



## WHEC Update

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

February 2018; Vol. 13. No. 02

## *Annual Project Report*

The Women's Health and Education Center (WHEC) contributes to global work to help people lead healthy sexual and reproductive lives by supporting and coordinating research on a global scale and conducting research in partnership with countries to provide the high-quality information needed to achieve universal access to effective care and to enable people to protect and promote their own health. Launched on 24<sup>th</sup> October 2002, in collaboration with the United Nations (UN) and the World Health Organization (WHO), our initiative (<http://WomensHealthSection.com>) is giving voice to women, children and adolescents in 227 countries and territories, who need our services the most. We welcome everyone.

**First, you cannot improve health if you fail to uphold rights. Second, you cannot uphold rights without bold leadership at the highest levels.** Our work is inspired by the human rights principles of equality, inclusiveness, non-discrimination, participation and accountability, and stands on a firm foundation of international human rights law. It owes much to the efforts of activists, healthcare professionals, lawyers, politicians, academics and others whose tireless, and at times courageous efforts, have elaborated this mutually dependent field of health and human rights over the past decades. And it includes numerous examples of the evidence of the efficacy of a human rights-based approach to improving health, and how better health can enable women, children and adolescents specifically to realize their other rights.

Worldwide, the need to realize rights to health and through health has never been more urgent. Discrimination, abuse and violence against women, children and adolescents. The most widespread of human rights violations erode physical and mental health, stealing the personal destinies of millions, and robbing the world of precious and needed talent, potential and contribution.

A transformative leadership agenda is vital if women, children and adolescents are to realize their health and well-being and to flourish and prosper. Our initiatives support and enhance the key dimensions of this agenda. Our Working Group urges the world's leaders to enhance their efforts in pursuit of this agenda squarely on the human rights principles of equality, inclusiveness, non-discrimination, participation and accountability. Evidence shows that this formula can create the transformation necessary to secure more peaceful, fairer and more inclusive societies, for everyone.

Healthy women, children and adolescents whose rights are protected are at the very heart of Sustainable Development Goals (SDGs). Their inherent right to highest attainable standard of health is enshrined in the initiatives of WHEC and in international human rights law. When their rights to health is upheld, their access to all human rights is also enhanced, triggering a cascade of transformative change.

States are legally obliged by international law to enable us to realize our right to health, which is a prerequisite for the fulfilment of all other human rights, such as the rights to life, education and information, to participation, and to benefit from scientific progress and its applications. This edition of WHEC Update and our Annual Report refer throughout to rights: "to health and through health" to express this fact – the right to health does not stand alone but is indivisible from other human rights.

We have the knowledge, means and the motivation to act. Let us not wait a moment longer.

Survive, thrive and transform.

Leading Human Rights through Health

**Rita Luthra, MD**

# 2017 in Review: To Health and Through Health

## *Accelerating Sustainable Development*

We are proud of the improvements and it is our pleasure to continue to bring to you, the best in Sustainable Development Network Development and Learning. There are many options out there, and we @ WHEC, appreciate your loyalty and choosing us as a go-to-resource in women's and children's health. As we @ WHEC continue to invest in our network, products and services, the cost of doing business rises. You have our commitment that we will always work to bring you the best value for your needs, research and patientcare.

It is indeed a pleasure to share our e-Health platform, which was launched on 24 October 2002, in collaboration with the UN, WHO. And **WHEC Global Health Line** (WGHL), which was launched on 4 July 2013, is proudly serving in 227 countries and territories. Our projects / initiatives, are coming of age. Our mission is to achieve a world in which every woman, child and adolescent in every setting realizes their rights to physical and mental health and well-being, has social and economic opportunities, and can participate fully in shaping prosperous and sustainable societies.

Time has now come to take stock of how the global community is gaining traction in realizing the *Global Strategy* (GS) as it regards to:

- Objectives conceived around the survive, thrive and transform axes;
- Sixty (60) indicators (aligned with SDGs) from which the global community drew 16 key indicators constituting a minimum package to provide a snapshot of progress on the GS;
- Nine (9) Action Areas that form the GS operational framework and provide guidance on what could be done at national and sub-national levels. The nine action areas with their “ingredients” for action are:
  1. Country leadership: Country leadership;
  2. Financing for health: Aligning and mobilizing financing;
  3. Health system resilience: Strengthening health systems;
  4. Individual potential: Establishing priorities for realizing individual potential;
  5. Community engagement: Supporting community engagement, participation and advocacy;
  6. Multi-sectoral action: Enhancing mechanisms for multi-sectoral action;
  7. Humanitarian and fragile settings: Strengthening capacity for action in humanitarian and fragile settings;
  8. Research and innovation: Fostering research and innovation;
  9. Accountability: Reinforcing global and national accountability mechanisms
- Twelve (12) guiding principles, inter alia, country-led, human rights-based, equity driven, gender-responsive, people centered and community-owned.

*WHEC Global Health Line* (WGHL), supported by The Women's Health and Education Center (WHEC) and its non-profit entity, The Women's Health and Education Organization, Inc. (WHEO, Inc.) as a final grant for building networks to support innovative researchers and move scientific discoveries into use in both developing countries and developed countries. 12 Months, \$150,000.

WHEC *Global Health Line* (WGHL), through its Learning and Innovation Network for Knowledge and Solutions (LINK), aims to catalyze collaborative networks – cutting across disciplines, sectors, and borders—that seek science and technology-based solutions to development challenges.

Current themes include Maternal and Child Health. WGHL runs competitions to select researchers who have identified potentially innovative solutions and works with them to build their networks, mobilizing expertise and other resources they need to extend and apply their research. This grant will support a third round. In this round, WGHL will select one winning researcher, whose team of up to three other scientists will receive training and coaching; three semifinalist teams will receive training; and six African facilitators will be trained in the LINK process.

Development of a new Strategic Plan for the Partnership for the period 2016-2030 that articulates its role in supporting the implementation of the updated *Global Strategy* and implementation of the SDGs, will remain the focus of our work in 2018.

<http://www.WomensHealthSection.com> served **15 million** readers / subscribers in **227 countries and territories** with an average of about 1.4 million visitors / subscriber, per month, in 2017 with links to about 145,000 websites. On average 160,000 files, 27,600 URLs and 58,600 pages were accessed, every month. It expanded to 30 sections and sub-sections. We hope to continue to grow. In the spirit of growth in this digital age, it was upgraded in 2017 for global dissemination. We have rearranged content so that it is easier for you to find what you need.

We welcome your feedback and hope you find the Journal to be useful – a continuing mission.

### **Best of 2017**

Top 15 Countries out of 227 Countries and Territories, where WHEC Global Health line / WHEC Networks are accessed frequently:

- USA; Canada; China; Australia; India; Switzerland; Saudi Arabia; Belgium; U.K.; Germany; Venezuela; Spain; Japan; Mexico; and France.

Top 5 Groups out of 25 groups for educational purposes:

- US Educational; US Commercial; US Government; US Military and International (Int).

Top 5 User Agents out of 1,012:

- Mozilla/5.0; MobileSafari/602.1 CFNetwork/808.0.2 Darwin/16.0.0; bingbot/2.0; Googlebot/2.1; Baiduspider/2.0

Top 5 most popular sections out of 28: 1) Medical Disorders in Pregnancy; 2) WHEC Update; 3) Gynecologic Oncology; 4) Gynecology; 5) Focus on Mental Health.

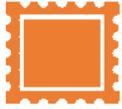
Top 10 most read comprehensive review articles out of 250 Practice Bulletins: 1) Marijuana and Pregnancy Implications; 2) Depression During Pregnancy; 3) Female Sexual Dysfunction; 4) Genetic Counseling and Genetic Screening; 5) Stillbirth: Evaluation and Management; 6) Managing von Willebrand Disease in Women; 7) Medical Liability: Tort Reform; 8) Patient Safety; 9) Sexual Violence; 10) Bone Health: Osteoporosis Prevention Strategies.

Join our efforts!

**Beneficiaries:** Visitors of *WomensHealthSection.com* (more than 165 million readers / subscribers worldwide so far and growing fast...)

*Dedicated to Women's and Children's Well-being and Health Care Worldwide*





## Your Questions, Our Reply

What is a rights-based approach to health financing and universal health coverage? How to address human rights as determinants of health? Why is human-right-based approach necessary?

**Realizing Human Rights to Health:** In 1948, the UN General Assembly adopted the Universal Declaration of Human Rights, enshrining the human rights and fundamental freedoms of all individuals which serve as “the foundation of freedom, justice and peace in the world.” Health is included in the right to an adequate standard of living. This was followed by national, regional and international health-related human rights. Some examples are:

- In 1948 American Declaration on the Rights and Duties of Man that every person has the right to preservation of health.
- One of the 10 principles in the 1956 Declaration of the Rights of the Child is: “The right to special protection of the child’s physical, mental and social development.”
- In 2000, the European Charter on Human Rights recognized that: “Everyone has the right of access to preventive healthcare and the right to benefit from medical treatment under the conditions established by national laws and practices.
- In 2000, the UN Committee on Economic, Social and Cultural Rights elaborated on the obligations of States Parties concerning the right to the highest attainable standards of health, and in 2016, it issued a general comment on the right to sexual and reproductive health.
- In 2015, the Committee on Rights of the Child provided an authoritative interpretation of the rights to health of the child, and in 2016, similarly on the rights of adolescents.

In addition to these and other statements of States’ obligations concerning the right to health, operational guidance on a human rights-based approach to health has also been published in recent years.

The obligation to **respect** the right to health requires States, inter alia: to refrain from denying or limiting equal access for all persons, including prisoners or detainees, minorities, asylum seekers and irregular immigrants, to preventive, curative, and palliative health services; to abstain from enforcing discriminatory practices as State policy; and to abstain from imposing discriminatory practices relating to people’s health status and needs.

The Obligation to **protect** includes, inter alia, the duties of States to adopt legislation or to take other measures ensuring equal access or to take other measures ensuring equal access to health care and health-related services provided by third parties do not limit people’s access to health-related information and services.

Human-right-based approach helps States meet their obligations under international human rights laws. It offers a principled basis for universal access to health services, emphasizing that interventions must be non-discriminatory, transparent and participatory, and founded on strong public accountability. It requires focus on both the empowerment of rights-holders (all people, including women, children and adolescents) and the responsibilities of duty-bearers (States, policy-makers, healthcare providers etc.). It aims to enhance the capacity of duty-bearers at local, district and national levels to carry out their obligations to respect protect and fulfil human rights in transparent, effective and accountable ways. It requires full and informed participation by all those affected by any action or policy.

It builds true sustainability into health systems and towards improving health outcomes by requiring that the underlying determinants of health be tackled, including through the realization of health-enabling rights.



## Permanent Mission of Equatorial Guinea to the United Nations

Equatorial Guinea became UN Member State on 12 November 1968

**Equatorial Guinea**, officially the Republic of Equatorial Guinea, is a country located in Central Africa with an area of 28,000 sq. kilometers (11,000 sq. miles). Formerly the colony of Spanish Guinea, its post-independence name evokes its location near both the Equator and the Gulf of Guinea. Equatorial Guinea is the only sovereign African state in which Spanish is an official language. As of 2015, the country had an estimated population of 1.3 million. The principal religion is Christianity, the faith of 93% of the population. Roman Catholics make up the majority (87%), while minorities are Protestants (5%). 2% of the population follows Islam (mainly Sunni). The remaining 5% practice Animism, Bahá'í Faith, and other beliefs.



Since the mid-1990s, Equatorial Guinea has become one of sub-Saharan Africa's largest oil producers. It is the richest country per capita in Africa, and its gross domestic product (GDP) adjusted for purchasing power parity (PPP) per capita ranks 43<sup>rd</sup> in the world. However, the wealth is distributed extremely unevenly, and few people have benefited from the oil riches. The country ranks 144<sup>th</sup> on UN's 2017 Human Development Index (HDI). The UN says that less than half of the population has access to clean drinking water and that

20% of children die before reaching the age of five.

The country's authoritarian government has one of the worst human rights records in the world, consistently ranking among the "worst of the worst" in Freedom House's annual survey of political and civil rights. Human trafficking is a significant problem; the 2014 U.S. Trafficking in Persons Report stated that Equatorial Guinea "is a source and destination for women and children subjected to forced labor and FC sex trafficking." The report states Equatorial Guinea as a government that does not fully comply with minimum standards and is not making significant efforts to do so.

In September 2016, Equatorial Guinea submitted a Request for the indication of provisional measures, asking the Court, inter alia, to order that France suspend all the criminal proceedings brought against the Vice-President of Equatorial Guinea; that France ensure that the building located at 42 avenue Foch in Paris is treated as premises of Equatorial Guinea's diplomatic mission in France and, in particular, assure its inviolability; and that France refrain from taking any other measure that might aggravate or extend the dispute submitted to the Court.

Established in 1945 under the UN Charter, the ICJ – widely referred to as the 'World Court' – settles legal disputes between States and gives advisory opinions on legal questions that have been referred to it by authorized UN organs or specialized agencies. ICJ Judgments are final and binding on the Parties involved in the legal disputes submitted to the Court.

The International Court of Justice (ICJ), the principal judicial organ of the United Nations, has delivered its Order on the case concerning Immunities and Criminal Proceedings (*Equatorial Guinea v. France*) and the request by Equatorial Guinea to indicate provisional measures.

The Order indicates that France shall take "all measures at its disposal" to make sure that the premises presented as housing the diplomatic mission of Equatorial Guinea at 42 avenue Foch in Paris satisfy the required treatment outlined in Article 22 of the Vienna Convention on Diplomatic Relations. The Court also unanimously rejected the request of France to remove the case from the General List.

Details: <https://www.un.int/equatorialguinea/>

## Collaboration with World Health Organization (WHO)

WHO | Equatorial Guinea

Health Situation

Communicable diseases are still very prevalent in Equatorial Guinea, accounting for more than 85% of all medical consultations, especially malaria, acute respiratory infections and diarrhea, which are the primary causes of death in children under 5. HIV prevalence was estimated at 7% in 2008, and this could increase unless appropriate and effective action is taken.



Equatorial Guinea has made significant health progress in the period covered by the previous cooperation strategy. A social development fund has been established, many hospitals and health centres have been constructed and renovated, onchocerciasis vectors have been progressively eliminated and the number of cases reduced on Bioko island, and the number of cases of leprosy, Buruli ulcer and trypanosomiasis has been reduced in the historic foci of Luba and Mbini. Malaria prevalence in children aged between 2 and 14 was significantly reduced in the period from 2004 to 2007, particularly on Bioko island.

Equatorial Guinea has committed itself to health system reform based on operationalization of health districts, and adopted a series of measures to promote the health sector. The country has tangibly improved the health of its population and the remaining challenges have been incorporated into its Horizon 2020 strategy.

### **Health Policies and Systems**

To respond to the increasing health needs of the population, the Government of Equatorial Guinea committed itself to health-sector reform in 1996. To fulfil this commitment, it elaborated successive health development plans covering the periods 1996-2000 and 2002-2006. The challenge has been to monitor the implementation of these plans.

The development in 2007 of Horizon 2020, the national plan for socioeconomic development, marked a significant step towards defining national health objectives. The Ministry of Health and Social Welfare, in conjunction with its technical, financial and social partners, has devised a health development plan for the period 2014-2020 (or 2015-2020) which will ensure the attainment of the health objectives under the Horizon 2020 national strategy.

### **Cooperation for Health**

Like most African countries, Equatorial Guinea has very few real development partners and is entirely responsible for its own development. It does not depend on external health funding; public funds account for 95% of total expenditure on health. The United Nations system meets with the diplomatic community every six months to discuss matters connected with the implementation of the United Nations Development Assistance Framework (UNDAF).

The Government of Equatorial Guinea, through the Ministry of Foreign Affairs, which is responsible for international cooperation, adopted a cooperation strategy in 2007 based on Government priorities, transparency and mutual trust, enhanced coordination, and the assessment of cooperation to ensure a real impact on beneficiaries.

Details: <http://www.who.int/countries/gnq/en/>

## **Bulletin Board**

### **Authorship & Policy**

The following policies apply to all manuscripts submitted to *WomensHealthSection.com*.

### **Institutional Review Board**

Institutional review board (IRB) approval or a letter from the IRB chair stating that the study is exempt from IRB review is required for any original research article. Include a sentence in the Materials and Methods section stating that approval was obtained, and include the name of IRB.

### **Disclosure of Competing Interests**

On submission, the author(s) must identify potential conflicts of interests of a financial or other nature. Authors should err on the side of full disclosure and provide as much information as possible, regardless of dollar amount.

- Identify all sources of financial support of the study, including provision of supplies or services from a commercial organization on the title page;
- Disclose any financial involvement that could represent potential conflicts of interest and list the potential of conflicts in an attachment.

### **Commercial Names:**

Commercial names cannot be used in the title, précis, or abstract. When referring to drugs, use lowercase generic names. If a commercial name must be used, it should be capitalized and indicate the name and location (city and state, as well as country if not in the United States) of the manufacturer in parentheses at first mention. If a specific piece of commercial equipment, an instrument, or a statistical program has been used, indicate the manufacturer's name and location.

*To be continued...*



## **Collaboration with UN University (UNU)**

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

### **How are people poor?**

#### **Measuring global progress towards zero poverty**

“A number can awaken consciences; it can mobilize the reluctant, it can ignite action, it can generate debate; it can even, in the best of circumstances, end a pressing problem.”

Numbers that Move the World; by Miguel Szekely (2005, 13)

Turning to poverty analysis, identifying a minimal combination of basic capabilities can be a good way of setting up the problem of diagnosing and measuring poverty. It can lead to results quite different from those obtained by concentrating on inadequacy of income as the criterion of identifying the poor. The conversion of income into basic capabilities may vary greatly between individuals and between different societies, so that the ability to reach minimally acceptable levels of basic capabilities can go with varying levels of minimally adequate incomes. The income-centered view of poverty, based on specifying an interpersonally invariant “poverty line” income, may be very misleading in the identification and evaluation of poverty.

#### **Resolution adopted by the General Assembly on 6 July 2017 (A/71/L.75)**

Work of the Statistical Commission pertaining to the 2030 Agenda for Sustainable Development

### *The General Assembly*

*Reaffirming* its resolution 70/1 of 25 September 2015, by which the General Assembly adopted the 2030 Agenda for Sustainable Development,

*Reaffirming also* the pledge that no one will be left behind in implementing the 2030 Agenda for Sustainable Development, that the 2030 Agenda is people-centered, universal and transformative, that the Sustainable Development Goals and targets are integrated and indivisible and balance the three dimensions of sustainable development – economic, social and environmental – and that it is a plan of action for people, planet and prosperity that also seeks to strengthen universal peace in larger freedom, to be implemented by all countries and stakeholders, acting in collaborative partnership, and reaffirming further all the principles recognized in the Agenda and that eradicating poverty in all its forms and dimensions, including extreme poverty, is the greatest global challenge and an indispensable requirement for sustainable development,

### **Africa Agenda 2063**

ASPIRATION 1. A prosperous Africa based on inclusive growth and sustainable development  
We are determined to eradicate poverty in one generation and build shared prosperity through social and economic transformation of the continent.

ASPIRATION 6. An Africa whose development is people-driven, relying on the potential of African people, especially its women and youth, and caring for children.

All the citizens of Africa will be actively involved in decision making in all aspects. Africa shall be an inclusive continent where no child, woman or man will be left behind or excluded, based on gender, political affiliation, religion, ethnic affiliation, locality, age or other factors.

Children are poorer than adults in every indicator; 52% of poor children live in 4 countries

India: Shared poor children 31%; Share children 24%;

Nigeria: Share poor children 8%; Share children 5%

Ethiopia: Share poor children 7%; Share children 3%

Pakistan: Share poor children 6%; Share children 5%

Extract from the 2017 WIDER Annual Lecture by Professor Sabina Alkire, Director of the Oxford Poverty and Human Development Initiative (OPHI), discusses implications of using the Global Multidimensional Poverty Index (MPI) and other poverty measures for achieving the United Nations 2030 Agenda for Sustainable Development, particularly Sustainable Development Goal 1 – to end poverty in all its forms everywhere.

*Details of the paper can be accessed from the link of UNU-WIDER on CME Page*

<http://www.WomensHealthSection.com/content/CME>



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

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

### **What is new?**

#### **Global Gender Gap Report benchmarks countries on progress towards gender parity**

Talent is one of the most essential factors for growth and competitiveness. To build future economies that are both dynamic and inclusive, we must ensure that everyone has equal opportunity. When women and

girls are not integrated—as both beneficiary and shaper—the global community loses out on skills, ideas and perspectives that are critical for addressing global challenges and harnessing new opportunities.

This report finds that, globally, gender parity is shifting into reverse this year for the first time since the World Economic Forum started measuring it. Yet there are also many countries that have made considerable progress, understanding that talent is a critical factor for growth. These countries are poised for further success. This year's analysis also reveals gender gaps at the industry level and highlights that even though qualified women are coming out of the education system, many industries are failing to hire, retain and promote them, losing out on a wealth of capacity.

As the world moves from capitalism into the era of talents, competitiveness on a national and on a business level will be decided more than ever before by the innovative capacity of a country or a company. In this new context, the integration of women into the talent pool becomes a must. While no single measure can capture the complete situation, the Global Gender Gap Index presented in this report seeks to measure one important aspect of gender equality: the relative gaps between women and men across four key areas: health, education, economy and politics.

It is our hope that this latest edition of the report will serve as a call to action to governments to accelerate gender equality through bolder policy-making, to businesses to prioritize gender equality as a critical economic and moral imperative and to all of us to become deeply conscious of the choices we make every day that impact gender equality globally. We call upon every reader of this report to join these efforts.

Gender Gap Report 2017: [http://www3.weforum.org/docs/WEF\\_GGGR\\_2017.pdf](http://www3.weforum.org/docs/WEF_GGGR_2017.pdf)

*To be continued...*

## Two Articles of Highest Impact, January 2018

1. Patient Safety; <http://www.womenshealthsection.com/content/heal/heal023.php3>  
WHEC Publications. Special thanks to our reviewers for helpful suggestions. Funding provided by WHEC Initiative for Global Health.
2. Newborn Care: Initial Assessment & Resuscitation;  
<http://www.womenshealthsection.com/content/obsnc/obsnc001.php3>  
WHEC Publications. Special thanks to our writers and editors for compiling the review. Funding provided by WHEC Initiatives for Global Health. WHEC Global Health Line welcomes everyone to participate in this movement. Thank you for making this section possible.



### From Editor's Desk

*The Perception Change Project*

**Adolescent** – young people between the ages of 10 and 19 years – are often thought of as a healthy group. Nevertheless, many adolescents do die prematurely due to accidents, suicide, violence, pregnancy related complications and other illnesses that are either preventable or treatable. Many more suffer chronic ill-health and disability. In addition, many serious diseases in adulthood have their roots in adolescence. For example, tobacco use, sexually transmitted infections including HIV, poor eating and exercise habits, lead to illness or premature death later in life.

#### Perception of gender roles & the sexual behavior of adolescents



Many parents all over the world are reluctant to discuss sexual matters with their adolescent children. The lack of school-based sex education programs in many parts of the world, further contributes to adolescents'

poor understanding of sexuality. As a result, many adolescents have misconceptions about sexuality; this can expose them to risky sexual behavior. Most of the adolescents generally have inadequate communication skills to negotiate safe sex. They also have insufficient knowledge of ways to protect themselves from risky behavior and the consequences of unsafe sex.

*Many adolescents perceive that domestic and public life is dominated by men.* Adolescents of both sexes hold similar perception about power imbalances in political and economic spheres. In surveys, sponsored by WHO and World Bank, both boys (83%) and girls (87%) agreed that men exercised more power in politics than women. Many of the participants in these surveys reported traditional divisions of labor within their families. However, adolescents differed sharply in their gender role preferences. For example, more girls (71%) than boys (48%) said that men and women should spend equal amounts of time doing housework.

*Peer networks and communication on sexual matters differ among girls and boys.* Adolescents report difficulty in communicating about sexual matters with the opposite sex, so most peer group discussions of sexual matters are sex segregated. The major findings of these surveys are:

- Girls' networks provide exchange of information on matters of sex, discussion of sexual experiences and advice on relationships.
- Boys' networks provide opportunities for reinforcing traditional perceptions of masculinity and boasting about and exaggerating sexual experiences. Information seeking is rare; boys fear that revealing ignorance will be interpreted as a sign of inexperience and will undermine their image of being tough and sexually savvy.
- While communication about sexual matters is poor, adolescents who reported communicating with their partners about safe sex practices early-on in the relationship were significantly more inclined than others to use condoms in their relationship.

*Sexual experiences are influenced predominantly by perceptions of gender roles.* In these surveys half (51%) of the boys and one-third (27%) of the girls reported sexual experience. First experience of sexual intercourse tended to occur around ages 15-16 for both sexes; however, only 47% of boys compared to 80% of girls reported one sexual partner ever.

- Boys and girls reported different motives for having sex. Nearly half of the boys (44%) perceived physical pleasure as a priority in sexual relations. Girls, in contrast, stressed the importance of emotional pleasure (32%) or a combination of emotional and physical pleasure (32%) as priorities.
- Gender influences the nature of risky behavior related to first sexual intercourse. Boys are much more likely to report sex with a casual partner for their first experience as well as the use of drugs and alcohol in that experience. However, a slightly greater number of boys than girls reported the use of condoms during their first sexual encounter. Some risky behaviors applied equally to both sexes: nearly one in three adolescents did not use any contraception during their first sexual encounter.

## **Conclusions and Policy Recommendations**

- Sexual experiences reflect gender disparities. A considerably larger percentage of adolescent boys than adolescent girls have had sex. Male adolescents are more likely than girls to have a one-night stand, and girls are, in contrast, more likely to have had only one partner and are less likely to have used alcohol and drugs during the first sexual encounter.
- Condom use declines in long-term relationships as girls turn to coitus-interruptus or no contraceptive use. Additional findings from the various studies have shown, that although over half of the adolescents reported condom use for first sex, condom use becomes increasingly erratic in long-term relationships.
- Adolescents find it difficult to communicate on sexual matters with their partners. Hence, they need information and advice in matters of reproductive health and sexuality. As most 15-18-year-old adolescents attend school, school-based education programs for sexual and reproductive health should be established. These should emphasize communication with parents and peers, questioning stereotypical gender-based sexual expectations, and negotiation skills for safe sex.

We suggest, a study to be carried out at different sites in developed and developing countries, to explore adolescents' perceptions and attitudes toward gender roles, ways in which gender norms and beliefs shape their sexual experiences and expectations, perceptions of risk and responsibility in sexual encounters and relationships, and use of contraceptives (especially condoms) during sexual encounters.



## In The News

### 2017 in Review: Key Health Issues

**Review the biggest health stories from WHO in 2017: Relive some of WHO's major achievements in the last year**

This was a year of major achievements for WHO – from responding to disease outbreaks and crises, to shaping global policy, to the election of a new Director-General.

“I envision a world in which everyone can live healthy, productive lives, regardless of who they are or where they live.”

- Dr. Tedros, WHO Director-General

Details: <http://www.who.int/features/2017/year-review/en/#event-2017-year-in-review>

## Our Letters of Support Page

We thank the UN, WHO, UN Agencies and Programs, academic institutions worldwide, and very talented Board of Directors and Physician's Board for making this vision and initiative a success. Very special thanks from all of us @ WHEC to: UN Secretary Generals (Mr. BAN Ki-moon and Mr. António Guterres) and The Presidents of the United States (POTUS) Mr. Barack Obama and Mr. Donald J. Trump, for the friendship and support. It is indeed our pleasure to share with you our Letters of Support Page.

<http://www.womenshealthsection.com/content/whec/letters.php3>

There are no strangers @ This NGO, only the friends you have not met. We are serving with pride in 227 countries and territories for: *Education for All* and *Health for All*.

**We are everywhere – so you can be anywhere, you want to be.**

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



## Words of Wisdom

Nor love, nor honour, wealth nor pow'r,  
Can give the heart a cheerful hour  
When health is lost. Be timely wise;  
With health all taste of pleasure flies.

- John Gay, (30 June 1685 – 4 December 1732) English poet and dramatist. *Fables* (1727), Part 1. Fables 31

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

<http://www.WomensHealthSection.com>

