Digital Media's Role in COVID-19 Pandemic: Examining coverage of women's health issues

Saima Pervez
Research Scholar, Amity School of Communication, Amity University, Noida
Contact Details: 9990949307
Email: saima_pervez_12@yahoo.co.in

Amity Rd Sector
125, Noida, Pincode:201301

Dr. Piyashi Dutta
Assistant Professor, Amity University, Noida, Contact Details: 9883232073,
Address: Amity Rd Sector, 125, Noida, Pincode:201301
Email: piyashi.dutta@gmail.com

Abstract---As the report of UN proposes that Evidence from past epidemics, including Ebola (2014-16) and Zika (2016) provide evidence that women have always been at greater risk of exploitation, sexual violence and poor health during pandemics. Coronavirus has wrecked mankind globally. Redefining existing societal, economic, healthcare orders, the previous being proved redundant. With humankind being struck by such a treacherous virus it is vital to embark on journey of combating mechanism which is robust and inclusive of new defined societal, health and communication tools which satisfy needs particularly of the vulnerable population. The vulnerable group this paper particularly talks about is women. Pandemic of such scale leads to ruinous impact on the health of women. Health is a holistic term, it may have different meaning for distinctive individuals, in diverse societies, depending upon the challenges of those societies. The definition of health as propounded by WHO is “health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity”. Economic and social stresses combined with movement restrictions and cramped homes are driving a surge in gender-based violence, increased work pressure etc which ultimately results in debilitated mental, physical, emotional health of this particular sex. The new normal of social distancing illuminated the magnitude of digital media, which became the most pervasive tool in spreading health information. This paper examines the health challenges faced by the weaker sex during the pandemic, the first part
of the paper observes about the mental, emotional, physical challenges faced by women. The second part of the paper focuses on the strengths of digital media (e.g., articles, YouTube, Twitter). It converges on how these channels provide a platform to get health information. Also ponders upon how these channels have been used during the pandemic to raise voices of the second sex to reach the ears of the policy makers.

**Keywords**—Digital media, COVID, Marginalised Groups, Health Communication.

**Introduction**

The most infectious pandemic called COVID-19 has forced the world to encompass a new normal, a normal which embedded the concepts of self-isolation and physical distancing into our lives. While such preventive measures are critical in combating the COVID-19 crisis, the real need of the hour is a robust and inclusive societal and medical response which is alive to the specific needs of the vulnerable populations. Policy makers have flawed in addressing the gendered outbreak of this perilous crisis. Regrettably, the COVID 19 pandemic has, in many ways, exacerbated the entrenched gender discrimination which had been existing at an organized level.

A closer examination of the dismal effects of this pandemic will reveal a significant decline in almost every facet of women’s lives, be it in relation to their health, finances, social standing, or domestic situation. Evidence from past epidemics, including Ebola (2014-16) and Zika (2016) suggests that marginalized sections like women and children are at greater risk of exploitation and sexual violence (UN Report 2020). Poor health conditions of women were the direct outcome of increased stress, disruption of social and protective networks, and decreased access to services. The UN Report also accentuated in its recommendations the importance of focusing on the gender-related dimensions of the ongoing global health crisis. Gender bias played a considerably negative role in the past health emergencies, and its effect can be felt even today.

**Pandemic Magnifying Existing Inequalities**

COVID 19 is an unusual time in history when, as the Nobel Prize laureate Olga Tokarczuk (2020) states, “the virus will alert us about another truth which is how very much we aren’t equal”. She writes that “before our eyes, the smoke is dispersing from the civilizational paradigm that has shaped us over the past two hundred years”. COVID 19 unfolded this very reality, unveiling contemptuous truths about inequality and distress, thereby giving life to the words spoken by Ms. Tokarczuk. It has managed to crystallize the gender disparities in a catalytic way. Unfortunately, as has been noticed, it has already turned out to be a bigger burden for women. The work of eminent writer Simone de Beauvoir resonates abundantly with the stark situation mankind is currently facing, proving them to be increasingly pertinent in the current scenario.
Simone de Beauvoir wrote in her monumental work, “Anyone can clearly see that humanity is split into two categories of individuals” (de Beauvoir 2011, pg. 24). Regrettably, once again, the issue of gender equality loses its importance, becomes trivial, and as Sarah Hendriks, the UN Women Policy Director states, turns into “yet another victim of COVID-19” (Sanchez et al. 2020). De Beauvoir (2011, pg. 29) notices that “economically, men and women almost form two castes”. This patriarchal divide is deeply embedded in our social and cultural fabric. The privileged status still predominantly belongs to the men in every front, be it societal, economic or political. Now, the world is witnessing heavy smog of another transition. The recent pandemic has radically changed the situation for women, and debased into something incrementally abysmal in texture and context. De Beauvoir (2011, pg. 158) states that “when society is reorganized, she is rigidly enslaved again”. History tells us that it is always the woman who will suffer more, both socially and economically, due to the pandemic. All the extra burdens that get swayed along with the pandemic are mostly deposited on the gender which is already considered lower than the other.

COVID-19: Pandemic With Gendered Outbreak of Responsibilities

Women are at a considerable disadvantage again in “a man’s world” (de Beauvoir 2011, pg. 726), with limited opportunities available outside the household. They are expected to become caregivers, virtuous daughter-in-laws, beneficial working partners, fruitful child bearers and impeccable homemakers. All these roles they play come automatically attached with this gender, so this does not require any recognition according to the existing societal norms. De Beauvoir (2011, pg. 185) says that “personal accomplishments are almost impossible in human categories collectively kept in an inferior situation”, similar to the situation which keeps women locked behind closed doors, a brutal reality which hits so close to home in the current health crisis. Although the COVID-19 pandemic affects everyone globally, it is certainly not the case that “we are all in this together” as António Guterres (2020), Secretary-General of the United Nations, states. There is a marked gender differential at play here, with the two genders having completely different problems to face and different situations to deal with. Caregiving responsibilities as front line workers has a history globally in various countries and specially if we talk about India the presence of ASHA workers, ANM’s has a long history attached to it.

Multidimensional Roles of Women Before and After Covid

The caregiving responsibilities of women extend beyond their homes, with women making up 70 percent of the health workforce globally. In India, there are 1 million ASHAs (Accredited Social Health Activists), 0.9 million ANMs (Auxiliary Nurse Midwives) and 1.4 million nutrition workers called Anganwadi workers (UNICEF, 2020). These frontline workers are fighting COVID 19 upfront. Outbreaks could also result in significant disruptions in the mental health and psychosocial health of these frontline workers, since managing work and home creates an immense pressure on their minds and body. Guttmacher Institute recently released an estimate of the potential impact of COVID-19 pandemic on provision of sexual and reproductive health services (SRH services) in low and middle income countries (LMICs). COVID 19 further leads to neglecting the
reproductive and sexual health issues especially of women of developing
countries, broadening the burden of these diseases which cannot be ignored at
any cost. A society can only develop when there is holistic development, a gender
unequal development can never lead to upliftment of a society, therefore a nation.
New technologies and services were launched globally to help this gender fight the
problems borne due to COVID 19 apart from health issues. These problems
increase manifolds in developing countries like India where there has been a
history of caste, class, and women subjugation.

**Impact of Covid 19 On Women in India**

India is the third worst hit country amongst the list of countries which have had
tremendous impact of COVID 19, and if we talk about Human Development Index,
it is ranked at 131, which itself gives a background about the amount of
destruction this disease must have caused here. Being a developing nation, India
is still fighting many stigmas, adversities such as poverty, gender discrimination,
health problems and many more. If the report of the World Economic Forum is
looked at, it comes up with shocking results about the gender gap in India.

In 2020, India slipped by 28 places and now stands at a startling number of 140
out of 156 countries, showcasing a 62.5 percent gender gap in this country. So
the effect of the ongoing pandemic on women is a topic of deep concern.

**Tracing The Roots in History**

The patriarchal roots in India are deep and historic, and play a defining role in
perpetuating gender inequality in the thought processes and culture. A culturally
ingrained parental preference for male progeny is at the very heart of the gender
inequality debate. Both genders are inundated with patriarchal ideas in homes,
communities, movies, and social media platforms. “Globally girls have higher
survival rates at birth, and are more likely to be developmentally on track, and
just as likely to participate in preschool, but India is the only large country where
more girls die than boys” (UNICEF, 2020). This further reiterates the hardships
this gender faces with the onset of a health emergency of this magnitude. In
nation building one of the most important components is the health of its
inhabitants. To understand the prominence of health it is of utmost importance to
understand and absorb the meaning of health.

**Health Is Not Valued Unless Sickness Comes: Redefining Health**

In 1948, the World Health Organization (WHO) defined health with a phrase that
modern authorities still apply. “Health is a state of complete physical, mental, and
social well-being and not merely the absence of disease or infirmity.” In 1986,
the WHO made further clarifications “A resource for everyday life, not the objective
of living. Health is a positive concept emphasizing social and personal resources,
as well as physical capacities.” So researchers can conclude that health is a
holistic term and not just mere absence of any ailment. It is a completely perfect
state of emotional, physical, and mental well-being. During these times of
uncertainty, the policy makers should keep in mind the words of Durant (English
philosopher) that the health of a nation, particularly that of women, is the wealth
of the nation. Wealth follows as the population of a nation becomes healthy physically, mentally, emotionally and this happens when the evils of disparities and inequalities are sieved out. Economically women have been a weaker section globally, with the sudden onset of health crises this burden becomes heavier.

**The Economic Consequences of Covid-19 In The Lives Of Women**

Emerging evidence on the impact of COVID-19 suggests that women’s economic and productive lives will be affected far more disproportionately than men. A large segment of Indian workforce comprises the female migrant workers, and the harsh lockdown which was imposed as a result of COVID left millions of them unemployed and starving. This was not an individual catastrophe; these women played an important role in contribution to the household income and many were single home makers, so it had a severe impact on the entire family. The economic and financial standing of women is affected more severely during health emergencies.

Across the globe, women earn less, save less, hold less secure jobs, and are more likely to be employed in the informal sector. Their capacity to absorb economic shocks is lesser as compared to men. As women take on increased responsibilities at home, their jobs will also be significantly affected by cuts and increased loss of jobs. All these lead to a greater blow on the already fragile gains made by women, thereby impacting their ability to support themselves and their families. “The Ebola virus showed that quarantines can significantly reduce women’s economic and livelihood activities, increase poverty rates, and exacerbate food insecurity” (UN).

The emerging data collating information from past health emergencies projects that COVID will result in a protracted dip in women’s incomes and work participation, which will further aggravate the percentage of women living in poverty. That group of women who after prolonged hard work managed to escape from poverty are likely to fall back into this abyss once again. The UN Policy report has also shown how the economic burden on women has increased substantially in the last two years, ever since the pandemic started. The economic burden further leads to a worsening situation at the family front. When women become more dependent on men, reports suggest that an increase in domestic violence is seen.
**Fig. 1:** Shows the increased burden on the economic front in the lives of women in the last two years (UN policy report, 2020).

**Fig. 2:** Numerical representation of the programmes introduced in the last two years to reduce the economic burden of women globally (UN policy report, 2020).
Forced Proximity With Abusers During Lockdowns: Surge In Domestic Violence

According to the WHO, domestic violence against women remains a major threat globally for women’s health during emergencies. The National Commission of Women in India has also reported a surge in the reported cases of violence against women in the country. Increased anxiety, stress, distortion of social and economic protective nets, dwindling access to communication and a lack of personal touch can all pile up to further compound the risk of violence for women.

According to reports of UNFPA in India, 1 in 4 girls get married by the age of 18 years (27%). This means they are not given an opportunity to grow and are treated as a burden which needs to be gotten rid of. One third (32 per cent) of women who had married before the age of 18 had experienced physical violence at the hands of their husbands. When girls are married so young, domestic violence is something which is normalised in their minds and considered good for them by the society in getting trained to become a good homemaker. Also, it is pertinent to mention here that the sex ratio in India is 899 girls for every 1,000 boys. This pandemic has aggravated the already alarming numbers around early marriage, violence and uneven sex ratio at birth. UNFPA’s recent projections estimate that 31 million additional cases of gender-based violence can be expected to occur if women continue to remain locked up at home. Domestic violence not just impacts a woman physically, the scars are far more deep and embedded.

**Fig. 3:** Description of violence against women during the pandemic (UN policy report, 2020)
The Pandemic: Mental, Social, Emotional and Physical Health Of Women

The impact of domestic violence on the mental and physical health of women also affects the health of children severely. Further, COVID 19 brings along with it an increased burden of caregiving, so maintaining balance between work and home as well as fulfilling all responsibilities of a wife, mother and caregiver further becomes a reason for disregarding their own health. Furthermore, myths, misconceptions and stigma surrounding COVID-19 can additionally drive people, particularly vulnerable sections like women and children to hide their illness to avoid discrimination which they already are a victim of. This prevents them from adopting safety measures to avoid any health emergency.

The sharp increase in the case of different types of violence faced during this health crisis has been depicted graphically by the picture given by the UN policy brief report. The report shows how the pandemic has affected women adversely, with a sudden surge in the different types of criminal and violent activities against them.

Steps Undertaken to Help Women During The Pandemic

UN Women has recently launched a new Global COVID-19 Gender Response Tracker, co-created with the United Nations Development Programme (UNDP), to analyse government’s responses to COVID-19 from a gender perspective. The tracker includes details of the kinds of measures being taken, including things like hotlines for survivors, additional funding for shelters and awareness raising campaigns. Similar hotlines and campaigns were started across many other developed and under developed countries. These services form an essential platform or weapon in fighting problems faced by women throughout lockdowns and due to the restricted movement due to COVID. “It is a point of concern that if government resources which are being channelled towards health response continue without critically keeping gender equality in mind it will further give birth to deepening crises of issues of violence, maternal health etc.” (UN policy brief). It is of utmost importance to reposition assets, supplies, and reforms keeping gender neutrality in mind and strive to create a potential balance between the development of both the genders. Another important platform which provides a platform to women to raise their voice, make friends, help fight problems of isolation etc is social media.

Social Media: Pandemic and Communication

Young people are more open in using new media, they discuss health information, and use divergent platforms for accessing the same. Social media as a platform of health communication emerged significantly during COVID crisis. A survey found how relevant health information on social media is for different groups (AAFP). 32% took a health-related action based on information they found on these platforms. Out of all topics on the web, health content got the maximum searches. 28% of health conversations on Facebook support a health-related cause. 16% of people shared health-related videos or images (Infographics Archive). During the crisis, health became the topic to talk about, to make videos and basis to join various groups on various platforms. Social media provided a root to take
significant health related decisions, to enable people to become better caregivers, to inculcate a better COVID-appropriate behaviour, and absorb important points on how to remain healthy, mentally and physically while fighting this crisis.

![Graphical representation of how usage of social media especially by women has increased in the last two years.](image)

**Fig. 4:** Graphical representation of how usage of social media especially by women has increased in the last two years.

**The Most Searched Topic on The Internet During The Pandemic**

The following groups are most likely to look online for information about hospitals and medical facilities (Pew Research): Caregivers and Women. These specific groups are burdened with the load of taking care of the entire family so the best resort they have is to find answers to many health related problems on social media platforms. The most searched health topic from 66% of internet users is information about a specific medical disease or medical problem. (Pew Research). The following report shows the different amount of searches that were undertaken by the users, specifically women in the last one year.
The % of internet users who have looked online for information about:

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Specific disease or medical problem</th>
<th>Certain medical treatment or procedure</th>
<th>Doctors or other health professionals</th>
<th>Hospitals or other medical facilities</th>
<th>Health insurance, including private insurance, Medicare or Medicaid</th>
<th>Food safety or recalls</th>
<th>Drug safety or recalls</th>
<th>Environmental health hazards</th>
<th>Pregnancy and childbirth</th>
<th>Memory loss, dementia, or Alzheimer's</th>
<th>Medical test results</th>
<th>How to manage chronic pain</th>
<th>Long-term care for an elderly or disabled person</th>
<th>End-of-life decisions</th>
<th>Another health topic not included in the survey</th>
<th>At least one of the above topics</th>
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Source: Pew Research Center’s Internet & American Life Project, August 9-September 13, 2010 Survey. N=3001 adults and the margin of error is +/- 3 percentage points for the full sample. Margins of error for sub-populations are higher.

**Fig. 5:** Numerical representation of social media searches.

**Infiltration of Health Communication**

The habit among certain groups, of using social media for finding health information further leads to their behavioural changes as well as imbibing new ways of digital health. Regardless of the decision, the fact is that social media health content is changing how people take care of themselves. The most significant decision-making influences of social media are for seeking a second opinion (45%) and choosing a hospital or doctor (41%) (Becker’s Hospital Review). Being forced to stay at home, people make use of these platforms to address their medical issues and concerns. As penetration of smartphones becomes deeper the usage of health applications has also gained popularity. It is India’s unique opportunity to build global telemedicine companies while solving the 21st century healthcare problems for both the developed and developing economies. Social media is all about informing, learning, changing. Creating a behavioural change, change in thought process, change in perception. The increase in the users of social media is not restricted to developed nations but can be seen even in developing countries like India.
### Digital Health Juxtaposed With Health Communication

The convergence of digital devices and precision medicine is going to revolutionize the future of healthcare delivery around the globe (Strategic investment research unit, India). One of the many examples of marrying tradition with modernisation is the birth of digital health, an innovation led by the Ministry of Health and Family Welfare of India, with support from UNICEF. A practical example of the same is an android-based tablet application called ANMOL. ANMOL or ANM Online is a digital solution that aims to bring better healthcare services to millions of pregnant women, mothers and new-borns in India. During these difficult times social media has come as a boon, as a coping mechanism for this sex. These social media platforms like Facebook, Twitter, YouTube videos to name a few act as an anchor in the uncertain times of COVID in the lives of women. It is a free and friendly virtual safe space where women can interact, talk their hearts out, express freely, ask for help, make friends, and join health groups. The online media has brought out the spirit of solidarity and unity among women.

![Percentage of consumers viewing health information through social media](image.png)

**Fig. 6:** Numerical representation of health information dissemination through Social media platforms (Pew research)
Coronavirus and Social Media: Penetration In The Indian Society

On analysing the data from the article social media demographics by Brent Barnhart it is observed that the most popular social media platform in India is Facebook. It has a monthly active user base of 2.7 billion, out of which 44 percent are female and 56 percent are male. Facebook is a fast growing social media giant. During the present health crisis people have used it for joining health groups, sharing their stories, making new friends to avoid feelings of loneliness and isolation. Instagram is also a very popular social media platform for sharing stories, pictures globally. It has a monthly active user base of one billion with 57 percent female and 43 percent male users. The data given below shows the increase in the usage of various social media platforms in the last one year. YouTube too is an important platform with deep penetration and reach. It has a total of 2 billion users with 72 percent females. YouTube has particularly shown a sudden spike because in the last two years a lot of videos related to COVID 19 have been uploaded by general people, as well as medical practitioners for spreading awareness and also using it as a tool to spread and receive health information.
Fig. 8: Digital and social media landscape in India by Sannom

Twitter is also a very widely accessible and very impactful platform. The various hash tags used therein have a direct impact on the authorities when tagged. The famous Me too and Am not alone movement during COVID 19 gave very impactful results. Twitter has a total of 187 million users with 32 percent females and 68 percent male users. This shows how significantly and widely social media has impacted Indian society and how helpful this medium has proved to be in diluting quite a lot of negativity which accompanied this virus. This table shows the top five popular social media platforms in India.
<table>
<thead>
<tr>
<th>Social Networking Site</th>
<th>Monthly Visits</th>
<th>Mobile Traffic Share</th>
<th>Desktop Traffic Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facebook</td>
<td>1.6 Billion</td>
<td>99.25%</td>
<td>0.75%</td>
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<tr>
<td>YouTube</td>
<td>1.2 Billion</td>
<td>59.96%</td>
<td>40.04%</td>
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<td>Quora</td>
<td>215.8 Million</td>
<td>98.89%</td>
<td>1.11%</td>
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<tr>
<td>Instagram</td>
<td>191.1 Million</td>
<td>99.02%</td>
<td>0.98%</td>
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<td>Twitter</td>
<td>125.2 Million</td>
<td>97.81%</td>
<td>2.19%</td>
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<tr>
<td>Pinterest</td>
<td>49.8 Million</td>
<td>98.40%</td>
<td>1.60%</td>
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<tr>
<td>LinkedIn</td>
<td>29.9 Million</td>
<td>90.97%</td>
<td>9.03%</td>
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</table>

**Fig. 9:** Digital and social landscape in India I

![Gender distribution in internet users in %](image)

**Fig. 10:** Digital and social landscape in India II.
This data shows that the penetration of social media is increasing in the female sector in India, both in the rural as well as the urban sector. This is linked with the increasing adoption of smartphones and availability of social media platforms in vernacular languages.

**Social Media Toolkits Helping Vulnerable Groups**

In response to the spike of violence against women during the mandatory lockdown, UN Women developed a Facebook initiative called: Stay Home, Stay Safe. The goal was to reach women trapped at home with their abusers with information on how and where to seek help. The COVID-19 crisis has also revealed the disproportionate amount of domestic work that women do and the need for women and men to share it more fairly. Through its Share the Work Facebook campaign, UN Women has collected and shared testimonials of women dealing with their multiple workloads during the lockdown. UN Women launches an online video campaign “The virus of indifference kills”.

Studies prove that social media helps in creating and crafting public attitudes, perceptions and behaviours. Platforms such as Twitter helps in raising voices of people, and in disease exposure, resultant decision making and adopting behaviours. Therefore, social media has a crucial role in people’s perception of disease exposure, resultant decision making, and risk behaviours. WHISE (Women’s Health in the South East) has compiled a social media toolkit for organisations looking to spread the message about the gender impact of COVID-19. The toolkit includes downloadable images, captions and links to relevant resources and websites that can be shared across multiple platforms. The captions can be used for Facebook, Instagram, LinkedIn and shortened for Twitter.

**Example of Social Media Tool Kit (Whise): To Be Replicated by Others**

This toolkit uses captions and hashtags such as #Youarenotalone spreads the message on various social media platforms to call on helplines or email if any member of this gender faces any issue of safety, security, if they feel frightened or vulnerable at any point. They are reassured that help will be provided to them on an urgent basis.
Fig 11(a): Social media toolkits WHISE

This tool kit talks about domestic violence openly and obliges women not to accept any kind of domestic violence under any circumstances. It reassures women that their problems will be heard and solutions will be given. When such messages against domestic violence are spread by the help of social media then slowly women start noticing them, and once they start noticing they start acting on them. It is a subliminal process where change cannot happen overnight but gradually it does seep in. Such toolkits help in holding hands of women virtually and providing them a platform to seek help from.
Sexual Reproductive Health #YouAreNotAlone

Fig 11(b): Social media toolkit WHISE

The compulsive need of protecting and looking after the sexual and reproductive health of women cannot be overlooked due to the ongoing pandemic. So this toolkit further looks into the matter of reproductive health of women, using social media to spread messages regarding protection of the same. Sexual and reproductive health care issues which cannot be left unattended due to any crisis or emergency, they themselves are issues or problems regarded as health emergencies. This toolkit helps create awareness about such sensitive issues which go unnoticed due to the ongoing crisis.

Gender equality for building a better future

Fig 11(c): Social media toolkit WHISE
This toolkit helps promote gender equality and talks about women’s rights. These rights become more subjugated due to any kind of health emergency or crisis in a country. During such situations it becomes more imperative to communicate, create awareness, spread information, create a psychological change in the mindset of the people regarding gender equality. This toolkit aims at doing the same.

**Mental Health & Wellbeing**

![Support your mental health during periods of self-isolation or quarantine](image)

Fig 11(d): Social media toolkit WHISE

This toolkit disseminates the message of talking about the mental health of women and taking necessary action and help whenever needed. It disseminates the message of not feeling shy about issues regarding mental health problems. These images propagate messages about not neglecting mental health issues such as depression, anxiety, women should not hesitate in talking openly about them. Such social media toolkits can be used globally since social media does not have any geographical restrictions and can have excellent results especially in developing nations like India where gender inequality is an issue which has deep historical traces.

**Conclusion**

This paper elucidates that in the post COVID 19 era, authorities must design programmes without any gender bias. The authorities must be well equipped with adequate knowledge, gender disaggregated data for addressing the socio economic impact of COVID. “Policy makers should invest in a 3.3 million female workforce” (WHO, Report 2020). These workers need to be given appropriate priority and importance. As the pandemic continues to ravage the economies, social dynamics, health communication, campaigns advocating social and behaviour change communication must be designed and propagated keeping in mind particularly the vulnerable communities. Such campaigns can help in changing behaviour,
discarding misinformation and myths, and for giving a viable platform for addressing several problems of these under privileged groups. For instance, the Population Foundation of India is providing content support to the government of India to improve people’s access to verified, reliable and updated information on COVID 19. Probed by leading experts and epidemiologists, virologists and historians the information is being translated into vernacular languages to reach a wider audience. During any health emergencies the primary health of women is the first one which gets impacted. So all this needs to be well thought of in advance and incorporated to revamp the necessary health services, and be prepared to outdistance all economic, social, hurdles faced by females during any crises.

It has been witnessed from time immemorial that this vulnerable group particularly of women has always been suppressed and marginalized by society globally. The problems and dynamics might differ but the culture of dominance continues even in the 21st century. This health crisis which mankind is witnessing has unveiled the deep rooted gender inequalities which have unconsciously become a part of our culture and mindset. This paper explicates the various problems and dangers being faced by women in social, emotional and economic fronts, and also outlines the usage of various social media platforms for helping this sector solve their problems during the pandemic. The broad objective here is to increase their visibility, and at the same time raise their voices to be audible enough for the policy makers amidst the heavy smog of despair that the pandemic unleashed on the collective mindsets. Also, this paper illuminates the extent of social media penetration globally, usage and benefit of innovative tools such as social media toolkits, also focussing on the significant penetration of new media in these last two years. Lastly, it traces differential social media usage patterns by the two genders, while also examining how women have increasingly adopted the use of social media for accessing information as well as for reaching out to peer groups, authorities, and policy makers.

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