

A STUDY ON EMPOWERMENT OF INDIAN WOMEN THROUGH ECONOMIC AND SOCIAL EFFECTIVENESS IN COVID-19 PANDEMIC SITUATION: AN OVERVIEW

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ABSTRACT

This research paper attempts to analyse the status of women's empowerment in India and highlights the economic and social empowerment of women in the COVID-19 pandemic. With women in the centre, the COVID-19 pandemic is affecting health, social and economic health around the world. Most importantly, women are responsible for their health: Women make up about 70% of health care jobs and are at higher risk for infection. At the same time, women are more burdened at home due to the closure of schools and kindergartens and gender inequality in unpaid work. Women are also at greater risk of losing their jobs and incomes and increasing their risk of violence, exploitation, abuse or harassment during quarantine. Policy responses must be swift and responsive to women's concerns. Governments should consider emergency measures to assist parents in carrying out work and care responsibilities, strengthen and increase income support measures, increase support for small and self-employed businesses, and assist affected women. According to the basic measures, all policy responses to the crisis should reflect gender lenses and take into account the needs of the individual, the responsibilities and the views of women. This study shows that Indian women are generally backward and in a much lower position than men, regardless of whether the government supports them. This shows that women are still being accepted by the public for playing gender unjust roles. This study concludes with the theory that changes in education, employment, and social structures are the only components of women's empowerment in the COVID-19 pandemic.

Keywords: COVID-19 Pandemic, Women's Empowerment, Social and Economic, Risk of Violence.

Introduction

The empowerment of women signs the expansion of people and groups of women, political, social, educational, sexual orientation or financial quality. The geographical region is based on a wide range of variables, including social status and educational level of age. Panchayat rates exist in many ways to empower women, including wellness, education, open doors to finance, sexual orientation, and political engagement. The empowerment of women is primarily a process of raising the economic, cultural and political status of women, traditionally disadvantaged and ordinary people. When it comes to the social status of women, they constitute almost half of the world's population. In India, most women work from home and more women work. This process is an important symptom of the effects of infectious diseases such as COVID-19. In the non-agricultural

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sector, 31.7% of women were domestic workers while 11% were men. While this may mean changing the routine from work to home instead of others, many domestic workers are also self-employed, which means they can get worse in companies during this time. PLFS shows the number of workers in the non-agricultural sector and agricultural-related sectors (such as aquaculture, fisheries, animal husbandry and agricultural support activities) in the informal sector. According to the survey, 54.8% of working women are informal workers. It reinforces the notion that women are excessively affected by COVID-19 because they lose more work and do not benefit from contract-paid leave policies.

The COVID-19 pandemic is raging around the world and has different consequences for men and women. Women are working on the against COVID-19 front, and the crisis is having a greater impact on women. Women face a complex burden: they are more likely to represent work in the health care system, the best care paid for in domestic work, the risk of economic instability, and the greatest risk of violence, exploitation, and abuse or harassment in times of crisis and misery. This pandemic has and will have a major impact on the health and well-being of numerous vulnerable groups. Women are most affected and 70% of the world's health and social workers are women, meaning that they are not only the first to respond to reducing the incidence of the disease, but also the first to be affected. According to the 68th National Employment Survey by the Sample Report on Employment in India, health workforce guesses show that trained health workers make up half of all health worker's qualifications. Among the various categories of health workers, nurses and midwives were skilled, with 88.9% of women ruling. National and school policies increase the workload of closed schools around the world. Summer can be seen as a temporary vacation, but it's a heavy burden for caregivers, most of whom are women. The Indian Labour Force Survey, published in 2019 by the Ministry of Statistics and Program Implementation, shows that there is only one area where women can receive vocational training. Much needs to be learned about childcare, nutrition and previous work. Schools and embroidery. The number of female teachers is 18.0%, while the number of male teachers is 1.2%. After the school closes, the burden on this section of the workforce increases speedily.

Objectives of the Study

- To study the present situation of COVID-19
- To study the social aspects of women's empowerment
- To Study the economic aspects of empowering women
- To study the women's access to health status quo during COVID-19

Research Methodology

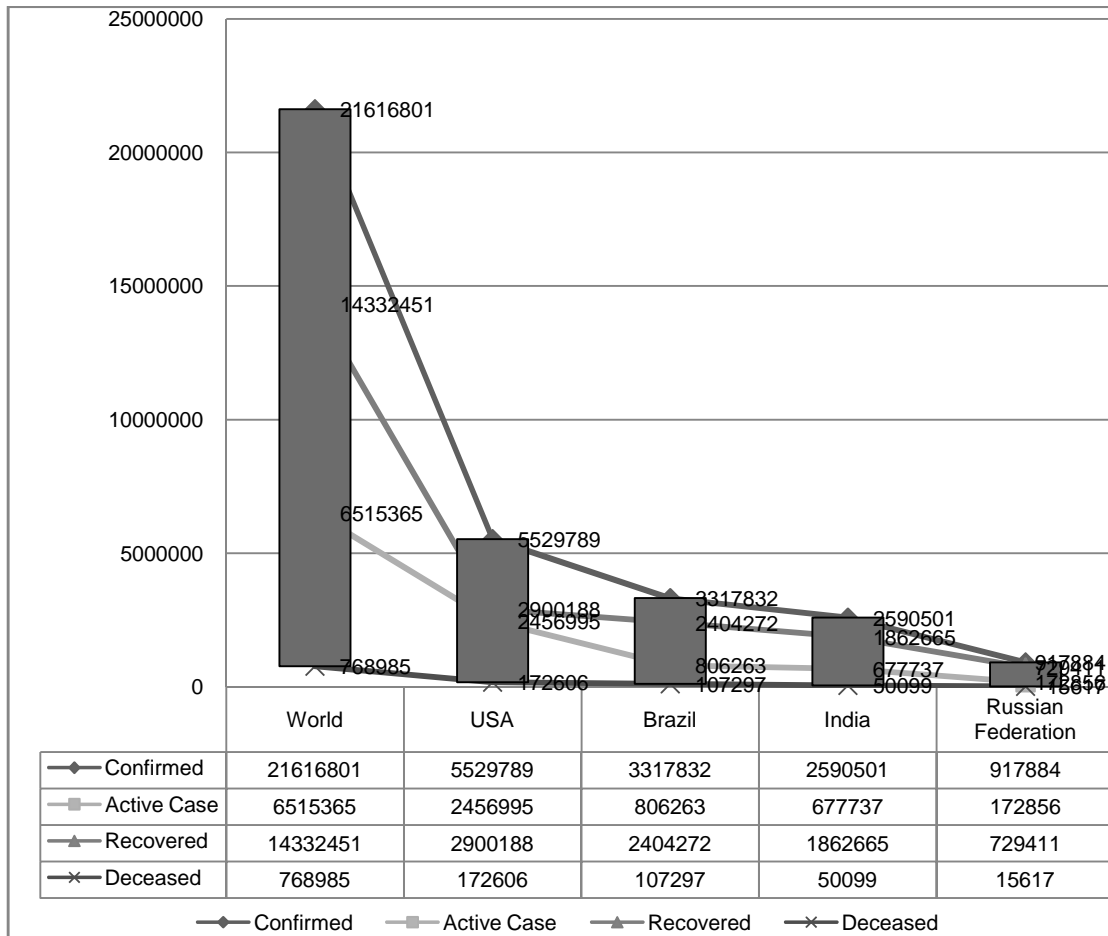
This is an exploratory study based on secondary data from journals, the Internet, articles, and previous research papers focusing on various aspects of coronavirus disease (COVID-19). According to the study objectives, accessible secondary data is collected from the World Health Organization (WHO) and the Ministry of AYUSH in India.

Women's Education and Representation during Outbreak of Covid-19

UNESCO estimates that 107 countries have closed educational institutions across the country, affecting more than 861.7 million children and young people. But can COVID-19 proliferation widen the gender gap in education? The negative effects of school closures on girls' education are greater. In Sierra Leone, for example, large numbers of girls are dropping out of school following the Ebola outbreak. Women make up the majority of health professionals, however, their participation is limited to the mechanisms of global monitoring, diagnosis and prevention of global health care.

For example, the WHO Joint Mission in China on COVID-19 has only three women out of 25, reflecting the lack of women in COVID-19 global politics. In India, the COVID-19 Economic Accountability Working Group, chaired by Finance Minister Nirmala Sitharaman, is a woman. However, there are only two women on the 21-member COVID-19 Public Health Committee formed by the Indian Medical Research Council. Including women's voices and knowledge can strengthen and improve the necessary readiness to spread and better understand the pandemic. In response to the spread of COVID-19, various effects on vulnerable populations, including women, must be considered. The international community must share lessons, learn best practices and ensure its contradictory effects.

Figure 1: The Present Scenario of Top Countries Affected by Covid-19



Source: WHO Coronavirus Disease (COVID-19) Dashboard

Some Social Empowerment Absolutely Necessary for Women in the Era of this Pandemic Situation

- Education:** The Coronavirus disease has had the greatest impact on education because the lockdown has been in place throughout the country since March 23, and even from August 31, it is not possible to open schools so that there is equal access to education for Women and girls are guaranteed. Vocational development with lifelong learning to end discrimination, globalize education, end illiteracy, create a gender-sensitive education system, increase enrolment and retention rates for girls, and improve the quality of education. Special measures for / technical skills will be achieved by women. Reducing the gender gap in secondary and higher education will be the focus. Current policies achieve the sector's time goals, with a particular focus on girls and women, including those belonging to weaker sectors, such as classes / other backward classes / minorities. Gender-sensitive curricula are developed at every level of the education system to address gender categorizes as the cause of gender discrimination.
- Science and Technology:** Curricula are being strengthened to get more women into science and technology. These include measures to encourage girls to adopt science and technology for higher education, and also to ensure that women are fully involved in development projects with science and technology knowledge. Efforts to create a scientific spirit and awareness will also increase. Special measures will be taken to train them in areas with specialization, such as communications and information technology. Special attention will be paid to the development of appropriate technology to meet the needs of women, as well as efforts to reduce their workforce. With the recognition of COVID-19, the diversity of the situation of women in difficult

situations, and especially the needs of disadvantaged groups, measures and programs will be taken to help them. These groups include women living in extreme poverty, homeless women, women in conflict situations, women with natural disasters, women in less developed areas, women with disabilities, widows, elderly women, single women in difficult situations, Are heads of households. Women, homeless women, refugees, women victims of domestic violence, abandoned women and prostitutes, and so on.

- **Health:** A comprehensive approach to women's health will be adopted, including nutrition and health services, and special attention will be paid to the needs of women and girls at all stages of life. Reducing infant mortality and maternal mortality, which are sensitive indicators of human development, is one of the most important concerns. This policy reiterates the national population targets for Infant Mortality Rate (IMR) and Maternal Mortality Rate (MMR) set out in the 2000 National Population Policy. Women should have access to comprehensive, affordable and quality care. With regard to women's reproductive rights, arrangements will be made so that they can make formal choices about their risk of sexual and health problems, malaria, tuberculosis and water-borne diseases such as high blood pressure, infectious diseases and Also be communicative. And cardiopulmonary diseases. The social consequences, development and health of HIV / AIDS and other sexually transmitted diseases are examined from a gender perspective. At the same time, coronavirus disease is still a concern for women. To effectively address infant and maternal mortality and early marriage problems, there is a need for good and accurate data on the micro level of death, birth and marriage. Strict execution of birth and death registrations is guaranteed and marriage registration is mandatory.
- **Nutrition:** Due to the high risk of malnutrition and disease, nutrition is required for women to prevent the spread of the virus that women face in all three main stages, namely childhood and adulthood and fertility. Women's nutritional needs. Is the life cycle important given the important link between the health of adolescent girls, pregnant and lactating women, infants and young children? Special efforts will be made to address the problem of nutritional and macronutrient deficiencies, especially in pregnant and lactating women, as this causes various diseases and disabilities. Efforts will be made to eliminate domestic discrimination among girls and women in terms of nutrition through appropriate strategies. To address the internal imbalance in nutrition and special needs of pregnant and lactating women, nutrition education will be widely used. Women's participation in the planning, monitoring and delivery of the system is also guaranteed.
- **Drinking Water and Sanitation:** Distinct care should be paid to the needs of women in the supply of clean drinking water, sewage, sanitation and sanitation to indoor areas, especially in rural and urban slums to prevent the spread of COVID-19, women's participation in planning, delivery and care Such services must be ensured.
- **Housing and Shelter:** For empowering women's standpoints are incorporated into housing policies, housing settlement planning, and shelter in rural and urban areas. Special care will be paid to providing adequate and safe housing for women, including single women, working women, students, trainees, heads of households, and trainees due to the outbreak of coronavirus.
- **Environment:** Indian women will be involved and their views will be reflected in environmental, conservation and rehabilitation policies and programs. Due to the impact of environmental factors on their livelihoods, women's participation in environmental protection and reducing environmental degradation due to COVID-19 is guaranteed. Most rural women still rely on local commercial non-commercial energy sources such as animal waste, agricultural waste, and firewood. To ensure the optimal use of these energy resources in an environmentally friendly manner, this policy is aimed at promoting unconventional energy resources programs. Women will participate in the popularity of using solar energy, biogas, smoke stoves and rural applications so that these measures have a clear impact on the ecosystem and change the lifestyle of rural women.
- **Violence Against Women:** Due to Coronavirus disease, women are victims of violence such as physical and psychological, both family and social, involving people born into accepted customs, traditions or practices. Deletion will be dealt with effectively. Institutions and mechanisms / schemes are created and strengthened to help prevent such violence, including sexual harassment in the workplace and dowry. To rehabilitate victims of violence and take effective action against the perpetrators of such violence. Special emphasis will also be placed on programs and measures to combat trafficking in women and girls.

- **Right of the Girl Child:** The badly-behaved of the girl child in this pandemic situation may be complicated because she has already been a victim of discrimination against children and the violation of their rights is eliminated by taking strict security measures inside and outside the family. They are particularly concerned about strict enforcement of prenatal sex selection laws and methods such as female feticide, female infants, child marriage, child abuse and child prostitution. The positive image of the girl will be actively nurtured. Special emphasis will be placed on significant investments in child nutrition, health, education, and vocational training. In the implementation of child labour elimination programs, special attention will be paid to girls.

Some Economic Empowerment Absolutely Necessary for Women in the Era of this Pandemic Situation

- **Women and Economy:** Women's standpoints are incorporated into the design and implementation of macroeconomic and social policies. Their participation as producers and workers in social and economic development in the formal and informal sectors (including domestic workers) will be recognized and appropriate policies will be formulated regarding employment and working conditions. These actions may include the following: Redefining traditional concepts of work and reinterpreting them as necessary. Reflect the participation of women as producers and workers in the census records. In this situation of pandemics, women must be economically strong and prosperous, nothing can happen without women's empowerment, so the government must take positive action to strengthen women's empowerment.
- **Women and Industry:** The important role of women in electronics, information technology and food processing and agro-industry and textiles has been important for the development of these sectors. They will be provided comprehensive support in terms of labour legislation, social security and other support services to participate in various industrial sectors. Currently, women cannot work night shifts in factories so Women should also get a chance to work in the factories at night shift, because given the prevailing pandemic situation, women need more and more work. There will also be support services for security, transportation, etc.
- **Women and Agriculture:** Given the vital role of women in the agricultural sector and the alliance, as a producer, concerted efforts will be made to reap the benefits of training, development and programs commensurate with their numbers. In order to benefit working women in agriculture, training programs for women in soil conservation, community forests, dairy development and other agricultural-related occupations such as horticulture and animal husbandry will be expanded due to the outbreak of COVID-19.
- **Poverty Alleviation:** Because women make up the majority of the population below the poverty line and live in extreme poverty at home, given the harsh realities of housing and social discrimination, economic policies and poverty reduction programs will receive special attention. The needs and problems of such women. Improve the implementation of programs that are previously based on women with specific goals for women. Measures will be taken to mobilize poor women and integrate services, along with supportive measures to enhance their capabilities, offering them a wide range of economic and social options. To increase access to credit for women and the production of microcredit, existing micro-mechanisms and the creation of new and stronger micro-institutions to increase access to credit will begin. Other support measures will be taken by existing financial institutions and banks to ensure the proper flow of credit, so that credit is easily accessible to all women below the poverty line. It is imperative that the government's poverty alleviation campaigns be accelerated because the COVID-19 pandemic has increased the number of women in poverty, so the government must take advantage of the poorest poor women and do the same.
- **Support Services:** Providing support services for women, such as childcare facilities, including workplaces and cradles in educational institutions, housing for the elderly and the disabled, is expanded and improved to create a supportive environment and ensure full cooperation between them. Social, political and economic life. Policies for female-friendly staff will also be developed to encourage women to participate effectively in the development process, which is much needed in this disease.

Accessing Health Facilities of Women during this Pandemic Situation

Women's needs often become secondary, and the resources needed for sexual health and reproductive care are directed to the emergency response. Large-scale outbreaks can exacerbate the lack of reproductive and sexual health services. Although no evidence has been found for the effect of COVID-19 on pregnant women, studies show that pregnancy carries a higher risk of disease and death during infectious diseases. During the Ebola outbreak, it was observed that there was a general lack of information about how the virus affected pregnant women in Africa. Primary health care workers, such as midwives, struggle with Ebola due to a lack of clinical guidelines and information on caring for pregnant women. In addition, during the Ebola outbreak, Guinea, Sierra Leone and Liberia saw a 30 percent drop in corporate births and a 75 percent increase in maternal mortality. The high maternal mortality rate due to lack of antenatal care and lack of access to skilled and urgent nursing care makes COVID-19 preparation more difficult for India. NFHS-4 data show that only 21% of women nationwide have completed full ANC. He also noted that only 36.4 % of mothers provided financial assistance for government-born births under the Life Safety Program. Although India has survived the worst pandemic to date, women with pandemics, including pregnant women, need to be prepared for pandemics to meet the needs of vulnerable populations must be acknowledged.

Conclusion

Before the pandemic, India had the lowest gender statistics in the developing world. The female labour force contribution rate is only 25% and among working women in India, 90% are working informally - unpaid or irregular work in the formal and informal sectors. The informal sector is the hardest hit during the pandemic, including retail, hospitality and the service industry, which account for a large share of women. Globally, gender inequalities have always worsened during pandemics. To prevent this, India must use women's agencies and plan and implement comprehensive policies to manage the COVID-19 pandemic. Obviously, without policy reinforcement, COVID-19 depends only on the existing social and economic inequalities for Indian women. So, what can be done to combat gender inequality during pandemic? The three policy measures that can help women open up India's economy to greater openness. The first is to restore existing health care programs for adolescent women and girls. The second is the creation of new institutional regulations that empower women at the community level. Third is the implementation of evidence-based recovery policy that uses gender-disaggregated data on employment and health effects to guide decisions. Globally, women are always suffering during the economic crisis and public health. To avoid a similar fate, India must adopt a comprehensive gender policy planning and implementation to manage the Coronavirus pandemic. Without remedial action to protect female workers, women's food security, and reproductive health, the pandemic is fuelling existing economic equality.

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