

THE ROLE OF GENDER-BASED ANALYSIS IN ENHANCING SOCIETAL SECURITY. A CASE STUDY OF ROMANIA’S APPROACH TO COVID-19 PANDEMIC AND ITS IMPACT ON A SELECT NUMBER OF GENDER CATEGORIES

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Societal security has become nowadays an important pair of lenses for discussing identity in a multilayered fashion within the context of an enlarged security concept. The complexity deriving from that engenders the necessity to identify and use new tools for reliably defining communities and their specific identities in order to better understand how state-wise strategies and policies can raise security risks when disregarding those communities’ needs and interests. In this respect, the goal of this article is to demonstrate the benefits of employing a gender based perspective in defining societal security. Hence, it focuses on the possible correlations that can be conceptually identified between societal security and gender perspective. Then, the article exemplifies how a gender based analysis can contribute to better societal security approaches by discussing Romania’s strategic approach to the Covid-19 pandemics and the possible observations deriving from that.

Key words: *gender analysis, societal security, identity, risks, threats, vulnerabilities.*

1. INTRODUCTION

According to (Theiler, 2003) society is “the social unit that provides the primary locus of identification for its members.” It has both an ‘objective’ dimension – language and customs – and a ‘subjective’ dimension – shared meanings and identifications (‘we-

feeling’).[...]. Furthermore, the same author, defines societal security as “the perceived ability of an identity community to survive.” From this perspective, the concept refers to “the sustainability, within acceptable conditions for evolution, of traditional patterns of language, culture, association, and religious

and national identity and custom' in a given society". (Theiler, 2003)

On the other hand, Buzan and Waever [1] link the concept of societal security with "the concepts of weak and strong state, as well as introducing the five aspects of security – military, political, economic, societal and ecological." (Chifu, p.2) In this respect, political security concerns the organizational stability of states, their systems of governance, and the ideologies that provide them with legitimacy and authority, whereas "Military security concerns the two-level interplay between the armed offensive capacity and the defensive capabilities of states and their perceptions of each other's intentions." Furthermore, economic security regards the level of access the state has to the resources, finance and markets necessary to sustain acceptable levels of welfare and state power. [2] *Societal security* concerns the sustainability of traditional patterns of language, culture, religion, national identity and customs. Last but not the least, environmental security regards the maintenance of the local and the planetary biosphere as the essential support system upon which all other human enterprises depend."

Another approach to societal security highlights that it is "associated with reduction of probability of undesirable

phenomena occurrence and the reduction of risks associated with issues of survival, quality of life and national identity." Public security is "associated with the protection of life, health and property of citizens from risk of terrorist attacks." [3] According to Rhinard, M.,[4] societal security "refers to the ability of a society to function", its resilience, the capacity to face the crises and the attitude towards risk. Therefore, as Gierszewski, J., Piwowarski, J.[5], societal security is an important category of national security.

Consequently, "Cooperation in military and civilian security matters becomes critical in a societal security approach, as do close links between the public and private sectors." (Rhinard, p.12)

All of the above considered, we reckon that Covid-19 has been the test for many countries in terms of their societal security, especially in areas like quality of life, identity, survival, state stability, to mention just, few. Consequently, by the case study we propose as to how Romania's overarching strategy for dealing with the Covid-19 pandemic impacted a select number of gender categories, we aim at highlighting the importance of using a wider array of data to inform policy-making and decisions in the field of societal security on its multiple levels: economic, political military, economic, environmental.

2. CASE STUDY: ROMANIA'S OVERARCHING STRATEGY FOR DEALING WITH THE COVID-19 PANDEMIC AND ITS IMPACT ON A SELECT NUMBER OF GENDER CATEGORIES

Based on the Cynefin framework we assess that the overarching strategy of Romania in relation with the Covid-19 pandemic was scaffolded. It started with a **best practices approach** between 22nd January - 26th February, namely before Covid-19 was declared a pandemic by the World Health Organization in March 2020. It was a strategy characteristic of simple and obvious environment (i.e. time tested approaches to containing health problems/diseases) and run by rigid constraints.

After WHO declared Covid-19 a pandemic, Romania employed a **good practices approach** where boundaries were defined and hence governing constraints were identified. The approach was specific for complicated environments in terms of **decision-making and coordinating** from the moment WHO declared Covid-19 a pandemic in March 2020 and until May 2020 [6]. This strategy was informed by the input of healthcare specialists and not only (for example joint committee of specialists had

already been established to advise), people from the military were appointed to be in charge of managing hospitals and cities where the toll of Covid-19 was extremely high (for example the city of Suceava), or to run the vaccine campaign. The strategy was applied in a centralized manner: central administration monitored the evolution of the pandemic, whereas the entities at local level were enabled to implement the measures. Some of the most important decisions illustrating this type of strategy and impacting disadvantaged groups of people were related to the close down of schools, restriction of rights like freedom of movement, freedom to family and private life; home privacy; right to education; freedom of assembly; right to private property; right to strike; economic freedom by presidential decree.

The aforementioned strategy overlapped with an **emerging practices approach**, where a *probe-sense-respond* type of strategy employed by politicians in relation with **meaning making** for the same type of period. For example, in the case of vulnerable groups such as elderly people there were changes in decisions concerning permission to leave house between specific time-frames.

The main measures [7] taken by Romania as part of its overarching

good practices strategy which represent the guidelines for analyzing the impact of this strategy from a gender-based perspective were: self-isolation measures in case of having made contact with a Covid patient; forbidding the organization and conduct of public events; teleworking in all public and private institutions with the exception of those that were part of the public order, security and defense system; working in shifts where continuity of service was mandatory; closing schools (March 2020-June 2020) and the obligation to conduct full online education starting September 2020 and then only depending on the number of infections at local level in

2021; lockdown (March 15- May 2020).

2.1. How Romania's overarching strategy for COVID-19 affected individual groups: data analysis

The individual groups that we included as part of this randomized study include women, men, boys and girls differentiated by age, socio-economic features, ethnicity, various disabilities and accessibility needs. The table below provides a clear depiction of the categories chosen and represents the guiding line for discussing how the groups identified were impacted differently by the overall strategy for dealing with the health crisis.

Table 1. Categories of individual groups providing gender based data for the randomized study

	Categories of individual groups			
	different age groups	different socio-economic groups	different ethnic groups	people with various disabilities and accessibility needs
women	- working women 30-65 - retired women 65+	- single mothers	- immigrant women from Philippines	- women suffering from psychological disorders
men	- employed 30-65 - retired men 65+	- freelancers	- immigrant workers from Sri Lanka, Nepal	- men immobilized in bed (at home or in nursing homes)

girls	- elementary school - teenagers	- girls from rural areas with one or more younger siblings	- girls of Hungarian ethnicity from Harghita and Covasna counties	- girls with Down syndrome
boys	- elementary school - teenagers	- boys in rural areas with parents working in agriculture	- boys of Hungarian ethnicity from Harghita and Covasna counties	- boys with autistic disorder

2.1.1. Working women 30-65 of age and single mothers

For women between 30 and 65 who had been employed before the outbreak of Covid-19 pandemic, the lockdown period generated two possible situations. On one hand, for the women working in the hotel and restaurants industry, the unemployment rate increased. In the case of such women, their socio-economic features, namely low income correlated with low to average educational background, also played a major role in diminishing their prospects of finding other jobs to secure their livelihood. That made them even more prone to becoming dependent on other people from within their family, to possible abuses and also to loneliness [8]. Inherently it became impossible for them to support their family needs and themselves. On the other hand, in the case of the women who managed to keep their jobs – and that was the

case of women with high income and high education – there were two possible scenarios. Some of them had to work online on a day to day basis with negative consequences on their socialization and emotional needs, on one hand, and with a huge impact on their capacity to assure work-life balance while working from home on the other hand. In the case of those who had to work in shifts, as per ordinance provisions, their difficulties consisted in finding solutions to assure their dependents' needs (e.g. children staying at home and taking their courses online or commitments to elderly relatives). The situation was even more dramatic in the case of single mothers. Regardless of their income and education levels, finding financial means to support themselves and their family, or finding babysitters willing to take care of their children and also affording to pay for such services was one major obstacle.

As per data from 2018 [9], there are differences in terms of family obligations of women compared to men. Thus, 33.9% of women have dependents, whereas the percentage of men with dependents is slightly lower: 30.9%. The difference remains even when disaggregating the data for urban and rural areas: 31.7% men compared to 33.3% women. That is a tell-tale indicator that for the women in the three categories discussed above the strategy employed at country level in order to contain the effects of Covid raised more difficulties.

2.1.2. Retired women 65+ and women suffering from psychological disorders

Women aged 65+ and who were either pensioners or in the care of their family or specialized institutions were exposed to increased solitude as a result of lockdown period or restrictions concerning their whereabouts. Moreover, there was an increased threat to their mental health and self-sustainability given the restrictions at the beginning of the pandemics. In this respect, regardless of whether we focus on **men or women suffering from psychological disorders**, in Romania psychological disorders are not a condition that is widely acknowledged as requiring specialized care and treatment. More

often than not, people with psychological disorders, especially those coming from low income – low educational background families/communities, are taken care of by their families. In the worst case, some of those may end up being exploited for begging or are subject to abuse. In the case of Covid-19 specifically, there were instances when the loneliness generated by lockdown measures made some women diagnosed with psychological disorders no longer respond to treatment and be committed to specialized medical units. Unfortunately, the Covid restrictions, the insufficient number of beds in hospitals led to the necessity to discharge those women before full recovery, hence exposing them to relapses and their families to the burden of living with them with no medical assistance available for that [10]. When families could afford to pay for private care in specialized institutions, the Covid restrictions led to a lack of transparency and even accountability of those institutions towards the families of those women.

2.1.3. Employed men 30-65 of age

Statistically speaking, in Romania the employment rate for men is higher compared to women: 71,5% men compared to 54,4% women. The Covid 19 restrictions may have led to the following

impacts on the **men who were employed** at the time. Some of those men may have been in the situation to start working from home. In such a case, the main consequence for them was related to their capacity to separate work life from personal life and secure the necessary balance needed for a healthy life style. For those who had to go to work because of their line of work and worked in shifts, the pandemic restrictions might have raised difficulties in terms of their capacity to find the right adjustment strategies. For example, in case of married people, finding solutions along with their spouses as to how to secure the welfare of the children who had to study from home or of their dependents (e.g. elderly people or children with disabilities) might have required making difficult choices as to which of the spouses would stay at home and which would continue to work (with an impact on family income and possibly family unity) or juggling with the scheduling of spouses' shifts leading to stressful situations.

2.1.4. Retired men 65+

As for **retired men 65+**, according to statistics [11], men, and especially those of 65 and beyond register lower life expectancy rates compared to women of same age. Inherently, the Covid-19 pandemics has taken a heavier toll on men

compared to women. For example, the average age for men reported as dead from Covid was 66.7 years, whereas in the case of women it totaled 69.2 years. [12] Furthermore, the general death rate among men was higher compared to women: 58.16% for men and 40.81% for women.

In our opinion, the impact on **freelancers** (e.g. actors, musicians) can be better understood in correlation with statistics that cover unemployment because in their case, considering their rather small number, statistics are difficult to find. Thus, the number of unemployed men in March in 2022 reached 410.000. The unemployment rate for men was 1.3 percentage points higher than for women in March, i.e. the unemployment rate for men rose to 5.1% and 3.8% for women compared to February. According to the Ministry of Labour and Social Protection, as of 30 April 2020, more than 725,000 individual employment contracts were suspended, with the largest number in the manufacturing industry- 181,000, followed by the wholesale and retail trade industry- 141,000 contracts, and the third largest number of suspended contracts in the hotel and restaurant industry. All of the above considered, we could assume that for freelancers the percentages of contracts suspended

or canceled during the Covid 19 pandemic was much higher, especially for those working in the arts and crafts industry. That most definitely had a huge impact on those men's possibility to sustain themselves and, as case may be - their families- financially speaking.

2.1.5. Men immobilized in bed (at home or in nursing homes)

Concerning the category of **men immobilized in bed (at home or in nursing homes)**, it is difficult to find sex disaggregated statistics or any statistics at all concerning this category. However, the assumptions we can make are as follows. For this category of men, the Covid- 19 restrictions (e.g. lockdown, working in shifts for nurses/specialized personnel) along with the general feelings experienced by most Romanian people (fear of the unknown, fear for their own health) must have dramatically impacted how men immobilized in bed were taken care of. If they were under family care, the restrictions contributed to spending much more time along with other family members in the same house/apartment. That was not necessarily a positive aspect since needs like privacy, socialization were heavily impacting everybody's lifestyle and living on an ongoing basis with people with special needs may prove challenging. Even if the

families may have benefitted from specialized care, considering how overburdened the medical system in Romania was with Covid infections the specialized personnel may have chosen to cease the assistance on grounds like fear of transmitting the infection, huge workload and inherent stress. Specialized assistance may have also become more difficult to provide in specialized institutions for the same reasons. Consequently, the standards of care for those men may have dropped dramatically and they could have been exposed to developing anxiety, depression or they might have been neglected because essential medical resources had to be re-directed towards treating people diagnosed with Covid, to state just a few of the possible consequences.

2.1.6. Girls and boys in elementary school

In our opinion the Covid19 pandemic impacted most of the children who were either supposed to start elementary school or finish the last year of elementary school. For the first category, it was very difficult to properly meet their new colleagues and socialized with those, whereas for the latter transitioning from elementary school to secondary education must have proved equally difficult. Online education in Romania during the Covid 19 pandemic depended a lot on the

skills, commitment and willingness of the educators to keep up quality standards. The decisions as to how to run classes, what kind of instructional materials to use was initially a decentralized aspect and that led to a plethora of individual approaches to conducting online classes. We would surmise that those approaches did not necessarily meet the needs of the children - boys and girls. We would rather reckon that they were derived from the aforementioned variables that were related to each educator's knowledge and skills in using online tools, and also commitment and belief that online education can be conducted just as well as resident education.

Aspects like differences between boys and girls in acquiring knowledge and honing skills were not necessarily a priority. For example, in elementary school, girls are more proficient if the didactic activities are based on oral explanations and tasks, and dialogue. On the other hand, it is demonstrated that boys in elementary school perform better if they are exposed to practical activities, concrete examples and visual materials. Compared to girls, boys learn better when they move around, touch and use various objects. In elementary school girls perform better in writing and reading compared to boys. Girls' motor

skills allow them to work with small objects and they are better at activities that require precision in this area. Boys are better at coordinating their whole body so they are more inclined and better at sports that require open space/generous space [13].

All of the above considered, we can say that while girls in elementary school might have performed better given some of the defining features listed above compared to boys. However, focusing too much on making such assumptions and building on them may be detrimental to girls' development since, I would say, they also need to experience practical activities and need to learn by visualizing and touching. The reverse logic also applies to boys.

2.1.7. Girls and boys (teenagers)

The "Pupils' views on online education and the effects of isolation" conducted by Save the Children in the midst of the pandemic showed that tiredness, sadness, anger, boredom were often experienced by children, with primary school children and adolescents experiencing a stronger negative impact of isolation from other children their age. Four out of ten children, while using the Internet, experienced problems such as negative content, unwanted messages, viruses, fake news, and

one in three had disagreements with parents about Internet activity or time spent online [14]. Furthermore, during the pandemic period (March 2020 - March 2021), the counselling centres of the Save the Children Organization have taken in a total of 678 children and adolescents who have developed various emotional disorders, the majority of which developed in the psycho-social context. The analysis revealed that one child in three experienced anxiety and needed counselling and psycho-emotional support, with the percentage rising to more than 50% in the case of adolescents, going as far as extremely serious consequences, namely suicide attempts. And more than 90% of children who needed psychological therapy in the last year developed emotional disorders related to the pandemic context. There was also a general decrease in concentration in online classes, as well as in social skills and interactions. The inability to do outdoor activities and to go outside the home intensified anxiety-like behaviours. Lack of direct interactions with peer groups, increased screen time, the flood of emotions and the intensity of experiencing them affected the ability of emotional self-regulation among adolescents. In general, we can speak of a decrease in interest in school activities. In turn, parents

have experienced mental and emotional exhaustion. [15]

2.1.8. Girls from rural areas with one or more younger siblings and boys in rural areas with parents working in agriculture

Children in rural areas experienced problems with access to the Internet or to mobile devices, as it was the case for example, of 179 children in the eighth grade from Harghita County [16].

Furthermore, in the case of both boys and girls, the “man box” approach has led to many of the boys in school to contribute to their parents’ efforts to sustain family needs by working in agriculture. Their involvement was all the more important since movement constraints made it difficult for their parents to secure their day-to-day livelihood. In the case of girls with younger siblings, and especially in the case of those girls whose mothers had already been unemployed, were made redundant or had to work from home, the latter had to bring their contribution to their families’ welfare by taking care of the younger children or by sharing with their mothers the household chores.

2.1.9. Boys and girls of Hungarian ethnicity from Hargita and Covasna counties

Hargita and Covasna counties are inhabited by a large majority of

Hungarian ethnics (around 80% on average). The children in these counties speak only in Hungarian and are completely isolated from the use of the Romanian language which is the national language of Romania. Therefore, their only opportunities to remain integrated is either in these counties or in Hungarian speaking communities from Romania or abroad. These counties are also among the poorest in Romania [20], half of the villagers living below poverty level. The isolation during Covid-19, the conduct of classes online only led to a rapid dwindling of the chances for the boys and girls in these counties to remain integrated in their own communities, or to get a better chance outside those communities.

2.2. SHORT, MEDIUM AND LONG-TERM CONSEQUENCES ON INDIVIDUAL GROUPS AND SOCIETAL SYSTEMS: DATA INTERPRETATION

The lockdown decisions restricting freedom of movement, the decisions to shift to teleworking in some sectors, the decisions to switch to working in shifts or the decisions to transition to online education in the case of children did not necessarily ease the life of women who held a job at the time the Covid 19 pandemic, the life of single mothers, nor of employed

men 30-65 of age. For those working from home, the positive aspect could have been that they were presented with opportunities for self-pacing and balancing personal and professional life, while pursuing long forgotten personal/professional projects. However, we should not forget that working from home had to be balanced in most cases with their children's requirement to study from home. Therefore, compromises that we are not aware to have been studied yet must have taken place in terms of work-life quality, level of stress, to mention just few. In this respect, we may surmise that those women experienced an increased need to maintain involvement in personal/professional projects whereas also fulfilling job related tasks. Furthermore, higher expectations of flexible work schedule if not of opportunities for tele-working and hence greater flexibility in exploring other employment opportunities matching their needs could have been part of the impact the Romanian strategy might have had on this group of women. In terms of the long-term impact on societal systems, we surmise that the following are greatly impacted: the labor sector, economy, family and child care services as a result of these categories' requirements for greater flexibility on behalf of employers requiring changes in labor laws,

possible brain drain requiring adjustment of business and government entities' way of conducting work, and requirements to maintain personal-professional balance and hence necessity for adaptable, flexible child care services.

Concerning the status of the people with various disabilities and accessibility needs (boys with autistic disorder and girls with Down syndrome), men immobilized in bed (at home or in nursing homes), or retired people, the Covid-19 pandemic demonstrated the vulnerabilities of societal functions. Thus, the good practices approach of the Romanian strategy for the period when Covid-19 was declared a pandemic instated a centralized approach in terms of re-directing the capabilities of hospitals and family doctors towards monitoring, diagnosing and treating Covid cases while instating telemedicine options for other categories of patients. However, telemedicine, in our opinion, was not necessarily an option for chronic or difficult cases. Moreover, we presume that early diagnosis and continuity of care for patients under treatment were endangered by a good practices approach, which, from a political standpoint, overlapped with a strategy directed at tackling complex environments, and hence adjusting the response based on the signals

received from the media or from representatives of social society. In the latter case, we could say that people suffering from chronic diseases, or with various disability and accessibility needs did not necessarily have their voices heard loud and clear at top decision-making levels [21]. On short-term, in the case of these categories, there was an obvious mismatch between their needs for competent and on-time care and the the quality of opportunities offered (e.g. teleworking or the individual commitment of social care workers), while re-direction of medical resources for priority areas (e.g. Covid-19 cases) heavily impacted their access to proper care. That led on short to medium-term to increased financial needs as a result of these people experiencing a worsening in their health condition requiring more expensive treatment or care solutions. On long term we would not be remiss to state that a drastic decrease in the quality of life of these categories could be foreseen. As for the long-term impact we may say that the strategy chosen impacted the public health system, the health care system, families, as well as the social welfare system. The consequences consist in:

- Greater financial and infrastructure burden on families since the features of Romanian culture along with the

level of average income prevent people from seeking/finding specialized nurseries/health care solutions;

-Increased financial burden on state hospitals that need to provide specialized health care in the future to those people who could not be diagnosed on time or did not have access to health care services during the pandemic;

- increased requirements for social welfare system to provide for the basic needs of these people when families cannot afford to cover for their care.

The situations with which immigrant workers were confronted during Covid-19 expose also the lack of accountability of employers when it comes to assuring the workers their rights in full. Thus, in the case of immigrant workers from outside European economic area, the Covid-19 pandemic and lack of transparency on behalf of employers, led to the impossibility of these people to actually find solutions when confronted with abuses. The most immediate impact should they have made complaints to their working conditions, would have resulted in losing their right to work in Romania and hence incapacity to secure for families in their home country and poverty. Inappropriate working conditions, possible abuses on behalf of employers or the desire of these people to work in Western

countries could have presented them with higher exposure to human trafficking networks. Consequently, we believe that the societal functions most impacted by the case of workers from outside European economic area impacted government immigration offices, businesses, their families, but also overall Romanian society and its security. In terms of foreseeable consequences, we can identify:

- Requirements for streamlining bureaucracy possibly leading to more efficient and effective work within immigration offices;
- More thorough criminal investigation given terrorism as a threat worldwide;
- Profit on behalf of business owners and increase in GDP;
- Integration of immigrants within society fabric requiring multicultural and intercultural awareness initiatives.

In the case of boys and girls starting elementary school, and even in the case of children in rural areas or coming from minority groups, the Covid-19 period raised more difficulties for them to overcome than under normal circumstances. Also a heavier burden was placed on the shoulders of those children's parents or relatives in those situations when online education required access to technical resources, special technical skills, accessing Internet in what we would

call a “child proof manner”, employing pedagogical skills and also resources such as printers. All those considered, the chances for children to remain connected to educational programs and achieve learning outcomes decreased during the Covid-19 pandemic. That is even more worrying if we take into account that more than a third of children in Romania (38.1%) are at risk of poverty or social exclusion. Therefore, the Covid-19 measures have increased the percentage of families in financial difficulty exposing them and their children to the associated risks of low living conditions, discrimination and social exclusion. In relation to that it is noteworthy that in Romania, early school leaving and non-attendance disproportionately affects disadvantaged groups of children; in 2018, 41.4% of disabled children either dropped out or did not attend school on a frequent basis; by comparison, 25.4% of children dropped out of school in rural areas, 14.9% in small towns and suburbs and only 4.2% in large cities. Furthermore, in January 2020, more than 275,000 children of compulsory school age (7-17 years) were not attending school, and for primary and secondary education as a whole, the dropout rate for 2018/2019 was 2.1%, which means approximately 35,300 pupils, an increase compared to previous years. The data above

indicate the high risks children not only of 7 years old, but all children that should be in school and for various reasons do not attend any educational program, or drop out are prone to exposure to human trafficking networks, to social exclusion and in the medium to long run to poverty.

3. CONCLUSIONS AND RECOMMENDATIONS

The measures taken by Romania during the Covid-19 pandemic can be summarized as follows in terms of how it affected different individual groups and then how it affected the societal level. The societal sectors, services and functions most affected and to be heavily influenced on long-term by the Covid-19 as a result of increased requirements for supplemental income, health care support, educational and training programs focusing on better societal and labor workforce integration of disadvantaged women, boys and girls at risk and men in need were: the health care system; the educational and training system; the social protection/welfare system; the legal and judicial system (labor laws); the security sector; the immigration system; the public-private partnerships, to mention just few. The impact outlined as part of this randomized study on various

gender categories also highlights a number of recommendations concerning how gender based analysis can enhance societal security.

First, it is essential that gender informed strategies with an impact on whole-of-nation security rely on tools that generate sex-disaggregated data. Those tools should work not only with general categories (i.e. men, women, boys, girls), but also with ethnicity of women and men, boys and girls (from various walks of life), socio-economic groups, various disabilities and access needs, age groups along with status and pay grade specific categories. In this respect, a wider scope of such data is required, since, as our qualitative research highlights, vulnerable categories are the ones least represented and visible and in times of crises their needs need to be also addressed in an equal and equitable manner. Thus, establishing/applying an existing gender based analysis framework for future strategy formulation, along with gender informed decision-making at strategic levels would enable asking the right questions of the specialists who have access to data and information.

Second, as the interpretation of the data demonstrates, societal security relies on a wide number of societal functions and systems. Consequently, establishing an

integrated/system based view or a hub of government, business, non-profit entities that have data relevant for gender based analysis and decision-making and assuring that the gathering of gender data is updated and sex-disaggregated becomes a necessity.

Last but not the least, consolidating the provision of societal services and functions from a gender based perspective requires the development, validation and implementation of a very short checklist for decision-makers that would integrate ethical values, along with the values of gender equality and equity in order to guide their decision-making process in crisis situations and not only.

Considering all of the above and taking into account the Sustainable Development Goals (SDGs), also known as the Global Goals, adopted by the United Nations in 2015 as a universal call to action to end poverty, protect the planet, and ensure that by 2030 all people enjoy peace and prosperity, we claim that a more diverse perspective upon societal security as informed by a gender focused approach can sustain the SDG and contribute to the identification of tangible solutions. That is all the more important since the integrated outlook on the 17 SDGs leads to the acknowledgment that action in one area will affect outcomes in others, and that

development must balance social, economic and environmental sustainability. The SDGs are designed to end poverty, hunger, AIDS, and discrimination against women and girls. In this respect, creativity, knowhow, technology and financial resources from all of society are necessary to achieve the SDGs in every context.

ENDNOTES

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 [20]<https://www.radiomures.ro/stiri/jumatate-din-satenii-judetelor-mures-harghita-si-covasna-se-afla-sub-pragul-saraciei.html>
 [21] That assumption is validated by a previous situation when cancer patients no longer had access to medicine required for their treatment. In such a case, non-formal networks of people were ad-hoc established to procure such medicine from abroad, while state authorities bureaucratically delayed the necessary decisions of facilitating those patients' access to their life-sustaining support.

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