



WHEC Update

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

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Making A Difference

Do you remember the days when there was no Internet anywhere in this world? ... For me, it was so long ago, that it seems like pre-historical days. The latest cultural generations – iGen'ers – Millennials and generations X, Y and Z cannot even imagine or fathom a world and/or life without THE INTERNET. May be someday TIME will be measured, defined and calculated in the terms of Before & After Internet. Use of the Internet, computers, smartphones and other electronic devices has dramatically increased over recent decades, and this increase is associated not only with clear and tremendous benefits to the users and societies, but also with documented cases of excessive use which often has negative consequences.

The World Health Organization (WHO) Department of Mental Health and Substance Abuse has started activities on public health implications of excessive use of the Internet, computers, smartphones and similar electronic devices in 2014 in response to the concerns expressed by professional groups, WHO collaborating centers, academics and clinicians about public health relevance of health conditions associated with excessive use of the Internet and other communication and gaming platforms. A group of experts @ The Women's Health and Education Center (WHEC) who are experts on the epidemiology, nature, phenomenology, outcomes and public health implications of health conditions associated with excessive use of the Internet, smartphone and similar electronic devices, have expressed their views in this edition of ***WHEC Update***.

Over the past decade, society has witnessed massive changes in the way media and technology intersect with how we work and live. Devices are more mobile, functional, and seemingly indispensable. What are the human costs of an "always connected" lifestyle, especially for children? This edition examines the latest scientific research about problematic media use, articulating its pervasiveness, forms, and possible impacts on youth's well-being and development, yielding some surprising findings and raising many more questions. Adolescent is a time of life that is both exhilarating and daunting. It can be fraught with excitement and disappointment, self-confidence and insecurity, camaraderie and loneliness. Communication media – whether pen and paper, phone calls, Facebook, or Twitter – can exacerbate or alleviate the perils of teenage life, or even do both at the same time.

For all their love of new media, a substantial number of teens express at least an occasional desire to "unplug" or go back to a day when there was no Facebook. Some teens describe themselves as "addicted to their cell phones and get frustrated with their friends – and their parents – for spending so much time with their phones and other gadgets instead of focusing on the people they're with. Many teens express an almost adult-like weariness with the pressures of the constant texting and posting involved in their modern lives. Those teenagers who express the strongest desire to unplug or go back to a time when there was no Facebook are more likely than other teens to have come across racist, sexist, homophobic, or anti-religious content. They are also more likely to have had some type of negative reaction to social networking, such as feeling less confident or worse about themselves after using their social networking site. It is possible that these experiences influenced their desire to unplug.

Parents, educators, and child development experts all need to keep a careful eye on the role of social media in teenagers' lives, and these adults may offer critical insights and cautions. After all, none of us can accurately assess the impact that relentless advertising may have on our desires or behaviors or fully understand how our horizons may be limited or expanded by ubiquitous cultural messages.

Technology Addiction and Public Health Implications

Rita Luthra, MD



Your Questions, Our Reply

How do the heaviest social media users compare to other teens in terms of their social and emotional well-being? Does it make them feel more connected or more isolated? Better about themselves, or more depressed and lonelier?

“Addiction” and the Desire to Unplug: Almost all teenagers in America today have used social media. 9 out of 10 (90%) 13- to 17-year-olds have used some form of social media. 3 out of 4 (75%) teenagers currently have a profile on a social networking site, and 1 in 5 (22%) has a current Twitter account (27% have ever used Twitter). Facebook utterly dominates social networking use among teens: 68% of all teens say Facebook is their main social networking site, compared to 6% for Twitter, 1% GooglePlus, and 1% for MySpace (25% don't have a social networking site). For the vast majority of teens, social and other digital communications media are a daily part of life. Very few teens think that using their social network site makes them more depressed. Among all teen social network users, only 5% say using their social networking site make them feel more depressed, compared to 10% who say it makes them feel less depressed. Even among the least happy teens 18% say using their social networking site makes them feel more depressed, while 13% say it lessens their depression.

Social media use does affect how some teens interact with one another. Nearly, a third (31%) of social media users say they've flirted with someone online that they wouldn't have flirted with in person, and 25% say they've said something bad about someone online that they wouldn't have said in person. When it comes to depression and social isolation, only 5% of social network users say that social networking makes them feel more depressed (compared to 10% who say it makes them feel less depressed), and only 4% say it makes them feel less popular, less confident, or worse about themselves. Most teens feel that, on balance, using social media has helped rather than hurt their relationships. About half of all teens (54%) say social networking has helped them feel more connected with family and friends (2% say it's made them feel less connected, and rest say it hasn't made much difference one way or the other). In other words, while the reports of tensions and worse caused by social media are no doubt very real, they are much more the exception than the rule, and for the vast majority of teens, the overall impact of social networking has been positive.

We analyzed how “less happy” young people feel about social networking and compared them to the happiest group of young people in this study (those who said being happy with life was a lot like them and being sad or depressed was not like them). In the end, about 10% of respondents fell into the category of “less happy” teens. The proportion of “less happy” teens tracks closely with national statistics about the incidence of depression among adolescents (for example, the National Institute of Mental Health's Fact Sheet on Depression in Children and Adolescents states that 11% of adolescents have a depressive disorder by age 18). These “less happy” teenagers have mixed feeling about social networking's impact on their social and emotional well-being. They are more likely than the happiest respondents to say that using their social networking site makes them feel outgoing (50%) and popular (34%) but are also more likely to say it makes them feel more depressed (18%, compared to less than one-half of 1% on the happiest teens). A large number of the less happy teens wish that their parents would spend less time on their phones and other devices.

For the generation of youth in their teens today, social media are so intricately woven into the fabric of their lives that they don't really know what life would be like without them. But today's social media have the potential to amplify age-old anxieties and rites of passage in ways that yesterday's communications media did not – by opening once-private exchanges for an entire school to see, adding photos and videos to words, allowing an entire community the chance to comment on what is seen or heard or said online, and by maintaining a permanent record of all those interactions.

Let us develop healthy relationship with technology and social media.



United Nations at a Glance

Permanent Mission of Iceland to the United Nations

Iceland became UN Member State on 19 November 1946



Iceland is a Nordic island country in North Atlantic, with a population of 357,050 and an area of 103,000 km² (40,000 sq. mil), making it the most sparsely populated country in Europe. The capital and the largest city is Reykjavik, with Reykjavik and the surrounding areas in the southwest of the country being home to over two-thirds of the population. Iceland is volcanically and geological active. Official language is Icelandic; religion – Church of Iceland. Government – Unitary parliamentary republic. Currency – Icelandic króna (ISK).

The settlement of Iceland began in 874 AD. The establishment of the Kalmar Union in 1397 united the kingdoms of Norway, Denmark, and Sweden. In the wake of the French Revolution and Napoleonic Wars, Iceland's struggle for independence took form and culminated in independence in 1918 and the founding of a republic in 1944. Until the 20th century, Iceland relied largely on subsistence fishing and agriculture. Industrialization and fisheries and Marshall Plan aid following World War II brought prosperity and Iceland became one of the wealthiest and most developed nations in the world.

In 1994, it became a part of the European Economic Area, which further diversified the economy into sectors such as finance, biotechnology, and manufacturing. Iceland has the smallest population of any NATO member and is the only one with no standing army, with a lightly armed coast guard.



General topographic map of Iceland

Iceland has universal health care system that is administered by its Ministry of Welfare and paid for mostly by taxes (85%) and to a lesser extent by service fees (15%). Unlike most countries, there are no private hospitals, and private insurance is practically non-existent. Iceland has a very low level of pollution, thanks to an overwhelming reliance on cleaner geothermal energy, a low population density, and a high level of environmental consciousness among citizens.

Diplomatic Mission at UN

The permanent Mission of Iceland to the UN represents the government of Iceland at the UN headquarters in New York. It participates in the work of the General Assembly and its main committees as well as in other UN bodies where Iceland has been elected to serve. The Mission is headed by the Permanent Representative of Iceland to UN. The Permanent Mission acts as an Embassy to Antigua and Barbuda, the Bahamas, Barbados, Belize, Cuba, Dominica, the Dominican Republic, Grenada, Guyana, Haiti, Jamaica, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname and Trinidad and Tobago.

Innovation Center Iceland promotes the advancement of new ideas in Icelandic economy by providing support to entrepreneurs and businesses. It is leading in research and development with companies and other partner bodies within Iceland and abroad. It's mission is to increase innovation, productivity and competitiveness of Icelandic business by doing innovative technology research, diffusing knowledge and giving support to entrepreneurs and start-up companies.

Details: <https://www.government.is/diplomatic-missions/permanent-mission-of-iceland-to-the-united-nations/>



Internet Governance Forum (IGF)

The IGF is a global multistakeholder platform that facilitates the discussion of public policy issues pertaining to the Internet. It serves to bring people together from various stakeholder groups as equals, in discussions on public policy issues relating to the Internet. While there is no negotiated outcome, the IGF informs and inspires those with policy-making power in both the public and private sectors. At their annual meeting delegates discuss, exchange information and share good practices with each other. The IGF facilitates a common understanding of how to maximize Internet opportunities and address risks and challenges that arise.



The Women's Health and Education Center 's (WHEC's) Participation in 14th Annual Meeting of IGF.

It will be hosted by the Government of Germany in Berlin from 25 to 29th November 2019 under overarching theme: **One World. One Net. One Vision.**

The forum aims at bringing together more than 2,000 participants from different stakeholder groups and some of the most prominent individuals in the global internet governance discussion. The forum will focus on how

digital frontier technologies bring benefits to our economies and societies. Their transformative impact is critical to the future sustainability of our world and to the achievements of the sustainable development goals (SDGs).

Invitation/registration; Governments/Civil Society; WHEC (Civil Society) to the 14th Annual Meeting of the IGF

<https://reg.unog.ch/event/31208/registration/registrants>

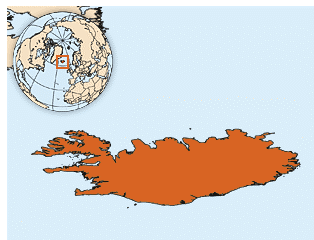
With the great benefits of Internet come a growing number of concerns and challenges. WHEC calls on all of us to cooperate and to work together in ensuring a safe cyber environment for the benefit of all – both the current and future generations. We must invest efforts in engaging the weak and missing voices and creating a shared language and reference. And we must leave no one behind in accessing the benefits of the Internet and the digital age.

Capacity Development in Internet Governance:

Stakeholders, countries and regions often have different priorities when addressing issues related to the use and evolution of the Internet. They also have different capacities for discussing such issues and engaging in national, regional and international Internet governance processes. This is why it is critically important to support and strengthen local processes established within a bottom-up, multistakeholder, open, transparent and inclusive work framework.

<https://www.intgovforum.org/multilingual/content/capacity-development-in-internet-governance>

Collaboration with World Health Organization (WHO)



WHO | Iceland

In **Iceland**, the Ministry of Health and Social Security is ultimately responsible for the administration of health services. The health care system is universal, comprehensive and mostly financed by general taxation. The most frequent cause of death in Iceland is cardiovascular diseases. At the 2013 World Health Assembly, the Icelandic delegation identified ageing, non-communicable diseases, the health impact of climate change, and emergency preparedness as focus areas.

New legislation on E-cigarettes took effect on 1 March 2019. The Act is based on the Bill presented by the Ministry of Health on the import, marketing, use and safety of these products, and measures to prevent the use of e-cigarettes by children. Various amendments were made to the Bill during the parliamentary process. The adoption of this legislation is in part in line with the Directive of the European Parliament and the Council on the approximation of the laws, regulations and administrative provisions of the Member States concerning the manufacture, presentation and sale of tobacco and related products.

Icelandic prenatal healthcare services for mothers

All women in Iceland are offered prenatal care, including regular health check-ups during pregnancy and postnatal assistance from healthcare professionals. During pregnancy a number of screenings are offered for clinical problems, to check for anything which could affect the mother's or child's health during pregnancy.

Screening for chromosomal disorders, such as Down syndrome, is entirely the decision of the prospective mother, who has an unequivocal right to accept or decline screening. In clinical guidelines emphasis is placed on having healthcare personnel provide the prospective mother/parents with objective information concerning the advantages and disadvantages of screening on which they can base their independent decision.

Clinical guidelines for healthcare personnel on prenatal care emphasize the importance of enabling every woman to take an informed decision on the service which she receives during pregnancy and it is the responsibility of healthcare personnel to explain clearly and objectively what options a woman has. The woman's decision is always to be respected. Guidelines are based on the understanding that pregnancy is a normal biological process.

On average, 15-20% of women choose not to have screening of the fetus during pregnancy, while 80-85% undergo such screening. Screening only reveals whether there is an increased probability of the fetus having Down syndrome, and further tests are needed to confirm this. Some 15-20% of women who are informed of the increased probability of Down syndrome following screening elect to continue the pregnancy and decline further testing in this regard. On average, during the past 10 years 2-3 children have been born each year with Down syndrome in Iceland.

Life expectancy at birth m/f (years, 2016) – 81/84; total expenditure on health per capita (Intl \$, 2016) – 3,882 and total expenditure on health as % of GDP (2016) – 8.9. Total population (2016) – 332,000

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

Bulletin Board



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Continued....

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To be Continued...



Collaboration with UN University (UNU)

UNU-WIDER (World Institute for Development Economics Research)

Expert Series on Health Economics

Natural Resources and Economic Growth: A Nordic Perspective on the Dutch Disease

This Working Paper begins by offering a quick glance of the Nordic economies and of some aspects of their economic growth performance and natural resource dependence since 1970. Thereafter, it reviews some of the main symptoms of the Dutch disease, and then considers whether these symptoms are observable in some of the Nordic countries in view of their abundant natural resources. The experience of Iceland and its fish seems an obvious point of departure. This paper then discusses the less obvious case of Norway and its oil (and fish) and at last, also reviews some possible linkages between forest resources and economic growth in Finland.

The Dutch disease. (a) country's exports have grown rapidly relative to GDP since 1960, even if they are only 'average' by world standards; (b) the share of primary exports in total exports has fallen sharply since 1963 as the natural-resource-based industry seems to have encouraged other industries through technological spill overs; (c) investment has fallen sharply relative to GDP in the 1990s, true, but it does not seem reasonable to ascribe but a part of the fall directly to Finland's dependence on forest resource; (d) expenditure on education and computer ownership compare favorably with other OECD countries; and (e) the ownership of and access to the main natural resource are rather widely shared so that macroeconomically counter-productive rent seeking is not a serious problem. Iceland fails the test for Dutch disease on all five counts.

What, then, are the main symptoms of the Dutch disease? Most authors have emphasized the two closely related symptoms: (a) an overvalued currency that impedes non-primary (i.e. manufacturing and service) exports and perhaps total exports as well, thereby weakening the current account of the balance of payments, other things being equal, and (b) heavy dependence on natural resources and accordingly, on primary production and exports, which, in times of resource booms, is viewed as the root cause of the real over-valuation of the currency.

It is sometimes said that, being neither Dutch nor a disease, the Dutch disease is a double misnomer. True, disease are more often named for the doctor who diagnosed them first than for the first patient. To those Norwegians and Icelanders who want their countries to be full participants in European integration, this factor alone is, perhaps ample reason to fear that heavy natural resource dependence may be, at best, a mixed blessing in the long run.

Publisher: UNU-WIDER; Author: Thorvaldur Gylfason; Sponsor: UNU/WIDER gratefully acknowledges the financial contribution to the project by the Government of Sweden (Swedish International Development Cooperation Agency – SIDA) Thorvaldur Gylfason is a research professor of Economics at the University of Iceland; Research Associate, SNS – Center for Business and Policy Studies, Stockholm; and Research Fellow, CEPR.

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)

International Day of the Girl 2019 theme: 'GirlForce: Unscripted and unstoppable'



25 years ago, more than 30,000 women from 200 countries arrived in Beijing for the World Conference on Women determined to recognize the rights of women and girls as human rights. What started as global women's movements campaigning for sexual and reproductive health rights, political participation and equal pay, to name a few, expanded to movements organized by and for adolescent girls.

Today girls' movements are stopping child marriage, promoting girls' education, standing up against gender-based violence, demanding action on climate change, tackling issues of self-esteem, and

standing up for girls' rights. Girls are also engaging with municipalities to advocate for financial investments in their communities and for truly inclusive development that recognize their needs. Girls are proving they are unscripted and unstoppable.

The theme: 'GirlForce: Unscripted and Unstoppable'

For this year's International Day of the Girl (IDG: 11 October 2019), we worked alongside and supported all girls to amplify their voices and stand up for their rights. Under the theme, ***GirlForce: Unscripted and Unstoppable***, IDG celebrated achievements by, with and for girls since the Beijing Declaration and Platform for Action and passage of the Convention on the Rights of the Child. Today, girls are moving from dreaming to achieving. More are attending the completing school, fewer are getting married or becoming mothers while still children, and more are gaining the skills they need to excel in the future world of work. Girls are breaking barriers posed by stereotypes and exclusion, including those faced by children with disabilities or living in marginalized communities. As entrepreneurs, innovators and initiators of global movements, girls are leading and fostering a world that is relevant for them and future generations.

The Campaign

Continuing the theme launched last year, IDG marks the start of a year-long effort to bring together partners and stakeholders to equip girls with the power, knowledge and space to voice their passions and concerns. The global community must create more opportunities for girls' voices to be heard and safe for their participation in decision-making.

Leading change for girls is our collective responsibility. As part of this campaign with and for girls, partners will bring together programming, advocacy, communication, fundraising, and public engagement elevating progress for and with girls.

What to get involved with WHEC's efforts with its UN Partners? Here are a few suggestions:

- **Share stories of girls who are 'unscripted and unstoppable'** in their communities, families or schools. Examples could include girls stopping discrimination and child marriage, girls breaking stereotypes, or girls increasing access to secondary education and skill development.
- **Interview women aged 35 – 45 years old** who were girls when the Beijing Declaration of Action was adopted in 1995 and ask them what's changed for them in the past 25 years. What advice would they give to their younger selves or girls today?

- **Profile people in your organization** – especially those who work in protection or humanitarian issues and ask them to retell of ‘the bravest girl they have ever met.’ For example, the story of a girl who ran away from an early marriage in order to finish school.

Create and account and share your point of view on WHEC Global Health Line
http://www.womenshealthsection.com/content/cme/WHEC_Global_Health_Line.pdf

To be continued....

Two Articles of Highest Impact, October 2019

*Editors' Choice – Journal Club Discussions
 Fully open-access with no article-processing charges
 Our friendship has no boundaries. We welcome your contributions.*

1. Sudden Infant Death Syndrome;
<http://www.womenshealthsection.com/content/obsnc/obsnc008.php3>
 WHEC Publications. Funding: WHEC Global Initiatives are funded by a grant from an anonymous donor. Join us at WHEC Global Health Line for discussion and contributions.
2. Urinary Tract Injuries: Prevention & Management;
<http://www.womenshealthsection.com/content/urog/urog020.php3>
 WHEC Publications. Funding: WHEC Global Initiatives are funded by a grant from an anonymous donor. Join us at WHEC Global Health Line for discussion and contributions.

Partnership for Maternal, Newborn & Child Health (World Health Organization) PMNCH Member

Worldwide service is provided by the [WHEC Global Health Line](#)



From Editor's Desk

New Initiatives, New Collaborations, New Directions

Have your children been immunized?

The answer to the question is very likely “yes.” In which case you may have, unknowingly, relied on norms and standards established by WHO for the vaccines. The efforts of the Women’s Health and Education Center’s (WHEC’s) efforts with WHO allows reaching a broad number of people with strategic information on vaccine safety, in a credible way.



Vaccines and the Power to Protect

For health workers, the death of a child always strikes hard, but this tragedy is felt deepest when it's due to a disease that is readily preventable with a safe, effective vaccine.

According to preliminary WHO data, measles increased by around 300% globally in the first three months of 2019, compared to the same time last year, with sizeable rises in all regions of the world.

The reasons for children NOT getting their vaccines are diverse. The majority are the consequence of a fundamental lack of access to vaccination services, with Sub-Saharan Africa – which has the lowest coverage – accounting for the largest part of the increase, and the greatest burden of cases.

However, in places with historically high immunization rates, complacency – whether from parents, health providers, politicians or governments – can play a role, and comes at an extremely high cost.

Protected Together

Too many gaps in the chain of protection: Recent outbreaks of vaccine-preventable diseases illuminate persistent holes in our defenses. For several years, global immunization rates have stalled. While 985% coverage means roughly 116 million children get their vaccines every year, it also means approximately 20 million miss out.

There remain eight countries in which fewer than half of children are vaccinated. And there are just 10 countries – Afghanistan, Angola, the Democratic Republic of the Congo, Ethiopia, India, Indonesia, Iraq, Nigeria, Pakistan and South Africa – which account for the majority (around 60%) of the immunized. Most of the unvaccinated live in places where there is serious poverty, conflict, and low vaccine access. As humanitarian crises become more common and protected, with record numbers displace and on the move these challenge intensify.

Vaccine Safety Communication e-Library
https://www.who.int/vaccine_safety/en/



2019 Guidelines on Physical Activity, Sedentary Behavior and Sleep for Children under 5 years of age

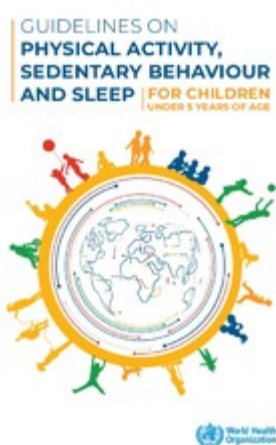
Physical inactivity has been identified as a leading risk factor in overweight and obesity. Early childhood is a period of rapid physical and cognitive development and a time during which a child's habits are formed

and family lifestyle habits are open to changes and adaptations. To meet daily physical activity time recommendations, particularly in children, the pattern of overall activity across a 24-hour period needs to be considered, since the day is made up of sleep time, sedentary time and light, moderate- or vigorous activity.

The development of these guidelines was in keeping with the WHO Handbook on development of guidelines and commenced in 2017 with the formation of a Steering Group. The Guideline Development Group (GDG), composed of technical experts and relevant stakeholders from all six WHO regions.

For the greatest health benefits, infants, and young children should meet all the recommendations for physical activity, sedentary behavior and sleep in a 24-hour period. Replacing restrained or sedentary screen time with more moderate- to vigorous-intensity physical activity, while preserving sufficient sleep, can provide additional health benefits.

Screen time suggested by 2019 WHO Guidelines:



- **Infant (less than 1 year):** Screen time is NOT recommended. When sedentary, engaging in reading and storytelling with a caregiver is encouraged.
- **Children 1-2 years of age:** For 1-year old children, sedentary time (such as watching TV or videos, playing computer games) is NOT recommended. For those 2-years of age, sedentary screen time should be no more than 1 hour; less is better. When sedentary, engaging in reading and storytelling with a caregiver is encouraged.
- **Children 3-4 years of age:** Sedentary screen time should be no more than 1 hour; less is better. When sedentary, engaging in reading and storytelling with a caregiver is encouraged.

Rationale

Improving the physical activity, sedentary and sleep time behaviors of young children will contribute to their physical health, reduce the risk of developing obesity in childhood and the associated non-communicable disease.

In later life and improve mental health and well-being. These health outcomes will contribute to the attainment of the Sustainable Development Goal (SDGs) targets 2.2 (to end all forms of malnutrition) and 3.4 (to reduce by one-third premature mortality from non-communicable diseases).

Healthy physical activity, sedentary behavior and sleep habits are established early in life, providing an opportunity to shape habits through childhood, adolescence and into adulthood.

It is increasingly recognized that too much sedentary screen time can have detrimental effects on health and exposure to screens in young children is recommended.

Details: <https://apps.who.int/iris/handle/10665/311664>

Art & Science

Art that touches our soul

The Harvesters by Pieter Bruegel



The Harvester is an oil painting on wood completed by Pieter Bruegel the Elder in 1565. It was commissioned by Nicolaes Jonghelinck, a merchant banker and art collector from Antwerp.

Depicting the harvest, in July, August or late summer, the painting is one in a series of six works representing different times of the year. As in many of his paintings, the focus is on peasants and their work and does not have the religious themes common in landscape works of the time.

The painting is in the permanent collection of the Metropolitan Museum of Art in New York City, which has described it as a “watershed in the history of

Western art.”

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

<http://www.WomensHealthSection.com>

