.05 level

Interpretation:

It is observed from the table 6 that the obtained F-value 8.8451 for it is significant at 0.05 level. Therefore, the null hypothesis is rejected. Hence, it can be inferred that age of women makes a significant difference in their Social perspective. Since the F-value is significant, further probe is attempted to know which age groups differ significantly in their Social perspective with other sub groups. Means and S.Ds of three sub groups of age on this variable were computed separately.

Table- 7 Social perspective – Age Groups-Mean, S.D, And t values

Group	N	Mean	SD	SE _D	“t”	Significance
36 t 45	24	104.62	3.86	1.05	0.103	Not Significant at 0.05 level
26 to 35	62	104.51	4.56			
26 to 35	62	104.51	4.56	1.5	4.99*	Significant at 0.05 level
16 to 25	14	97	7	1.75	4.34*	Significant at 0.05 level
16 to 25	14	97	7			
36 to 45	24	104.62	3.86			

Interpretation:

The table 7 indicates that the calculated t value age group 16 to 25 and 36 to 45 years women are 4.34. Therefore, it is significant at 0.05 level. So it can be stated that age of women differed significantly in their Social perspective. The mean difference (7) is in favour of women who are belongs to age group 36 to 45 years age. Hence, it can be inferred that 36 to 45 years age women possess high Social perspective when compared to the women who belongs to 16 to 25 years age. As well as t value age group 16 to 25 and 26 to 35 years women is 4.99. Therefore, it is significant at 0.05 level. Hence, So it can be stated that age of women differed significantly in their Social perspective. The mean difference (7) is in favour of women who are belongs to age

group 26 to 35 years age. Hence, it can be inferred that 26 to 35 years age women possess high Social perspective when compared to the women who belongs to 16 to 25 years age. The t value age group 26 to 35 and 36 to 45 years women are 0.103. Therefore, it is not significant at 0.05 level. Hence, it can be inferred that there is no significant difference between 26 to 35 years age women and to 36 to 45 years age women.

Hypotheses-3

House wife, Daily wage and Private employee occupation of women make no significant difference in their Social perspective.

Table – 8 Mean, SD comparison

Occupation type	N	MEAN	SD
House wife	48	103.39	5.83
Daily wage	16	101.81	6.13
Private employee	36	104.36	1.48

Table -9 Social perspectives – Occupation type – ANOVA

Source	Sum of squares	df	Mean squares	F-value
Between-groups	72.768	2	36.384	1.230**
Within-groups	2868.222	97	29.569	
Total	2940.990	99		

** Not significant at 0.05 level

Conclusion:

Covid-19 causes severe conditions all over the world. Its impact on women, in particular, is high. The situation of women has become miserable as the responsibilities of family management have increased. These conditions have a significant impact on the physical and mental health of women. Social problems, health problems, family problems are making their lives chaotic. False propoganda, especially against the epidemic, is confusing society. During this time, women have to manage the family very skillfully and vigilantly. Women in Rural areas tend to be more socially mature than women in tribal areas. We believed that when the level of Social perspective is high in a person, she connected with the sense of affection to others. This bond can amalgamate many mixed feelings relating to one another, including ethnic, cultural, or historical attributes. Cooperation is another critical factor in these situations. There is no doubt that women of Social perspective cooperate and are supportive of others in these situations.

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