

WHEC Update

Briefing of worldwide activity of the Women's Health and Education Center (WHEC)

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Anniversary Edition

On **12 April 2001**, The Women's Health and Education Center (WHEC) came into being to undertake various projects/programs in maternal and child health with the United Nations (UN) and the World Health Organization (WHO). **This year we celebrate our 18**th **anniversary**. Join us as we move forward to achieve UN 2030 Sustainable Development Agenda. Our media channels are available in 227 countries and territories, and are available in six official languages of UN.

We have had data collection and analysis systems implemented right from the start of this initiative in 2002, which has supported the planning and evolution of this e-Health Platform. With stronger collaboration with the <u>Reproductive Health Research (RHR) Division of World Health Organization</u> – we will continue to plan and develop better implementing assessments and develop better understanding of their impact. We send an Annual Project Report to all our partners and post it online too. Every 4 years, this Report is submitted to ECOSOC (Economic and Social Council).

When UN Member States adopted the 2030 Agenda, they signaled with the title *Transforming our world* that it should trigger fundamental changes in politics and society. With this Agenda governments committed to changing course and leaving the path of 'business as usual.' But three years after its adoption, most governments have failed to turn the proclaimed transformational vision of the 2030 Agenda into real policies. Even worse, policies in a growing number of countries are moving in the opposite direction, seriously undermining the spirit and the goals of the 2030 Agenda.

But there are bold and comprehensive alternatives to business as usual that would help to change the course towards coherent fiscal and regulatory policies. There is need for a whole-of-government approach towards sustainability. The implementation of the 2030 Agenda and the Sustainable Development Goals (SDGs) must be decided a top priority by head of governments. The national strategies for sustainable development should not be regarded as one among many but constitute the overarching framework for all policies.

We wish to thank you and inform you about WHEC's commitment & progress to A Global Strategy – *Every Woman, Every Child, Every Where*. Your continued support and friendship is welcome: http://www.everywomaneverychild.org/commitment/womens-health-and-education-center/

The High-Level Political Forum (HLPF) 2019 at the level of heads of State and government, the subsequent review of HLPF, and the 75th anniversary of the UN 2020 will provide new opportunities for strengthening and renewal of the institutional framework for sustainable development in the UN. Governments recognized in the Agenda the "immense challenges" to sustainable development, including the "enormous disparities of opportunity, wealth and power" in the world. In fact, the 2030 Agenda represents the political response to the unresolved global economic, social and environmental crises.

There is no need to wait for a global consensus of all governments (which is nearly impossible to reach in the current geopolitical climate) to start implementing the political and institutional reforms. In many areas there is sufficient space to shape policies at the national framework of the UN.

A "supremely ambitious vision." Share your thoughts and projects on WHEC Global Health Line

Redefining Policies for Sustainable Development

Rita Luthra, MD



Does world need to revamp international tax cooperation? What are the global limits to national taxation efforts?

Reform of International Corporate Taxation – Exploring New Pathways: The international system of taxing companies, which was designed in the early 20th century by the developed world, has become obsolete in our current globalized world. These days, almost half of world-trade takes place between parent companies and subsidiaries of multinational companies and the service sector presents the lion's share of global gross national product (GDP). But the system of international corporate taxes still follows rules that were set a century ago. Since 2015, the Independent Commission for the Reform of International Corporate Taxation (ICRICT) has been promoting major changes of these rules.

Established by a broad coalition of civil society and consisting of members from all countries and diverse backgrounds, the commission aims to foster the corporate tax reform debate at the international level, and to promote institutions appropriate for this cause. The implementation of the 2030 Agenda for Sustainable Development and its funding needs make these reforms even more necessary.

Contrary to the high level of international integration we have reached, the international corporate tax system is based on the *separate entity principle*, according to which every firm that is part of a multinational group, whether parent company or subsidiary, is treated as in independent legal entity when it comes to paying taxes. This generates important problems in accounting and taxation, given that the price at which a business transaction between two companies from the same group is valued, known as the *transfer price*, may be very different from the value of a business transaction between non-related companies, a fully competitive price known as the *arm's length price*. In theory, the transfer prices should be similar to the arm's length prices. However, it is difficult, or even impossible, to guarantee that this is the case.

The importance of this problem has increased due to the growing proportion of tangible asset companies have, including their intellectual property – patents, royalties, brand names, registered trademarks, their management system and their business networks.

Corporate income tax exists in every country, in large part as a mechanism to ta earnings that are difficult to capture at the individual level, as a large number of major stakeholders are residents abroad or have their property registered in trusts or *offshore* centers. The combination of conservative tax policies, the growing mobility of capital and the competition between countries to attract investment (and retain that of their own companies) has led to lower rates and numerous other benefits.

According to World Bank data, the revenue from corporate income tax makes up around 8% of tax revenues in developed countries and 16% in developing countries, which implies that this tax is of particular importance for the developing world. Since the 1980s, the statutory corporate income tax rate has gone down from a typical level of 45% to 25-30%. Furthermore, as a consequence of the variety of exemptions awarded, the effective tax rates are much lower than the statutory ones. On a global level, the average corporate income tax burden is calculated to be close to 14% of all declared earnings.

When corporations do not pay the taxes they owe, governments can see themselves obligated to cut essential services to the public or raise regressive taxes, such as value-added taxes (VAT), leading to growing inequality in income distribution. Moreover, the tax abuses of multinational corporation produce unfair competition with national companies, many of which are small and medium-sized enterprises which generate a great deal of employment.

Join the efforts and create an account to share your thoughts on WGHL Global Health Line





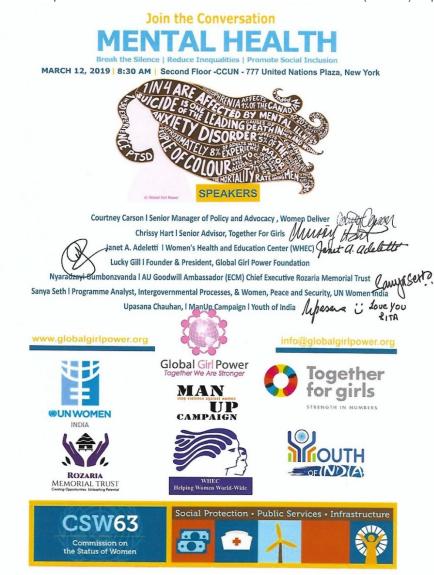
Status of Women (CSW) took place at the United

Planet 50-50 by 2030 Step It Up for Gender Equality Nations Headquarters in New York from 11 to 22 March 2019. http://www.unwomen.org/en/csw/csw63-2019

The 63rd session of the Commission on the

The Commission addressed its priority theme 'Social protection systems, access to public services and sustainable infrastructure for gender equality and the empowerment of women and girls.' In addition, it evaluated progress in the implementation of the agreed conclusions from the 60th session (2016) on 'Women's empowerment and the link to sustainable development.' The Commission also discussed a focus area, 'Women and girls of African descent."

It was a pleasure for Women's Health and Education Center (WHEC) to participate in this parallel event



and share with the audience WHEC's initiatives with UN and WHO. Ms. Janet A. Adeletti, NGO Representative at UN, New York presented the initiatives of WHEC on 12 March 2019.

Just as physical health creates an image of strength and vitality, mental health should be associated with strength of the mind and vitality in human interaction when dealing with the challenges of everyday life.

As witnessed by the extent of mental health problems shared by children and adults alike, the "how-to" of life is often a rather weak component of human competence.

Mental health should lose its negative connotation and the real significance of mental wellbeing for our societies must be acknowledged.

WHEC Global Health Line

and its media channels are serving in 227 countries and territories. Create an account and share your point-of-view.

We welcome everyone.

WHEC's efforts to promote mental-health-for-all: http://www.womenshealthsection.com/content/gynmh/



Commission for Social Development (CSocD)

57th Session of the Commission for Social Development, 11 – 21 February 2019



The 57th session of the Commission for Social Development (CSocD57) took place from 11 to 21st February 2019, at the United Nations Headquarters in New York.

The Commission is the advisory body responsible for the social development pillar of global movement. The priority theme of 2019 was "Addressing inequalities and challenges to social inclusion through fiscal, wage and social protection policies."

https://www.un.org/development/desa/dspd/2019/01/csocd57/

NGO Participation and Written Statements https://www.un.org/development/desa/dspd/united-nations-commission-for-social-development-csocd-social-policy-and-development-division/csocd57/csocd57-ngos-written-statements.html

UNDESA DISD facilitated the participation of NGOs in the sessions of the CSocD. NGOs that are accredited to the United Nations Economic and Social Council (ECOSOC) may designate representatives to attend the annual session of CSocD.

It is indeed my privilege to submit to you the Written Statement of **Women's Health and Education Center (WHEC)**; UN Document: **E/CN.5/2019/NGO/1** which was published on the 16th Anniversary 24 October 2018 of the launch of our e-Health platform http://www.WomensHealthSection.com (24 October 2002). We thank you for your friendship and support for our efforts and look forward to a continuing productive and mutually beneficial collaboration. I have heard very supportive and encouraging responses from our readers from all over the world.

We welcome everyone!

https://undocs.org/E/CN.5/2019/NGO/1

Our collaboration with UNICEF, WHO, UN agencies and NGOs is getting stronger. Moving forward, a body of successful programs now exists of national and international interests, and these may be expanded on.

A call for global action is needed. Child marriage is a public health concern and it violates human rights laws and seriously compromises the development and health of affected individuals. There are many concerning biological facts related to child marriages, pregnancies and childbirths.

The silence on the plight of child brides must end. The next generation of development programs must make ending child marriage a priority in its social protection policies. Investments should consider successful programmatic strategies, while continuing to test innovative approaches and evaluation techniques.

Join our efforts!



United Nations at a Glance

Permanent Mission of Guatemala at the United Nations



Guatemala became UN Member State on 21 November 1945

Guatemala, officially the **Republic of Guatemala**, is a country in Central America bordered by Mexico to the north and west, the Pacific Ocean to the southwest, Belize to the northeast, the Caribbean to the east. Honduras to the east and El

Salvador to the southeast. With estimated population of around 16.6 million, it is most populated state in Central America. Guatemala is a representative democracy; its capital and largest city is Nueva Guatemala de la Asuncion, also known as Guatemala City. Official language is Spanish.

The territory of modern Guatemala once formed the core of the Maya civilization, which extended across Mesoamerica. Most of the country was conquered by the Spanish in the 16th century, becoming part of the viceroyalty of New Spain. Guatemala attainted independence in 1821 as part of the Federal Republic of Central America, which dissolved by 1841.

From the mid to late 19th century, Guatemala experienced chronic instability and civil strife. A U.S. backed military coup in 1954 ended the revolution and installed a dictatorship. From 1960 to 1966, Guatemala endured a bloody civil war fought between US-backed government and leftist rebels, including genocidal massacres of the Maya population perpetrated by the military. Since a United Nations-negotiated peace accord, Guatemala has witnessed both economic growth and successful democratic elections, though it continues to struggle with high rates of poverty, crime, drug trade, and instability. As of 2014, Guatemala ranks 31st of 33 Latin American and Caribbean countries in terms of Human Development Index.



Maya city of Tikal

Guatemala is a constitutional democratic republic whereby the President of Guatemala is both head of state and head of the government, and of multi-party system. Executive power is exercised by the government. Legislative power is vested in both the government and the Congress of the Republic. The judiciary is independent of the executive and the legislature.

Guatemala is the largest economy in Central America, with GDP (PPP) per capita of US \$5,200. However, Guatemala faces many social problems and is one of the poorest countries in Latin America. The income distribution is highly unequal with more than half of the population below the national poverty line and just over 400,000 (3.2%) unemployed. Remittances from Guatemalans living in the United States now constitute the largest single source of foreign income (two thirds of exports and one tenth of GDP).

The World Bank in Guatemala

Thanks to prudent macroeconomic management, Guatemala has been one of the strongest economic performers in Latin America in recent years, with a GDP growth rate of 3% since 2012 and 4.1% in 2015. In 2017, the country's economy grew by 3.2%, according to the latest estimates, and is expected to grow by 3.4% in 2018. The World Bank study Poverty Assessment of Guatemala reported that the country reduced its poverty rate from 56% to 51% between 2000 and 2006. However, official figures indicate that poverty rose to 59.3% in 2014. Of all people living in poverty in the country, 52% are indigenous.

Details: http://www.worldbank.org/en/country/guatemala

Collaboration with World Health Organization (WHO)

WHO | Guatemala



Guatemala: Context for capacity Building

Although cancer is the third leading cause of mortality in the country, Guatemala lacks a population-based surveillance system and only has limited services for cancer prevention and control. According to WHO, which has used Guatemala as an example of a country with a critical need to incentivize health research – the retention of "clinician researchers," research that informs policy and systems change, and institutional commitment are all key to building

cancer research capacity in the country in the country and addressing the country's cancer needs.

The *Instituto de Cancerologia* (INCAN) in Guatemala City serves as the point of referral and service for Guatemala's cancer patients. Access to adequate medical care in general – and oncological care in particular, is so poor in many areas of Guatemala that most cancers are not diagnosed until they are advanced. More than 70% of INCAN's patient's present with late-stage disease. The country's oncologists are keen to develop strategies to reduce the late-stage diagnoses and improve outcomes.

Summary of main lessons learnt:

- A year-long training program for clinicians could build useful cancer research capacity in low- and middle-income countries.
- Training in population-based research methods will enable low- or middle-income countries such as Guatemala to gather country-specific data.
- Once collected, such data can be used to assess and guide policy for reducing the burden of cancer-related disease and identify priority areas for cancer prevention and treatment.

INCAN's Cancer Control Research Training Institute illustrates one approach to building capacity for cancer research, prevention and control in a low- or middle-income country such as Guatemala. By training local clinicians in research methods in population health LMICs will be able to gather country-specific data to assess disease burden, identify priority areas for prevention and treatment, and guide policy – a critical component to addressing the global burden of cancer.

IRB (institutional review board) and VoIP (voice over Internet Protocol) initiative: For the first, year-long training program, 10 clinicians – five from the United States and five from Guatemala, were selected to participate, via a competitive application process. Participants engaged in training sessions in English, in biostatistics, epidemiology, research methods, data collection and management, ethics and anthropology. The participants were from the academic staff at the School of Medicine of Washington University in Saint Louis (United States). Overall experiences were positive, and the project is in early stages of development.

Details: http://www.who.int/countries/gtm/en/

World Health Day 2019

World Health Day 7 April 2019: Universal Health Coverage

Universal health coverage is WHO's number one goal. Key is achieving it is ensuring that everyone can obtain the care they need, when they need it, right in the heart of the community.

Progress is being made in countries in all regions of the world. But millions of people still have no access at all to health care. Millions more are forced to choose between health care and other daily expenses such as food, clothing and even a home. This is why WHO is focusing on universal health coverage for this years' World Health Day, on 7 April.

Key Facts

- At least half of the world's population still do not have full coverage of essential health services.
- About 100 million people are still being pushed into "extreme poverty" (living on 1.90 USD or less a day) because they have to pay for health care.
- Over 800 million people (almost 12% of the world's population) spent at least 10% of their household budgets to pay for health care.
- All UN Member States have agreed to try to achieve universal health care (UHC) by 2030, as part of the Sustainable Development Goals

What is UHC?



UHC means that all individuals and communities receive the health services they need without suffering financial hardship. It includes the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation, and palliative care.

UHC enables everyone to access the services that address the most significant causes of disease and death and ensures that the quality of those services is good enough to improve the health of the people who receive them.

What UHC is not

There are many things that are **not** included in the scope of UHC:

- UHC does not mean free coverage for all possible health interventions, regardless of the cost, as no country can provide all services free of charge on a sustainable basis.
- UHC is not just about health financing. It encompasses all components of the health system: health service delivery systems, the health workforce, health facilities and communications networks, health technologies, information systems, quality assurance mechanisms, and governance and legislation.
- UHC is not only about ensuring a minimum package of health services, but also about ensuring a
 progressive expansion of coverage of health services and financial protection as more resources
 become available.
- UHC is not only about individual treatment services, but also includes population-based services such as public health campaigns, adding fluoride to water, controlling mosquito breeding grounds, and so on.
- UHC is comprised of much more than just health; taking steps towards UHC means steps towards equity, development priorities, and social inclusion and cohesion.

Join the efforts of WHEC with the UN and the WHO.

We welcome everyone.

Bulletin Board

Mission Statement

There are no strangers at the Women's Health and Education Center (WHEC); only the friends you have not met. We are serving with pride in 227 countries and territories.

We welcome everyone; Join our efforts and initiatives!



Our Mission, Our Purpose Every Woman, Every Mother, Every Child, Everywhere

Established in 2001, The Women's Health and Education Center (WHEC) undertakes initiatives with the United Nations (UN) and the World Health Organization (WHO), to achieve the hopes and dreams of Sustainable Development Goals (SDGs).

Education improves health, while health improves learning potential. Education & Health, together, serve as the foundation for a better world. Join us to achieve: *Education for All* and *Health for All*.

We welcome everyone!

Join the movement!

We are everywhere - so you can be anywhere, you want to be

- THE WOMEN'S HEALTH AND EDUCATION CENTER (WHEC);
- THE WOMEN'S HEALTH AND EDUCATION ORGANIZATION, Inc. (WHEO, Inc.)



Collaboration with UN University (UNU)

UNU-WIDER (World Institute for Development Economics Research) Expert Series on Health Economics

School, market work, and household chores - A day of Guatemalan children

The author utilizes a unique dataset on time use to study the determinants of the number of hours allocated to market work, household chores, and school related activities of Guatemalan children between 2000 and 2011. The author also exploits information on the duration of schooling in order to compute survival probabilities or the probability of dropping out of school conditional on having stayed in school for time t. results suggest that working children are two to four times more likely to drop out of school or to have never enrolled than the rest of the children in the sample. The findings also reveal the traditional gender specialization on market and domestic activities from early ages. While market work increases likelihood of dropping out of school for both boys and girls, household chores add additional pressure to girl's time allocation and further increase school failure.

Guatemalan labor market is characterized by three distinct features: high levels of informality, low wages, and a strong participation of children at work (primarily in the agricultural sector. Guatemala has made

significant improvements to reduce child labor during the last decade; however, this phenomenon is still very common in the country.

Education is a crucial component of any effective action to eliminate poverty and inequality in the world. While by 2015 access to primary education is practically universal, much more effort is needed to reduce and eventually stop the high drop-out rates of children from the school system once that primary education is attained. In Guatemala, as in most developing countries the majority of children leave school after the completion of 6th grade and 9th grade; basically, when the opportunity cost of sending children to school increases.

Child labor is a complex problem with many causes and consequences that, in spite of a significant international effort to eliminate it, is still a pervasive phenomenon in most developing countries. It is without a doubt a growing obstacle to formal education and one of the main channels through which social inequalities perpetuate.

Publisher: UNU-WIDER; Author: Carla Canelas; Sponsors: UNU-WIDER gratefully acknowledges the financial contributions to the research program from the governments of Denmark, Finland, Sweden, and the United Kingdom.

Details of the paper can be accessed from the link of UNU-WIDER on CME Page http://www.WomensHealthSection.com/content/CME



Guatemala: Background



Problems hindering social development include high crime rates, illiteracy and low levels of education and health. Some 75,000 severely malnourished children have been identified, a consequence of three simultaneous emergencies: chronic poverty, drought and the coffee crisis. Some 67% of indigenous children suffer from chronic malnutrition.

More children at younger ages are entering the labor force. Infant mortality for the country is 40 per 1,000 live births, but for indigenous children it reaches 46 per 1,000 live births and doubles in isolated rural indigenous areas. Maternal mortality is 89 per 100,000 live births nationally, but in predominantly indigenous areas, such as Alta Verapaz and Huehuetenango, it reaches 192 and 152 per 100,000 live births respectively. Some 2.4 million people, or 20% of the population, are still outside the health system



The last five years show progress in pre-school enrolment (32.6% for girls and 33.1% for boys) and primary school (83.62% for girls and 81.07% for boys), but the quality of schooling is deficient and school absenteeism, retention, and dropout rates are extremely high. Five out of 10 students who enter primary school in urban areas complete primary school, as opposed to only 2 out of 10 in rural areas. Some 60% of the school age population live in rural areas, but only 24.5% of the schools are in the rural areas. Eight municipalities do not have a middle school and only 58% have a secondary school.

Bilingual-intercultural education aims to keep indigenous girls and boys in school

Organized by UNICEF and its partners, including the Ministry of Education, the forum started off with a group of about 20 girls and boys singing the Guatemalan national anthem and a song about how hard it can be to grow up as a girl. They were all dressed in traditional Mayan clothing at the opening of the forum in August 2017.

Proponents of bilingual-intercultural education here are calling for classrooms that teach both Spanish and the dominant Mayan language spoken in the area.

Details: http://www.ungei.org/infobycountry/guatemala 1535.html

To be continued....

Two Articles of Highest Impact, March 2019

Editors' Choice – Journal Club Discussions

Our friendship has no boundaries. We welcome your contributions.

- Newborn Nutrition; http://www.womenshealthsection.com/content/obsnc/obsnc/odd.nc/04.php3
 WHEC Publications. Funding: WHEC Global Initiatives are funded by a grant from an anonymous donor.
- Teen Pregnancies: Understanding the Social Impact; http://www.womenshealthsection.com/content/obs/obs002.php3
 WHEC Publications. Funding: WHEC Global Initiatives are funded by a grant from an anonymous donor.

From Editor's Desk

New Initiatives, New Collaborations, New Directions

WHEC's Collaboration with Spotlight Initiative



The Women's Health and Education Center (WHEC) and its partners have undertaken this initiative to accelerate Sustainable Development Goal (SDG) # 5 (Gender equality), to provide women and girls with equal access to education, health care, decent work, and representation in political and economic decision-making processes will fuel sustainable economies and benefit societies and humanity at large.

While the world has achieved progress towards gender equality and women's empowerment under the Millennium Development Goals (including equal access to primary education between girls and boys), women and girls continue to suffer discrimination and violence in every part of the world.

Gender equality is not only a fundamental human right, but a necessary foundation for a peaceful, prosperous and sustainable world.

The European Union (EU) and the United Nations (UN) are embarking on a new, global, multi-year initiative focused on eliminating all forms of violence against women and girls (VAWG) – the Spotlight Initiative.

The Initiative is so named as it brings focused attention to this issue, moving it into the spotlight and placing it at the center of efforts to achieve gender equality and women's empowerment, in line with the 2030 Agenda for Sustainable Development.

An initial investment in the order of EUR 500 million will be made, with the EU as the main contributor. Other donors and partners will be invited to join the Initiative to broaden its reach and scope. The modality for the delivery will be a UN multi-stakeholder trust fund, administered by the Multi-Partner Trust Fund Office, with the support of core agencies UNDP, UNFPA, and UN Women, and overseen by the Executive Office of the UN Secretary-General.



Facts and Figures

- About two thirds of countries in the developing regions have achieved gender parity in primary education:
- In Southern Asia, only 74 girls were enrolled in primary school for every 100 boys in 1990. By
- 2010, the enrolment ratios were the same for girls as for the boys.
- In sub-Saharan Africa, Oceania and Western Asia, girls still face barriers to entering both primary and secondary school.
- Women in Northern Africa hold less than one in five paid jobs in the non-agricultural sector. The
 proportion of women in paid employment outside the agriculture sector has increased from 35%
 in 1990 to 41% in 2015.
- In 46 countries, women now hold more than 30% of seats in national parliament in at least one chamber.

No One Deserves To Be Abused



WHEC Online Resource gives and overview of dynamics and magnitude of Domestic Violence and Violence against Women in general. It addresses the clinical dimensions and scope of women battering, drug abuse, suicide, child abuse and mental health issues. Pathways to change deals with responding to violence against women and integrating policy and developing a hospital / clinic program to address domestic violence.

Scientific investigation of the problem of domestic violence is a relatively recent endeavor. It is only within the past 30 years that

violence against women has been acknowledged nationally and internationally as a threat to health and rights of women as well as to national development. **Healthcare providers** should access patients for violence, child abuse, elder abuse and respond to patients who are victims of abuse as they would to other diseases in general.

We welcome reports on new approaches to old problems and accounts of experiences, whether successes or failures, from which others may benefit.

http://www.womenshealthsection.com/content/vaw/articles.php3?s=0

Join us in partnership so that this bold and transformative Initiative is matched by equally ambitious political action, resources and knowledge.

We invite everyone to support our efforts with Spotlight Initiative's goal of making a real and lasting difference in the lives of all women and girls around the world.

Flash!

In The News

Cyberbullying and impact on health

Most health professionals would agree that stress is the biggest factor affecting the mortality rate in modern society. If left untreated, stress can have detrimental impacts on both physical and mental health, and can lead to conditions such as heart disease, insomnia and depression. It is no wonder that stress reached epidemic levels when one considers the sheer volume of stimuli reaching our consciousness on a daily basis, not to mention the increasing demands on our time and volatile changes across political and economic systems.



Aside from academic pressure, young people have even bigger issues to contend with: shifting hormone levels, questions of identity and living their lives publicly online. Digital identity is a relatively new concept, so there is no real precedent to follow regarding the integration of technology into our daily lives and ways to distinguish between our online and offline personas.

While the Internet is a powerful tool that can be used to connect likeminded people and communities, it is also often used as a platform to defame, harass and abuse people within the sanctuary of their own homes.

Research suggests that up to 7 in 10 young people have experienced online abuse at some point. The term "cyberbullying" is often treated as a distinct phenomenon, but it is an extension of bullying, which is an age-old problem. Bullying taps into societal undertones of prejudice and discrimination and often impacts people with protected characteristics of race, religion, sexuality, gender identity and disability the most.

Traditionally, bullying was often exclusively confined to the educational environment, with one's home being a safe haven. Today, however, it is possible for a young person to be bullied not only at school but also in the family car or at home, alone in their bedroom, and even in clear sight of their parents or guardians without those adults ever being aware.

With communication technology being so integral to modern living, some young people have very little opportunity to escape the abuse, and many remain in a constant state of stress and anxiety.

1 in 3 victims of bullying have self-harmed as a result, and 1 in 10 has attempted suicide.

The Internet poses unique challenges in terms of abuse. For instance, there are no geographical restrictions to membership or communication; it is now possible for someone to receive abuse beyond their own offline community. Cyberbullying often suppresses the dignity of recipients in an incredibly public way, where others are able to contribute to and validate the ridicule by liking, responding to and sharing abusive content.

We @ the Women's Health and Education Center (WHEC) suggest – young people must be encouraged to freely express themselves and exercise their rights in all environments, digital or non-digital. They must be empowered to contribute towards a democratic, global community by sharing their own ideations and opinions without attacking others who hold contrasting views.

A world that is truly fair and equal requires a culture of respect and mutual understanding. An interconnected world requires communication standards to which all adhere.

Social media can be a tool and a helpful ally or a weapon of destruction – Use it wisely.

With this goal in mind, we still have a long journey ahead of us.

Art & Science Art that touches our soul

Mona Lisa by Leonardo da Vinci



Lisa del Giocondo was a member of the Gheranrdini family of Florence and Tuscany in Italy. Her name was given to *Mona Lisa*, her portrait commissioned by her husband and painted by Leonardo da Vinci during the Italian Renaissance. Little is known about Lisa's life. Married as a teenager to a cloth and silk merchant who later become a local official, she was mother to five children and led what is thought to have been a comfortable and ordinary middle-class life.

Lisa outlived her husband, who was about 20 years her senior. Centuries after Lisa's death, *Mona Lisa* became the world's most famous painting, and took on a life separate from Lisa, the woman.

The *Mona Lisa* is also one of the most valuable paintings in the world. It holds the Guinness World Record for the highest known insurance valuation in the history at US \$ 100 million in 1962 (equivalent to \$620 million in 2016).

It has been described as "the best known, the most visited, the most written about, the most sung about, the most parodied work of art in the world."

Year: C.1503-1506; Medium: oil on polar panel; Subject: Lisa Gheranrdini; Dimensions: 77 cm X 53 cm (30 in X 21 in); Location: Musée du Louvre, Paris

Monthly newsletter of WHEC designed to keep you informed on The latest UN and NGO activity

http://www.WomensHealthSection.com