



## WHEC Update

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

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#### *Leadership Development Series*

When we meet someone for the first time, we notice a number of things about that person – physical appearance and characteristics, clothes, firmness of handshake, gestures, tone of voice, and the like. We then use these impressions to fit the person into ready-made categories. And this early categorization, formed quickly and on the basis of minimal information, tends to hold greater weight than impressions and information received later. First Impressions Do Count!

Psychologists refer to **the power of first impressions** as the primacy effect. Essentially, it just means that first impressions influence latter impressions. What's important from our perspective is that the first-impression-effect carries a lot of weight when we assess other people and may be important. The first impressions of people are not very accurate.

Why do we rely so heavily on first impressions? Basically, we're looking for a shortcut. When we meet new people, we want to categorize them so that we can process and understand information about them quickly. The error is compounded by the fact that we tend to cling to our first impressions. When later information is received that might contradict our first impression, we tend to discount, misrepresent, reinterpret, or even ignore it. The best evidence on first impressions comes from research on employment interviews. Findings clearly demonstrate that first impressions count. More specifically, the information processed first has a greater effect on later judgements than subsequent information does.

Research on applicant's appearance confirms the power of first impressions. Studies have looked at assessments made of applicants before the actual interview – that brief period in which the applicant walks into an interview room, exchanges greetings with the interviewer, sits down, and engages in minor chit-chat. The evidence indicates that the way applicants walk, talk, dress, and look can have a great impact on the interviewer's evaluation of applicant qualifications. Facial attractiveness seems to be particularly influential. Applications who are highly attractive are evaluated as more qualified for a variety of jobs than those who are unattractive.

Initial positive impressions even reshape the interview itself. Positive first impressions lead interviewers to speak in a more pleasant interpersonal style and to ask less-threatening questions. A final body of confirmative research finds that interviewers' post-interview evaluations of applicants conform, to a substantial degree, to their pre-interview impressions. That is, those first impressions carry considerable weight in shaping the interviewers' final evaluations, regardless of what actually transpired in the interview itself. This latter conclusion assumes that the interview elicits no highly negative information.

Based on numerous studies of the interview process, we can say that first impressions, are powerful influences on outcomes. Instead of using the interviews to gather unbiased information, interviewers typically use the process to merely confirm first-impressions. People aren't completely rational all the time – don't ignore emotions in workplace. Certainly, some emotions, particularly when exhibited at the wrong time, can reduce employee performance. But this doesn't change the reality that employees bring an emotional component with them to work every day and that no discussion of organizational behavior could be comprehensive or accurate without considering the role of emotions in workplace behavior.

Share your experiences, ideas and best practices for excellent management in the workplace with our friends and colleagues on **WHEC Global Health Line** (create an account for your page/space).

The Power of First Impressions

**Rita Luthra, MD**



## Your Questions, Our Reply

Can management-personal do anything to lessen the power of the first-impressions? Why have management studies tend to downplay emotions? How do you read someone's emotions?

**Don't ignore emotions for better management:** Emotions are part of our lives. That is, we not only think, we feel. But the field of management has been guilty for a long time of treating employees as if they're non-emotional. All work behavior is assumed to be fully rational. While this makes for simpler analysis of workplace behavior, it also creates highly realistic and inaccurate assessments.

First, we suggest that you avoid the tendency to make quick initial judgements. Try to stay neutral when you meet someone for the first time. The more time that goes by before you make a conclusion, the better you'll know the person and the more accurate your assessment. Second, keep your mind open for new information that may contradict earlier assessments. Think of any early impression as a working hypothesis that you're constantly testing for its accuracy.

We can offer two possible explanations. The first is the *myth of rationality*. Since the late 19<sup>th</sup> century the rise of scientific management, organizations have been specifically designed with the objective of trying to control emotions. A well-run organization was viewed as one that successfully eliminated frustration, fear, anger, love, hate, joy, grief, and similar feelings. Such emotions were the antithesis of rationality. So, while managers knew that emotions were an inseparable part of everyday life, they tried to create organizations that were emotion-free. That, of course, was not possible. The second factor was the belief that *emotions of any kind were disruptive*. When emotions were considered, the discussion focused on strong negative emotions – especially anger – that interfered with an employee's ability to do his or her job effectively. Emotions were rarely viewed as being constructive or able to stimulate performance-enhancing behaviors.

The easiest way to find out what someone is feeling is to ask them. But relying on verbal responses has two drawbacks. First, almost all of us conceal our emotions to some extent for privacy and to reflect social expectations. Second, even if we want to verbally convey our feelings, we may be unable to express them. So, you should also look for non-verbal cues like facial expressions, gestures, body movements, and physical distance that can provide additional insights into what a person is feeling. Something as subtle as the distance someone chooses to position himself or herself from you can convey their feelings, or lack thereof, of intimacy, aggressiveness, repugnance, or withdrawal. Finally, don't ignore communication that goes beyond the specific spoken words. Look for how people say things through their pitch, amplitude, and rate of speech.

Let me conclude by briefly mentioning just three areas where an understanding of emotions can help managers be more effective – employee selection, motivation, and managing interpersonal conflicts. In hiring, especially in jobs that demand a high degree of social interaction, you should look for people with high emotional intelligence (EI). Studies of emotional intelligence (the ability to cope with situational demands and pressures), have found that people with high EI scores are better at relating to others. Whenever conflicts arise, you can be fairly certain that emotions are also surfacing.

The managers who ignores the emotional elements in conflicts, focusing singularly on rational and task concerns, is unlikely to be very effective in resolving those conflicts.

Beware of quick-fix.

No single new idea can make a mediocre manager excellent or lead to turning around a poorly managed company.



## United Nations at a Glance

### Permanent Mission of Haiti to the United Nations

Haiti became UN Member State on 24 October 1945.



MISSION PERMANENTE D'HAÏTI  
AUPRÈS DE L'ORGANISATION  
DES NATIONS UNIES À NEW YORK



**Haiti**, officially the **Republic of Haiti** and formerly called **Hayti**, is a country located on the island of Hispaniola, east of Cuba in the Greater Antilles

archipelago of the Caribbean Sea. It occupies the western three-eighths of the island, which it shares with the Dominican Republic. Haiti is 27,750 square kilometers (10,714 sq. mi) in size and has an estimated 10.8 million people, making it the most populous country in the Caribbean Community (CARICOM) and the second most populous country in the Caribbean as a whole. The region was originally inhabited by the indigenous Taino people. Spain landed on the island on 5 December 1492 during the first voyage of Christopher Columbus across the Atlantic. When Columbus initially landed in Haiti, he had thought he had found India and China.

Capital: Port-au-Prince; official languages: French, Haitian Creole; ethnic groups: 95% Black Haitian, 5% Mulatto and European, Government: Unitary semi-presidential republic; Independence from France declared on 1 January 1804; legislature: parliament. The Haitian gourde (HTG) is the national currency. The "Haitian dollar" equates to 5 gourdes (*goud*), which is fixed exchange rate that exists in concept only but are commonly used as informal prices. The vast majority of the business sector and individuals in Haiti will also accept US dollars, though at the outdoor markets gourdes may be preferred.



Haiti is a founding member of the United Nations, Organization of American States (OAS), Association of Caribbean States, and the International Francophonie Organization. It has the lowest Human Development Index in the Americas. Most recently, in February 2004, a coup d'état originating in the north of the country forced the resignation and exile of President Jean-Bertrand Aristide. A provisional government took control with security provided by the United Nations Stabilization Mission in Haiti (MINUSTAH).

**International Monetary Fund (IMF) and Haiti:** Based on preliminary results, Haiti's growth outlook remains positive – GDP growth has accelerated slightly, buoyed by public investment, to reach about 2% for the current fiscal year ending in September 2018. Annual average inflation remains below 15%. The current account deficit is expected to be contained at a relatively high level of 4% of GDP this fiscal year amid investment-related imports and higher world prices for petroleum products and grains, which constitute Haiti's main imports.

Solid economic policies implemented by the authorities under the Staff Monitored Program are expected to catalyze external resources provided by Haiti's technical and financial partners. Haiti needs to continue to Implement structural reforms to sustain economic growth and reduce poverty more boldly.

Details: <https://missionpermanentedhaiti.org/>

# Collaboration with World Health Organization (WHO)

## WHO | Haiti



Haiti's population grew by 53.7% between 1990 and 2015 reaching 10.9 million inhabitants in 2015, and maintained an expansive structure, although growth was slower in the under-30 age group. The urban population is 51% for the period 2015 – 2020, life expectancy at birth is estimated at 64.2 years.

Haiti exhibits significant social and health inequalities, which continue to rise; there is a striking difference between Port-au-Prince the capital and rural areas. More than 6 million people live below the poverty line of US \$ 2.0 a day. Between 2002 and 2012, the number of people living in extreme poverty was reduced from 31% to 24%, but some 2.5 million people still cannot cover their basic food needs.

The maternal mortality rate reported by the country was estimated at 157 deaths per 100,000 live births in 2015. According to WHO estimates, the maternal estimates fell from an estimated 630 deaths per 100,000 live births in 2005-2006 to 380 per 100,000 in 2013. Despite the differences in methodology and calculations, there has been a marked reduction in this indicator. Trained health personnel attend 37.3% of births. In 2015, only 43% of health care institutions offered any maternity services, and 10% offered cesarean sections.

Between 1990 and 2015, the mortality rate of children under 5 fell from 156 to 88 per 1,000 live births, and infant mortality from 122 to 59 per 1,000 live births. Mortality is higher in the children of mothers with a lower educational and economic level. The cholera epidemic in Haiti began during the last quarter of 2010 and has since become endemic, with 36,045 cases reported in 2015. The chikungunya virus appeared in 2014, and almost 70,000 presumptive cases were reported that year. In the first 10 months of 2015, about 3,036 cases of Zika virus was reported. Lymphatic filariasis is endemic in Haiti. Malaria is also, with outbreaks after the rainy seasons. However, confirmed annual cases fell from 37,799 in 2010 to 17,583 in 2015.

### Achievements, Challenges and Perspectives

Since 1990, the country has made progress in its health situation, the most notable being a reduction in maternal and child mortality and an increase in vaccination coverage. Among the main challenges, the most significant are the vulnerability of the physical and human environment, lack of access to quality health services, the prevention and control of chronic non-communicable diseases, and the health sector's capacity to respond to disasters and health emergencies.

The Ministry of Health has developed the Master Plan for Health to guide health service management throughout the country. Human resources for health remains a major challenge in Haiti; the country has no policy for human resources in health.

With the creation of the Single National Health Information System, the Ministry of Health is working to harmonize data production, maintain reliable and comprehensive information about the health status of population, and meet partners' information needs. It is necessary to determine the most efficient and effective priority interventions, considering the country's real capacity for financing and implementing the strategies identified, and improving the coordination of interventions.

Funds earmarked for the health sector in the national budget should be increased to ensure the sustainability of programs and the effective development of social protection strategies.

Details: <https://www.who.int/countries/hti/en/>

## Bulletin Board



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*To be continued.....*



### Collaboration with UN University (UNU)

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

Foreign aid and the failure of state building in Haiti under the Duvaliers, Aristide, Préval, and Martelly.

After receiving at least US \$20 billion in aid for reconstruction and development over the past 60 years, Haiti has been and remains a fragile state, one of the worse globally. The reasons for aid failure are legion but mostly relate to highly dysfunctional Haitian regimes, sometimes destructive US foreign policy

and aid policy, and ongoing issues about how to deliver aid, all in the context of devastating natural disasters. The over-riding cause of aid failure has been the social, cultural and historical context which has led to domination by economic and political elites who have little interest in advancing Haiti, and who are totally self-interested – Haiti’s fatal flaw. Donors can go far to improve aid effectiveness, but Haiti will languish until its leaders and people find common ground and compromise in managing their country.

Most observers would agree that political, social, cultural and economic factors, at present, but with strong roots evolving in the past 200 years, are at play. Haiti may be and has likely always been fatally flawed: the perpetual instability infecting and literally eating away at every aspect of governance in Haiti; negative consequences of racism, and distribution of wealth and lack of social mobility and social justice, leading to a huge impoverished Black population nearly totally dominated by a powerful mulatto minority and an emerging Black elite; endemic corruption at every level and in most aspects of society; and lack of leadership from any quarter capable of or willing to break the chains binding this dysfunctional society.

Beyond these mountains, more mountains – A traditional Haitian saying. Unfortunately, it is important to assign responsibility for aid failure to the appropriate parties in Haiti: US foreign policy which largely dictates how aid is spent or not; donor theories, biases, and politics in aid provision; and Haitian economic and political elites and the political system they fostered. Certainly, the Haitian people in whose name aid is spent are not in any way to blame they are truly victims and deserve much better. It is clear that blame should be assigned to institutions, not people working in them who are diligently trying to make a difference. They are heroes in this story, not villains. No matter what the approach, it seems donors face a dilemma, as every strategy has a major downside. And perhaps the most that can be expected is to achieve small incremental gains. This is what is and has happened in Haiti. It would be too bad if it continues.

Progress along all fronts has been painfully slow, again with recent reports citing government capacity as an issue. Even after 3 years, donors have yet to expend the funding promised. The United States has spent only 31% of the aid promised, in part because of government incapacity, but also problems in managing aid (GAO 2013). For better or worse, the UN Peacekeeping Force (MINUSTAH) is looking to downsize and withdraw after nine years in Haiti, leaving a few staff to work on a consolidation plan to ‘strengthen security, the rule of law, elections administration and institutional modernization’ for 2016. This will determine in part whether Haiti can secure its own country. The USAID Office of Transition Initiative (OTI) closed up shop in September 2013. It has been responsible for coordinating the US government’s response to quake.

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



## **United Nations Girls' Education Initiative (UNGEI)**

*The Effort to Advance the Global Strategy (continued)*

### **Haiti: Background**

**Haiti** has been plagued by political violence for most of its history. In the context of extreme economic and political instability, the vulnerability of children and women rose significantly, pushing back the possibility of achieving goals set by the Millennium Declaration and the Special Session on Children.

Access to education was affected by hikes in school fees. Some 60% of rural households suffer from chronic food insecurity, 20% are extremely vulnerable. An estimated 32% of urban households suffer from food insecurity on a daily basis, 26% are often food insecure.



The further weakening of State institutions and a non-functioning Parliament hampered policy development or strategic planning for children. Insecurity prevented UNICEF and its partners from accessing project sites and disrupted planning and follow up activities. Negative trends in the health, nutrition and wellbeing of the Haitian population swelled the numbers of vulnerable children and women.

### **A new government program aims to provide a free education for all Haiti's children**

The Global Partnership for Education has helped more than 19 million children go to school for the first time. The Women's Health and Education Center (WHEC) supports these efforts. A campaign to renew support for these efforts will culminate in a pledging event in Copenhagen on 7-8 November.



#### **Giving children hope**

Unlike in previous school years, none of the children in the national school in Tabarre have to pay school fees. The school in Tabarre, a Port-au-Prince neighborhood close to the capital's airport, is where Haitian President recently announced that 772,000 children will receive free schooling this year. The new government's program's target is to make it economically possible for every child to go to school. To this end, it will introduce free schooling across the country in stages. Poverty is particularly bitter in areas outside Port-au-Prince like Lucien are benefitting from the free schooling. That is why most of the funding allocated by the government for paying the school fees will initially be spent there.

Going to school gives children back their hope. It helps them target about their often-dire situation at home and focus on something entirely different and stimulating. The World Food Program (WFP) is supporting the government's program with daily food rations for the children.

Education is crucial for the development of children, families, communities, and for the future of Haiti's reconstruction. This initiative by the Haitian government will help thousands of children who never had the chance to go to school to get an education.



#### **Food makes learning possible for ambitious Haitian girls**

Like most of the students, girls does not always get to eat at home – there is simply isn't enough food or money for that. That is why students so look forward to getting a daily hot meal at school. A crucial meal.

The basic ingredients – rice, beans and oil – are provided by WFP as part of its contribution to the Government's Program National de Cantines Scolaires (National School Program). The religious order that runs the school tries to add some meat, fish or vegetables. The preparation is all done in a small, tin-roofed kitchen in the back yard. With cholera a real threat, the children are made to line up and wash their hands with soap and water. WFP's target is to feed more than 1 million children in the current year in Haiti. Children also sometimes receive take-home rations to share with their families.

Join the efforts.

*To be continued....*

## Two Articles of Highest Impact, July 2019

*Editor's Choice – Journal Club*

*Fully open-access with no article-processing charges*

*Our friendship has no boundaries. We welcome your contributions.*

1. Dying with Dignity; <http://www.womenshealthsection.com/content/heal/heal002.php3>  
WHEC Publications. Funding: WHEC Global Initiatives are funded by a grant from an anonymous donor. Discussion by Editorial Board of WHEC. Contributions from the audience are welcome. Create an account of WHEC Global Health Line.
2. Healthy Ageing: A Call for Global Action;  
<http://www.womenshealthsection.com/content/heal/heal026.php3>  
WHEC Publications. Funding: WHEC Global Initiatives are funded by a grant from an anonymous donor. Join us at WHEC Global Health Line for discussion and contributions.



### From Editor's Desk

*New Initiatives, New Collaborations, New Directions*

#### Health and Healthcare of Pregnant Migrant and Refugee Women and Newborn Children



Migrants and refugees in Europe generally have poorer maternal health outcomes than native-born populations, and their needs are often unnoticed and unaddressed. Suboptimal access to or utilization of care related to pregnancy is one of the primary causes of morbidity and mortality among pregnant migrant women and newborns, and most deaths from such direct causes are preventable.

#### Health of Refugees and Migrants is Important

We propose the efforts of the Women's Health and Education Center (WHEC) with the WHO and UNHCR and our webinars will discuss:

- The current epidemiological picture of maternal and newborn health, and discrepancies between migrant and native-born populations;
- The specific health challenges faced by pregnant migrant and refugee women, their increased vulnerabilities and the barriers they face to achieving reproductive health;
- How wider determinants such as gender-based violence, asylum procedures, health seeking behaviors and uncertainty about legal status impact entitlement to , and utilization of , care; and
- The tools and policies that have been implemented throughout the NGOs working with WHO and UNHCR in European Region to address the challenge.

This knowledge hub on **Health & Migration** will be available on WHEC Global Health Line (WGHL). It is in response to a need for a single interactive platform devoted to migration and public health in various regions. We hope to provide a scientific knowledge-sharing forum to improve capacity-building and inform policy-making in this context.

Because the right to health is a basic human right; because refugees and migrants contribute actively to the development of both their host society and their native countries; the because providing timely access



to quality health services to refugees and migrants is the best way to save lives and cut care costs, as well as protect the health of the resident citizens.

Citizens in some European countries estimate the number of migrants at 3 or four times more than there actually are. Yet, the global volume of refugees and migrants as a percentage of the global population has actually remained relatively stable for several decades, at around 3% of the world population. Contrary to some perceptions that refugees rush to wealthy countries, 85% of refugees globally are hosted in developing countries.



Migrant and refugees are likely to be healthy in general. But they can be at risk of falling sick in transition or whilst staying in new countries, due to poor living conditions such as camps with poor shelter and sanitation or changes in their lifestyle such as an inadequate food and water, and increased stress.

Labor migrants constitute the largest group of migrants globally. Around 12% of all workers in the European region were migrants in 2015. Conditions of employment vary drastically as do the health hazards of jobs and access to social and health protection. Male migrants experience

significantly more work-related injuries than non-migrant workers.

Children without parents or a guardian are especially vulnerable. And at risk for both health and social problems; risks for abduction and trafficking for sale and exploitation can be exacerbated if border controls are weak, violations of children's rights already exist and there is easy access to child. Children are also vulnerable to sexual exploitation and experience higher rates of depression and symptoms of post-traumatic stress disorder.

### **Making health systems refugee- and migrant-friendly**

Means providing quality and affordable health coverage as well as social protection for all refugees and migrants regardless of their legal status; making health systems culturally and linguistically sensitive to address the communication barrier; ensuring health care workers are well equipped and experienced to diagnose and manage common infections and diseases; working better across different sectors that deal with migrant health; and improving collection data on refugee and migrant health.



## **In The News**

### **Desperate Journeys**

Refugees and migrants attempting to reach Europe via the Mediterranean Sea lost their lives at an alarming rate in 2018, as cuts in search and rescue operations reinforced its position as the world's deadliest sea crossing. The latest 'Desperate Journeys' report by UNHCR (The UN Refugee Agency), the UN Refugee Agency, says six lives were lost on average every day. An estimated 2,275 died or went missing crossing the Mediterranean in 2018, despite a major drop in the number of arrivals reaching European shores. In total, 139,300 refugees and migrants arrived in Europe, the lowest number in five years.

Most of these trends look set to continue in 2019, with the root causes of displacement and migratory movements – such as human rights violations and conflict or poverty – remaining unresolved. For many people, the sea crossing is just the final step in a journey that has involved travel through conflict zones or

desserts, the danger of kidnapping and torture for ransom, and the threat from traffickers in human beings.



UNHCR is also calling on States to stop apprehending and returning thousands of people to neighboring countries without allowing them to seek asylum or assessing individually whether they have international protection or other humanitarian needs – a practice known as “push-backs” – as well as to greatly step up efforts to protect children – accompanied or alone – and to provide support for survivors of sexual and gender-based violence, as well as better access to safe and legal pathways as alternatives to these dangerous journeys.

## Recommendations of UNHCR

In response to the concerns UNHCR calls on European states to:

1. Rescue at sea and detention in Libya
  - Urgently establish a coordinated and predictable regional mechanism to strengthen rescue at sea, especially with regard to disembarkations and subsequent processing;
  - Enhance search and rescue capacity in the central Mediterranean, including by removing restrictions on NGOs;
  - Urge the Libyan authorities to end the arbitrary detention of refugees and migrants intercepted or rescued at sea; to release the most vulnerable individuals to the community as per the 2017 arrangements; and to amend Law 19 of 2010, which foresees hard labor as a sentence for irregular entry providing a legal basis for the exploitation of refugees and migrants;
2. Access to territory and asylum procedures
  - Strengthen identification of those with international protection needs at borders and provide access to asylum procedures, including for people seeking asylum who arrived irregularly, as well as end push-back practices.
  - Make use of accelerated and simplified asylum procedures in case of mixed movements to quickly determine who needs international protection and requires integration support, and who is not and thus can be channeled into return procedures.
3. Protection of children
4. Onward movement
5. Access to legal and safe pathways
6. Protection against dangers

**“I myself am a migrant, as are many of you. But no one expected me to risk my life on a leaky boat or to cross a desert in the back of a truck to find employment outside my country of birth. From my experience, I can assure you that most people prefer to realize their aspirations at home.”**

- António Guterres, UN Secretary-General

## Art & Science

*Art that touches our soul*

### **Four Times of the Day** by English artist **William Hogarth**

Painted in 1736, reproduced as a series of four engravings published in 1738, by William Hogarth, are humorous depictions of life in the streets of London. It shows vagaries of fashion, and the interactions between rich and poor of the capital.

Unlike many of Hogarth's other series, it does not depict the story of an individual, but instead focuses on the society of the city. Hogarth intended the series to be humorous rather than instructional.



The pictures do not offer a judgement on whether the rich or poor are more deserving of our sympathies while the upper and middle classes tend to provide the focus for each scene there are fewer of the moral comparisons seen in some other of his works.

*Morning* shows a prudish spinster making her way to church in Covent Garden past the revelers of the night before.

*Noon* shows two cultures on opposite sides of the street in St. Giles.

*Evening* depicts a dyer's family returning hot and bothered from a trip to Sadler's Wells.

*Night* shows a drunken freemason staggering home from a night of celebration near Charing Cross.

Their dimensions are about 74 cm (29 in.) by 61 cm (24 in.) each. The originals of *Four Times of the Day* were sold to collectors, but the scenes were reproduced at Vauxhall by Francis Hayman, and two of them, *Evening* and *Night*, hung at the

pleasure gardens until at least 1782. Sir William Heathcote purchased *Morning* and *Night* for 20 guineas and £20 6s respectively (£ 3,400 and £ 3,300 in 2019), and Duke of Ancaster bought *Noon* for £38 17s (£ 6,300 in 2019) and *Evening* for £39 18s (£ 6,500 in 2019).

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

<http://www.WomensHealthSection.com>

