

SCOTT DOUGLAS JACOBSEN

The Good Men Project: Compendium XI



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The Good Men Project: Compendium XI

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Scott

The Good Men Project

Paragraphs 106(i) & (j) of the Beijing Platform for Action. Chapter IV. C. Women and Health

Scott Douglas Jacobsen

October 30, 2018

How can the strengthening and reorientation of health services be a boon to the implementation of women's rights around the world?

—
Strategic objective C.1.

Increase women's access throughout life cycle to appropriate, affordable and quality health care, information and related services

Actions to be taken

106. By Governments, in collaboration with non-governmental organizations and employers' and workers' organizations and with the support of international institutions:

i. Strengthen and reorient health services, particularly primary health care, in order to ensure universal access to quality health services for women and girls; reduce ill health and maternal morbidity and achieve world wide the agreed-upon goal of reducing maternal mortality by at least 50 per cent of the 1990 levels by the year 2000 and a further one half by the year 2015; ensure that the necessary services are available at each level of the health system and make reproductive health care accessible, through the primary health-care system, to all individuals of appropriate ages as soon as possible and no later than the year 2015;

j. Recognize and deal with the health impact of unsafe abortion as a major public health concern, as agreed in paragraph 8.25 of the Programme of Action of the International Conference on Population and Development; /14

Beijing Declaration (1995)

Paragraph 106, sections (i) and (j) of the Beijing Declaration help with the improvement of the healthcare services, via the explicit statements over two decades ago. Indeed, the continual emphasis is on the universal access to healthcare, where someone without wealth, more often women and children, can have equal access to relevant health services for them.

It is this democratization of rights since the UDHR that provides this form of equality. It is viewing the concerns of women as the same as the issues of men, and vice versa. This is the basis for a universalization of ethics and healthier families, communities, and societies.

Although, at the present, things may seem chaotic. We remain in a status of transition, which retains ongoing risks including the current issue of authoritarians and demagogues coming in to fill the ideological vacuum to scapegoat, blame, and redirect the public's discontent against themselves. Coming together, these rather weak authoritarian forces can be overcome.

The aim of healthcare for all is, for one, the reduction in the maternal morbidity of women in order to achieve the goals, at the time, of a 50% reduction in the levels of maternal mortality.

But moving into the latter 2010s and 2020s, what lessons can we take from these? Some them can be viewed with the reduction as an extended goal, where we continue to aim to do better by the end of this year and the following year, as an ethical heuristic of an improvement curve in healthcare provision for women, pregnant women, and mothers.

This requires safe and equitable access to relevant healthcare technologies and provisions. Indeed, the primary healthcare system is one of the core bulwarks to maintain women's health, regardless of age or socioeconomic status.

The provision for abortion services fits into this overall narrative. Here, we can see the major declines in health status for women with the unsafe abortions. These cause thousands of deaths *every year*, which is known, in addition to tens of thousands of injuries based on these unsafe, unsanitary, and often unprofessional set of circumstances for the 'surgery.'

Now, the big issue is simply giving equitable and safe access does two things. One, it respects a fundamental human right of women. Two, it reduces the maternal and infant mortality rate, decreases the number of abortions, reduces the impacts of the healthcare system in terms of costs over the long-term and, thus, to the society. The legalization can be a case for human rights and health.

One can find similar statements in other documents, conventions, declarations and so on, with the subsequent statements of equality or women's rights:

The Universal Declaration of Human Rights in the Preamble, Article 16, and Article 25(2).

Convention Against Discrimination in Education (1960) in Article 1.

The International Covenant on Economic, Social and Cultural Rights (1966) in Article 3, Article 7, and Article 13.

International Covenant on Civil and Political Rights (1966).

Convention on the Elimination of all Forms of Discrimination Against Women (1979).

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The Declaration on the Elimination of Discrimination Against Women (1993).

Beijing Declaration (1995).

United Nations Security Council Resolution 1325 (2000).

Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children (2000).

The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa or the "Maputo Protocol" (2003).

Council of Europe Convention on preventing and combating violence against women and domestic violence or the Istanbul Convention (2011) Article 38 and Article 39.

Paragraphs 106(k) of the Beijing Platform for Action.

Chapter IV. C. Women and Health

Scott Douglas Jacobsen

October 31, 2018

How can the increased access to abortion improve women's rights implementations?

Strategic objective C.1.

Increase women's access throughout life cycle to appropriate, affordable and quality health care, information and related services

Actions to be taken

106. By Governments, in collaboration with non-governmental organizations and employers' and workers' organizations and with the support of international institutions:

k. In the light of paragraph 8.25 of the Programme of Action of the International Conference on Population and Development, which states: "In no case should abortion be promoted as a method of family planning. All Governments and relevant intergovernmental and non-governmental organizations are urged to strengthen their commitment to women's health, to deal with the health impact of unsafe abortion/16 as a major public health concern and to reduce the recourse to abortion through expanded and improved family-planning services. Prevention of unwanted pregnancies must always be given the highest priority and every attempt should be made to eliminate the need for abortion. Women who have unwanted pregnancies should have ready access to reliable information and compassionate counselling. Any measures or changes related to abortion within the health system can only be determined at the national or local level according to the national legislative process. In circumstances where abortion is not against the law, such abortion should be safe. In all cases, women should have access to quality services for the management of complications arising from abortion. Post-abortion counselling, education and family-planning services should be offered promptly, which will also help to avoid repeat abortions", consider reviewing laws containing punitive measures against women who have undergone illegal abortions;

Beijing Declaration (1995)

The Beijing Declaration continues with the full lifecycle focus on the health and wellness of women with, in essence, the creation of a universal healthcare system accessible by all people within the society.

As the extensive section (k) stipulated, one side of the issue is family planning, of which the Catholic Church and many other organizations around the world have been opposed. This has,

according to Dr. Madeline Weld, caused significant damage to much of the world with growth beyond current sustainability and capacity in specific locales, for instance.

But it is also emphasized that abortion is not a form of family planning. It is a form of emergency health for women. The extreme examples brought forth are the instances of pregnancy from rape. This is an unwilling mother and an unwanted fetus, eventual potential child, and abortion seems ethically appropriate in this circumstance. But, in the end, it is a woman's individual choice about her body and future, full halt.

The dealing with unsafe abortions is taking the current empirics seriously. Without this, taking the positions of such a person becomes difficult, because we have known issues with the health and wellbeing of women, girls, and families in relation to safe and equitable access, or not, it is this framework that is the best in terms of the dealing with both the spillage and the crack in the pipe.

Prevention is the best methodology by which to decrease the number of overall abortion. Thus, our main option is working with family planning and other measures, which spiritual and political organizations should bring to bear on the health and well-being of their participants and constituents, respectively.

It could save lives and improve the outcomes of their respective communities, somewhat overlapping of course. It is noted that "prevention of unwanted pregnancies must always be given the highest priority," which seems correct; even though, the "from here to there" is an uncertainty.

The proper preventions could drastically cut, except in some extreme strawberry picked examples, the number of net abortions every year and, thus, circumvent many of the concerns about an increase in the number of fetuses being destroyed and taken out of wombs over the long-term – pro-choice becomes pro-life in this way, as a statistical rule of thumb.

But the basic tenet of healthcare for women with good information and counselling goes with making free, prior, and informed choices about their own health. This shall be "determined at the national or local level according to the national legislative process," which is highly important and relevant.

Now, interestingly, abortion is against the law of the land in some countries, which is the right of the country. But this does, in fact, harm the health and wellbeing of women and the communities in the country. Nonetheless, abortion should be equitably accessible and safe when legal.

This includes the bulwark support and social services in the cases of complications from the abortion, which still happen but much less in the conditions of legal and safe abortions. All these discussions around abortion are not black and white but about independently valid but conflicting moral values that need to be balanced within the empirical data while also respecting the fundamental human right of women.

One can find similar statements in other documents, conventions, declarations and so on, with the subsequent statements of equality or women's rights:

The Universal Declaration of Human Rights in the Preamble, Article 16, and Article 25(2).

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Council of Europe Convention on preventing and combating violence against women and domestic violence or the Istanbul Convention (2011) Article 38 and Article 39.

Paragraphs 106(l)-(n) of the Beijing Platform for Action. Chapter IV. C. Women and Health

Scott Douglas Jacobsen

October 31, 2018

Why is the focus on the healthy behaviour of girls important as a human rights initiative?

Strategic objective C.1.

Increase women's access throughout life cycle to appropriate, affordable and quality health care, information and related services

Actions to be taken

106. By Governments, in collaboration with non-governmental organizations and employers' and workers' organizations and with the support of international institutions:

l. Give particular attention to the needs of girls, especially the promotion of healthy behaviour, including physical activities; take specific measures for closing the gender gaps in morbidity and mortality where girls are disadvantaged, while achieving internationally approved goals for the reduction of infant and child mortality – specifically, by the year 2000, the reduction of mortality rates of infants and children under five years of age by one third of the 1990 level, or 50 to 70 per 1,000 live births, whichever is less; by the year 2015 an infant mortality rate below 35 per 1,000 live births and an under-five mortality rate below 45 per 1,000;

m. Ensure that girls have continuing access to necessary health and nutrition information and services as they mature, to facilitate a healthful transition from childhood to adulthood;

n. Develop information, programmes and services to assist women to understand and adapt to changes associated with ageing and to address and treat the health needs of older women, paying particular attention to those who are physically or psychologically dependent;

Beijing Declaration (1995)

The health and wellbeing of girls is highly important in the moment for the girls but also for the women that these girls become. Some of these concerns and issues should take a gendered lens in order to fulfil the rights obligations of the international and national community.

For example, if we look at the reduction in infant and child mortality, ignoring for this conversational article the focus on the “year 2000,” the focus is on its reduction, obviously. But, interestingly, this has, likely happened, everywhere except in cases of war or reversals in the appropriate health technologies and information being provided to girls.

The promotion of health behaviour is not just about physical behaviour but about the sexual-psychological phenomena of intimate relations. The information to make informed choices. The technologies to prevent unwanted or unplanned pregnancies.

This links to section (m) with the ensurance of women having the appropriate health and nutrition information. As girls transition into women, physically and psychologically, this can be a basis for a healthier transition rather than a stunted one.

The programs and educational initiatives can be important in this with women understanding the processes and problems that come with time, with wear tear, or aging.

Older women should an area of emphasis too. Whether a younger women learning about it, or an older woman becoming more informed about what she is experiencing or what to expect, it is these circumstances in which the physical and psychological dependence will, still statistically, being a familial and community burden of younger women and increasing decrepitude and disability as an issue of older women.

So it goes.

—
One can find similar statements in other documents, conventions, declarations and so on, with the subsequent statements of equality or women's rights:

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Council of Europe Convention on preventing and combating violence against women and domestic violence or the Istanbul Convention (2011) Article 38 and Article 39.

Paragraphs 106(o)-(q) of the Beijing Platform for Action. Chapter IV. C. Women and Health

Scott Douglas Jacobsen

November 1, 2018

How can disability support and other services help with the human rights implementation of vulnerable populations of women?

Strategic objective C.1.

Increase women's access throughout life cycle to appropriate, affordable and quality health care, information and related services

Actions to be taken

106. By Governments, in collaboration with non-governmental organizations and employers' and workers' organizations and with the support of international institutions:

o. Ensure that girls and women of all ages with any form of disability receive supportive services;

p. Formulate special policies, design programmes and enact the legislation necessary to alleviate and eliminate environmental and occupational health hazards associated with work in the home, in the workplace and elsewhere with attention to pregnant and lactating women;

q. Integrate mental health services into primary health-care systems or other appropriate levels, develop supportive programmes and train primary health workers to recognize and care for girls and women of all ages who have experienced any form of violence especially domestic violence, sexual abuse or other abuse resulting from armed and non-armed conflict;

Beijing Declaration (1995)

Paragraph 106 sections (o), (p), and (q) speak to the specifics of other vulnerable populations around the world. These include those with disabilities. The women who are workers and live with physical disabilities or mental handicaps will require more support and public services.

The solutions to these personal-professional problems are almost never singular and, often, multivariate with the need to take into account the feelings of the individual. It is difficult, as the person may not consent to certain interventions.

It seems well within their rights to reject provisions attempting to be foisted on them. But also, we can see the services running downstream from the "special policies...programmes...[and] legislation." Therefore, we can look to the second section for some guidance on some specific metrics.

These can help with the various health hazards seen on the job, in terms of prevention and precautionary measures. Having worked on construction sites for years, these are important to bear in mind, as any day on a construction site can go from routine to terrible with minor to major injuries on one or more workers including deaths.

This is the issues of some jobs. Women dominate some other ones, where, certainly, physical injury is a serious possibility, e.g., a housecleaner who slips and falls in the tub and then cracks vertebrae. Now, this woman has a host of problems, probably for life.

Now, there should be an additional sensitivity for the more vulnerable populations of women as women, which includes both pregnant and lactating women.

Finally, the integration of mental health services, e.g., counselling, can be important for the maintenance of the overall health and wellbeing of the individual women in the workplace. It can improve the care of the individual worker but also, probably, be preventative in terms of negative mental health consequences on the job.

Indeed, as covered in the SIG human rights call, these issues for women are plural, historical and ongoing; these are serious problems for the health and wellbeing of the individual women in conflict *and* non-conflict zones with rates as high as 1 in 3 women within their lifetime, according to the World Health Organization. Things can change, but only with robust, long-term work – and the institutions that have propped abusers are crumbling and, similarly, with social conventions and norms.

So it goes.

One can find similar statements in other documents, conventions, declarations and so on, with the subsequent statements of equality or women's rights:

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Paragraphs 106(r)-(t) of the Beijing Platform for Action. Chapter IV. C. Women and Health

Scott Douglas Jacobsen

November 1, 2018

How can education on the benefits of breastfeeding and other activities improve the outcome of mothers' children?

Strategic objective C.1.

Increase women's access throughout life cycle to appropriate, affordable and quality health care, information and related services

Actions to be taken

106. By Governments, in collaboration with non-governmental organizations and employers' and workers' organizations and with the support of international institutions:

r. Promote public information on the benefits of breast-feeding; examine ways and means of implementing fully the WHO/UNICEF International Code of Marketing of Breast-milk Substitutes, and enable mothers to breast-feed their infants by providing legal, economic, practical and emotional support;

s. Establish mechanisms to support and involve non-governmental organizations, particularly women's organizations, professional groups and other bodies working to improve the health of girls and women, in government policy-making, programme design, as appropriate, and implementation within the health sector and related sectors at all levels;

t. Support non-governmental organizations working on women's health and help develop networks aimed at improving coordination and collaboration between all sectors that affect health;

Beijing Declaration (1995)

The health and wellbeing of women throughout their entire lives should be a core focus in the international community for several reasons. One of the main ones being that women comprise approximately half of the world's population.

In addition, women bear the burden of gestation, the risks of birth, and the unpaid labour and workload of childcare and homecare. Men simply continue to expect these. We see these in the resentment movements of some young men, not big but, no doubt, a minor concern among the social problems; however, these men seem a small concern and near the lower-middle of the list of concerns.

The benefits for breastfeeding are numerous, especially in the crucial early periods of brain development for a child. It is in these circumstances that we need to gather proper evidence,

package it appropriately and sensitively, and deliver to women in order for them to make informed choices about breastfeeding their child.

Furthermore, we can look at the various health organizations and support services to help with giving sufficient “legal, economic, practical and emotional support” networks for women, even in the cultural domain of having breastfeeding as a normal and healthy process of life in the major legislatures of the world as has happened in some select instances.

All these levels working in coordination are important for the construction of protective mechanisms for the support of women, women’s rights, and provision for women’s health. It is crucial to get this right, as the cultural norms can get stuck and even regress to less than salubrious circumstances.

It requires a massive collaborative educational campaign to ensure the most women as possible as accurate and reliable information about their circumstances, their rights, their options, and therefore, the best possible opportunity to achieve equality of the sexes and have their fundamental human rights implemented.

One can find similar statements in other documents, conventions, declarations and so on, with the subsequent statements of equality or women’s rights:

The Universal Declaration of Human Rights in the Preamble, Article 16, and Article 25(2).

Convention Against Discrimination in Education (1960) in Article 1.

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Paragraphs 106(u)-(v) of the Beijing Platform for Action. Chapter IV. C. Women and Health

Scott Douglas Jacobsen

November 2, 2018

Why is rational drug procurement important for women's health and wellness?

November 2, 2018 by Scott Douglas Jacobsen [Leave a Comment](#)

Strategic objective C.1.

Increase women's access throughout life cycle to appropriate, affordable and quality health care, information and related services

Actions to be taken

106. By Governments, in collaboration with non-governmental organizations and employers' and workers' organizations and with the support of international institutions:

u. Rationalize drug procurement and ensure a reliable, continuous supply of high-quality pharmaceutical, contraceptive and other supplies and equipment, using the WHO Model List of Essential Drugs as a guide, and ensure the safety of drugs and devices through national regulatory drug approval processes;

v. Provide improved access to appropriate treatment and rehabilitation services for women substance abusers and their families;

Beijing Declaration (1995)

The reliable provisions among governments, NGOs, and other organizations are important for the improved health and wellbeing of the women around the world. This, inevitably, yields benefits not only to the women throughout their entire lifecycle but also for the children most will birth and raise, the families that develop as a result, and, thus, the communities and societies too.

As an aside, we should collectively get serious about the need to provide for the needs of women in terms of unpaid labour or work with childcare and homecare. It is a non-trivial aspect of the work life of women. Indeed, one can see this as a situation in which the work appears to never end for women.

A rational program for drug procurement – even a national pharmacare program – would be a good means by which to improve the health and wellness of the lives of women. This can coincide with following the various drug guides and research and safety measures to ensure safe development and delivery of drugs too.

Now, the improved access in treatment for women and rehabilitation is also another aspect of healthcare – one of the minor but non-trivial ones – in which women will be coming for help,

because they may be substance abusers or, more often, will be in a home or household with one or more male substance abusers, which impacts the larger family unit and the health of the community.

It is a situation in which to best manage their problems with the support of the social service programs on offer around the nation in which they happen to live.

—

One can find similar statements in other documents, conventions, declarations and so on, with the subsequent statements of equality or women's rights:

The Universal Declaration of Human Rights in the Preamble, Article 16, and Article 25(2).

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The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa or the "Maputo Protocol" (2003).

Council of Europe Convention on preventing and combating violence against women and domestic violence or the Istanbul Convention (2011) Article 38 and Article 39.

Beijing Platform for Action. Chapter IV. C. Women and Health – Paragraphs 106(w)-(y)

Scott Douglas Jacobsen

November 2, 2018

How is food insecurity a factor in the lack of respect for and provision of women's fundamental human rights?

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Strategic objective C.1.

Increase women's access throughout life cycle to appropriate, affordable and quality health care, information and related services

Actions to be taken

106. By Governments, in collaboration with non-governmental organizations and employers' and workers' organizations and with the support of international institutions:

w. Promote and ensure household and national food security, as appropriate, and implement programmes aimed at improving the nutritional status of all girls and women by implementing the commitments made in the Plan of Action on Nutrition of the International Conference on Nutrition,¹⁷ including a reduction world wide of severe and moderate malnutrition among children under the age of five by one half of 1990 levels by the year 2000, giving special attention to the gender gap in nutrition, and a reduction in iron deficiency anaemia in girls and women by one third of the 1990 levels by the year 2000;

x. Ensure the availability of and universal access to safe drinking water and sanitation and put in place effective public distribution systems as soon as possible;

y. Ensure full and equal access to health-care infrastructure and services for indigenous women.

Beijing Declaration (1995)

Food insecurity can make people desperate and commit acts of desperation. The need for robust creation of food, which is done, needs to coincide with robust transport around the world, which is not done or, at least, efficiently.

It strikes at the heart – always found this an interesting phrase – of the problems for girls and women. It hits at the stomach – a bit more apt – of the proper development of girls and women. In that, without good food, nutritional intake, girls will not develop as fully as they could otherwise.

It is in this sense that the potential for severe to moderate malnutrition is a serious concern when looking at the health status of girls and women compared to the rest of the population. A malnourished cannot perform as fully in school and becomes a woman unable to fulfill her true potential.

This gender gap in nutrition can, and should be closed., also with regards to the universalization of the access to safe drinking water and proper sanitation. These are not huge requests, as the technology exists and, likely, the distribution networks exist and, hence, simply need some social activism and political will to advance these efforts.

These provisions should be part of the mainstay of the “public distribution systems” as this would improve the health and wellness of the vast majority of the population, and lower the burdens on other infrastructure in the medium and the long term.

Following this, we can see the respect for the full and equal access to the relevant healthcare systems for women of Indigenous origin, of 3-3.5% of the global population; thus, non-trivial and important to be born in mind.

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One can find similar statements in other documents, conventions, declarations and so on, with the subsequent statements of equality or women’s rights:

The Universal Declaration of Human Rights in the Preamble, Article 16, and Article 25(2).

Convention Against Discrimination in Education (1960) in Article 1.

The International Covenant on Economic, Social and Cultural Rights (1966) in Article 3, Article 7, and Article 13.

International Covenant on Civil and Political Rights (1966).

Convention on the Elimination of all Forms of Discrimination Against Women (1979).

Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1984).

The Declaration on the Elimination of Discrimination Against Women (1993).

Beijing Declaration(1995).

United Nations Security Council Resolution 1325 (2000).

Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children (2000).

The Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa or the “Maputo Protocol” (2003).

Council of Europe Convention on preventing and combating violence against women and domestic violence or the Istanbul Convention (2011) Article 38 and Article 39.

Beijing Platform for Action. Chapter IV. C. Women and Health – Paragraphs 107(a)

Scott Douglas Jacobsen

November 3, 2018

Why are the formal and informal educational programmes important for the empowerment of women, for women's rights?

Strategic objective C.2.

Strengthen preventive programmes that promote women's health

Actions to be taken

107. By Governments, in cooperation with non-governmental organizations, the mass media, the private sector and relevant international organizations, including United Nations bodies, as appropriate:

a. Give priority to both formal and informal educational programmes that support and enable women to develop self-esteem, acquire knowledge, make decisions on and take responsibility for their own health, achieve mutual respect in matters concerning sexuality and fertility and educate men regarding the importance of women's health and well-being, placing special focus on programmes for both men and women that emphasize the elimination of harmful attitudes and practices, including female genital mutilation, son preference (which results in female infanticide and prenatal sex selection), early marriage, including child marriage, violence against women, sexual exploitation, sexual abuse, which at times is conducive to infection with HIV/AIDS and other sexually transmitted diseases, drug abuse, discrimination against girls and women in food allocation and other harmful attitudes and practices related to the life, health and well-being of women, and recognizing that some of these practices can be violations of human rights and ethical medical principles;

Beijing Declaration (1995)

The health and wellbeing of girls and women, especially in a knowledge-based economy, are intimately linked to twinned-up with the quality and ubiquity of the educational provisions available to them. This particular section of paragraph 107 deals with the means by which women and girls can be advanced and also self-empower (few will do the studying for them).

The ability to earn an education, for many families around the world, is a great honour and boost to the sense of self, self-confidence, and moves someone, typically, further towards self-actualization. The chance to get some education, especially regarding her own health, is one of the most consequential moves for women, too.

It becomes the basis for making independent or autonomous choices in regards to reproduction. The decisions to have children or not, when, how many, and under what circumstances become one of the most consequential in a woman's life.

It is a fundamental right to be in control over one's own body, as most men are, and also in who one is intimate with or not. But we can continually see this violated with the cases of female genital mutilation, in the tens of millions, and the preference of son consequences with female infanticide and then the sex selection for boys over girls.

This happens in both religious and secular circumstances, by the way; thus, the phenomenon crosses two of the biggest divides known in the world. The consequences of child marriage are devastating as well, cutting off the life prospects of a girl right at the root, truncating her.

Furthermore, there has been the ongoing Social Interest Group Human Rights calls focusing on violence against women in general with an emphasis for the past two or more months on physical violence against women.

It is, in this, where we find them – women – having continuing problems of vulnerability in a number of domains, especially tragic showing in the cases of “sexual exploitation, sexual abuse,” and other forms of sexual violence against women.

Here we find the starkly disproportionately negative treatment of women around the world, it requires an extensive public relations system to ignore, downplay, or divert attention from these facts.

Then, not only in education but in food allocation, women will, often, be given less than the men. It can even come in the subtle and harmful attitudes followed by practices with women impacted more negatively than men in health, well-being, and, thus, life outcomes.

It is important to recognize and acknowledge women's rights as fundamentally human rights and then move towards the implementation and actualization of those rights linked to some of the basic medical ethical precepts – such as “do no harm” – in order to provide the upcoming and adult populations of women the best chance at success in life to create the more equal world desired by much of the international consensus without waffling or holding women back in any way.

One can find similar statements in other documents, conventions, declarations and so on, with the subsequent statements of equality or women's rights:

The Universal Declaration of Human Rights in the Preamble, Article 16, and Article 25(2).

Convention Against Discrimination in Education (1960) in Article 1.

The International Covenant on Economic, Social and Cultural Rights (1966) in Article 3, Article 7, and Article 13.

International Covenant on Civil and Political Rights (1966).

Convention on the Elimination of all Forms of Discrimination Against Women (1979).

Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1984).

The Declaration on the Elimination of Discrimination Against Women (1993).

Beijing Declaration(1995).

United Nations Security Council Resolution 1325 (2000).

Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children (2000).

The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa or the "Maputo Protocol" (2003).

Council of Europe Convention on preventing and combating violence against women and domestic violence or the Istanbul Convention (2011) Article 38 and Article 39.

Paragraph 107(b)-(d) of the Beijing Platform for Action. Chapter IV. C. Women and Health

Scott Douglas Jacobsen

November 3, 2018

How is the social development of a nation-state intimately twinned with the equality of women with men?

Strategic objective C.2.

Strengthen preventive programmes that promote women's health

Actions to be taken

107. By Governments, in cooperation with non-governmental organizations, the mass media, the private sector and relevant international organizations, including United Nations bodies, as appropriate:

b. Pursue social, human development, education and employment policies to eliminate poverty among women in order to reduce their susceptibility to ill health and to improve their health;

c. Encourage men to share equally in child care and household work and to provide their share of financial support for their families, even if they do not live with them;

d. Reinforce laws, reform institutions and promote norms and practices that eliminate discrimination against women and encourage both women and men to take responsibility for their sexual and reproductive behaviour; ensure full respect for the integrity of the person, take action to ensure the conditions necessary for women to exercise their reproductive rights and eliminate coercive laws and practices;

Beijing Declaration (1995)

The development of policies for improved social and human development, and education access and employment opportunities can be a powerful move towards reducing the level of poverty among women, especially, for instance, among young women, rural women, mothers, and single mothers.

The improved financial or economic status can also enhance the possibility for decent healthcare or a reduction in poor health with, perhaps, less financial stresses and strains in life. This is good for the woman's health.

It can also be good, if a mother, good for the children's and family's health with better health and wellness of the mother. Now, there is an ongoing move to get further support in the home and with the kids from the men. This comes with a lament about the lack of support, which is true in general; however, there remain positives.

For example, does this problem remain the same or as bad as before? In other words, have men retained the entitlement of not providing support in-home care and with childcare or not? By several indices, in objective terms, it is bad, still, but, in trendline terms, it is improving and, thus, good.

The laws, the institutions, the cultural norms, and the social mores that promote discrimination against women are functioning in one and could, with some effort, be utilized for the opposite through the encouragement of women to actualize and exercise their fundamental human rights as well as promote responsible sexual activity on the part of men and women with consent, contraception knowledge, and so on.

The reduction in discrimination against women can be a powerful catalyst for the exercising of fundamental human rights. Indeed, if we look at the nuanced view of an important upcoming moral voice, Rebecca Traister, the anger of women can be, and certainly has been, a powerful catalytic force for the social movements in, at least, American history.

This could be extended to other parts of the world. When we look into the forms of reproductive rights and coercive laws and practices around sex enforced on women much less than the men, we can see the development of a problem or set of issues.

One in which the men have more tacit social ‘rights’ over women’s bodies than women can have over their own bodies. But this isn’t the focus for women’s rights; it is about the ability of women to know about and exercise their fundamental rights, and for those autonomous choices about their bodies to be respected.

If we look at the more advanced industrial economies, we can note the ways in which women and men differ in some distinct ways in life choices, but we can also see the boon to, for one example, the base level of the productive economy.

With more hands and minds in the economic system, the GDP of the nation rises. It creates a more productive society, as a basic rule of thumb, when women enter into the paid economy.

Furthermore, this raises some other fundamental questions about the nature of paid work. Should women be paid for the currently unpaid work or simply accept their lot as unpaid maid and babysitter?

Many women may think and say, “How about, ‘No’?” That seems more than reasonable. If anyone has babysat for an extended time or educated the young, or worked in home care on a continual basis, they can attest to the extensive level of work and, certainly, the work is difficult enough to qualify for some subsidies or pay, especially as this is the care and raising of the next generation of taxpayers.

One can find similar statements in other documents, conventions, declarations and so on, with the subsequent statements of equality or women’s rights:

The Universal Declaration of Human Rights in the Preamble, Article 16, and Article 25(2).

Convention Against Discrimination in Education (1960) in Article 1.

The International Covenant on Economic, Social and Cultural Rights (1966) in Article 3, Article 7, and Article 13.

International Covenant on Civil and Political Rights (1966).

Convention on the Elimination of all Forms of Discrimination Against Women (1979).

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The Declaration on the Elimination of Discrimination Against Women (1993).

Beijing Declaration (1995).

United Nations Security Council Resolution 1325 (2000).

Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children (2000).

The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa or the "Maputo Protocol" (2003).

Council of Europe Convention on preventing and combating violence against women and domestic violence or the Istanbul Convention (2011) Article 38 and Article 39.

Paragraph 107(e)-(f) of the Beijing Platform for Action. Chapter IV. C. Women and Health

Scott Douglas Jacobsen

November 4, 2018

How can good information disseminate responsibly and pervasively improve women's health outcomes?

Strategic objective C.2.

Strengthen preventive programmes that promote women's health

Actions to be taken

107. By Governments, in cooperation with non-governmental organizations, the mass media, the private sector and relevant international organizations, including United Nations bodies, as appropriate:

e. Prepare and disseminate accessible information, through public health campaigns, the media, reliable counselling and the education system, designed to ensure that women and men, particularly young people, can acquire knowledge about their health, especially information on sexuality and reproduction, taking into account the rights of the child to access to information, privacy, confidentiality, respect and informed consent, as well as the responsibilities, rights and duties of parents and legal guardians to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognized in the Convention on the Rights of the Child, and in conformity with the Convention on the Elimination of All Forms of Discrimination against Women; ensure that in all actions concerning children, the best interests of the child are a primary consideration;

f. Create and support programmes in the educational system, in the workplace and in the community to make opportunities to participate in sport, physical activity and recreation available to girls and women of all ages on the same basis as they are made available to men and boys;

Beijing Declaration (1995)

The central points of these sections of paragraph 107 are the proper preparation and delivery of the information on health. These come in the standard channels of education, probably K-12 or its equivalent, and the popular press or the media.

In the cases of more specific ones, there is the need to have public health campaigns. For instance, with the nations having the devoted resources, the vaccinations require extra combat against aspects of the religious right and the liberal left who do not give their children vaccinations or take vaccinations themselves.

These individuals, in particular, become public health hazards. There is a sense in which the fundamental basis for the education of the public comes with the willingness of most of the public to trust in its institutions and professionals.

Typically, this works. But with vaccinations and some other medical information, it, certainly, can be a difficulty. There should be quality education, good counselling, robust public information campaigns, and socio-cultural denouncement of the misinformation and disinformation campaigns happening around the world with real impacts on the health and wellness of women.

I do not simply mean some fundamentalist religious leaders claiming women driving causes orgasms and, thus, the orgasms causing earthquakes, so women shouldn't drive. I mean the ones around the idea of abortion being the cause of breast cancer. This, at the present time, is a deliberate, malicious lie with harmful impacts on the health and wellbeing of women.

As noted by the American Cancer Society:

The results of studies looking at the possible link between breast cancer and induced abortion often differ depending on how the study was done. Cohort studies and studies that used records to determine the history of abortions have not found an increased risk. Some case-control studies, however, have found an increase in risk.

These lies cause problems. Even in purported soothsayers and truth-tellers, the falsehoods abound and create problems in the overall wellbeing of women, especially in regards to making free, prior, and informed decisions about their healthcare and make those choices relevant to health, including reproductive health.

Now, the nuance comes in the form of access about sexuality and reproduction linked to the rights of the child. It is important for privacy and confidentiality with respect for consent to be basic premises in the provision of health.

It comes with the rights of being a parent, the responsibilities. Some may complain about individuals arguing for their rights because this ignores responsibilities. Unfortunately, this, either wittingly or not, ignored the premise of rights as, many times, having concomitant responsibilities and, therefore, rights derive responsibilities but not vice versa.

As most children move through the normal stages of development, the responsibilities of parents and the rights of children shift until adulthood for the child of the parent. But the main or "primary" interest is the rights of the child.

The educational system should work in tandem with the general community and the parents through the inclusion of the higher quality information about sexuality and reproduction for the sake of the children.

Also, and on different notes of accessibility, the education system should provide the opportunity for the child to participate in a wide range of physical activities and endeavours. As for boys, then for girls, as for men, then for women, this is the point of freedom and individual rights (and responsibilities), which forms the basis for a freer and more just society.

One can find similar statements in other documents, conventions, declarations and so on, with the subsequent statements of equality or women's rights:

The Universal Declaration of Human Rights in the Preamble, Article 16, and Article 25(2).

Convention Against Discrimination in Education (1960) in Article 1.

The International Covenant on Economic, Social and Cultural Rights (1966) in Article 3, Article 7, and Article 13.

International Covenant on Civil and Political Rights (1966).

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Council of Europe Convention on preventing and combating violence against women and domestic violence or the Istanbul Convention (2011) Article 38 and Article 39.

Beijing Platform for Action. Chapter IV. C. Women and Health – Paragraph 107(g)-(i)

Scott Douglas Jacobsen

November 4, 2018

How can a focus on the educational information and health data taught to youth empower them as they become adults?

Strategic objective C.2.

Strengthen preventive programmes that promote women's health

Actions to be taken

107. By Governments, in cooperation with non-governmental organizations, the mass media, the private sector and relevant international organizations, including United Nations bodies, as appropriate:

g. Recognize the specific needs of adolescents and implement specific appropriate programmes, such as education and information on sexual and reproductive health issues and on sexually transmitted diseases, including HIV/AIDS, taking into account the rights of the child and the responsibilities, rights and duties of parents as stated in paragraph 107 (e) above;

h. Develop policies that reduce the disproportionate and increasing burden on women who have multiple roles within the family and the community by providing them with adequate support and programmes from health and social services;

i. Adopt regulations to ensure that the working conditions, including remuneration and promotion of women at all levels of the health system, are non-discriminatory and meet fair and professional standards to enable them to work effectively;

Beijing Declaration (1995)

The recognition of the needs of the young, or the acknowledgement of unique requirements in their development, is important in the respect of the rights of the child. The education system should set forth in order to empower them.

The power to be informed with empirically grounded and rational truths about the world and then make informed choices about their own lives. This is freedom. This is also the responsibility of the older generations, the government, and the family in the proper education of the nation's young.

This is particularly consequential and acutely important on the issues of sexuality and reproduction. The burden on the child's life and on the healthcare system with bad sex education leading to the transmission of STIs and STDs is non-trivial.

The policies and political conversation should work within this framework. Bad information leading to misinformed young people and, hence, negative consequences to the individuals and the society; good information leading to information youth and, thus, positive consequences to the individuals and the society.

But it should also be born in mind: women work within a more difficult situation post-birth and family formation, as they work, still, in the home, with the care of the children, and bear this burden while continuing to increasingly dominate the education and work world.

It is not a glass ceiling for men or women at the bottom, but a glass ceiling for women at the top and a motivational ceiling – self-imposed for a variety of reasons – of men from the bottom to the top.

The work to expand health policies and include more people within the sphere of consideration of health should emerge in both the health and social services. While, at the same time, the inclusion of regulations out in the professional world can improve the conditions for women, the outcomes for women.

One of the most specific points is about women working within the healthcare system. The focus is on the provisions of “remuneration and promotion” of women in order for them to thrive in the workplace and the world.

More finances, more prestige and status, women can begin to attain some of the vaunted benefits held by most men at present, though women continue to enter into and will most likely dominate middle management as they do with the part-time, low-status, and menial jobs with low death risks.

The boundaries and borders, or regulations, set for the women in the professional realm can help be done through the adoption of strict professional standards for women to be able to work in an effective way: to complete their work in a timely manner with a high-quality output.

One can find similar statements in other documents, conventions, declarations and so on, with the subsequent statements of equality or women’s rights:

The Universal Declaration of Human Rights in the Preamble, Article 16, and Article 25(2).

Convention Against Discrimination in Education (1960) in Article 1.

The International Covenant on Economic, Social and Cultural Rights (1966) in Article 3, Article 7, and Article 13.

International Covenant on Civil and Political Rights (1966).

Convention on the Elimination of all Forms of Discrimination Against Women (1979).

Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1984).

The Declaration on the Elimination of Discrimination Against Women (1993).

Beijing Declaration (1995).

United Nations Security Council Resolution 1325 (2000).

Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children (2000).

The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa or the "Maputo Protocol" (2003).

Council of Europe Convention on preventing and combating violence against women and domestic violence or the Istanbul Convention (2011) Article 38 and Article 39.

Ask Sara 1—Building Early An Career & Portfolio

Scott Douglas Jacobsen

November 5, 2018

How can an early writer work to build more of a professional profile in their early life?

Sara Al Iraqiya is a USA-based 2nd generation Iraqi-American social scientist, writer, producer, and activist. Raised under Sunni Islam and a survivor of attempted radicalization in American mosques and centers — she has both lived experience as well as academic experience with Islam. Sara aims to educate her fellow lovers of Western civilization on the horrors, inequalities, and injustices that occur in geographically Western mosques and Islamic centers.

Sara has been published in two languages (and counting). A world traveller, she briefly lived in France, Jordan, and even Cuba in order to complete her Masters of Arts in Global Affairs specializing in Global Culture and Society. Sara Al Iraqiya's has been published in Conatus News and Spain's ALDE Group. She has also been featured on CRTV and Compound Media.

This session started on the prominent media outlets and publications. Al Iraqiya has experience with writing pitches and developing a voice in the large online environment seen now.

Al Iraqiya's opening advice, "Write up a 'pitch,' watermark it accordingly, and send out your pitches to whoever will read them. Be a loud mouth — talk to people. In the past, perhaps the advice was 'slow and steady wins the race.' Today, that is outdated advice. The faster you can move up, the faster you should move up. Accept any and all internships in relation to writing or whatever your media or journalistic endeavour may be."

Al Iraqiya sees the potential in internships for young people. The possibility to acquire valuable early career experience, beneficial to later career development and advancement. However, she notes the unpaid nature of many of them, which, of course, remains one of the common complaints about them.

However, she continued with a nuanced shift in perspective on school and paid work, and unpaid internships and paid work. The work and school combination reflects the admixture of an unpaid internship and paid work at a less-than-pleasurable job. She remarked some manner of greater-reward-than-loss with the sacrifices.

The next stage of this sessions was on the working environment of the larger publications or outlets. That is, the modern work environment is somewhat the same and somewhat different to the work environments of prior generations. Nonetheless, teamwork, cooperation, coordination, and so on, become necessary for a harmonious work environment.

"The role of the internet in the way we communicate, in my experience, is a wonderful thing. One can work remotely for example with a large, global cooperative but can easily connect via social media platforms. I did this with Conatus News," Al Iraqiya stated, "And, of course, because it is a global team you will hear from many, as you say asynchronous voices as bias is always present and it is largely shaped by our environment."

She continued to note the continual publication of different materials in different ways over time. There will be a need, in the new electronic work environment, to be comfortable with working in

different time zones. Also, the virtue of patience has become ever-more important in the current media landscape.

Thus, Al Iraqiya recommended, as emphasis, the need for internships once more. It is also relevant to keep apace and in-contact with fellow writers.

Al Iraqiya concluded, “Why? Because it is fun and everyone wins. You may disagree with your peers, agree with them, though you disagreed with them but they opened your eyes to new possibilities, and perhaps you return that favour. It is all highly rewarding.”

The Good of Writing and the Bad of Writing, Sara Al Iraqiya

Scott Douglas Jacobsen

November 5, 2018

What is the difference between the quality and substandard written word?

Sara Al Iraqiya is a USA-based 2nd generation Iraqi-American social scientist, writer, and activist. Raised under Sunni Islam and a survivor of attempted radicalization in American mosques and centers — she has both lived experience as well as academic experience with Islam. By age 20, after gaining the freedom to live autonomously and exercising her right to protect herself, she left Islam altogether.

Sara aims to educate her fellow Americans and lovers of Western civilization on the horrors, inequalities, and injustices that occur in Western-based mosques and Islamic centers. Sara has been published in two languages (and counting). A world traveller, she briefly lived in France, Jordan, and even Cuba in order to complete her Masters of Arts in Global Affairs specializing in Global Culture and Society. Sara Al Iraqiya has been published in Conatus News and Spain's ALDE Group.

Some time ago, Al Iraqiya and I talked about the general topic important to the two of us. That is, the subject matter of the written word. In particular, her early life becoming interested in writing and developing as a writer.

Al Iraqiya said, “As soon as I could take a pen to paper. I recall a project in elementary school where we learned about the concept of the biography versus the autobiography. We were asked to write a ‘tentative autobiography’ up to retirement age. I left the graded assignment which was bound like a small booklet in my family home. My dad read it.”

Since that time, she was encouraged to write and share the productions with others. Her father's sister, her aunt, is a writer who Al Iraqiya shares a bond with. It becomes a bond between the two of them with both human rights and the writing. She notes the shared quirks of the writer, which is, as she states, a cliché.

When I asked about the demarcation between a good and a bad writer, and even a greater writer, Al Iraqiya shifted the formulation of the response into the idea of no true good or bad writer in existence.

“Perhaps a bad writer is one who commits plagiarism — I really have zero tolerance for that. Also, I understand that many folks use ghostwriters, but that concept has just gone over my head. A great writer takes his or her time. They feel emotionally and perhaps in a sense spiritually moved by words,” Al Iraqiya stated, “A great writer is either extremely afraid or extremely unafraid of his or her feelings. The point is to not be afraid to record those sentiments and share them with the world. These are simply my own personal observations.”

There were some new events, at the time, in the life of Al Iraqiya. Now, she works in television, even while not owning a television. She tries to remain connected to the global liberty

movements. Those peoples proposing means by which to increase general freedom for the intellectual benefit of all.

Al Iraqiya exclaimed, “I moved to New York City — the Big Apple! I absolutely love it because I can be fucking weird and it’s normal here, you know? The city is full of candour. Washington, D.C. was a bit uppity but again I will be corny and say going back to D.C. is very sentimental for me and I enjoy my frequent visits back to my nation’s capital. It is a place I called home for 20+ years.”

Also, she loved Mount Vernon in D.C. while also enjoying getting away from the pervasive noise of NYC. I asked about the article most prominent in her memory, in terms of having pride in writing. Without skipping a beat, she said “Muslim-American Femicide and the Intersectional Feminist Enablers” for *Conatus News*.

“Because it pissed people off. But many of those same people actually took a step back, questioned their own beliefs, and thought critically about why their visceral reaction was adverse. Thought provoking — I think every writer wants to be thought-provoking. Also, it lit a fire under the asses of feminists who did not realize their own bigotry, hypocrisy, and yes — misogyny. I wrote that article for my missing friend.”

This “missing friend” extended into writing the article for young women who died for “authenticity” and who “suffer in silence.” She did receive some feedback for the article, and enjoys the civil discourse, critique, or compliment of her writing.

I noted a ubiquitous fact of history. Men being the “source of a lot of inspiring work and a lot of horrifying catastrophes.” I asked about the encouragement of a healthier sense of masculinity in men.

Al Iraqiya reflected and said, “It was the men in my life who inspired me to be the woman I am today. Male family members, male friends, and male mentors. What they all had in common, when I was sort of an isolated walking stereotype of a writer, was ‘Sara you need to get out there!’ They really pumped me up! I cannot thank the wonderful men in my life enough.”

The one common trait for the good men in life, to her, is having a solid work ethic. For the boys transforming, hopefully, into mature men, she stated the importance of recognizing the healthy sense of masculinity that makes the most sense to you (the man).

“Some men embrace what many call a ‘feminine’ side. Why are we calling it that? Some examples of men who have been described as ‘feminine’ would be artists who incorporate striking and flamboyant physical appearances such as David Bowie, Prince, and Freddie Mercury but I say this is still masculinity. Because it is a male doing it. Merely existing is masculinity,”

She sees the David, Prince, and Freddie as “go-getters and trailblazers” for their time in the history of the culture. They are remembered for it. Thus, masculinity, Al Iraqiya argues, is not simply about being the tough and gruff, rough and tumble dude. A real man, in this sense, permits flexibility in presentation but always shows “vision, determination, and innovation.”

“Too often I’ve seen men from certain cultural or religious enclaves where there is a pressure to — and I’ll be frank — there is a pressure in those communities to treat women like garbage in order to be considered a so-called ‘real man.’ This is detrimental to something very important for a man’s growth — his relationships with women,” Al Iraqiya concluded, “You have to take a step back from any toxic communities and practice intellectual autonomy. It is the most precious

thing we as free human beings have. I think the healthiest thing a man can do is think for himself. Stay away from counterproductive modes of thought. Just act natural.”

Beijing Platform for Action. Chapter IV. C. Women and Health – Paragraph 107(j)-(l)

Scott Douglas Jacobsen

November 6, 2018

How can quality health and nutritional information help with the rights of girls and women?

Strategic objective C.2.

Strengthen preventive programmes that promote women's health

Actions to be taken

107. By Governments, in cooperation with non-governmental organizations, the mass media, the private sector and relevant international organizations, including United Nations bodies, as appropriate:

j. Ensure that health and nutritional information and training form an integral part of all adult literacy programmes and school curricula from the primary level;

k. Develop and undertake media campaigns and information and educational programmes that inform women and girls of the health and related risks of substance abuse and addiction and pursue strategies and programmes that discourage substance abuse and addiction and promote rehabilitation and recovery;

l. Devise and implement comprehensive and coherent programmes for the prevention, diagnosis and treatment of osteoporosis, a condition that predominantly affects women;

Beijing Declaration (1995)

Looking at the means by which an individual child can have sufficient nutritional and caloric intake to learn properly, the early stipulations in this particular section retain a peculiar resonance with me, as the children without proper nutrition may live with certain forms of a cognitive deficit for the rest of their lives.

That is, the kids with good food can benefit more from the education available to them than others. This is one of the cheapest and most consequential means by which to empower children who become adults, citizens, and taxpayers in nations throughout the world.

This is an important notion built into the mention of the “adult literacy programmes and school curricula.” Consider the girls, or the boys, without adequate nutrition all over the world, for cheap, they could have a much healthier and longer life than otherwise if they have or are provided with the appropriate early life nutrition.

It takes proper knowledge on the part of the community around them as well, as the individuals within the community cannot be expected to have perfect or comprehensive knowledge of good nutrition within every specific locale around the world.

These health campaigns in early life nutrition should be connected to the education on the potential risks in substance abuse and addiction, which, as a Canadian hits home because it, can be seen in the opioid crisis striking many of the city centres now.

Thousands dead among the young population of this country and many other nations around the world. These education programs, in personal opinion, should not lie to the young while not working to scare the young.

There should be proper information with a harm reduction methodology in order to work to reduce the number of the addicted, then thrown to the side by society, and the dead and those living on the streets.

This isn't cold but simply the factual nature of substance misuses. Proper education without simplistic messages of "Just say no!" should be discouraged while comprehensive educational programs and health provisions should be put in place for the health and wellness of the young.

Same with the late-in-life programs set forth in the osteoporosis educational paradigm. There is a particular importance in the older cohorts of women to be informed, aware, of the higher possibility of osteoporosis for them compared to men.

This has been true for a long time and needs serious consideration, as fractures and breakages of bone for the elderly are significant problems in advanced age and could cause a series of other consequences to late-life health connected to the (potential) need for surgery and additional care for the woman.

All connected to one another. The basic premise in this section is the focus on the proper education of the young and provision for them in terms of the appropriate nutrition in their diet.

The other is the focus on the, mostly, adolescent and middle-aged issue of drug misuse, overdoses, deaths connected to drugs, and so on, which, in the more modern period, pertains more to the need of a harm reduction focus to prevent some of the serious consequences of ill-health impacting the much of the world now.

It has been called out both by the UN, the WHO, major international figures, and major cities' health authorities within my own country. In addition, there is also the emphasis on the specific health concerns of the elderly women in terms of the risks for osteoporosis, which is non-trivial – akin to a focus, but not equal to an emphasis on, men and heart disease.

All important and part of the general educational process towards a more enlightened global populace about health and wellness.

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One can find similar statements in other documents, conventions, declarations and so on, with the subsequent statements of equality or women's rights:

The Universal Declaration of Human Rights in the Preamble, Article 16, and Article 25(2).

Convention Against Discrimination in Education (1960) in Article 1.

The International Covenant on Economic, Social and Cultural Rights (1966) in Article 3, Article 7, and Article 13.

International Covenant on Civil and Political Rights (1966).

Convention on the Elimination of all Forms of Discrimination Against Women (1979).

Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1984).

The Declaration on the Elimination of Discrimination Against Women (1993).

Beijing Declaration(1995).

United Nations Security Council Resolution 1325 (2000).

Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children (2000).

The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa or the "Maputo Protocol" (2003).

Council of Europe Convention on preventing and combating violence against women and domestic violence or the Istanbul Convention (2011) Article 38 and Article 39.

Paragraph 107(m)-(n) of the Beijing Platform for Action. Chapter IV. C. Women and Health

Scott Douglas Jacobsen

November 6, 2018

How can robust educations help with women's rights, and health and wellness?

Strategic objective C.2.

Strengthen preventive programmes that promote women's health

Actions to be taken

107. By Governments, in cooperation with non-governmental organizations, the mass media, the private sector and relevant international organizations, including United Nations bodies, as appropriate:

m. Establish and/or strengthen programmes and services, including media campaigns, that address the prevention, early detection and treatment of breast, cervical and other cancers of the reproductive system;

n. Reduce environmental hazards that pose a growing threat to health, especially in poor regions and communities; apply a precautionary approach, as agreed to in the Rio Declaration on Environment and Development, adopted by the United Nations Conference on Environment and Development,¹⁸ and include reporting on women's health risks related to the environment in monitoring the implementation of Agenda 21;¹⁹

Beijing Declaration (1995)

The emphasis is the global authorities for this section of the 107th paragraph. The establishing of programmes and services to move the dial towards the promotion of women's health a lot.

Many nations around the world lack the proper provisions for the health and wellness of women. It is crucial for the health and wellbeing and, thus, the rights of women for programs and initiatives to be created with their health in mind.

Another methodology aside from the construction of entirely new programs is the bolstering of ones already in place. For example, if there is the legality of safe and equitable access to abortion for women, then the support of the abortion clinics can help with the implementation of women's rights.

The other health system checks can be put in place for the help with the actualization of women's rights through improved screening for some of the deadliest health issues out there, which are those connected to cancers including the ones of the reproductive system.

The other portions of this section of paragraph 107 link to the environmental hazards, which, of course, will connect more intimately to the developing rather than the developed countries around the world.

The impact of poverty cannot be understated as poor circumstances and a toxic environment can set girls and women on life paths and much poorer health and, in fact, could impact the ability to partake of education and work because of the consequences of the poor health.

This can produce a problem of more girls and women in penurious circumstances, where they already comprise the majority in these circumstances. For those with an interest in more of these details on solutions and international documents, I would highly recommend the above-mentioned documents.

The health risks to women can impact their trajectories in life. But the poor and the developing countries are the ones with the populations most probable to be impacted by the issues of environmental degradation and lack of proper health standards in living environments.

This is an international issue.

One can find similar statements in other documents, conventions, declarations and so on, with the subsequent statements of equality or women's rights:

The Universal Declaration of Human Rights in the Preamble, Article 16, and Article 25(2).

Convention Against Discrimination in Education (1960) in Article 1.

The International Covenant on Economic, Social and Cultural Rights (1966) in Article 3, Article 7, and Article 13.

International Covenant on Civil and Political Rights (1966).

Convention on the Elimination of all Forms of Discrimination Against Women (1979).

Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1984).

The Declaration on the Elimination of Discrimination Against Women (1993).

Beijing Declaration (1995).

United Nations Security Council Resolution 1325 (2000).

Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children (2000).

The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa or the "Maputo Protocol" (2003).

Council of Europe Convention on preventing and combating violence against women and domestic violence or the Istanbul Convention (2011) Article 38 and Article 39.

Paragraph 107(o)-(q) of the Beijing Platform for Action. Chapter IV. C. Women and Health

Scott Douglas Jacobsen

November 7, 2018

How can awareness in women create the basis for taking gendered perspectives on healthcare serious and improve human rights implementations?

Strategic objective C.2.

Strengthen preventive programmes that promote women's health

Actions to be taken

107. By Governments, in cooperation with non-governmental organizations, the mass media, the private sector and relevant international organizations, including United Nations bodies, as appropriate:

o. Create awareness among women, health professionals, policy makers and the general public about the serious but preventable health hazards stemming from tobacco consumption and the need for regulatory and education measures to reduce smoking as important health promotion and disease prevention activities;

p. Ensure that medical school curricula and other health-care training include gender-sensitive, comprehensive and mandatory courses on women's health;

q. Adopt specific preventive measures to protect women, youth and children from any abuse – sexual abuse, exploitation, trafficking and violence, for example – including the formulation and enforcement of laws, and provide legal protection and medical and other assistance.

Beijing Declaration (1995)

Here we are, once again, on this long journey, dear reader: with some examination into the needed solutions on the question of women, one of the first lines of defense against regression and, in fact, offense in the long battle for the implementation of women's rights is the knowledge of girls and women about their fundamental human rights as women.

Indeed, we can see direct attempts to keep women uninformed about a) their rights and b) their recourse to the violation of their fundamental human rights. It is an issue to deal with the basic problem of the health and wellbeing of some women.

The awareness can come from a variety of places. Not limited to the general populace themselves but also coming the legitimate health authorities, the drawing of a line between what is proper health information within the best medical science to date and what is simply junk medical 'science.'

One of easiest means by which women can be empowered is through the knowledge of preventable health hazards, as listed. But there should be a robust educational system and public health campaigns to combat this public health hazard.

There is also the need for the medical and health professionals, starting from the training institutes and postsecondary education curricula, to have a gender sensitivity to the problems of the women.

The gendered lens is important as women's health needs are different, especially as regards reproductive health rights implementation.

Then, as per the SIG Human Rights call we need to focus on the protection of women and the young from forms of abuse including "sexual abuse, exploitation, trafficking and violence" because these are incredibly degrading and traumatizing acts against other human beings.

Our fundamental human rights come with respect and dignity inherent to being human beings are part of the basic documents in international human rights documents

The prevention of these crimes and punishment of them when happening, and then the treatment of those who have gone through them amount to a comprehensive package for the respect of the human rights of women and others more often subject to these violations.

One can find similar statements in other documents, conventions, declarations and so on, with the subsequent statements of equality or women's rights:

The Universal Declaration of Human Rights in the Preamble, Article 16, and Article 25(2).

Convention Against Discrimination in Education (1960) in Article 1.

The International Covenant on Economic, Social and Cultural Rights (1966) in Article 3, Article 7, and Article 13.

International Covenant on Civil and Political Rights (1966).

Convention on the Elimination of all Forms of Discrimination Against Women (1979).

Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1984).

The Declaration on the Elimination of Discrimination Against Women (1993).

Beijing Declaration (1995).

United Nations Security Council Resolution 1325 (2000).

Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children (2000).

The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa or the "Maputo Protocol" (2003).

Council of Europe Convention on preventing and combating violence against women and domestic violence or the Istanbul Convention (2011) Article 38 and Article 39.

Beijing Platform for Action. Chapter IV. C. Women and Health – Paragraph 108(a)-(b)

Scott Douglas Jacobsen

November 7, 2018

How can the making sure women are involved in decision-making reduce the levels of sexually transmitted diseases?

Strategic objective C.3.

Undertake gender-sensitive initiatives that address sexually transmitted diseases, HIV/AIDS, and sexual and reproductive health issues

Actions to be taken

108. By Governments, international bodies including relevant United Nations organizations, bilateral and multilateral donors and non-governmental organizations:

a. Ensure the involvement of women, especially those infected with HIV/AIDS or other sexually transmitted diseases or affected by the HIV/AIDS pandemic, in all decision-making relating to the development, implementation, monitoring and evaluation of policies and programmes on HIV/AIDS and other sexually transmitted diseases;

b. Review and amend laws and combat practices, as appropriate, that may contribute to women's susceptibility to HIV infection and other sexually transmitted diseases, including enacting legislation against those socio-cultural practices that contribute to it, and implement legislation, policies and practices to protect women, adolescents and young girls from discrimination related to HIV/AIDS;

Beijing Declaration (1995)

In paragraph 108, the emphasis is on the nation-state, the United Nations, and a wide variety of other actors important to the flourishing of women from the top down. This is a top-heavy section.

For the women infected with HIV/AIDS, or any other sexually transmitted disease, this can be treatable in some cases and fatal in others depending on the particular form of sexually transmitted disease.

Thinking about the impacts of the life circumstances of many women, an STI/STD infection is a serious issue. It can create a situation in which there is a reduction in the chance of the woman to pursue a life course free from stigma in many cultures, or with treatment in many others – some with both problems.

Thus, in regards to decision-making relevant to women's health around STIs and STDs, women should have a front seat. There deserve to be a part, and the main one, of the conversation regarding their own health.

Because men may not necessarily know the collective experiences or circumstances of the majority of women within their own nation. Compassion and sympathy are certainly possible and the main bridge, but the representation of women in all levels of decision-making relevant to them is important for the proper development and implementation of programs and initiatives for reduction of the rates of STIs and STDs in women.

The next section looks at the laws and practices, thus legal and cultural. The laws of the land, historically and in the present, have been, can be, and are discriminatory against women in a variety of contexts.

This can even emerge in some of the more subtle forms with the restrictions on women's explicit in the laws. It is a discrimination via omission in this sense. There can be brutal social and cultural practices too.

Take, for an extreme example, the 'corrective' rape of women, even lesbians, who simply do not conform to the sexual orientation of the dominant heterosexual culture in which they find themselves. These women, in particular, can be subjected to a form of rape thought, within in the culture – wrongly, to shift the sexual orientation of the woman to one of like heterosexual men.

Simply does not work, isn't the case, and can, sometimes, leave these women, through no fault of their own, infected with HIV/AIDS, it devastates their lives and leaves them as third-class citizens within their countries, where before they already harboured minimal consideration as human beings.

It is this form of culture and the surrounding laws that may not permit it but, certainly, do not openly condemn and punish it, which is the problem. There should be a shift in global culture seeping into the national legislation, policies, and practices in order to instantiate the enfranchisement of women as global citizens equal in stature and worth to the men.

The idea posited in the UDHR and in the Utilitarian ethic of John Stuart Mill and Harriet Taylor Mill, and enshrined in the work of the mainstay ethics of the religions in the world, in the ethical precepts or principles, found in the Golden Rule. If men would like to enjoy treatment as human beings, then women reserve the same right to enjoyment to treatment as persons.

For those women and girls already affected by HIV/AIDS, this, certainly, can hinder their advancement in a number of domains in life; however, the change in the global culture can be a significant step to the introduction of the practical realities of the equality of women and girls, of the equality of women and girls. Nothing to it besides that simple ask.

One can find similar statements in other documents, conventions, declarations and so on, with the subsequent statements of equality or women's rights:

The Universal Declaration of Human Rights in the Preamble, Article 16, and Article 25(2).

Convention Against Discrimination in Education (1960) in Article 1.

The International Covenant on Economic, Social and Cultural Rights (1966) in Article 3, Article 7, and Article 13.

International Covenant on Civil and Political Rights (1966).

Convention on the Elimination of all Forms of Discrimination Against Women (1979).

Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1984).

The Declaration on the Elimination of Discrimination Against Women (1993).

Beijing Declaration(1995).

United Nations Security Council Resolution 1325 (2000).

Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children (2000).

The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa or the "Maputo Protocol" (2003).

Council of Europe Convention on preventing and combating violence against women and domestic violence or the Istanbul Convention (2011) Article 38 and Article 39.

Beijing Platform for Action. Chapter IV. C. Women and Health – Paragraph 108(c)-(e)

Scott Douglas Jacobsen

November 8, 2018

How are "multisectoral programmes and strategies to end social subordination of women and girls" important for the advancement and empowerment of women?

Strategic objective C.3.

Undertake gender-sensitive initiatives that address sexually transmitted diseases, HIV/AIDS, and sexual and reproductive health issues

Actions to be taken

108. By Governments, international bodies including relevant United Nations organizations, bilateral and multilateral donors and non-governmental organizations:

c. Encourage all sectors of society, including the public sector, as well as international organizations, to develop compassionate and supportive, non-discriminatory HIV/AIDS-related policies and practices that protect the rights of infected individuals;

d. Recognize the extent of the HIV/AIDS pandemic in their countries, taking particularly into account its impact on women, with a view to ensuring that infected women do not suffer stigmatization and discrimination, including during travel;

e. Develop gender-sensitive multisectoral programmes and strategies to end social subordination of women and girls and to ensure their social and economic empowerment and equality; facilitate promotion of programmes to educate and enable men to assume their responsibilities to prevent HIV/AIDS and other sexually transmitted diseases;

Beijing Declaration (1995)

The encouragement throughout the facets of society can be an important first step, alongside others, in the advancement and empowerment of women. The emphasis on the compassionate retains a particular resonance in a minor era of non-dispassionate and enflamed negative rhetoric about the opposition.

The compassion and supportive encouragement can help with the advancement of policies and practices that help among those most in need, e.g., those infected HIV/AIDS. It is a horrible disease if you ever read a small bit about it.

Different nations have a different set of concerns about it. Mostly, probably, around the prevalence of the disease and then the level of institutional or infrastructural support – speaking of medical and care related – for the individuals who suffer from HIV/AIDS infection.

Next, we have an impact on women through the discrimination and stigma around infection with HIV/AIDS. It is a form of magical thinking about the possibilities of contagion through being around women with HIV/AIDS.

The gendered lens – a common phrase in these conversational commentaries – is a frequent frame of reference for these documents, as these deal with the explicit or via negligence exclusion of women from the mainstream international human rights conversation.

It is incredibly important to bear these in mind, as the benefits to whole societies come from the explicit inclusion of women in the decision-making and power centers of the society.

For one, this makes use of the other half of the species. For two, this creates a more level playing field for the society. We cannot do without the efforts and input of everyone for the advancement towards solutions of some of the most pressing problems in the modern period.

This implies a significant shift in the relation of the sexes or the genders in more general terms. The explicit exclusion of women from influence and platforms on an equal basis with the men has been a continual problem throughout the history of all cultures in the world.

Often, this comes with religious injunctions. But there are larger issues related to this. The problems of overpopulation and excessive restrictions on the choices of, at least, half of the population prevent the flourishing of the nations around the world.

In literal terms, the restriction of women has been a net negative on the progression, technologically and economically, of the species with explicit moral implications about the rightness-wrongness of the repression or “social subordination of women and girls.”

The programs and initiatives of the world system should keep the flourishing of women and girls in mind because of the basis of equality of the sexes can only come in the sincere listening ear and inclusion of the bodies and minds of women in the centers of influence and power in the world, and then replicating this in the social milieu of the nation and within the family structures. Some say, “It starts in the home,” but only in part.

It starts wherever someone is at, which makes the access points of equality in all aspects of interpersonal, and intrapersonal, life. These can emerge in the foundation of educational programs geared with men in mind for the prevention of the spread of HIV/AIDS, especially in the basics of how HIV/AIDS spreads from men to women and how the prevention of infection of others is a personal and collective responsibility.

All these “multisectoral programmes and strategies” may not solve the issues in the short-term but set a solid foundation for the reduction via prevention of the transmission of sexually transmitted diseases while simultaneously working on the central equality of the sexes issues of the subordination of women in sociocultural life.

One can find similar statements in other documents, conventions, declarations and so on, with the subsequent statements of equality or women’s rights:

The Universal Declaration of Human Rights in the Preamble, Article 16, and Article 25(2).

Convention Against Discrimination in Education (1960) in Article 1.

The International Covenant on Economic, Social and Cultural Rights (1966) in Article 3, Article 7, and Article 13.

International Covenant on Civil and Political Rights (1966).

Convention on the Elimination of all Forms of Discrimination Against Women (1979).

Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1984).

The Declaration on the Elimination of Discrimination Against Women (1993).

Beijing Declaration(1995).

United Nations Security Council Resolution 1325 (2000).

Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children (2000).

The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa or the "Maputo Protocol" (2003).

Council of Europe Convention on preventing and combating violence against women and domestic violence or the Istanbul Convention (2011) Article 38 and Article 39.

Paragraph 108(f)-(h) of the Beijing Platform for Action. Chapter IV. C. Women and Health

Scott Douglas Jacobsen

November 8, 2018

How are the community and national strategies for women's empowerment important when connected to the gendered lens?

Strategic objective C.3.

Undertake gender-sensitive initiatives that address sexually transmitted diseases, HIV/AIDS, and sexual and reproductive health issues

Actions to be taken

108. By Governments, international bodies including relevant United Nations organizations, bilateral and multilateral donors and non-governmental organizations:

f. Facilitate the development of community strategies that will protect women of all ages from HIV and other sexually transmitted diseases; provide care and support to infected girls, women and their families and mobilize all parts of the community in response to the HIV/AIDS pandemic to exert pressure on all responsible authorities to respond in a timely, effective, sustainable and gender-sensitive manner;

g. Support and strengthen national capacity to create and improve gender-sensitive policies and programmes on HIV/AIDS and other sexually transmitted diseases, including the provision of resources and facilities to women who find themselves the principal caregivers or economic support for those infected with HIV/AIDS or affected by the pandemic, and the survivors, particularly children and older persons;

h. Provide workshops and specialized education and training to parents, decision makers and opinion leaders at all levels of the community, including religious and traditional authorities, on prevention of HIV/AIDS and other sexually transmitted diseases and on their repercussions on both women and men of all ages;

Beijing Declaration (1995)

The facilitation of the welfare of women and girls in the light of the, at the time, HIV/AIDS pandemic but which continues to be a problem for many people around the world. The building of locale-specific strategies for dealing with HIV/AIDS can be effective in the prevention of transmission and care, compassion, and concern through reduction of stigma for those infected with HIV/AIDS.

For those girls and women who have been infected, there is a call on the communities to act on this facilitation and work to prevent future occurrences of its spread through the population.

Now, one of the issues plaguing is the spread of the diseases. But another layered one relates to institutions.

The culture, too, and the institutions have a lack of responsiveness to the needs of women and girls in regards to their health and wellness. This links into the section of the focus for this article today.

We can see the need to strengthen the national capacity of the gendered lens across institutions through their respective implementations of “policies and programmes” in relation to STIs and STDs. All important for the improved health and wellbeing of women.

In addition to this, we can see the developments of a spread in the caregiver responsibilities from mostly women to a more egalitarian split. Because the majority of the housework, childcare work, and the care of the old and sick sits firmly with women.

It is a burden thrust upon them unduly and unfairly. It is not from on high, or from down-low from some perspectives, but, rather, the conscious decisions of people in power and in culture to subordinate some of the most tedious caring work of the society to women. This can change with human decisions in a similar manner in which this has changed before.

Now, the educational aspect continues to crop up in the discussions in the Beijing Declaration. There is a continual need to focus on education because this remains one of the first forms of self-defence against lies and distortions as well as the mobilization around a common cause for gender equality, which is, 20 years after the Beijing Declaration, one of the Sustainable Development Goals set by the international community through the United Nations.

This education should be directed at all levels, “parents, decision makers and opinion leaders at all levels of the community, including religious and traditional authorities.” The reason simply is health and working with people where they’re at rather than enforcing a generalized mould on everyone.

However, it is in this that we can see the problems of prevention and the difficulty in education, because there has to be a general framework for the education and provisions for the public. It is in this pervasive attempt at education about, prevention of, and care for those infected by HIV/AIDS that the world can begin to reduce and eventually eliminate the “pandemic” of HIV/AIDS and continue the long battle against STIs and STDs plaguing much of the world and, in particular, the developing world with lifelong impacts on women and, if they have them, their offspring and, thus, families and communities over generations. This can be solved, but only with diligent work.

One can find similar statements in other documents, conventions, declarations and so on, with the subsequent statements of equality or women’s rights:

The Universal Declaration of Human Rights in the Preamble, Article 16, and Article 25(2).

Convention Against Discrimination in Education (1960) in Article 1.

The International Covenant on Economic, Social and Cultural Rights (1966) in Article 3, Article 7, and Article 13.

International Covenant on Civil and Political Rights (1966).

Convention on the Elimination of all Forms of Discrimination Against Women (1979).

Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1984).

The Declaration on the Elimination of Discrimination Against Women (1993).

Beijing Declaration(1995).

United Nations Security Council Resolution 1325 (2000).

Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children (2000).

The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa or the "Maputo Protocol" (2003).

Council of Europe Convention on preventing and combating violence against women and domestic violence or the Istanbul Convention (2011) Article 38 and Article 39.

Paragraph 108(i)-(k) of the Beijing Platform for Action. Chapter IV. C. Women and Health

Scott Douglas Jacobsen

November 9, 2018

How can education of women and healthworkers improve the life outcomes for women?

Strategic objective C.3.

Undertake gender-sensitive initiatives that address sexually transmitted diseases, HIV/AIDS, and sexual and reproductive health issues

Actions to be taken

108. By Governments, international bodies including relevant United Nations organizations, bilateral and multilateral donors and non-governmental organizations:

i. Give all women and health workers all relevant information and education about sexually transmitted diseases including HIV/AIDS and pregnancy and the implications for the baby, including breast-feeding;

j. Assist women and their formal and informal organizations to establish and expand effective peer education and outreach programmes and to participate in the design, implementation and monitoring of these programmes;

k. Give full attention to the promotion of mutually respectful and equitable gender relations and, in particular, to meeting the educational and service needs of adolescents to enable them to deal in a positive and responsible way with their sexuality;

Beijing Declaration (1995)

The Beijing Declaration in paragraph 108 sections (i), (j), and (k) looks into the means by which women and healthcare professionals can work to reduce the levels of HIV/AIDS transmission through education and provision of accurate information for women to make informed decisions about their lives.

Without good data, women are left bereft of the possibility of making those informed choices for their lives. This can be potentially highly consequential in the life of a woman and the wellbeing of her baby, especially in regards to breastfeeding.

It is an important healthcare note about the health and wellness of women being intimately connected to the wellbeing of babies in the most crucial development years of the life of the baby.

There is an emphasis on proper peer education. This means the outreach through the formal and informal organizations and mechanisms in order to improve the outcomes for girls and women.

Remembering, of course, all of the recommendations and courses of action work for the furtherance of the rights and equality and, therefore, life outcomes of women.

This translates into better families, communities, and societies based on international evidence. But this requires three stages of development. One is the planning stage. Another is the implementation of the designs. Still another, it is the monitoring of the outcomes to gauge the efficacy of the programs that have been implemented.

These lessons based on the monitoring of the outcomes can be used to refine the next stages of planning for the subsequent implementations, which will be monitored themselves and so on in a continuous loop of, in theory, or in principle, improved performance over time.

The various organizations on offer can be a boon these efforts. Indeed, these can be considered among the most effective actors in the advancement and empowerment of women educationally and otherwise.

It seems far too hard for even singular outstanding individuals to make significant dents on the problems faced by women.

As well, there is a focus or a stipulation on the need to provide some increased awareness of the prospects of the perceptions of men and women to one another. The idea of a reciprocal relationship in respect for one another's talents, merits, capabilities, triumphs over tribulations, and so on.

A significant shift in this perception or a wider awareness would move the dial to a more equitable distribution of meritorious proclamations and praise for women and men.

This move can shift the conversation about the relations of the genders. But also, this can be important in the changing of the dynamics in sexuality as well. It may reduce the tensions in the power dynamics of the relationship.

In that, the adolescents mentioned in the final section are able to be properly informed about sex, protection, consent, and sexuality in order to make those informed and independent choices about their intimate lives.

This is a means by which to build one of those positive and responsible sex lives most parents, likely, want for their children as become fully-fleshed out adults. But one of the important points is the improved sexual relations early on in life through education about sex and sexuality for the young can deal with the pipeline issue, potentially, of one of the main problems identified as a social pathology in modern movements.

Then there are also the means by which to work in large coalitions and groups to reduce the level of discrimination in health outcomes for women with newborn babies or babies generally, again related to sexual health.

The progress made on each of these fronts remains an individual choice to come together in union with others or not to vigorously, over the long haul, make changes in the lives of women and, subsequently, of men.

One can find similar statements in other documents, conventions, declarations and so on, with the subsequent statements of equality or women's rights:

The Universal Declaration of Human Rights in the Preamble, Article 16, and Article 25(2).

Convention Against Discrimination in Education (1960) in Article 1.

The International Covenant on Economic, Social and Cultural Rights (1966) in Article 3, Article 7, and Article 13.

International Covenant on Civil and Political Rights (1966).

Convention on the Elimination of all Forms of Discrimination Against Women (1979).

Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1984).

The Declaration on the Elimination of Discrimination Against Women (1993).

Beijing Declaration (1995).

United Nations Security Council Resolution 1325 (2000).

Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children (2000).

The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa or the "Maputo Protocol" (2003).

Council of Europe Convention on preventing and combating violence against women and domestic violence or the Istanbul Convention (2011) Article 38 and Article 39.

Beijing Platform for Action. Chapter IV. C. Women and Health – Paragraph 108(l)-(m)

Scott Douglas Jacobsen

November 9, 2018

How can the education of men about safe and responsible sexual activity improved the lot for women too?

Strategic objective C.3.

Undertake gender-sensitive initiatives that address sexually transmitted diseases, HIV/AIDS, and sexual and reproductive health issues

Actions to be taken

108. By Governments, international bodies including relevant United Nations organizations, bilateral and multilateral donors and non-governmental organizations:

l. Design specific programmes for men of all ages and male adolescents, recognizing the parental roles referred to in paragraph 107 (e) above, aimed at providing complete and accurate information on safe and responsible sexual and reproductive behaviour, including voluntary, appropriate and effective male methods for the prevention of HIV/AIDS and other sexually transmitted diseases through, inter alia, abstinence and condom use;

m. Ensure the provision, through the primary health-care system, of universal access of couples and individuals to appropriate and affordable preventive services with respect to sexually transmitted diseases, including HIV/AIDS, and expand the provision of counselling and voluntary and confidential diagnostic and treatment services for women; ensure that high-quality condoms as well as drugs for the treatment of sexually transmitted diseases are, where possible, supplied and distributed to health services;

Beijing Declaration (1995)

The role of the governments and the various international bodies or organizations is to work for the benefits of their constituencies, whether in part or whole. With the collection of them working in relative unison, the benefits should accrue to all.

It should in principle. It may not necessarily play out this way in every case. But the specific programmes listed in paragraph 107 can provide some minimal mapping for men to become fathers.

In even relatively poor data, most men and women still want to be parents. This leads to the honest conclusion of most men simply needing to be tracked in a healthy and an appropriate manner.

This will need to start early in order for parenthood to be both planned and grounded in safe and responsible sexual practices and actions. It all sounds so clinical. But it's not, truly.

These simply refer to the knowledge and tools for men and women to be able to make informed choices about their own sexual paths in life. No one should have control over them in this regard; however, they should retain the right to accurate knowledge of safe sex practices and the rights and responsibilities expected within a sexual activity, e.g., consent, contraception, and so on.

These will likely be negotiated within each relationship. But, nonetheless, there will be a general intent for healthy boundaries, respect between partners, and so on. This becomes especially consequential in the cases of the young and sexually active being, potentially, exposed to STIs and STDs.

It is also a risky terrain to unplanned pregnancy and so on. This can create several problems in the long-term socio-economic livelihood of the individual woman or man, or both for that matter.

Next is the – aside from the education about condoms and other methods of birth control and safe sexual practices – is the connection or linkage with the health-care system.

Where the couples can have provision from it, they can appropriately and confidently afford the various preventative services regarding STDs and STIs.

This also includes the frequently mentioned HIV/AIDS epidemic. It was still a problem in 1995 and is now. There are a wide variety of problems but the international community continues to work on them.

Now, note the “universal access” as the phraseology here, the movements and political parties fighting for universal access to health care, in essence, fight for these internationalist stipulations, ideals, or goals

For those who want it, they should have some form of health care coverage of their sexual health. It should be fundamental and primary, as this is the health of the next generations, of a major facet of the general wellbeing of the citizenry.

Tied into this, the mention of counselling, which could, of course, expand the health and wellness around sexuality too. Unfortunately, many cultures preach, encourage, and enforce a sexual culture of Puritanism on the one side and depravity on the other.

Either extreme seems inappropriate; in fact, most people seem to fit in a healthy range but this preaching, encouraging, and enforcing lead these otherwise informed, healthy, and rational individuals to pursue unhealthy forms of sexuality, seen through the statistical outcomes at times.

But without the support in counselling, social support services with provisions of condoms and other tools, and proper knowledge about anatomy, consent, the psychology and physical aspects of sex, and so on, many adults, even older adults, can be left without proper mentalities about a safe and responsible sexual life.

One can find similar statements in other documents, conventions, declarations and so on, with the subsequent statements of equality or women's rights:

The Universal Declaration of Human Rights in the Preamble, Article 16, and Article 25(2).

Convention Against Discrimination in Education (1960) in Article 1.

The International Covenant on Economic, Social and Cultural Rights (1966) in Article 3, Article 7, and Article 13.

International Covenant on Civil and Political Rights (1966).

Convention on the Elimination of all Forms of Discrimination Against Women (1979).

Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1984).

The Declaration on the Elimination of Discrimination Against Women (1993).

Beijing Declaration (1995).

United Nations Security Council Resolution 1325 (2000).

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The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa or the "Maputo Protocol" (2003).

Council of Europe Convention on preventing and combating violence against women and domestic violence or the Istanbul Convention (2011) Article 38 and Article 39.

Beijing Platform for Action. Chapter IV. C. Women and Health – Paragraph 108(n)-(p)

Scott Douglas Jacobsen

November 10, 2018

How can action-oriented research help with the improved sexual health outcomes for women?

Strategic objective C.3.

Undertake gender-sensitive initiatives that address sexually transmitted diseases, HIV/AIDS, and sexual and reproductive health issues

Actions to be taken

108. By Governments, international bodies including relevant United Nations organizations, bilateral and multilateral donors and non-governmental organizations:

n. Support programmes which acknowledge that the higher risk among women of contracting HIV is linked to high-risk behaviour, including intravenous substance use and substance-influenced unprotected and irresponsible sexual behaviour, and take appropriate preventive measures;

o. Support and expedite action-oriented research on affordable methods, controlled by women, to prevent HIV and other sexually transmitted diseases, on strategies empowering women to protect themselves from sexually transmitted diseases, including HIV/AIDS, and on methods of care, support and treatment of women, ensuring their involvement in all aspects of such research;

p. Support and initiate research which addresses women's needs and situations, including research on HIV infection and other sexually transmitted diseases in women, on women-controlled methods of protection, such as non-spermicidal microbicides, and on male and female risk-taking attitudes and practices.

Beijing Declaration (1995)

This section of the Beijing Declaration continues to speak to the international and national level responsibility to the health and wellbeing of women through the furtherance of their human rights.

Taking this into account, there is the first emphasis on the support programmes with women in mind. Indeed, the education should, relative to the time, recognize the prevalence of HIV/AIDS.

It remains right in line with the recent set of articles on the education of girls and women about their own bodies, about sex, and about sexuality. All important to make independent and informed choices about their health.

One issue continues to be linked to this. The possibility of ignorance of contraception and other tools of safe and responsible sex and sexuality. These preventative measures can be the first line of defence against STIs and STDs, and unplanned pregnancies, and so on.

The affordability of contraception will remain a problem for, especially, young women and women in general. It is a general support of the inexpensive to the rich but costly to the poor – but impactful in life outcome – contraceptive methods.

Poorer women have a harder time in self-financing for contraception and other methodologies. With cuts in funding for relevant social services, these increased risks for the precariat or those living in penurious circumstances will become even further exacerbated.

While there is a lack of appropriate resources, the boundary between infection or unplanned pregnancy and not will become ever-thinner.

Also, the research into the best means by which to educate and support women where they're at is important too. This includes on particular types of contraception and the odds of acquisition of a disease.

This provision of tools and education can result, potentially, in positive attitudinal and cultural practice changes.

One can find similar statements in other documents, conventions, declarations and so on, with the subsequent statements of equality or women's rights:

The Universal Declaration of Human Rights in the Preamble, Article 16, and Article 25(2).

Convention Against Discrimination in Education (1960) in Article 1.

The International Covenant on Economic, Social and Cultural Rights (1966) in Article 3, Article 7, and Article 13.

International Covenant on Civil and Political Rights (1966).

Convention on the Elimination of all Forms of Discrimination Against Women (1979).

Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1984).

The Declaration on the Elimination of Discrimination Against Women (1993).

Beijing Declaration (1995).

United Nations Security Council Resolution 1325 (2000).

Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children (2000).

The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa or the "Maputo Protocol" (2003).

Council of Europe Convention on preventing and combating violence against women and domestic violence or the Istanbul Convention (2011) Article 38 and Article 39.

Beijing Platform for Action. Chapter IV. C. Women and Health – Paragraph 109(a)

Scott Douglas Jacobsen

November 10, 2018

How can proper research and dissemination of information women's health?

Strategic objective C.4.

Promote research and disseminate information on women's health

Actions to be taken

109. By Governments, the United Nations system, health professions, research institutions, non-governmental organizations, donors, pharmaceutical industries and the mass media, as appropriate:

Train researchers and introduce systems that allow for the use of data collected, analysed and disaggregated by, among other factors, sex and age, other established demographic criteria and socio-economic variables, in policy-making, as appropriate, planning, monitoring and evaluation;

Beijing Declaration (1995)

Paragraph 109 of the Beijing Declaration continues in similar content and tone to the prior ones but with an emphasis on the data. There can't be good plans, implementations, updates, maintenance, and furtherance of rights without good data, seriously.

The basic premise in this is the need for the international and national systems, including individual experts and organizations, to work together to collect data, analyze it, and then parse it.

The categories will be the standard ones including sex, age, SES status, and so on. Each of these could be easily tracked, probably, and then utilized to garner some estimates as to the efficacy of some interventions over others in the advancement and empowerment of women via their health and wellness.

The changes in what can be implemented and how it can be implemented seem important for the improved rollout of updates to extant programs and initiatives as well as the provisions of new ones oriented towards women's fundamental human rights.

The three closing stages are "planning, monitoring and evaluation." For those familiar with this, which I assume is many, the notion of planning comes from good data to orient the plans in a comprehensive and complete fashion for the immediate and even long-term issues.

The monitoring helps to know where things went wrong, could be done better, and, potentially, even how to do them better right off the bat.

The evaluative criteria would be the aspects of the demographics mentioned above – age, sex, SES status, and so on – to find the aspects most impactful for women's health. Something like a priority rank-ordering of problems for solution planning could be produced from this.

Thus, data matters, especially in women's matters.

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One can find similar statements in other documents, conventions, declarations and so on, with the subsequent statements of equality or women's rights:

The Universal Declaration of Human Rights in the Preamble, Article 16, and Article 25(2).

Convention Against Discrimination in Education (1960) in Article 1.

The International Covenant on Economic, Social and Cultural Rights (1966) in Article 3, Article 7, and Article 13.

International Covenant on Civil and Political Rights (1966).

Convention on the Elimination of all Forms of Discrimination Against Women (1979).

Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1984).

The Declaration on the Elimination of Discrimination Against Women (1993).

Beijing Declaration (1995).

United Nations Security Council Resolution 1325 (2000).

Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children (2000).

The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa or the "Maputo Protocol" (2003).

Council of Europe Convention on preventing and combating violence against women and domestic violence or the Istanbul Convention (2011) Article 38 and Article 39.

Beijing Platform for Action. Chapter IV. C. Women and Health – Paragraph 109(b)-(c)

Scott Douglas Jacobsen

November 11, 2018

How does gender-sensitive health research support women's rights?

Strategic objective C.4.

Promote research and disseminate information on women's health

Actions to be taken

109. By Governments, the United Nations system, health professions, research institutions, non-governmental organizations, donors, pharmaceutical industries and the mass media, as appropriate:

b. Promote gender-sensitive and women-centred health research, treatment and technology and link traditional and indigenous knowledge with modern medicine, making information available to women to enable them to make informed and responsible decisions;

c. Increase the number of women in leadership positions in the health professions, including researchers and scientists, to achieve equality at the earliest possible date;

Beijing Declaration (1995)

When we look at the nature of the world and the situations in which we find the poorest of the poor and the various injustices and imbalances, collectively or globally, we can see some consistencies in them.

One is a negligence to the needs and demands, if known, of women. Interestingly, the information referenced alongside the research, treatment, and the technology is, in fact, the Indigenous knowledge.

This makes sense within the increasing relevance of the Indigenous perspective on a number of issues. There does, indeed, exist means by which to improve health outcomes with a culturally sensitive lens.

While, at the same time, there should be a keen and critical eye to things purported to be medicine and others which amount to non-medicine or 'quackery' – that which supposedly works and simply does not work.

But this raises some questions about the research and technology part. Technology simply amounts to some technique invented by human for a people-oriented purpose – something to make food, build a study building, help train the mind, or improve health outcomes over time.

Especially in some of the post-colonial contexts, the efficacy – as in good enough – of some treatments should provide the basic treatment for those ill and distrustful of those who resemble the colonizers of the past.

It is less about maximal health and more about optimal given human factors. Also, some medicines within a traditional setting do, in fact, improve health better than some known medicines based on centuries of people getting ill or dying in the worst form of trial-and-error to find out what herbs, and so on, work or do not.

At the center of all this, it is the sensibility of the rights of women and the ability to make autonomous decisions about their own lives and livelihoods. There are, as with 1995, more and more women entering into leadership positions, especially promising in one of the richest and most powerful nations the world has ever seen – the United States of America.

The urgency of the message here is rather striking within the international lens, recalling, of course, the United Nations as the main source of these forms of statements.

Countries' representatives and, therefore, Member States signed onto the global work towards the furtherance of equality. But this will not come overnight or easily.

In fact, we will continue to see progress as well as reactionary pushback against international secular progress on the rights of women, whether from outright misogyny to simply sexist apathy/indifference to the plight of others while one's own problems are more or less solved.

We're in this together. Our collective wills should be oriented towards the same goals inasmuch as we can within the current context. But this does not mean pushing the interests of men out of the foci here.

In fact, the global data are quite clear. The zero sum thinking is illegitimate as more women in the workforce permits flexibility for men and women while also increasing the size of the national (and, thus, international) economic pie.

Basically, the emphasis on the moral argument here is one linked intimately with the economic argument. There simply is more built with more people able to freely become involved in the productive, and paid, economy.

It is in the interest of societies, communities, families, and men and children to have women empowered. No doubt about it.

(Updated 2018-11-10 based on further research) One can find similar statements in other documents, conventions, declarations and so on, with the subsequent statements of equality or women's rights:

The Universal Declaration of Human Rights in the Preamble, Article 16, and Article 25(2).

Convention Against Discrimination in Education (1960) in Article 1.

The International Covenant on Economic, Social and Cultural Rights (1966) in Article 3, Article 7, and Article 13.

International Covenant on Civil and Political Rights (1966).

Convention on the Elimination of all Forms of Discrimination Against Women (1979).

Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1984).

The Declaration on the Elimination of Discrimination Against Women and the optional protocol (1993).

Beijing Declaration and Platform for Action (1995), Five-year review of progress (2000), 10-year review in 2005, the 15-year review in 2010, and the 20-year review in 2015.

United Nations Security Council Resolution 1325 (2000), and the UN Security Council additional resolutions on women, peace and security: 1820 (2008), 1888 (2009), 1889 (2009), 1960 (2010), 2106 (2013), 2122 (2013), and 2242 (2015).

Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children (2000).

The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa or the "Maputo Protocol" (2003).

Council of Europe Convention on preventing and combating violence against women and domestic violence or the Istanbul Convention (2011) Article 38 and Article 39.

UN Women's strategic plan, 2018–2021

2030 Agenda for Sustainable Development.

2015 agenda with 17 new Sustainable Development Goals (SDGs) (169 targets for the end to poverty, combatting inequalities, and so on, by 2030). The SDGs were preceded by the Millennium Development Goals (MDGs) from 2000 to 2015.

Paragraph 109(d)-(e) of the Beijing Platform for Action. Chapter IV. C. Women and Health

Scott Douglas Jacobsen

November 11, 2018

How can financial and other support improve the health and, therefore, rights outcomes of women?

Strategic objective C.4.

Promote research and disseminate information on women's health

Actions to be taken

109. By Governments, the United Nations system, health professions, research institutions, non-governmental organizations, donors, pharmaceutical industries and the mass media, as appropriate:

d. Increase financial and other support from all sources for preventive, appropriate biomedical, behavioural, epidemiological and health service research on women's health issues and for research on the social, economic and political causes of women's health problems, and their consequences, including the impact of gender and age inequalities, especially with respect to chronic and non-communicable diseases, particularly cardiovascular diseases and conditions, cancers, reproductive tract infections and injuries, HIV/AIDS and other sexually transmitted diseases, domestic violence, occupational health, disabilities, environmentally related health problems, tropical diseases and health aspects of ageing;

e. Inform women about the factors which increase the risks of developing cancers and infections of the reproductive tract, so that they can make informed decisions about their health;

Beijing Declaration (1995)

The Beijing Declaration here is emphasizing the need to provide for the needs of women's health within a wide range of fields. It lists most of the relevant broad-based fields relevant to women's health.

Furthermore, there is the focus on research once more. The ability to research with the most advanced technology remains an advanced industrial economy activity. The equipment and the personnel training is extraordinarily expensive.

Developing or poorer nations will, typically, lack the appropriate amount of resources to conduct the research. Without explicit statement, this is a colder reality about research into these various areas.

However, the provisions with financial assistance and resources relevant for education and prevention-of-sexual-diseases tools can help reduce the probability of widespread infection in poorer populations.

It is also cheaper than the research training for the personnel and for the equipment. In this, we have a particularly important message implied for the wealthier nations.

Based on international obligations and power, and resources, it is incumbent on them to conduct research and provide contraceptive resources in the best interests of all, to reduce the potential human costs in not doing the research and providing the sexual health tools.

The educational aspect, as noted, should also incorporate the facts about infection and cancer risks for the women. In this, women's health is the focus based on the potentials for heavily negative harms to them.

But this is also about women to be persons, as per the UDHR, with autonomy, choice, freedoms, and those guaranteed by the stipulations of international documents.

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The Universal Declaration of Human Rights in the Preamble, Article 16, and Article 25(2).

Convention Against Discrimination in Education (1960) in Article 1.

The International Covenant on Economic, Social and Cultural Rights (1966) in Article 3, Article 7, and Article 13.

International Covenant on Civil and Political Rights (1966).

Convention on the Elimination of all Forms of Discrimination Against Women (1979).

Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1984).

The Declaration on the Elimination of Discrimination Against Women and the optional protocol (1993).

Beijing Declaration and Platform for Action (1995), Five-year review of progress (2000), 10-year review in 2005, the 15-year review in 2010, and the 20-year review in 2015.

United Nations Security Council Resolution 1325 (2000), and the UN Security Council additional resolutions on women, peace and security: 1820 (2008), 1888 (2009), 1889 (2009), 1960 (2010), 2106 (2013), 2122 (2013), and 2242 (2015).

Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children (2000).

The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa or the "Maputo Protocol" (2003).

Council of Europe Convention on preventing and combating violence against women and domestic violence or the Istanbul Convention (2011) Article 38 and Article 39.

UN Women's strategic plan, 2018–2021

2030 Agenda for Sustainable Development.

2015 agenda with 17 new Sustainable Development Goals (SDGs) (169 targets for the end to poverty, combatting inequalities, and so on, by 2030). The SDGs were preceded by the Millennium Development Goals (MDGs) from 2000 to 2015.

In-Depth Conversation with Sandra El Khoury

Scott Douglas Jacobsen

November 12, 2018

How does a woman recover from extensive trauma in all domains of throughout life, for her entire life? First, she talks about it, honestly and directly.

Sandra El Khoury is a woman who was born in Lebanon but came to Sweden at a young age. She was brought up in a Syrian-Orthodox home with parents that did the best they could to hold on to their culture, traditions, and religion. Sandra started revolting at a young age and the more she pushed the more harm her parents caused her. She was physically and emotionally abused daily and when it did not help, her parents married her off against her will. After a year and a half, she ran away and from that time until now she is being seen as the shame of the family.

Today, she lives by herself in an apartment in a small town in Sweden and she is fighting every day to try to reach her dreams. She lives with a brain injury and Complex PTSD as a result of the abuse she endured. Still, she isn't giving up to reach her dreams. She wants to become a spokesperson for women abused by honor culture. Sandra is also a writer and an aspiring poet.

Note: El Khoury was kind enough to provide two personal poems expressing sentiments, experiences, traumas, and feelings at the end of the interview.

Scott Douglas Jacobsen: Where did your family come from? Where did you come from? How did you end up in Sweden?

Sandra El Khoury: I was born in Lebanon. My father was born in Syria. My mother in Lebanon. I have a mix of origins. My great-grandfather on my father's side was Turkish. My great grandmother on my mother's side was Greek. I have four countries in me: Greece, Turkey, Syria, and Lebanon.

So, how did we arrive in Sweden? Sweden was entirely my father's choice. He had heard about people going to Sweden. We were the first family of all our relatives to flee the war. It was awful. I have some horrific memories from the war so in 1984 my father had enough and sent us to Sweden.

Jacobsen: What was his background or involvement in the Syrian Orthodox Church?

Sandra: Listen, when we lived in Lebanon, we were in Sunday schools. It was more social than being forced to learn the Bible. My parents were not pushing us. However, we prayed before we ate dinner or breakfast and before we went to bed.

So from what I remember, I was never beaten for not praying or sitting right in church. My mother was beating us children for other reasons, like spilling our ice cream.

The physical abuse I got from my mother was never about religion. Church back then was a playground for us. It was not about sitting around and memorizing the Bible. We were in the Scouts as well.

The three fingers up sign and then saying, “I swear on my honor to serve the Scouts.” It was never about Jesus or God. We had fun.

We got these badges when we finished an assignment. But that all changed one day. When I was 5-years-old, it was the first time I was shocked and disappointed by the church.

For me, it began there. My journey out of Christianity. Before we move on, let me explain what “Syrian Orthodox” means, people have the wrong idea. To be Syrian Orthodox, it does not mean being from Syria.

It is like the Assyrians. There is no country named Assyria because it is not bound to one specific country but several as a race and religion.

It is the same with the Syrian Orthodox people. Their origin is from Turkey, from which it spread to other countries.

Let’s go back to why I started to hate the church and question it: in the Syrian Orthodox Church, when a boy is being baptized, it takes place at the altar, where they also put the Baptist cup for boys.

After the baptism, there is a ceremony, where the priest goes first. Then the godfather carrying the baby boy, and then all other men and boys follow.

Then they go around the church 7 times. I do not know why it is specifically 7. They walk around: up on the altar, down, around the church, up and then down, 7 times.

The priest first and then all the others. Of course, only the men and boys are permitted to do it. When a girl gets baptized, the cup where they baptize the baby will be put between the front row and the altar.

So, in the Syrian Orthodox Church, a girl can never set foot on the altar, from the day she is born to the day she died. A girl, according to the Syrian Orthodox religion, is dirty and born sinful.

So, back to the day I started hating the church, my father was the godfather here.

He was carrying the baby. I wanted to walk beside my father. They pushed me to the side.

The men and my father pushed me out of the way and were angry with me. Imagine me, at 5-years-old, I wanted to walk by my father, but I couldn’t. I was so sad. I was like “Why?!”

It was the first poor treatment because of religion. I understood there and then of the inequality between boys and girls.

The next time, I was treated differently came at age 15. I was menstruating. My mother said, “You cannot participate in this.” I felt shame. I was put in the corner of the church with other girls and women who had their periods.

We were treated like parasites. We were not allowed to partake of communion or touch anything considered holy in the church, e.g., a crucifix.

We were treated as if we carried all of the shame in the universe. I was so embarrassed. As a girl, I was shy. At the age of 15, you do not want the whole world to know that you are on your period. The public humiliation was the second strike.

Let’s go back to strike one, the one with my father. In my eyes back then, my father was my hero. Not my mother, she was abusive. I was very attached to my father. For him to push me

away, it was too much. I was shocked. I had many traumas before, but it was the first one caused by my father.

Jacobsen: Did you ever have a chance when you were young to talk to other girls or young women?

Sandra: That is a good question. However, no! I have never talked about this with anyone while growing up. My sister and I were controlled. We did not have friends. We couldn't play with our cousins even sometimes; it was forbidden for us. Even our thoughts were controlled.

Some was honor culture. Some was not, in my case. My mother was a sick woman. She did some things that are not included in honor culture society or religion. Of course, you are allowed to play with your cousins in an honor culture, but it was only my mother who did not allow us to play.

If she would have told us to not play with black people or Muslim people, that is honor culture, but that was not the case here. If not supervised by her, we were not allowed to talk to anyone, not even our own relatives. She was a control freak.

I talked to doctors. They think, she could be schizophrenic. So, to answer your question, "Why I have not talked to other girls or women?" I was controlled by my mother. I was shy. I was afraid to talk to people about anything, afraid to trigger beatings from mom. Her beating was horrible.

She would beat me with wooden spoons until they break on my body. She would cut me and my sister's hair and if we dare to cry, she would beat us with the scissors on our heads until we started bleeding.

She would beat me until I fall down on the floor and then she would kick my head so hard that my head bounced many times on the floor until it finally stopped. She would throw things on me, whatever she was holding, shoes, knives, plates, and glasses.

If someone would have visited us back then, they never could tell that there were kids in the house. We were forbidden to leave our bedrooms. Even us kids were not allowed to talk to each other that much. It all depended on her mood. I grew up as a very traumatized and scared little girl.

It is far from the girl talking to you today. Nowadays, I speak up. I am tough. However, back then, if you would make a sudden move, I would not stop crying. I was so fragile back then. I was growing up, questioning everything, screaming out the pain but in silence.

If I cried I got beaten, if I smiled I got beaten, if I laughed I got beaten. This went on for 17 years. My father during this time would sit and watch TV. He never stopped her. I even tried to kill myself when I was 16 years old. I failed. I ended up in the juvenile psychiatric ward.

The doctors did everything in their power to make my mother visit me. She refused. My father came every day. One day my mother called. The doctors were hopeful and smiling telling me that my mother was on the phone. I ran to take the call.

She said 4 words to me and hang up the phone in my face. I remember how hurt I was as if it is happening right now. I dropped to the floor, crying, screaming. All I could hear was her 4 words on repeat in my head "I wish you died". The story does not end there but let us change the subject.

Jacobsen: Was there ever a connection with other Syrian Orthodox people outside the family?

Sandra: When we moved to Sweden, we lived in a village with no Syrian Orthodox people. There was no one to talk to there in our first years there. After a couple of years, my father took us to a Syrian Orthodox Church. We didn't understand the Syriac language.

I suggested: we should go to the Swedish church. Then my father stated the closest Swedish church, theologically, was the Roman Catholic Church. After one year, my father stopped bringing us to church.

Even at home, we were not forced to pray before eating and before going to bed. So, we never met other Syrian Orthodox church members because we stopped attending church. The only remnants of the sociocultural context of the religion were the honor culture.

Now as an adult, just because my family does not want to have anything to do with me, I am a divorced woman living by myself, then Syrian Orthodox people do not want to have anything to do with me. That is fine by me. I would rather stay away from Syrian Orthodox people.

I do not like them as much as they do not like me. It is wrong of me, to think like that. *Maybe*, I need 20 years of therapy to change that about myself [Laughing]. Without therapy, I may not change my mind. However, now, as soon as I know they are Syrian Orthodox, I try to avoid them. In my experience, Syrian Orthodox people are the most judgmental people of all Christians.

I am terrified by them because of the long history in my life. I have experienced lies and distortions, and have been ratted out, by people in my family's social circle. This is why I stay away.

Jacobsen: You were married at 17. At 18, you divorced. What was the reason for the divorce?

Sandra: The short answer: it was a forced marriage. I was not given a choice in who or how I marry. My uncle, he formed fingers to replicate a gun. He pointed the makeshift gun at my knees and said, "Choose which knee, I can shoot the one you choose if you do not get married. Do you want the left or do you want the right? I will make sure you end up in a wheelchair, so no boy ever wants to marry you. Either that or you get married."

I believe that counts in the category of "forced marriage." Right? I think so too. Both my parents and I did not know him. However, my uncle did.

Before my uncle's threats, my mother had taken my sister, who was only 14-years-old, out of school and to Lebanon to marry her off to a cousin.

When my sister was gone, my mother came back for me. I knew. I was next. I went to social services. I told them about my sister and that I was next in line. They did not help me. A month after my mother came back from Lebanon, I was forced into marriage.

Why did I leave? *He was beating the shit out of me every day and raping me every day for one-and-a-half years.* How can you love someone forced on you?

While married, I repeatedly asked my father to help me. I wanted the abuse from my husband to stop. My father did not care. Not that he did not care, he might have cared. However, my father is afraid of conflicts. He becomes like a small child.

He goes under the cover of a bed. He stays there like a scared child, literally. If I ever needed to talk to my father, he would hide under the covers and say, “I do not want to. I do not want to. I do not want to.”

He has done that my whole life, at least since he came to Sweden. My mother can beat us until we bleed, but he will sit and watch TV. It is like he does not exist. He is like a ghost at home. My father has never been an authority. It has always been my mother and that is not common in an honor society.

It is the father who usually is the monster and the mother who is the kind one. So, when I called my father and told him, “I am being beaten.” He said, “Now, you are married. You have to stay with your husband.”

When my father did not help me, I tried to kill myself to get away from the marriage. It did not go well, as I am still alive. Then three months later, after my suicide attempt, I convinced the husband to let me visit my parents. He never allowed me to go anywhere.

I talked every day about it. I nagged. I begged him to let me go and see my parents. Finally, he said, “Yes.” I left the train one station before my parents’ station. I was afraid that they will catch me and force me back. I called my father.

I said, “If I come, I do not want to go back. I want a divorce.” He said, “You are not allowed to visit if you do not go back to your husband.” My mother was screaming in the back, “What is the whore saying?! What is the whore saying?!”

I continued, “Father, I have a six-month-old-baby in my arms. Where should I go?” He said, “If you were smart enough to leave your husband, then be smart enough to take care of yourself. So, it is not my problem”.

They hung up.

I collapsed at the train station, crying. Two girls helped me to call social services. That is how I got married and divorced.

Jacobsen: It is not only important to get the whole story out. Statistically, there are likely others going through the exact same thing. It is probably cathartic to you, to put a time stamp on it, to put a narrative on it, and say, “This happened.” It is an important part of processing and therapy.

Sandra: My therapist I have had for one-and-a-half years. He has yet to start my therapy. Because he wants me to trust him first, whatever that means. He does not want to move into the therapy part, until I can say that I trust him.

I haven’t even started to process my experiences. But I am doing that every day on my Facebook page and with this interview.

If I am courageous enough to speak out on my experiences and abuses, then my hope is others, especially girls, going through similar experiences and abuses will feel sufficient courage to speak out themselves, get help for themselves, and be examples for still others.

Jacobsen: That makes sense. The people who were supposed to be the first bond. You, at some level, probably feel they betrayed you. So, getting to trust a stranger who is a therapist – even though a professional and an expert, there is a certain cachet.

But the idea of trusting someone random after being betrayed by family and husband. It would, probably, make of sense. “Work on the foundation, you trust what I am going to do with you in terms of the therapeutic practice.”

Sandra: I have complex PTSD. He wants to treat me with EMDR. It means that your blocked memories will come back, from what I understood of it. I need to trust him in order for that to work according to him.

He did not use the word “totally,” but he said, “I need you to trust me, Sandra.” One-and-a-half years later, we are still here. In the meantime, I am doing a complete neuropsychiatric assessment. I have a cognitive disability caused by the brain damage from the beatings my mother inflicted on me.

So, back to that trust issue, I do not think it will happen for me. I cannot trust anyone. I like my psychiatrist. He is cool. However, trust? I do not know. I do not know what it even means. Is it to trust someone 5% or 70%?

I do not even know what trust means, because everyone can hurt you! It is not like I believe everyone is out to get me, but I do not trust anyone. Not anyone.

Even my friends, I love my friends. I have lots of good friends. I have had them for 15 years, 22 years, and so on. However, “trust,” it is a big word. It does not come easily, if ever.

Jacobsen: What is the situation with your daughter now?

Sandra: The situation started there with her, at that train station. Unfortunately, Scott, I was not a good mother. Not because I was a bad mother per se but because I was a child, I did not know how to take care of a baby.

I was scared and traumatized by my mother so much that I was terrified to become like her. For example, because my mother forced food in me to the degree that one day she was pushing food down my throat and I vomited in my own plate. I was only three years old. She forced me to eat my own vomit. So when my daughter at 4 months should have started to eat baby food, I did not push it on her. The first spoon she moved out with her tongue, I stopped immediately, afraid to become my mother.

Another thing, I carried her all the time in my arms, except when she was sleeping, of course. That caused, even at the age of 6 months, an inability to keep her head up and move from side to side. I had done it all wrong. Because I was always holding her and carrying her too much. I was afraid. I did not want to become my mother. My mother who never hugged me or held me.

So back to the train station, when social services came to pick us up, they put us with a Swedish family, temporarily, until they knew where to place us. While there, the mother of the family reported me. She told the social services, “This girl is not doing anything right with the baby.”

She told them, “The baby cannot hold its head. She should be able at this age.” I both thank and curse her. Because I wish that she would have told me this to my face. But she ratted me out behind my back. I found out many, many years later, when I was reading the files they kept back then.

In one way, it was good. I should not even have a baby. A child should not be forced to become a mother. I couldn’t even take care of myself nevertheless a baby. So, in one way, it was good, but not the way she did it. The outcome was a disaster. I lost my daughter.

What should have happened is they should have placed me with the baby in a family, I would have had the opportunity to grow into a young adult and also a mother. Instead, they placed me in an investigation home for parents.

They put you under the microscope to see if you are able to take care of your child or not. Then they will decide to take the child from you or not. While at the investigation home, the baby's father and I still had shared custody. Here in Sweden, when you have children together, you cannot get a divorce right away. They make you wait for 6 months.

So, we still shared custody. The investigation home told the baby's father where I was. He told my parents. This spread to my relatives. Everybody started to talk about me, "She left her husband. She is the worst. She went to the Swedish people. This should stay in our society."

For them, I had committed a terrible sin. My older brother came to see me. He said, "You have to go back. You are embarrassing us." I started to translate what he said in Arabic into Swedish so the staff could understand he was threatening me.

"It is our father's duty to kill you. However, it is my duty as the older brother if he won't. I cannot do it. If I do it, I will kill myself. However, I have to warn you. It is your uncle's duty then to kill you."

I translated everything. He wanted to keep me quiet. He said, "Quiet, stop translating!" and then he pushed me. I had my daughter on the sofa while facing him. When he pushed me, I fell backwards on the sofa. I was close to falling on my baby. The personnel came and took her.

They said, "She is not safe with you." I started crying, "Please do not do this." My brother left. They gave her back to me that day. But now, the staff started to constantly harass me, "You cannot take care of her. What happens if you go out with her? They can come and do something. She is not safe with you."

One day I wanted to take a shower. I asked them for help to hold the baby. They said, "No, we want to see what you do with her." I put her in the stroller and took her with me to the bathroom to take a shower. When I came out they said, "You did two mistakes. You did not put the safety belt on the child and it is too steamy in the bathroom. She could have died. You cannot take care of her."

Every day, I was under tremendous pressure: the staff who always complained about how useless I was as a mother, to the calls that I got from my parents who told me that I was a shame to the family, and to the husband who said, "How can you do this? I can find you. I know where you are. I can do this or that to you."

One day it all became too much. The staff said something about mistakes. I said – this is so hard for me to admit, "What do you want from me?! If you want her, then take her!"

Immediately, they took her. They placed her with a Swedish family. When my daughter was gone, they said, "You cannot stay here. This is an investigation home for families." I asked, "Where will I go? I have nowhere to go."

They said, "It is not our problem. You can call social services." The social services personnel came and started asking questions. "Do you know how to pay rent?" I said, "What?" I did not know anything about rent. It was foreign to me. Even if I lived in Sweden, I did not live like Swedish people. My father took care of the finances of the family. They started to ask, "Do you know anything about electricity bills?" I did not know anything about it. I thought they were

interviewing me. They were smiling. [Laughing] I was so stupid. I did not know that this would be important for me keeping my baby or not.

They decided to put me in a teenager home. In hindsight, I appreciate it because I needed time to grow up. However, they should not have done this because when the court date came, I was living in a teenager home and not a safe place for a child to grow. I did not have anything. I lost her in court. The only thing I had left was rights of access to my child.

They granted me a few hours every weekend. This went on until I became 22 years of age and got my first apartment. I went to court. I wanted part of the custody. I won half of it. For the first time in years, she could finally sleep in my arms again.

I had her every other weekend, every other holiday, and four consecutive weeks in the Summer. Time went by, when she was five, she said, "You are not my momma. I was not in your stomach. Jesus does not love you."

The older she got, the more she had to say: "My father said that your own parents do not want you. So, why should I?" She would, from time to time, lash out at me and say, "Shut up! I hate you! I do not want you! I am ashamed of you! You will go to hell! You will burn in hell!"

She also said that a priest told her the church and Jesus loves her because she is not like me and does not follow my path in life. I would be devastated by these words, but she was only a child. It has never been her fault.

They taught her to hate me and avoid me. From the age of 14 until now I have not been allowed to talk to her very much. I am blocked everywhere on social media. Today, she is 22.

Somehow, it is never over for me. People say; I should come out of this PTSD. How could I? I am reliving the past in my future because my child is stuck in the honor culture I have tried to leave behind me my entire life.

Jacobsen: In real time, you are reliving the past vicariously.

Sandra: Exactly! All I know is if I will ever be seen as her mother then I have to become a Syrian Orthodox again. I cannot be an atheist. I also have to be married or living with my parents, as a woman can never live by herself. A single woman living alone, unmarried is seen as repulsive.

I would rather die than go back to it. So, I do not know. I wait, wish, and hope for her to come back into my life. That is all I can do for now. All these years, all my apartments, I always had my bed in the living room.

I kept the bedroom for her, wishing someday of her return to me. Today, she is an adult. However, the room is empty. It means something is wrong with me. In my brain, I cannot understand it. She is an adult. However, I am still looking for my lost baby.

I want her in my arms; I cannot explain it. It sounds crazy. Every day, when I walk past this empty room, it feels better that it is empty because I have this empty space in my heart, which carries her name. I am a mother that lost her child. It feels like nobody cares.

Nobody ever asked, "How do you feel about it?" Nobody, not even my therapists and doctors, maybe, they are waiting for me to talk about it. The way I talk to you now. I have never told a doctor about this. Not like this, I have not opened up yet.

Jacobsen: There is a syndrome called Phantom Limb Syndrome. People who come back from war. **Let us say, they lost an arm through a grenade blast. Somehow, the parts of the brain. There is a map.**

You can touch fingers, arms, the face. You can map the nerves of the hand connected to the part of the brain. There is a map from left to right like a big half-circle crown on the brain. You can map the circuitry.

It is like a sensory map of the brain (*cortical homunculus* or Penfield's Map). For some people, the sensation does not go away for the 'arm.' They have a phantom limb. They will say, "My limb is stuck. Sometimes, it is stuck in an uncomfortable position."

But it is a phantom. They do not have an arm. They have the idea that they have an arm, but stuck in an uncomfortable position.

Sandra: I have seen videos of this. That is why I get what you are saying. I know this phenomenon. So, yes, the empty room is my uncomfortable position. The ache in my heart for my lost child. Thinking that she is still a baby and that she will return.

Jacobsen: If you look at someone who plays the piano who is a virtuoso, it is almost as if the piano or instrument is an extension of themselves. I would suspect you could map this to the brain in terms of the sensory map having an extended map for the keyboard.

When you are talking about this, I can imagine a concrete, naturalistic answer. When you have a child, I can see a correspondence here.

Sandra: I was still breastfeeding her when I lost her. They ripped her away from me. I went through nights of horror for months. Milk came out of my breasts. I screamed and cried because I heard her in my mind. I was feeling that she was hungry.

People said, "No, she's not here. It is okay." I went through it. This kept happening until my breasts stopped producing milk. It was so hard for me. However, no one has helped me with this. Back then, the 1990s, there was not so much discussion about mental health.

Of course, there were psychiatrists and therapists back then but it was not as common as today to seek help. The staff at the teenager home said, "You should talk to someone." They drove me to a therapist. I sat there. The therapist asked, "Sandra, can you answer?" I was like, "Mickey Mouse!"

I did not want to open up because I did not want to talk about those things. They stopped taking me to see the therapist after two weeks. They said, "Oh, you are making a fool out of us. It is not acceptable. We drive you. You act irresponsibly."

I said, "Fine, but I do not want to go, I do not want to talk about it." I was a child for God's sake. I did not want to hear what they had to say to me. Today, I am 40. I still, at times, feel like a child who never grew up. I still feel like I need a mother and a father. It sounds crazy.

Jacobsen: It is okay. I understand. Every story has a context. I understand given the context. You had an abusive mother and a negligent father. A forced marriage with an abusive rapist husband. Then you had a child and fled at only 18.

Sandra: Yes, it is hard to move forward now. Also, I feel as though there are things missing with my doctors, psychiatrists, and therapists. I ask them, "Where is the education when you go

to a university about honor culture? How do you help someone who went through honor culture?”

“Did you have as a part of your program any education about honor culture?” They say, “No.” I say, “How can you help me if you do not understand?” We have sects here in Sweden. It is similar to honor culture. How can the doctors be so clueless?

I ask, “Do you know how to treat someone who lived in a sect or an honor culture?” The answer: they do not know. So, how can they help me? It is the same if I go to the police, the hospital, the social services, or school. There must be proper education about victims of the honor culture.

We who live in a sect or an honor culture and want out: how can they see and help us? That is what is missing. More education about it.

Jacobsen: That is a difficult context for people. It is a failure on the part of the government rather than a failure on the part of the individual people.

Sandra: I know it is not totally the doctors’ fault, when there are no programs in their education about it. Whose fault is it? It is whoever put this program together. Is it the politicians? Who decides what topics you read at school?

Jacobsen: Even in Canada, it is asynchronous, whether in the development of psychology or psychiatry. In my province, we only, recently, banned conversion therapy. It is the purported therapy to make gay people straight; this only got banned this year, in part of the country.

Some see this as crazy, even in Canada. Given the context, there are some areas, where it takes time for developments and progress. To the point, where people, for instance, coming out of a fundamentalist background – and a culture and religion that bind themselves to honor culture – treat women differently than men, the scapegoating is more with the women than with the men.

Sandra: Yes, it is.

Jacobsen: Societies tend to be terrified of an educated woman and a sexually liberated woman. Most of the cultural restrictions are on women. Another way of doing it; if you look at the religious texts, whether Fatima, Ayesha, or Rachel, or Mother Mary Magdalene or the Virgin Mary, there are a few stories.

If they are there, they are an afterthought or an “also.” It is also in the culture as well as the texts. It is in the stories that tell people how to live their lives.

Sandra: I agree with you. You know, Scott, in the media, no one speaks about Christians; however, they talk constantly about Muslims. But honor culture does not exist in Muslim culture alone. It is in Christian culture too.

In Sweden, many of the women’s organizations who focus on helping victims of honor culture would not speak with me. They did not want to hear my story. That’s what I mean, Scott. They did not care about my story because it came from a Christian background rather than an Islamic one, which is what they’re used to.

When I tell my story to people, they assume I’m Muslim. They say, “Oh, so, you are Muslim.” No, I am not! I wonder why only Muslims get all the benefits of being believed? I exist, too.

However, when they hear that my parents are Christians, they do not believe me, or assume that it would have been worse if I was a Muslim girl.

“At least you weren’t forced to wear a *hijab*.” How can that make it better? This piece of fabric means more than my entire existence to some people. It is horrible. As soon as you are a foreigner, people assume: Muslim.

Even now, when I get invited to parties with Swedish people, they say, “We are sorry. Because of your religion, how do you feel when we sit and eat pig?” I say, “First of all, I am an atheist. Thank you very much. My parents are Christians. Second of all, give me bacon and shut up!” [Laughing]

Jacobsen: [Laughing].

Sandra: It is the same with alcohol. It is not because it is forbidden in my culture that I do not drink. I just hate alcohol. I do not like the taste. The first and last time I drank was when I was 19 years old. I ended up in the hospital. I had my stomach pumped. I got alcohol poisoning. Since then, I hate alcohol.

Yet, when I get invited to parties by Swedish people, they say, “Oh! Sorry Sandra, we forgot. We are sorry to drink alcohol in front of you.” They will never allow me to be Swedish. Whatever I do, it does not matter if I speak Swedish fluently or dress like them.

I will always be singled out. On the other hand, my culture and country do not want me, too. They single me out as well. “You are European. You are an atheist. You left your husband. You left your child. You did this and that...”

I feel lost sometimes. Where do I belong? I want to belong to something.

Jacobsen: It is common. In this sense, it happens. It is not common. In this sense, it does not happen the majority of the time. It is stuck between worlds: family, culture, country, religion-nonreligion, modernity seen more in European culture, and family life in Lebanon.

I am sorry for what you’ve gone through.

Sandra: Thank you, when you come to a new country as a child, it is more difficult than if you would come as an adult because you already have an identity. We who came as young try to find an identity here. Your parents try then to block you from becoming a part of the community as they see the new country as the enemy of morality.

You get alienated from both countries. You feel like you do not have roots in either country. I do not know what has to happen for this to change. At least, I want to be taken seriously when I talk about honor culture.

It cannot be that my voice isn’t heard because I was born Christian. Media has to stop writing articles that only talk about Islam. There is an honor culture in every religion. My tears and pain are as true as that of a Muslim girl.

Jacobsen: Oftentimes, I think the focus for most Europeans will be Christianity. Given Europe was, historically, Christian, people give it more of a pass when bad things happen within it, whether Roman Catholic, Eastern Orthodox, what have you.

In North America, the population is becoming less and less religious. People harbor more Christian heritage. They will be more likely to excuse it. I expect this more in Muslim and

ex-Muslim household communities, even though they may have more Muslim heritage than Christian heritage as here.

That is what I heard. They do not register it. “I cannot get a job,” is not bad – though bad – as, “I am forced into marriage,” and so on.

Sandra: Even the human rights organizations that are fighting for gender equality, they only refer to what the Muslim women go through. There are ex-Muslim societies or atheist societies, or women organizations.

However, they only talk about how bad Islam is, especially for women. I have not seen a single article written to highlight honor culture within Christians from the Middle East, for example. Maybe, this article is a start. Who knows?

Jacobsen: Thank you for the opportunity and your time, Sandra.

By Sandra El Khoury

TIME TO BURY YOUR PAST

When you least expect it, it comes to you

Making you realize what you've been through

It makes you angry, it makes you mad

Now you realize how much power they had

Even from the first day you were born

They forced you to wear Christ's thorn

They watched you bleed, they saw your pain

They trapped your freedom and locked the chain

When you grow up, you understand

They forced you to obey, it was planned

They forced you to think you were meaningless

And you carry it inside you in your adulthood

But no evil plan is without solution

Love becomes your bloodless revolution

Real friends take your hand when you lead the fight

Your loved ones become warriors of human right

*So you will be at war all your life
 Your inner strength becomes your knife
 It is known that war never ends
 Until one of the fighters descends*

*That person can never be you
 Not after all they put you through
 The day will come at last
 When it is time to bury your past*
 By Sandra El Khoury

IN THE REFLECTION OF MY AFTERNOON TEA

*In the reflection of my afternoon tea
 I see a wild wave of the Mediterranean Sea
 I see the place where I was born
 Where my innocent childhood was torn
 I see war exploiting the Lebanese
 I see politicians as an infectious disease*

*But as a little girl that wasn't my terror
 It was my family who were the dangerous error
 I wasn't afraid of the bombs outside
 Not even the images of all the people who died
 I wasn't afraid of the bloody river in the street
 Not even the thousand bullet holes in concrete*

*I was afraid of the adults in my life
 Who brought me up to become an obedient wife
 To dream was forbidden in all sort or form
 They stopped my wave in the Mediterranean storm
 One day they moved me many miles away
 Sweden were the country where they wanted to stay*

*I thought maybe now there will be a change
But their convictions became more and more strange
As they've taken my childhood, they now took my teenage years
A new wave was created by my salty tears
The more I grew the more harm they caused
All my hopes and dreams for a future they paused*

*I'll not give you details of all the horrible things that took place
That will force me into the unconscious memory trace
All I can say is that I'm looking for the wild wave in me
That I saw today in my afternoon tea
That reflection was a reminder of what they couldn't kill
And I get closer to reach it after every psychiatry bill*

*One day I will find the wild wave in me for sure
Because what they did will not hurt so much anymore
I will become more than I was meant to be
I will be the waves on all the tsunamis of the sea*

So come then and try to stop me

Paragraph 109(f)-(h) of the Beijing Platform for Action. Chapter IV. C. Women and Health

Scott Douglas Jacobsen

November 12, 2018

How can "social, economic, political and cultural research" help engender greater respect for women's health and wellbeing?

Strategic objective C.4.

Promote research and disseminate information on women's health

Actions to be taken

109. By Governments, the United Nations system, health professions, research institutions, non-governmental organizations, donors, pharmaceutical industries and the mass media, as appropriate:

f. Support and fund social, economic, political and cultural research on how gender-based inequalities affect women's health, including etiology, epidemiology, provision and utilization of services and eventual outcome of treatment;

g. Support health service systems and operations research to strengthen access and improve the quality of service delivery, to ensure appropriate support for women as health-care providers and to examine patterns with respect to the provision of health services to women and use of such services by women;

h. Provide financial and institutional support for research on safe, effective, affordable and acceptable methods and technologies for the reproductive and sexual health of women and men, including more safe, effective, affordable and acceptable methods for the regulation of fertility, including natural family planning for both sexes, methods to protect against HIV/AIDS and other sexually transmitted diseases and simple and inexpensive methods of diagnosing such diseases, among others; this research needs to be guided at all stages by users and from the perspective of gender, particularly the perspective of women, and should be carried out in strict conformity with internationally accepted legal, ethical, medical and scientific standards for biomedical research;

Beijing Declaration (1995)

If we look at the ways in which the research and dissemination of data on women's health improve women's health and wellness, one of the prominent referents is the HIV/AIDS concerns, especially prominent in 1995.

But this is neither the limit nor the scope. The funding becomes a major issue within the context of these paragraph sections. They speak to pluripotent funding requirements to solve the issues concerning gender inequity.

In particular, we can see the issues associated with the outcomes in a variety of treatments based on gender not being taken into account as a serious consideration.

A gendered lens is important for the effective tackling of problems linked more to one gender than to another, more to women than to men, as a statistical phenomenon.

As noted in the Human Rights calls, we can note the general negative outcomes that are strongly more negative from women to women and especially from men to women in terms of violence against women.

The significance can be seen in international and national statistics from reliable sources and not on the fringe. These are not on the fringe and simply not dealt with in a robust manner.

Now, there should be work to support the extant programs and initiatives, as well as the bolstering of the creation or construction of new ones with similar or improved aims – as discussed in casual or colloquial terms about research and monitoring for improvement of the performance in some programs.

There are health-care services and research needing financial and other backing, but there are going to simply be more of these in the advanced industrial economies compared to the others.

But this is also important for the promises of sufficient quality in the delivery of health-care to those most in need. Consider, for example, the particularly important moments around the birth and raising of a child.

There, simply, is too much work that needs to be done to provide even the most basic forms of health social services for the women most in need at this time in their reproductive lives – let alone having the right to choose to have children, and when, and how many, and under what financial and other life circumstances.

Next, as noted about the contraceptives, the funding or financing of the contraceptive methods is also extraordinarily important and, in fact, cheap compared to the long-term cost of unplanned or teenage, or coerced pregnancy.

Women reserve the right to provisions of basic reproductive healthcare services and tools based on reproductive health rights. But there is also the need to work on the effective education of women to be able to self-empower.

One of these, often opposed by the Roman Catholic Church – a non-trivial political entity, is family planning, as one of the above-mentioned categories of assistance.

Note, the inexpensive, likely, nature of most of the provisions for the sexual health of women. Within these contexts, it can be possible for women to self-empower and find their way into the “safe, effective, affordable and acceptable” means of reproductive health tools for little cost, and with the proper supports than, potentially, no cost.

Societies would benefit and have benefitted greatly from the respect for, implementation of, and maintenance of women’s rights as non-negotiable. Same with the research that goes into making the next generation of reproductive health tools.

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Beijing Declaration and Platform for Action (1995), Five-year review of progress (2000), 10-year review in 2005, the 15-year review in 2010, and the 20-year review in 2015.

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UN Women's strategic plan, 2018–2021

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Paragraph 109(i)-(j) of the Beijing Platform for Action.

Chapter IV. C. Women and Health

Scott Douglas Jacobsen

November 14, 2018

How can unsafe abortion restrict the fundamental rights and health of women?

Strategic objective C.4.

Promote research and disseminate information on women's health

Actions to be taken

109. By Governments, the United Nations system, health professions, research institutions, non-governmental organizations, donors, pharmaceutical industries and the mass media, as appropriate:

i. Since unsafe abortion/16 is a major threat to the health and life of women, research to understand and better address the determinants and consequences of induced abortion, including its effects on subsequent fertility, reproductive and mental health and contraceptive practice, should be promoted, as well as research on treatment of complications of abortions and post-abortion care;

j. Acknowledge and encourage beneficial traditional health care, especially that practised by indigenous women, with a view to preserving and incorporating the value of traditional health care in the provision of health services, and support research directed towards achieving this aim;

Beijing Declaration (1995)

The stipulations here in the Beijing Declaration relate to some of the most consequential decisions in the life of a woman, whether to have children or not. Other factors relate to this including how many (if so), under what financial and other circumstances, and so on.

But the big reproductive health right consideration here is the unsafe abortion aspect of the (i) statement, which deeply is related to the issues or concerns of deaths and injuries in relation to denial of safe and equitable access to abortion – for any reason.

It can be seen as wrong on several levels. One of which is the denial of a fundamental human right: equitable and safe access to abortion. Another is the lifelong injuries based on having to get abortions under unsafe circumstances; still another, the ways in which there is a disregard for the health and wellness data about women as a group.

The increase in women's and, thus, families' well-being through the provision of their fundamental human rights. Sometimes, this can get lost in translation or in the misrepresentations about abortion as "baby killing" or other slanders.

The basic idea is a fundamental human rights argument plus the health and wellness for women with the legalization for safe and equitable access to abortion.

Indeed, there is an emphasis on the likelihood of fewer complications and fewer abortions if legalized and, therefore, a pro-life person, if true to conviction, should be pro-choice, as this become, by the evidence, pro-infant life, pro-maternal life, and pro-human right.

It is important for proper and non-fear-based information to be freely given to women for them to make free and informed decisions about what they do with and what happens to their bodies.

This should include care and “post-abortion care” as well. Next is the focus on the need to emphasize good health care provisions through the incorporation of a variety of health care relevant to culture – aiming for efficacy of those practices rather than simple appeasement at the same time.

The incorporation of traditional values can be important, though, especially as this can improve the consent to health care in general.

Sometimes, a traditional system may represent a patriarchal structure in which the modern medicine is accepted more or the acknowledged efficacy of some traditional medicines can be used in conjunction with the more modern medicine for a better outcome.

This is all to the good insofar as I can discern, as not every culture will automatically trust the outsiders or those who one may see as the colonizers if not, factually accurately, the descendants of colonizers and, thus, those who shall not be trusted.

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Paragraph 109(k)-(l) of the Beijing Platform for Action. Chapter IV. C. Women and Health

Scott Douglas Jacobsen

November 14, 2018

How can mechanisms be developed for the dissemination of data and research findings relevant to women's health?

Strategic objective C.4.

Promote research and disseminate information on women's health

Actions to be taken

109. By Governments, the United Nations system, health professions, research institutions, non-governmental organizations, donors, pharmaceutical industries and the mass media, as appropriate:

k. Develop mechanisms to evaluate and disseminate available data and research findings to researchers, policy makers, health professionals and women's groups, among others;

l. Monitor human genome and related genetic research from the perspective of women's health and disseminate information and results of studies conducted in accordance with accepted ethical standards.

Beijing Declaration (1995)

The Beijing Declaration in this section of the paragraphs deals with the need to not only provide the relevant information but grade or evaluate it.

That is, the emphasis is on the national and international systems, in addition to the relevant experts and the media, to work on women's rights work through the relevant means by which to accomplish greater education of women.

This was interesting in the light of the statements about the genome, as the Human Genome Project was still quite new and, potentially, had not accomplished its goal by the time of the Beijing Declaration publication.

In addition, there is an emphasis on the evaluation and the monitoring of the research of genetic to see the areas in which women may be particularly vulnerable or in need of additional information.

We can see some of this emerging in the modern period with the breast cancer risk much higher in women than in men, of course; and, also of course, the genetic triggers for the variability in the riskiness of one's life and developing cancers and tumors of the breast(s).

The accepted ethical guidelines of standard professional, medical and academic work become the basis for the reliable provision of proper information for women to make informed decisions about what happens and what they do with their bodies in all matters.

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Paragraph 110(a) of the Beijing Platform for Action.

Chapter IV. C. Women and Health

Scott Douglas Jacobsen

November 15, 2018

How can proper budgetary allocations help with adequate health care and social service provisions for women?

Strategic objective C.5.

Increase resources and monitor follow-up for women's health

Actions to be taken

110. By Governments at all levels and, where appropriate, in cooperation with non-governmental organizations, especially women's and youth organizations:

Increase budgetary allocations for primary health care and social services, with adequate support for secondary and tertiary levels, and give special attention to the reproductive and sexual health of girls and women and give priority to health programmes in rural and poor urban areas;

Beijing Declaration (1995)

Paragraph 110 of the Beijing Declaration examines the ways in which increased resources and monitoring of programs and initiatives for the rights of women can improve their overall health.

The forms of financial allocation can be the lifeblood for some of the important programs at the various levels of government for the increase in the programs and initiatives for women's health and the health of the young.

Also, this continues into the need for some of the most sensitive areas having additional focus. These foci are the reproductive health and sexual health and women and girls.

Each of these provides a means by which to support those most vulnerable to poorer life circumstances without sufficient supports to have control over a) their own sexual health and b) their own reproduction.

It is a matter of if or when, under what circumstances, with who, and the financial and other life circumstances taken into account for the provision of the funding.

These amount to the freedom to move within a society having some minimal social support programs for the more vulnerable population in nations around the world: girls and women.

This vulnerability becomes even more exacerbated with rural women, young women, Indigenous women, and part-time or precariously employed & uneducated women.

Each of these factors should be considered of high importance to reduce the increased probability of poor life outcomes with less and less ability to take part in society in a significant manner because the finances or social supports simply do not exist.

This is a reiterated point throughout several sections of the Beijing Declaration as this is a needed area for improvement of international performance and the respect for and implementation of women's rights.

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Beijing Platform for Action. Chapter IV. C. Women and Health – Paragraph 110(b)-(c)

Scott Douglas Jacobsen

November 15, 2018

How can improvements in health services or innovations in them help with the health and wellness of women?

Strategic objective C.5.

Increase resources and monitor follow-up for women's health

Actions to be taken

110. By Governments at all levels and, where appropriate, in cooperation with non-governmental organizations, especially women's and youth organizations:

b. Develop innovative approaches to funding health services through promoting community participation and local financing; increase, where necessary, budgetary allocations for community health centres and community-based programmes and services that address women's specific health needs;

c. Develop local health services, promoting the incorporation of gender-sensitive community-based participation and self-care and specially designed preventive health programmes;

Beijing Declaration (1995)

Paragraph 110 of the Beijing Declaration focuses on the innovative approaches to the advancement of women's rights *in the community*. It is the basis of health services mentioned in the previous article.

The ability of women to have access to a variety of reproductive and sexual health provisions for the improvement in their livelihoods is essential to the respect for and implementation of women's rights.

In addition, there is the need to work on making the older technologies cheaper, more widely accessible, and, possibly, in some manner mass-produced for easy delivery to nations in the world without sufficient health provisions for women's needs.

The budget set-asides are for the possibility of women to be able to live their lives as freely as the men in the nation, which, probably, includes the girls living as well as, or as equally as well as more properly, as the boys in their lives.

The health and community centres can be important adjuncts to keep this going. But these should not be the sole means by which individual citizens empower themselves.

They can self-empower or have the promise from the international community of self-empowerment, but then to make the promise and then not provide the necessary resources to do so, or move towards doing so, is criminal.

There are girls- and women-specific programs. It is the promise plus the *provision* of the resources for the needs of women and girls that is central to the Beijing Declaration, which means, as has not been done, keeping the needs, wants, desires and statistical requirements of women and girls in mind as much as the boys and men – and, in fact, more as the next generations depend more on women than on others.

This comes out in the sociocultural phenomenon of more women taking on the majority of the childcare and home care responsibilities. But this can, in part, be tackled with a gendered lens on the solutions to the problems of the world.

In fact, these can be one of the main, basic premises of the programs set forth for the increase in the equality of the sexes through specialized programs and initiatives with an innovative research perspective – and, hopefully, eventual productions – that can create a more equitable world the helpful additions of modernized technologies. But this requires money.

Sometimes, a big investment at first and smaller ones as time goes onward. But the focus is to reduce costs not only with the innovation but also with the special designs of the preventive care for women.

This can, in the end, reduce overall costs, especially where it can be the most impactful in the less developed nations without sufficient resources to adequately provide for the healthcare and reproductive health needs, in particular, of women.

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