

girls.

8 volumes of women's issues throughout the globe



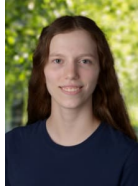
Women in the Modern World 25-26

contributors



Isha Bogachenчу

Hi! My name is Isha Bogachenчу from the Class of 2027! My zine is about women in film not receiving the same amount of recognition for their efforts as their male counterparts. This idea originated as I am someone who does martial arts, and our end-of-year awards are similarly shaped to the Oscars, and even there exists a gender disparity for recognition. As a result, came the idea of researching the real Academy Awards within Hollywood, comparing it to Tollywood and its award ceremony, because Telugu is the language spoken in my home. I hope you learn something new!



Lola Compton

I'm Lola Compton '27, and I wrote about maternal health in the US and Uganda. I think everyone should learn about maternal health in their country, because it is an indicator of the overall equity of a nation, and can tell you a lot about what a country is succeeding and failing at. I chose to write about the US because we live here and it is an outlier to the global trend of maternal mortality rates. I chose to write about Uganda because my mom visited the country to see schools and learned about the issues they face everyday, and it has some of the worst gender disparity in the world.



Maddie Karr

Hi! I am Maddie Karr, and I wrote about the STEM gender gap and its impact on women across the globe. I am very passionate on both gender equality and medicine, so I combined both of these issues to create my zine. I hope that you are able to see the complexity of the STEM gender gap, especially in high-ranking gender equality nations.



Lucy Pickett

Hi! My name is Lucy Pickett class of 2027, I wrote about gender inequality that exists in sports globally because I am very passionate about women's sports, and I want to work in it in the future. Specifically in my zine I cover the topics of women's sports in Rwanda, Sweden, and the United States, I am also talking about those who make consistent efforts for equality in sports. I am very excited to show everyone my work!





Claire Reardon

Hi, I am Claire Reardon! I wrote about reproductive and mental health in my writing. I am passionate about both of these issues. Mental health is very important and it impacts many women. Reproductive health influences women's mental health in so many ways as well. I think its important for women to understand how these two issues work hand in hand.



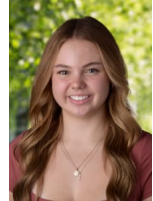
Maahi Saini

Hi! I'm Maahi Saini, and I graduate in 2027. I am passionate about women's health because I am interested in medicine as my long-term career goal, and I decided to zero in on countries that were heavily affected by war and governmental restrictions due to the news I have been seeing lately where the laws and updates keep getting worse. I also believe that women's issues need to be broadcasted to a larger audience than it is now. I hope you learned something new and got inspired while reading this zine!



Elizabeth Wickham

Hey y'all, I am Elizabeth Wickham! I am originally from Austin, Texas but now I live in St. Louis, Missouri. I love music, shopping, a good heated Pilates class, and travelling. I decided to write my zine on beauty standards, because I am a true girly girl at heart and I love all things beauty, but also have experienced the toxicity behind beauty standards myself and have seen how they affect all girls in one way or another. My zine covers many things about beauty standards, with an emphasis on the potential the beauty industry has to be a safe and fun space for women. I hope you enjoy!!



Sydney Willbrand

Hi everyone! My name is Sydney Willbrand and I am in the Class of 2027 here at MICDS. I decided to write about the lack of research and funding for women's health. I have interest in this project because I want to go into medical research and I am very curious about how these disparities have real consequences on women today. In specific, my zine covers statistics in the United States today, and also in other countries around the world, like Bulgaria. It also includes different organizations that are standing up for women. Thank you for reading my zine, and I hope you enjoy!



editor's note

This class was a long time coming. After several years of trying to offer a women's history class, I was thrilled to know that Women in the Modern World finally had enough students enrolled for the class to run in the Spring of 2026. I was so excited by the prospect, and a little nervous, too. I know American women's history *best* and expanding a course to take on the whole world? That's something else altogether.

How do you take on the history of women across the globe? That's what makes this course a perpetual work in progress. From the beginning, I believed that the key was to give students space to explore something that struck their interests and to add a global dimension to whatever that something was.

The idea for this Zine project emerged from conversations with Ms. Colleen Williamson in the Upper School Library. Zines, she reminded me, were such an important feature of the U.S. women's movement in the 1960s and 1970s.

This project, then, gave students the challenge of researching a topic that intrigued them, then communicating their findings in the Zine format. From late April through the end of June, the eight juniors in this class researched and brought to life their topics in this one volume. They chose the title and the Zine structure.

Taken together, these Zines provide readers with much-needed insights about a range of women's issues and challenge us to question the status quo and work to create change.

The students of the inaugural run of Women in the Modern World have set the bar high. Every class was a privilege to spend time listening to their ideas about the world. I will never forget this experience we had together.

In the immortal words of Beyoncé: "Who run the world? Girls."

Tanya Roth
INSTRUCTOR



**"One is not born, but rather becomes, a woman."
- Simone de Beauvoir**

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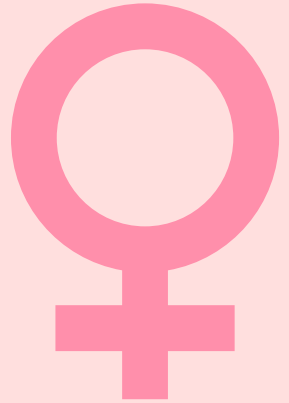
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Girls.

Reproductive and Mental Health

Claire Reardon



INTRODUCTION:

The "Reproductive Justice" movement has three goals:

**"BETTER LIVES FOR WOMEN,
HEALTHIER FAMILIES, AND
SUSTAINABLE COMMUNITIES."**

- ROSS

Reproductive Justice Works Toward:

**"THE COMPLETE PHYSICAL,
MENTAL, SPIRITUAL, POLITICAL,
SOCIAL, AND ECONOMIC WELL-
BEING OF WOMEN AND GIRLS."**

-ROSS

What will be addressed in this magazine?

Reproductive rights, including abortion rights, the right to high quality, affordable healthcare, and the right to paid maternity leave, are just one piece of the reproductive justice movement but will be the focus of this zine.

Sweden



“Everyone has the right to positive reproductive health and can choose if, when, how many, and in what way they wish to have children, just as they are entitled to safe and secure healthcare during pregnancy.” -Public Health Agency of Sweden

Healthcare:

Sweden established universal healthcare for all residents in 1955 using local income tax revenue. Subsequent reforms over time have guaranteed equal access to medical care for all residents, regardless of age, sex or income.

Abortion:

In 1975, Sweden passed a law guaranteeing the right to an abortion up to 18 weeks into the pregnancy. Abortion between 18 and 22 weeks of pregnancy requires consultation with a doctor, and abortion after 22 weeks is generally prohibited with limited exceptions.

THE MATERNAL MORTALITY RATE IN SWEDEN IN 2023 WAS 3 DEATHS PER 100,000 BIRTHS, COMPARED TO 11 DEATHS PER 100,000 BIRTHS IN EUROPE. SIMILARLY, THE INFANT MORTALITY RATE IN 2023 WAS 2 DEATHS PER 100,000 BIRTHS, COMPARED TO 7 DEATHS PER 100,000 IN EUROPE.

Sweden provides psychiatric care during pregnancy and refers women for mental health consultations. This has proved helpful, with **5%** of pregnant women receiving perinatal psychiatric care and mental health support.

Maternity Leave:

480 DAYS OF TOTAL LEAVE PER CHILD!!!

Many parents receive **80%** of their salary for **195 days** (or 390 days for a couple), and those who do not receive a flat rate.

“GENEROUS PARENTAL LEAVE BENEFITS [ARE] ASSOCIATED WITH BETTER POSTPARTUM MENTAL HEALTH AND MAY PROTECT AGAINST MODERATE-TO-SEVERE MENTAL DISORDERS.” - HESHMATI, ET AL

Sweden introduced a parental benefit that allowed both the mother and father to stay home to take paid time off to care for a child. Studies confirmed that when fathers take paid leave at the same time as mothers, there is a **26% decrease in anti-anxiety prescriptions for new mothers.**

The United States



The United States is a leader in developing new medicines and treatments; however, its healthcare system fails to provide adequate and consistent care for all residents, and access to high-quality reproductive healthcare varies by geographic location, employment status, and income level. The

United States does not protect the right to reproductive choice at the national level.

Abortion:

Thirteen states have a total ban on abortion except in certain narrow circumstances, such as serious threats to the mother's life. **Twelve** states allow abortion, but only early in the pregnancy, setting a limit of between six and twelve weeks. Another **four** states set the limit between eighteen and twenty-two weeks. **Eighteen** states allow abortion up to fetal viability, and **nine** states allow abortion with no limit. The abortion pill is currently available nationwide through telehealth but only until about twelve weeks into a pregnancy.

"She did not want to have to carry her daughter to term, only to give birth to a stillborn baby. But the cost and stress of having to leave the state took a psychological toll on her as well." - Taylor Edward

Healthcare:

The United States does not have free, universal healthcare. Residents must rely on costly private insurance or limited government programs to afford healthcare. In the United States, without insurance, it costs around \$14,000 just to give birth. Medical costs during the infant toddler years add an additional \$20,000. Some low-income women qualify for Medicaid during pregnancy, but many other women make too much to qualify for Medicaid but far too little to afford insurance to cover pregnancy, birth and post-partum care. The lack of affordable and quality reproductive healthcare impacts infant survival rates.

"The United States has the highest infant mortality rate out of 28 wealthy countries in the world, coming in at 6.1 for every 1,000 births." -Froese

Maternity Leave:

The maternity leave policy in the United States differs by the state. The Family and Medical Leave Act (FMLA) requires that employers with a certain number of employees provide 12 weeks of leave, but FMLA does not require that employers provide any compensation during this period of time. In fact, only 27% of non-government workers have access to paid maternity leave. As a result, many women cannot afford to stay home with their baby for the full twelve-week period, and must return to work shortly after giving birth. Twenty-five percent of women return to work within ten days of giving birth.

Affects on Mental Health:



"Notably, 23% of pregnancy-related maternal deaths happen during the postpartum period, with mental health conditions as the leading underlying cause of death," often this is worsened by "the pressure to return to work soon after childbirth." - Policy Center for Maternal Mental Health

"Access to paid family and medical leave is associated with lower rates of postpartum depression and improved maternal well-being." - Policy Center for Maternal Mental Health

This negative effect on mental health disproportionately impacts women "from minoritized racial and ethnic groups and women with lower household incomes," as they are more likely to take no maternity leave or to take such leave unpaid.

South Africa



Section 27 of South Africa's constitution gives all people “the right to access health care services, including reproductive health care.”

Abortion:

In 1996, South Africa passed the *Choice on Termination of Pregnancy Act*, giving women the right to an abortion upon request during the first twelve weeks of pregnancy, with additional rights to terminate the pregnancy after twelve weeks in cases of rape, danger to a woman’s physical or mental health, an unviable fetus, or if the pregnancy will affect a woman’s socio-economic status. Even though the Act is considered the “**global role model of reform in the area of abortion laws**”, safe and legal abortion is still very difficult for South African women to access due to a shortage of doctors, a lack of knowledge regarding abortion options, and fear of judgment from their communities and doctors.

“Between 52% and 58% of abortions take place in informal medical settings, and only 7% of the public health facilities in South Africa were performing abortion services.” - Robynn Hera

Healthcare:

South Africa offers both public healthcare, which is free for most people, and private healthcare facilities. About 71% of the population uses the public system. Public healthcare, including maternity care, suffers from a lack of doctors, medicine, and equipment. A recent 2024 survey of women’s experiences with maternity care in public South African hospitals illustrates the lack of proper care: monkeys and cats wander the hospital floors; the buildings are dirty and not maintained; supplies like blankets, pads and even running water are in short supply.

Maternity Leave:

Maternity leave in South Africa is guaranteed, but not paid. Under a recent court ruling, parents share four months and ten days of leave. The parents decide how to split the leave, but the birth mother must take the first six weeks of leave. Some employers may provide compensation, and women who have paid into the Unemployment Insurance Fund may be eligible for benefits equal to about 40-60% of their salary.

Affects on Mental Health:

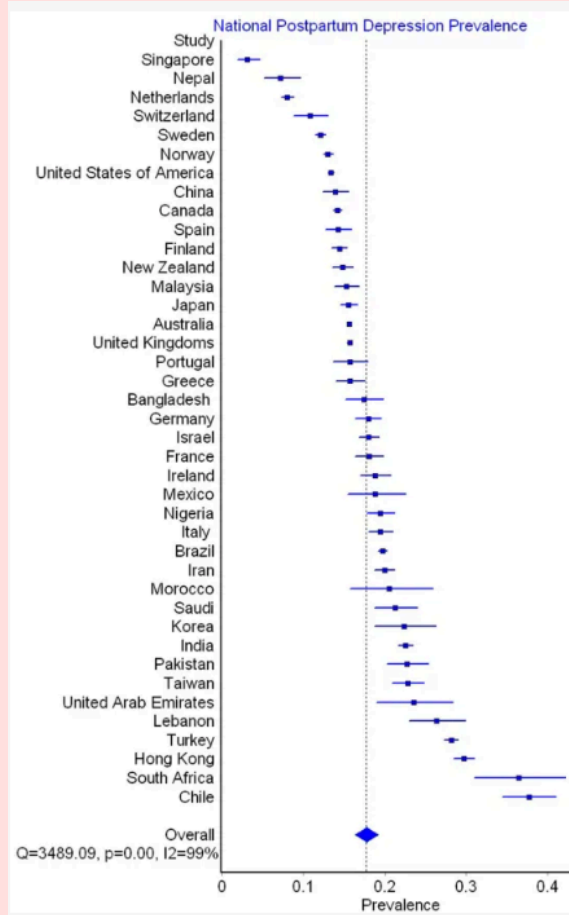
“The prevalence of women living with or at high risk of depression in South Africa is an estimated 21%-39%, and the prevalence of postnatal depression is an estimated 16%-32%.” -Brown

The mental healthcare system in South Africa is understaffed and under-resourced. The high rates of mental illness among women in South Africa may be, in part, due to trauma during childbirth, loss of employment, and poverty.

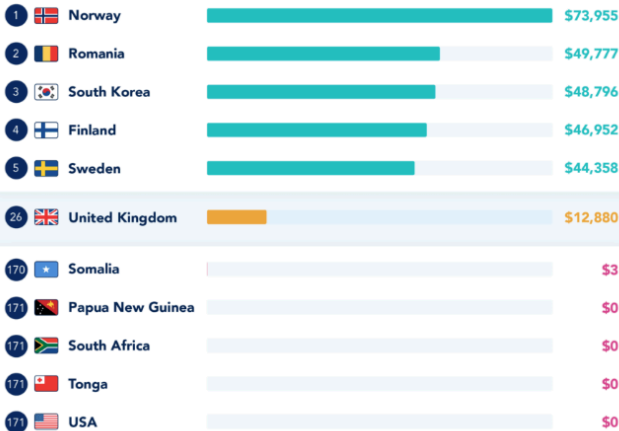
Comparison

When women are given longer paid leave, they are less likely to experience post-partum depression. For example, South Africa provides only twelve weeks of leave with no required pay, and it has the second highest prevalence of post-partum depression.

Sweden provides an average of \$44,358 in salary replacement during maternity leave and it has one of the lowest incidences of post-partum depression.



AVERAGE STATUTORY MATERNITY PAY (INTERNATIONAL DOLLARS)



My Argument

A comparison of reproductive rights in Sweden, the United States, and South Africa shows reproductive rights only improve women's mental health when those rights are practically and financially accessible.

Laws granting abortion rights, providing free healthcare, or guaranteeing leave improve mental health only when abortion services are easily accessible and without judgment, the free healthcare is high quality and readily available, and women can actually afford to take leave.

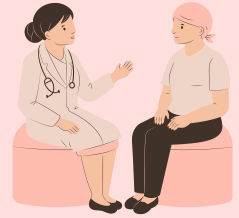


Legal Protection without Access is Insufficient



Legal protections that women cannot conveniently, safely, and affordably access do not provide reproductive justice or improve women's mental health. South Africa illustrates this point. It has strong constitutional protections for freedom of choice and free medical care, but women are often unable to access these rights because poor funding has created doctor shortages, overcrowded and deteriorating hospitals, and unsafe conditions. As a result, many women use illegal abortion providers or fail to receive adequate maternal healthcare. In addition, while South Africa guarantees four months of leave, there is no guarantee of payment, preventing many women from actually using this protected right. On paper, South Africa's legal protections are strong, but rights without access do not improve women's lives or mental health, and South African women have some of the highest rates of depression and anxiety.

My Argument



When Legal Rights Depend on Your Address and Income, Mental Health Suffers

The lack of consistent legal protections across the United States creates an environment where reproductive justice depends on your zip code and employment status. In this environment, women's mental health suffers. Without universal healthcare, leave that applies only to some women, and abortion access that might require travel to distant locations, reproductive justice becomes a private right available to some women but not all. Women with means can buy reproductive justice. Those without must carry a baby, go into debt for maternal healthcare, and return to work immediately after birth. While South Africa provides legal protection that the United States does not, its lack of practical access results in a similar outcome. It is not surprising that maternal mental health in the United States also suffers.



Legal Protections + Financial Support = Improved Mental Health



Sweden most closely provides the conditions necessary for reproductive justice and achieves strong maternal mental health outcomes with its legal protections and financial support for abortion access, free and high-quality healthcare, and generous paid leave. Although Sweden's approach does not eliminate mental health issues, it's low levels of maternal depression and anxiety supports the argument that reproductive rights directly contribute to maternal mental health

In Their Own Words



"Immediately afterward, when I woke up, I felt that I could start anew, rebuild my life again.... I certainly don't regret it, and I know for sure that this was the best for me."—19-year-old, first time pregnant (Sweden)

"I had to wait until the baby died inside me or for me to be on death's door before I could get care."
Amanda Zurawski (Texas)

I took eight weeks. I had to use my stored PTO, and when it ran out I wasn't paid anything... My credit went down 100 points because I couldn't pay my bills. I tried to get government assistance, but ... I didn't qualify. I had to scrounge and not pay car payments in order to be able to afford formula and food. Maddison, 22, hospital pharmacy technician (US)

"The nurse told us that we had to wait and take turns to bath because water won't be enough for everyone, and it gets finished"
Anonymous (South Africa)

"It all felt like too much. My mental health was at the lowest point it's ever been in my life."
Kaniya Harris (Kentucky)

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This is a reliable source as it is written by one of the United States' top academic medical centers. The article contains accurate information and helpful statistics. This is a great source for a research paper and for providing informational quotes and data. It has insight on the impact of medical costs for women with different incomes in the United States. This article gives a glance at how pregnancy impacts women's financial security in the United States.

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The article is very informational and has a lot of facts about the parental leave policies in South Africa. The website provides reliable information with links to other sources to fact check. There are many subtopics within the article and it addresses many questions that have been asked regarding parental leave policies in South Africa. This is a great source for finding information about South Africa and its policies for new mothers.

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Maternal Health In the US and Uganda

Maternal health is **vital** to the **success**, **stability**, and **sustainability** of a nation. It is an indicator of equity and healthcare access within a country: countries that have good maternal health and a low maternal mortality rate are more likely to be stable with low levels of poverty than countries with a high maternal mortality rate and poor maternal health.

For a complete view of this issue, it is critical to understand maternal health in both the US, a high income country that is behind the curve, and Uganda, a third world country in an area with some of the worst conditions for women and girls in the world. Comparing the US and Uganda gives global context for disparities in maternal health, and comparing maternal health between different social classes gives insight into how the US needs to improve in order to close the wealth gaps in healthcare.

In the US and Uganda, there are many factors impacting maternal health, but the most measurable are those impacting **maternal mortality**, access to **antenatal** and **postnatal care**, and **reproductive rights**. The quality and amount of access to critical maternal health resources varies significantly both between countries, but also within them.

As a society, we need to be learning from our failures in maternal health to improve maternal mortality and access to healthcare, in order to stop perpetuating preventable deaths.

In countries around the world, as society has advanced, men have gotten access to more opportunities, higher paying jobs, political roles, and better health, but those same opportunities and rights have not always been extended to women.

The result?

A global trend of women's rights and health being neglected.

Women have been left behind in pay, in opportunities, in studies, and in fundamental human rights. **In 2023**, the **global maternal mortality** rate was **197 deaths per 100 000 live births**, an unacceptably high statistic.

Though maternal mortality and access to antenatal and postnatal care have improved, both are still major issues in many countries.

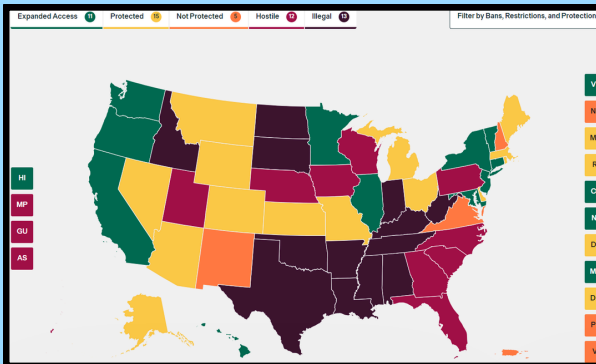
Typically, as a country advances, their overall health gets better. For instance, in Italy, **1 in 17,100** girls will die of maternal causes in their childbearing years. 1 in 17,100 is so small that each girl can assume that dying of maternal causes would be a fluke or malpractice.

In comparison, **1 in 1800** girls in the US is an abnormally high risk for high income and technologically advanced countries. It would be more logical that in a country with some of the most health advancements and specialized treatment in the world, girls would not have to worry about dying in childbirth

However, 1 in 1800 is much better than **1 in 30**, the amount of women who die from pregnancy related causes in Uganda. While women in the US have a much lower likelihood of dying than Ugandan women, they still face unacceptable levels of danger.

United States of America

In 2022, the U.S Supreme Court case that **overturned *Roe v. Wade***, the 1973 ruling recognizing reproductive decision-making as a constitutional right, decided the protection of abortion rights until **24 weeks** was **no longer required** to be enforced by the states. This ruling was viewed as a devastating setback for women's rights, and out of line with U.S. popular opinion, where polls showed that over **60%** of American voters believed decisions about abortion should be made by individuals rather than regulated by the government. The decision actively **created more health care hardship** for low-income and rural populations, those who already had difficulty accessing reproductive health care.



US Abortion Laws by State - Center for Reproductive Rights

- **Doctors** now fear losing their license or **facing criminal charges** for providing life-saving care
- State bans and restrictions have **caused deaths** of multiple pregnant women who were denied care
- Pregnant people may wait to see a doctor for prenatal care until after their first trimester, fearing that a **miscarriage could result in criminal charges** if mistaken as an abortion

Over **2.2 million** women live where **no maternity care** is available and insurance is not reliable

African American women are **three times more likely to die** of maternal health complications than white women in the U.S

1 in 6 women report **mistreatment** during maternity care
For women of color, **1 in 4**

Native American women are **more than twice as likely** to experience **violent crime, rape, or sexual assault** than other women in the U.S

While the **average maternal mortality rate decreased** from 2022 to 2023, **black maternal deaths increased.**

“80% of pregnancy related deaths in the US are preventable”

- Center for Reproductive Rights

Uganda

Uganda is located in Sub-Saharan Africa, the area with the **highest rate of teenage pregnancy** in the world. Among young women in East Africa, **10% give birth by the age of 16**, and by the age of 18, Ugandan girls have a **50% chance to be married**, and a **33% chance to already have children**. The **leading cause of death** among Ugandan women ages 15–19 is **complications of pregnancy**, like unsafe abortions and childbirth.

1 in 30 women in Uganda **die from pregnancy** related causes, and **1 in 8 children** die before their fifth birthday. The risk of maternal death is **657 times** as great as **developed world mothers**, and maternal mortality rates in **low resource contexts** are as much as **100 times** higher than those seen in **high-resourced contexts**.

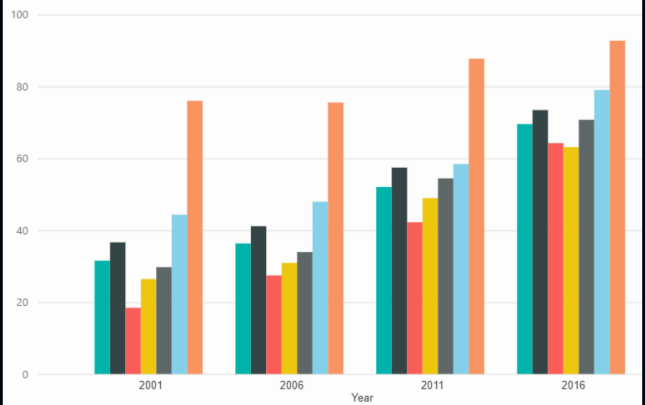
Sub-Saharan Africa has the **most prominent HIV epidemic in the world** and in Uganda, adolescent **girls are 4 times more vulnerable** to HIV **than male** counterparts.

To make matters worse, married women **cannot refuse sex** or ask for protection due to cultural traditions and many women, especially when pregnant, are **beaten and slashed** by their husbands.

While Uganda ranked **141 of 179** countries in terms of **health disparities** between mothers around the world, it has been **consistently improving maternal mortality rates** over the years. Most of the improvement has been for those who need it the most, **lower income women**, and these improvements are **cause for hope**.

Country name: Uganda

Wealth Quintile (Blank) All Q1 (Poorest) Q2 Q3 Q4 Q5 (Richest)



Proportion of Births Delivered in a Health Facility in Uganda
– World Health Organization

In both the US and Uganda, maternal health has drastically improved over the decades and centuries, but much more needs to be done. The important question is:

How do we as a society improve maternal health?

First off, the strategies for improving maternal health are **well known** and **achievable**. The issue many countries face is deciding to **allocate resources to big problems**.

Improve physical access through more hospitals, clinics, and health professionals

Minimize poverty and improve financial access through better support systems and effective insurance

Improve literacy and education through free high-quality education for all people

Eliminate gender inequality by removing the gender pay gap and funding women's research

If we commit to improving these factors and minimizing preventable deaths, one of the most widespread and overlooked issues—maternal health—could become a thing of the past.

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Proportion of Births in a Health Facility from World Health Organization

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girls.

THE GENDERED COST OF CONFLICT



Samah, 45

"She fled violence in her hometown and now works as an incubator nurse at the Neonatal Unit at the Al-Amal hospital in Aleppo"



In Middle Eastern countries like Afghanistan and Syria, the gender gap is already prevalent and disproportionately harms women, especially in health. Additionally, the health crisis for women is exacerbated during and after wars.

THE DISTANCE

for basic care in Afghanistan

Nearly half of the population has to travel more than 30 minutes to reach a medical facility, with about 10% having to travel more than two hours.

In some areas, women have reported travelling as far as one to five hours to reach hospitals for obstetric and gynecological care.

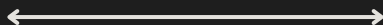
In rural areas, such as Helmand, the median distance to a clinic can be 25 km (approx. 15.5 miles), while in more urban areas like Kabul, it is around 5 km (approx. 3 miles).

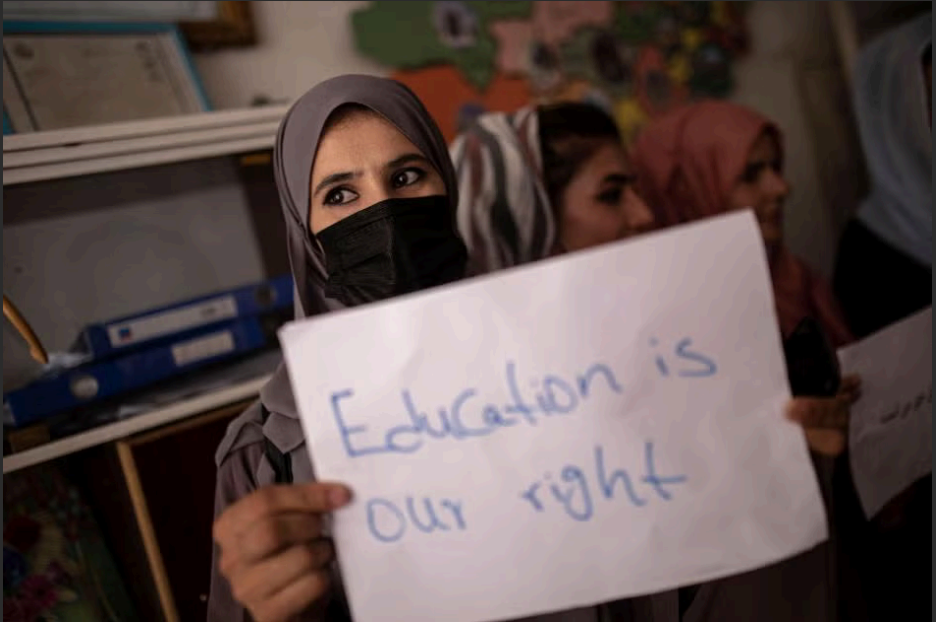
Since 2021, restrictions on women travelling more than 45–48 miles without a male relative (mahram) have further hindered access to healthcare, often requiring dangerous and expensive journeys to cities.

Many pregnant women in rural areas are forced to deliver at home due to these distances, contributing to high maternal mortality rates.



In 2020, 1 in 3 women didn't have access to healthcare within 2 hours of them.





The prohibition of women from attending universities disrupts the medical pipeline. In a country where strict cultural norms and state laws require that women can only receive medical treatment from female healthcare professionals, the educational ban is a threat to the entire population.

Currently, the existing number of midwives, nurses, and physicians is operating under tons of pressure and stress, and there are no graduates to replace them or expand coverage.

The UN predicts that by 2026, the complete lack of newly trained female doctors will cause mortality rates for mothers to increase by at least 50%, if not more.

This is not a normal result of war. Still, it is an execution of a policy that future generations of women will have no access to safe childbirth procedures, prenatal care, reproductive health management, normal sicknesses and viruses, and specific nutritional needs.

Female staff workers from outside the country are **prohibited** from entering offices or conducting field distributions, and it is the responsibility of the UN agencies and non-governmental organizations (NGOs) to navigate these dilemmas. When female aid workers are unable to access the populations they serve, international humanitarian organizations **lose** their direct line of communication with the most **vulnerable** communities.

Because male aid workers cannot legally interact with unaccompanied Afghan women in Afghanistan, the distribution of hygiene kits, prenatal care, and education itself is **obstructed**. The educational and professional ban on women not only **restricts** their societal advancement, but also **worsens** their public health, and leaves millions of women **isolated** from the world, let alone necessary **medical care**.





13 YEARS OF *syrian crisis*

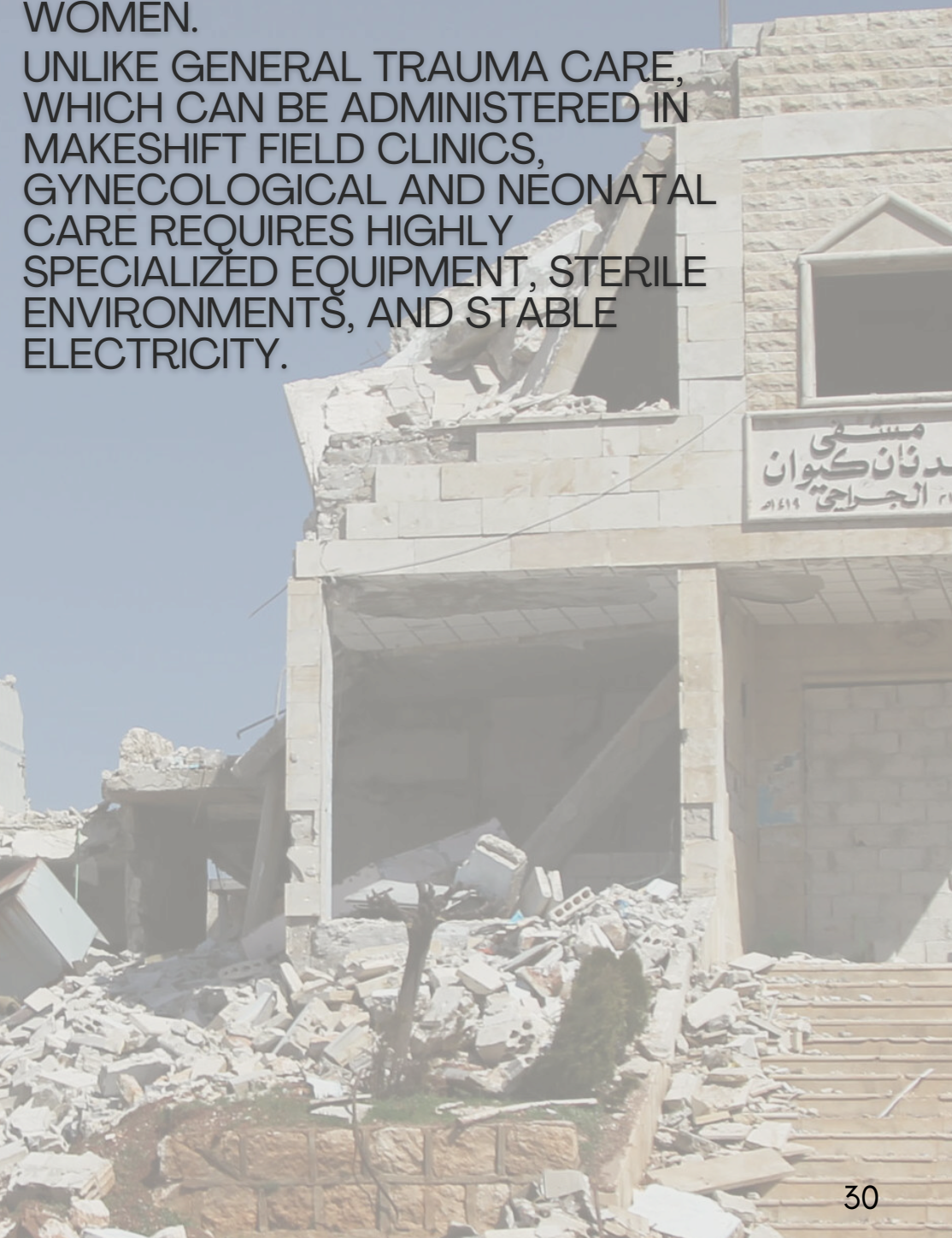
Severe underfunding and widespread instability due to the war have resulted in 1 out of 3 hospitals unable to operate at full capacity in Syria. The other hospitals are usually undersupplied and unable to support patients in crisis.

Many emergency obstetric and newborn care facilities have had to suspend their services due to this underfunding.

UNFPA data show that these challenges have left more than 2 million people with barely any access to support, and 500,000 women and girls with limited access to vital sexual and reproductive health services.

WHEN A MEDICAL FACILITY IS BOMBED,
THE LOSS AFFECTS MOSTLY THE LOCAL
WOMEN.

UNLIKE GENERAL TRAUMA CARE,
WHICH CAN BE ADMINISTERED IN
MAKESHIFT FIELD CLINICS,
GYNECOLOGICAL AND NEONATAL
CARE REQUIRES HIGHLY
SPECIALIZED EQUIPMENT, STERILE
ENVIRONMENTS, AND STABLE
ELECTRICITY.



Healthcare *Displacement*



Most of the Syrian Medical workforce has been forced to flee the country, leading to a decline in available healthcare.



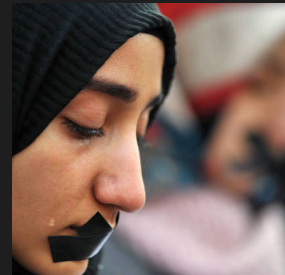
The remaining female health workers in Syria are forced to help women under immense security threats and active conflict zones. When female doctors are displaced or killed, access to women's health vanishes.



The destruction of *Mental Health*

SYRIA TRANSFORMS THE NATURAL NEEDS OF WOMEN INTO FACTORS THAT CAN EASILY LEAD TO THEIR DEMISE.

Over a decade of living in fear, displacement, and grief has destroyed the mental well-being of women and girls. The trauma of losing homes, children, and security results in increased vulnerability to gender-based violence, early forced marriages, and exploitation in overcrowded displacement camps.



conclusion

The structural crises unfolding within Afghanistan and Syria show that modern warfare actively weaponizes pre-existing gender norms and negatively impacts women. Across both nations, the gender health gap is significantly worsened during and after conflicts, transforming women into liabilities. In Afghanistan, this shows as an ideologically driven neglect, as state-enforced mobility restrictions and educational bans legally trap women and destroy the future pipeline of female medical professionals. In Syria, thirteen years of civil war have physically and economically destroyed the healthcare system, using the destruction of clinics, the displacement of staff, and starvation to isolate women from life-saving services. While the exact situations differ, one by extremist laws and the other by active war destruction, the consequences are eerily identical.





Despite these structural barriers in Afghanistan and Syria, local healthcare workers and international organizations are fighting to maintain medical access for women, defying Taliban restrictions and the Syrian weaponization of healthcare. Existing female medical professionals operate under immense pressure to prevent a total collapse of care, while other agencies navigate restrictions to deliver essential services and care to women in these areas.

AS LONG AS
INTERNATIONAL
HUMANITARIAN
INTERVENTIONS AND
GLOBAL POLICY FAIL TO
ADDRESS HOW EXISTING
GENDER GAPS ARE
WEAPONIZED DURING
CONFLICTS, THE HEALTH
OF WOMEN WILL
CONTINUE TO BE THE
SILENT CASUALTIES OF
EVERY WAR.

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Increasing
Women's Health
Research

girls.

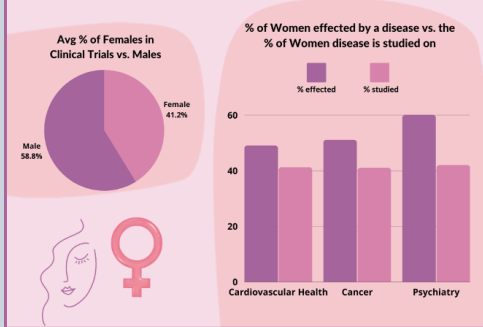
Volume IV



By: Sydney Willbrand

Why Women's Health?

Women are Under-represented in Research



Despite the fact that women make up about 49.6% of the population globally, historically medical research has been centered primarily around men. And while this concept may seem outdated and

insignificant today, this notion is in fact not dead, and instead simply reinvented. For centuries, leaving women out of medicine was just the status quo: not just in the workforce but also in the medicine itself. Unfortunately, these old rationales and other factors still continue to affect the quality of research and outcomes of women's health. The gaps in women's health research these issues have caused continue to have detrimental impacts on women all over the world.

Overall...

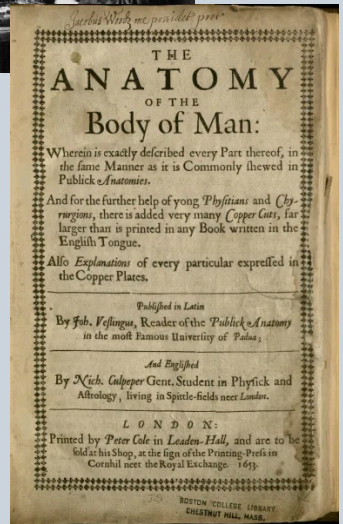
it is imperative that a global change needs to be made in including more women in medical research, not only for the health of the female population around the world but for the benefit of society as a whole.



History of the Exclusion of Women



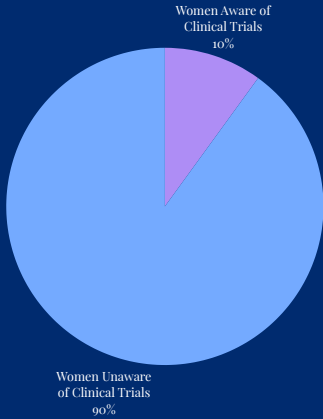
At first, it was just the status quo: the female body was “abnormal” and because of this they didn’t want to spend their time studying it, male doctors figured that learning about the female body had no use to themselves, it wasn’t taught in medical school so it was relatively unknown, and because doctors were primarily male, there were no women in the medical community to advocate for themselves.



However, this status quo quickly turned into something that was bound by law in 1977 when the FDA issued a statement saying that any women of childbearing potential could not participate in Phases I and II of any clinical trial in the United States.

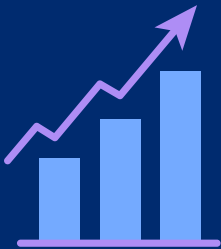
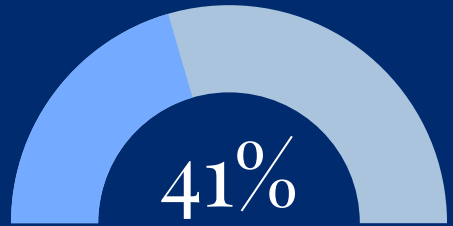
1977 FDA statement in response to Thalidomide tragedy in Europe and Australia

Current Issues in the U.S.



Women aren't aware of the clinical trial opportunities available for them

Women still only make up about 41% of clinical trial participants in the United States



Doctors use statistical methods catered towards men to analysis results from women, providing less accurate results for women

More funds and awareness is needed to make the necessary change



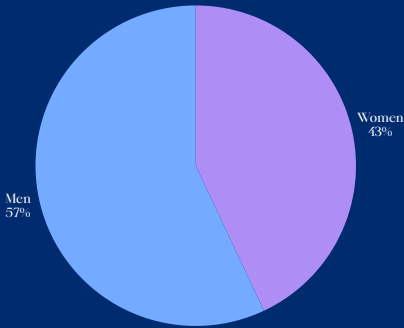


EVERYONE FOR WOMEN'S HEALTH

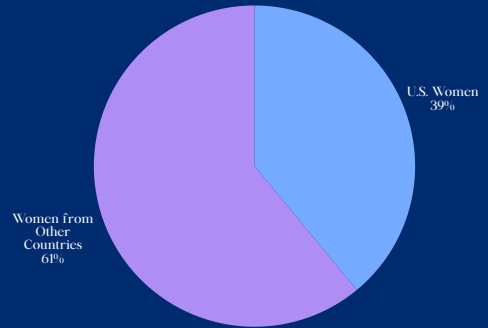


Current Issues Around the World

A 2016 study evaluated 154 different clinical trials including patients from around the world



Percent of Men vs. Women Globally



Percent of Women from the U.S. vs. Other Countries



Percent of Men and Women participants in the U.S. vs. Other Countries vs. Bulgaria

Voices for the Cause



Society for
Women's Health
Research

This organization was founded in 1990, and since then they have continued to play “a critical role in identifying clinical and research gaps” (SWHR).

One of their primary goals is to “advocate for equitable reproductive care, advance sex and gender science in research and clinical practice, and push to close persistent gaps in women’s health outcomes” (AMWA).



American College of
Obstetricians & Gynecologists

They have worked to specifically represent pregnant and lactating women and has worked to include them in more clinical trials. They also advocate for increasing the federal funding for women’s health research.



The Office of Research on Women's Health Six Goals

1. increasing sex differences in basic studies
2. incorporating the findings of gender differences in the design and application of new advancements
3. create alliances with different groups to maximize the impact of women's health research
4. customize medical tools for women
5. develop and implement new communication technologies to increase understanding and appreciation of women's health
6. create a workforce focused to women's health research

Overall Argument

Phase I Clinical Trials

As stated, many Phase I trials do not include many women, mainly due to outdated ideas. While there have been instances where drugs in clinical trials have hurt the fetuses of the women that participated, such as the thalidomide event

in Europe and Australia, it is arguable that the effects of not including women in Phase I of trials is much more detrimental. For example, Phase I of clinical trials is crucial for learning the side effects of different drugs, and while some side effects are the same for men and women, others are not. Therefore, including women in Phase I is important to learn any possible specific side effects for women. Also, women are required to take tests prior to participating in the trial to confirm they are not pregnant, and take measures during the trial to prevent pregnancy. This makes it unlikely that harm to fetuses during pregnancies will actually occur.



Continuing to Fix History

HEART ATTACK SYMPTOMS

MOST COMMON IN MEN

- Sudden cold sweat
- Discomfort or tingling in the back, shoulder, arms, neck, or jaw
- Chest pain or pressure
- Shortness of breath
- Nausea

ADDITIONAL SYMPTOMS, MOST COMMON IN WOMEN

- Extreme fatigue
- Lightheadedness or dizziness
- Neck and jaw pain, often without chest pain
- Upper back pain
- Shortness of breath
- Chest pressure
- Vomiting, nausea
- Feeling of heartburn or indigestion
- Discomfort or tingling in one or both arms

MEN **WOMEN**

Symptoms for heart attack can be different between men and women. If people experience these symptoms, they should go to the emergency room immediately.

the Heart | **healthline**

some people think that the legal changes that have occurred is enough, however, studies have shown that women still experience a health research gap compared to men, and that this gap leads to negative effects to women's health overall. One specific example of this is research for cardiovascular disease. For decades, women's symptoms of a heart attack were not studied and the symptoms men experience were thought to be the universal symptom. However, women are less likely to experience chest pains and more likely to have symptoms like nausea and shortness of breath. This has led to the misdiagnosis of many women and worse outcomes for them.

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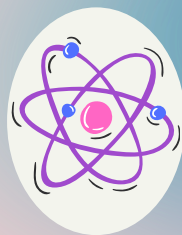
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Yale medical students, graduating class of 1902, pose with Dr. Harry Ferris, professor of anatomy, and their cadaver. Reprinted with permission, Historical Medical Library, Harvey Cushing / John Hay Whitney Medical Library, Yale University, New Haven, CT. Photograph. Accessed May 26, 2026. https://www.researchgate.net/figure/Yale-medical-students-graduating-class-of-1902-pose-with-Dr-Harry-Ferris-professor-of_fig1_7163703.

Girls.

Investigating the Global
STEM Gender Gap

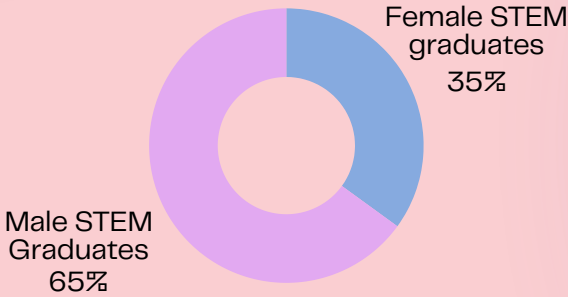


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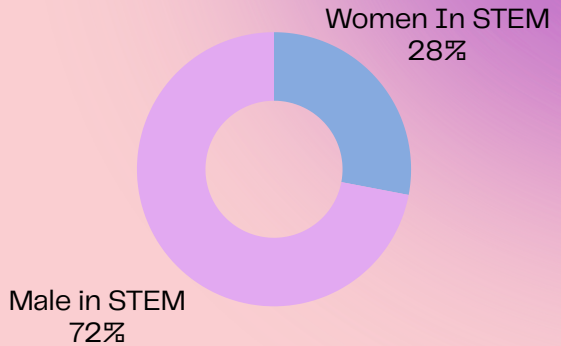
INTRODUCTION

Although many people understand the definition of stereotypes, not many realise the effect they exhibit on global society. Stereotypes, specifically gender norms, inhibit the advancements of humanity, particularly in the STEM field. Women in the STEM workforce often feel uncomfortable in the perceived “male-dominated” workplace, as it leaves little room for women to dominate.



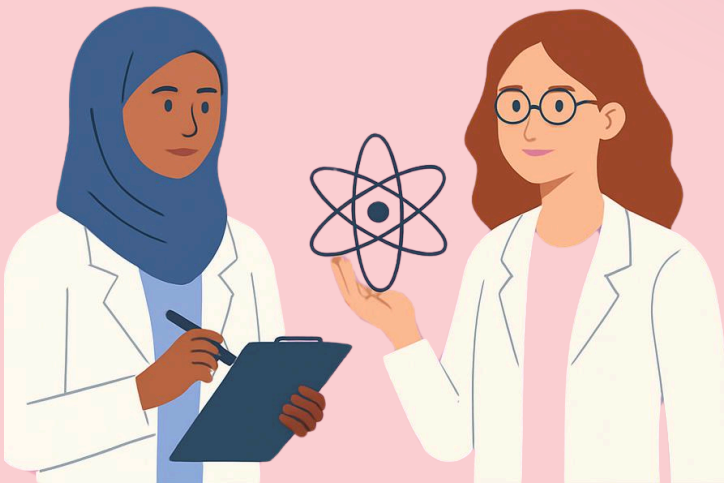
A study claimed women only make up 35% of global STEM graduates, while only 28% of the global STEM workforce consists of women, highlighting the global underrepresentation of women in the STEM field.

Historically, women’s accomplishments in STEM are often underestimated, leading to the lack of role models and figures for women entering the workforce. Furthermore, the **systemic devaluing of women’s scientific work** has faced little to none progress in the last decades, even as the fight for women’s equality increases across the world. Even though countries boast their advancements in gender equality, many women still experience significant disadvantages for their work in the STEM field. As a result of the uncomfortability, women often choose to work in other workforces, even if they are talented in STEM skills.



INTRODUCTION

Overall, despite advancements in gender equality, women in the global STEM field still experience harsh gender norms, as even in higher-ranking equality nations women face systemic undervaluing of their work, which **puts society at risk** for reduced innovations and contributions to the STEM field.



THE PIPELINE GAP

The Pipeline Gap refers to **the differences in reaching the academic threshold needed for competitive STEM programs** and is more of an issue in developing countries. In many developing countries, women's equality in the STEM field is not one of their main priorities, and is often pushed to the side in exchange for more pressing issues. For example, many Eastern Southern African countries face challenges of providing infrastructure and resources, leading many women to fail to receive a viable amount of opportunities in order to reach success in the STEM workforce.

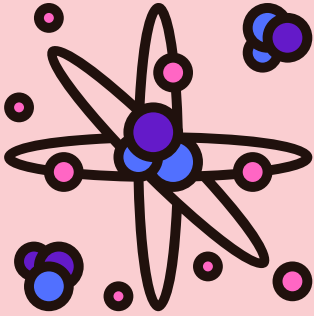


The region of Southeastern Africa where the choice gap has a profound impact on the future STEM careers of women



THE CHOICE GAP

The choice gap is defined by women and men who have **similar academic opportunities but choose another field** as a result of the gender stereotypes in the field. The choice gap is extremely prevalent in countries like Sweden and Australia where women outnumber men among the highest performers.



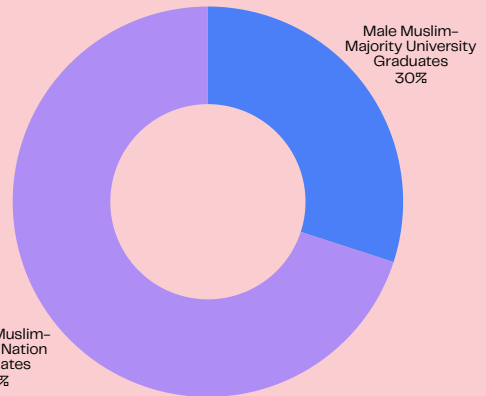
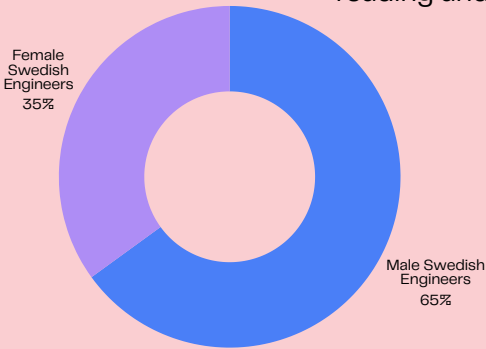
In progressive nations, high achieving women are 20% less likely than men to choose STEM subjects despite their credible academic ability.

Much of the reasoning for the choice gap comes from structural norms that play a large role, as women struggle with stereotypes and anticipated workplace norms, causing many young women to choose their professions in non-STEM fields even if science, mathematics, and engineering are some of their strongest subjects. Women would often choose fields where they can feel more comfortable, treated more equally, and are able to have a better work-life balance. These gaps have led to the STEM field missing out on potential contributions of talented women and gender diversity, thus inhibiting an influx of creativity, innovation, and collective intelligence that could be possible in the field.



THE GENDER PARADOX

The paradox is **the controversy that countries with larger gender equality often show larger differences in STEM career fields for women compared to less developed nations.** In these highly progressive nations, structural factors have contributed to the stereotyped correlations of boys' academic strengths being correlated with science and mathematics, while girls are associated with reading and social sciences.



- These data charts are comparing how Sweden- one of the highest ranked gender equality nations- has a much lower percentage compared to the STEM female graduates in Muslim-majority nations, which are often ranked low for women's equality.



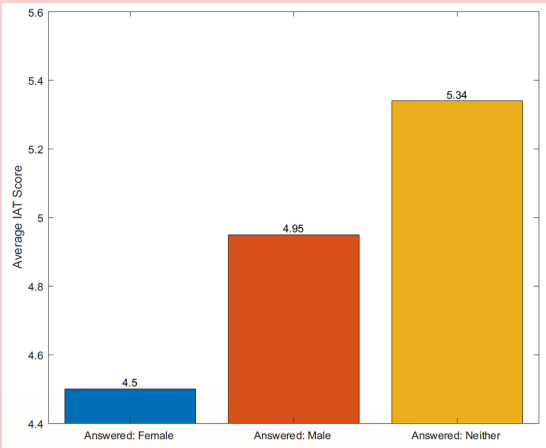
A study found in high-income progressive nations young boys are encouraged to spend more time playing sports games outside, which leads to an increase in their spatial skills while girls are urged to spend more time indoors with dolls/static play, which plays into the gender stereotype of women being housewives and men holding more independent roles. **When young boys receive an increased exposure to spatial skills, they are simultaneously improving cognitive and motor abilities that are vital skills required for the STEM field.** In summary, the STEM gender paradox emphasizes how countries with a larger gender equality often struggle with their young women making their decision to step away from the STEM field due to the influence from broader societal stereotypes and considerations.

SWEDEN

Sweden has long been celebrated for its progressions towards women's equality. The country has consistently been ranked in the top five of the Global Gender Gap, and ranked fifth for gender equity in 2024, following other Scandinavian countries and Iceland. Despite the advancements for women in Sweden, women still are forced to resist a strong implicit bias in the STEM field.



Implicit Bias: Refers to society's automatic stereotypes on groups of people that play a major role in the stereotypes of women's roles in male-dominated fields, which contribute to the systematic mis-favoring of women to pursue a career in STEM. In an Implicit Association Test on gender-science relations at Lund University in Sweden (7 represented automatic association between male with science and female with liberal arts and 1 represented no associated), the study found that all groups tested, men and women, had a score of at least 5, which is slight automatic association of male with science and female with liberal arts.



Graph from the article "Mind the Gender Gap" by Lund University (Sweden) showing different demographic's scores on the IAT test

One participant (scored a 7) claimed he was not surprised about his answer because he "read a lot of science history and unfortunately there are more books about men in science."

SWEDEN

5

Sweden has long been celebrated for its progressions towards women's equality. The country has consistently been ranked in the top five of the Global Gender Gap, and ranked fifth for gender equity in 2024, following other Scandinavian countries and Iceland. Despite the advancements for women in Sweden, women still are forced to resist a strong implicit bias in the STEM field.

The implicit bias makes it difficult for women to enter the Swedish STEM fields securely and feel valued. In fact, in a study done by the Faculty of Engineering at Lund University in Sweden, it was found that **women are underrepresented in all stages**, causing Swedish women to often feel out of place in the male-controlled field and are often underestimated by the male leaders of the field.



Moreover, a study at Orebro University found female doctoral students experienced lower support for their research and felt mistreated for personal reasons. In specificity, **30% of the female doctoral students reported they had felt discriminated against**, while no male in the study felt discriminated against. Unfortunately, the discrimination does seem to face any improvement in the last decades, which is evident through a study in Swedish universities that found how female teachers, especially junior/lower leveled teachers score 37% lower in surveys than young male staff. This emphasizes the generational impact of the implicit bias in Sweden, and the consistent negativity towards females in the STEM field encourages them to choose another profession with more equality and opportunities for women.

AUSTRALIA

Australia was one of the first countries to grant women the right to vote (1902), and has consistently been a champion of gender equality. Australia has been attempting to increase the accessibility of the STEM field for women by increasing female role models and granting more money through scholarships. The opportunities of this kind are often referred to as **“attraction programs,” as they seek to inspire women to join the STEM workforce through granting promising young female individuals scholarships** instead of focusing on the entire field of hopeful young women.

Evidently, the attraction programs have done little to change the workforce, as the Australian STEM workforce is only made up of 15% women, and these women face a 16% pay gap. Furthermore, these data statistics have not changed since 2021, highlighting the severity of the STEM gender gap in Australia.

The main reason for the failure of the attraction programs is that they do not look to target the structural factors and policies surrounding women’s STEM education, instead the Australian government and companies are more focused on giving opportunities to a few promising, bright young women.

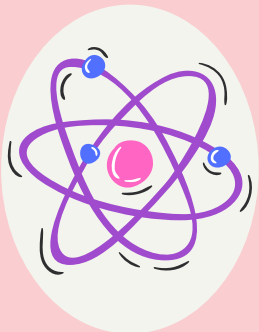


One of the major reasons for the uncomfortability women fear in the STEM workforce stems from the anxieties surrounding sexual harassment or trafficking in the workforce. According to the Australian Human Rights Commission, **more than 40% of women have experienced some form of workplace sexual harassment in the last five years**, highlighting the detrimental effects of sexual harassment for women. This fully shows the irony of Australia’s rankings and advocacy of gender equality, as gender harassment and stereotypes are inhibiting women from reaching their full potential in the field, thus hindering the entire nation’s ability to conduct advancements in the STEM field. Some universities, such as Western Sydney, La Trobe, and University of Melbourne have been working on closing the gender gap in their educational spaces, hopefully leading to more access for women in Australia.

CONCLUSION

Overall, the impact of the STEM gender gap has been profound on the global STEM field. The underrepresentation of women as a result of the male-dominance results in less tests and opportunities for women's health to receive attention, putting women at greater risks for ovarian cancer and other female health challenges. Furthermore, the systemic undervaluing of women causes the entire field to lose engineers and scientists that could contribute and create ground-breaking advancements in the field. Ultimately, as society continues to find for women's equality, the stereotypes around females in STEM must not be forgotten. **Nations (Sweden and Australia) and organizations must carry out actions that will not only increase the opportunities for women, but also decrease the stigma and gender norms women in STEM are forced to battle every day.**

Girls.



**BY:
MADDIE
KARR**

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INTRODUCTION

THOUGH BEAUTY STANDARDS VARY GLOBALLY, COMMON THEMES SUCH AS BODY SHAPE, SKIN COLOR, AND CERTAIN FACIAL FEATURES DOMINATE PERCEPTIONS OF BEAUTY. SOCIETY AS A WHOLE HAS USED THESE PERCEPTIONS OF BEAUTY TO DETERMINE “STANDARDS” OF WHAT IT MEANS TO BE BEAUTIFUL, ULTIMATELY AFFECTING SELF-ESTEEM AND MENTAL WELL-BEING, AND CONTRIBUTING TO MENTAL AND PHYSICAL CONSEQUENCES FOR MANY.

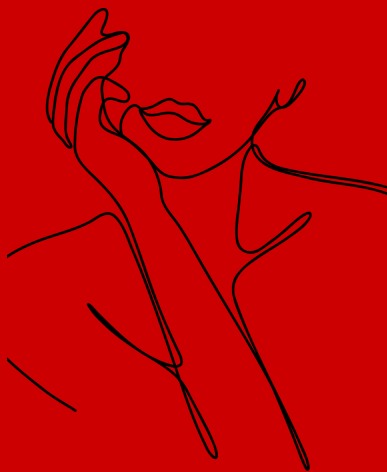


WHILE STANDARDS OF APPEARANCE DO AFFECT MEN, THEY AFFECT WOMEN TO A GREATER EXTENT AND IN DIFFERENT WAYS. THIS IS LARGELY BECAUSE, FROM AN EARLY AGE, GIRLS RECEIVE THE NOTION THAT THEIR WORTH IS TIED TO THEIR APPEARANCE, AS WELL AS TO CULTURAL NORMS, LARGE-SCALE ADVERTISING, AND INDUSTRIES THAT REINFORCE IMPOSSIBLE BEAUTY STANDARDS.

ALTHOUGH THE TOXICITY OF BEAUTY STANDARDS AND THE BEAUTY INDUSTRY HAS BECOME INCREASINGLY WORSE, THE BEAUTY INDUSTRY HAS THE POTENTIAL TO BE AN OUTLET FOR WOMEN TO EXPRESS THEMSELVES. ANYONE CAN PARTICIPATE IN THE BEAUTY INDUSTRY, BUT IT IS A THING THAT FEELS SPECIAL AND SPECIFIC TO WOMEN. ONE OF THE FEW SPACES IN SOCIETY THAT FEELS UNIQUE TO US AND THAT ISN'T DOMINATED BY MEN. MAKEUP, HAIR, CLOTHING, ALL OF THESE THINGS CAN BE FUN AND WAYS FOR WOMEN TO EXPRESS THEMSELVES. HOWEVER, SOCIETY HAS PUSHED THE WRONG NARRATIVES ON WOMEN, LEAVING MANY WOMEN DOING ANYTHING TO FEEL BEAUTIFUL, AS WELL AS NOT FEELING BEAUTIFUL AT ALL. ULTIMATELY, EVERY WOMAN IS UNIQUE AND BEAUTIFUL IN THEIR OWN WAY, AND RATHER THAN PUSHING TOXIC BOUNDARIES AND STANDARDS ON WOMEN IN OUR SOCIETY, BEAUTY SHOULD BE APPROACHED AS SOMETHING WOMEN CAN EXPERIMENT WITH AND HAVE FUN WITH RATHER THAN A PRESSURE.

THE ISSUE TODAY

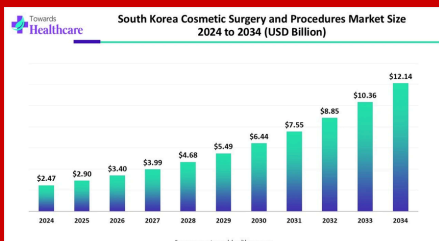
TODAY, BEAUTY STANDARDS HAVE EVOLVED INTO INDUSTRIES AND ARE EMBEDDED IN GIRLS' EVERYDAY LIVES. THINGS LIKE SOCIAL MEDIA AND MODERN-DAY PLASTIC SURGERY ARE RELATIVELY NEW THINGS THAT HAVE BECOME INCREASINGLY MORE POPULAR, THUS AFFECTING OUR SOCIETY'S GIRLS' PERCEPTIONS OF BEAUTY MORE AND MORE. APPROXIMATELY 90% OF GIRLS WHO FOLLOW SOCIAL MEDIA ACCOUNTS REPORT THAT THEY FEEL LESS CONFIDENT AND THUS MORE SELF-CONSCIOUS. BECAUSE OF THIS, OUR SOCIETY'S GIRLS ARE LEFT FEELING LIKE THEY NEED TO CHASE WHAT SOCIAL MEDIA IS TELLING US IS BEAUTIFUL, WHICH IS CONSTANTLY CHANGING BECAUSE THERE ARE ALWAYS NEW BEAUTY TRENDS EMERGING. FOR EXAMPLE, WITH BODY IMAGE, ONE WEEK IT IS THE "HOURLASS" FIGURE, AND THEN THE NEXT IT IS EXTREMELY THIN. THIS CONSTANT SHIFT MAKES IT IMPOSSIBLE FOR ANYONE TO EVER FEEL "ENOUGH" BECAUSE THE STANDARD IS CONSTANTLY CHANGING.



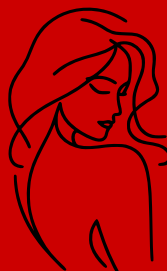
SOUTH KOREA



THE SOCIAL MEDIA BEAUTY TRENDS VARY GLOBALLY, BUT AFFECT ALL OF THE GIRLS WHO UTILIZE SOCIAL MEDIA. IN SOUTH KOREA, BEAUTY AND SOCIAL MEDIA ARE DEEPLY INTERTWINED, FUELING A MULTI-BILLION-DOLLAR INDUSTRY. SOCIAL MEDIA PLATFORMS DICTATE RAPID TREND CYCLES, PROMOTING CERTAIN BEAUTY STANDARDS LIKE “GLASS-SKIN” OR HYPER-REFINED FEATURES, WHICH HAVE ULTIMATELY MADE SOUTH KOREA AN EVEN MORE COMPETITIVE SOCIETY WHERE APPEARANCE IS HEAVILY SCRUTINIZED.



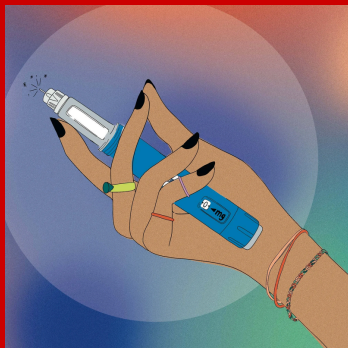
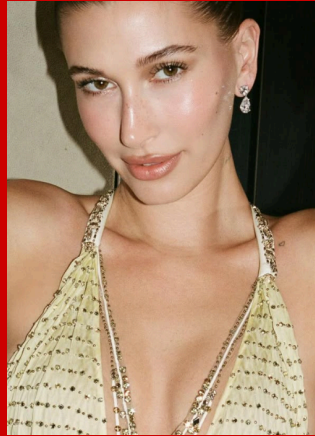
SOUTH KOREA IS KNOWN AS THE COSMETIC SURGERY CAPITAL OF THE WORLD, WITH THE HIGHEST RATE OF PROCEDURES PER CAPITA. MANY OF THE PROCEDURES THAT KOREAN GIRLS UNDERGO ARE TO LOOK MORE YOUTHFUL, AND SPECIFIC PROCEDURES LIKE HAVING A V-SHAPED JAWLINE, HIGH NOSE BRIDGE, GLOWING SKIN, AND DOUBLE EYELIDS ARE ALL POPULAR. COSMETIC PROCEDURES LIKE THIS ARE ULTIMATELY UP TO EVERY GIRL'S DECISION; HOWEVER, SOCIETY NEEDS TO PUSH A DIFFERENT NARRATIVE. RATHER THAN GIRLS FEELING LEFT LIKE THEY NEED TO GET THESE PROCEDURES TO FIT THE “NORM”, GIRLS SHOULD FEEL LIKE COSMETIC PROCEDURES ARE THINGS TO BOOST THEIR CONFIDENCE RATHER THAN CONFORM TO SOCIETY'S EXPECTATIONS.



THE UNITED STATES



SIMILARLY, IN THE UNITED STATES, BEAUTY STANDARDS AND SOCIAL MEDIA ARE DEEPLY CONNECTED, SHAPING A CULTURE WHERE GIRLS CONSTANTLY FEEL PRESSURE TO LOOK A CERTAIN WAY. PLATFORMS LIKE TIKTOK AND INSTAGRAM RAPIDLY SPREAD BEAUTY TRENDS, PROMOTING UNREALISTIC EXPECTATIONS SURROUNDING BODY SHAPE, MAKEUP, HAIR, AND SKIN. TRENDS SUCH AS THE “CLEAN GIRL” AESTHETIC MODELED BY HAILEY BIEBER, EXTREME THINNESS, AND HEAVILY FILTERED APPEARANCES HAVE BECOME INCREASINGLY POPULAR, LEAVING MANY GIRLS FEELING LIKE THEY NEED TO CHANGE THEMSELVES TO FIT CURRENT STANDARDS.



BEAUTY STANDARDS IN THE UNITED STATES ARE ALSO CONSTANTLY SHIFTING DEPENDING ON CELEBRITY CULTURE AND ONLINE TRENDS. ONE DECADE MAY IDEALIZE CURVIER BODY TYPES, WHILE ANOTHER MIGHT PROMOTE EXTREME THINNESS, CREATING AN IMPOSSIBLE CYCLE. RECENTLY IN THE UNITED STATES, THE RISE OF WEIGHT LOSS DRUGS LIKE OZEMPIC BEING USED FOR UNNECESSARY WEIGHT LOSS HAS FURTHER INTENSIFIED THESE PRESSURES, ESPECIALLY ONLINE, WHERE THINNESS IS ONCE AGAIN BEING HEAVILY GLAMORIZED. COSMETIC PROCEDURES AND TREATMENTS HAVE ALSO BECOME INCREASINGLY NORMALIZED IN THE UNITED STATES, ESPECIALLY AMONG INFLUENCERS AND CELEBRITIES, CONTRIBUTING TO THE IDEA THAT GIRLS NEED TO “FIX” THEMSELVES TO BE BEAUTIFUL IN SOCIETY’S EYES. WHILE MAKEUP, FASHION, AND BEAUTY CAN ABSOLUTELY BE FORMS OF SELF-EXPRESSION, SOCIETY NEEDS TO PROMOTE A HEALTHIER NARRATIVE IN WHICH GIRLS FEEL EMPOWERED TO EXPRESS THEMSELVES FOR FUN AND CONFIDENCE, RATHER THAN FEELING PRESSURED TO CONFORM TO UNREALISTIC STANDARDS.

VOICES- DR. LEE

RECENTLY, I INTERVIEWED DR. GRACE LEE, THE DEAN OF FACULTY AT MICDS, ABOUT HER RECENT TRIP TO SOUTH KOREA. IT WAS AMAZING TO HEAR ABOUT HER EXPERIENCE, AS SHE WENT ON A BEAUTY TRIP WITH SOME OF HER GIRLFRIENDS TO ONE OF THE WORLD'S BIGGEST BEAUTY EMPIRES IN THE WORLD. SHE MENTIONED HOW READILY AVAILABLE ALL ASPECTS OF BEAUTY ARE IN SOUTH KOREA. EVERYWHERE YOU LOOK, THERE IS SOMETHING RELATED TO BEAUTY, WHETHER THAT BE A MAKEUP STORE OR A TREATMENT CENTER.



FURTHERMORE, SHE HIGHLIGHTED HOW DEEPLY INGRAINED BEAUTY IS IN SOUTH KOREAN CULTURE. THE GIRLS ARE ALWAYS GLAMMED TO THE MAX AND VERY PUT TOGETHER. SHE MENTIONED HOW SOME GIRLS WEAR ONE ROLLER IN THEIR HAIR AS A SYMBOL OF RESISTANCE TO THE STRONG BEAUTY STANDARDS IN SOUTH KOREA, AS IT SHOWS REBELLION TO THE “FLAWLESS” APPEARANCE SOUTH KOREAN WOMEN FEEL EXPECTED TO MAINTAIN. I LOVED THE CONVERSATION WE HAD BECAUSE IT TALKED ABOUT THE GOOD, THE BAD, AND THE IN BETWEEN OF THE BEAUTY INDUSTRY IN SOUTH KOREA. SHE AND SOME OF HER CLOSEST FRIENDS FROM COLLEGE WENT ON THIS TRIP WITH THE INTENT TO DO THINGS TO MAKE THEM FEEL CONFIDENT AND BEAUTIFUL, WHICH I LOVE AND SHOWS SOME OF THE GREAT PARTS OF BEAUTY. IT HIGHLIGHTS HOW BEAUTY CAN BRING WOMEN TOGETHER AS WELL AS BRING CONFIDENCE. BUT, SHE ALSO NOTED HOW IT WAS SO DEEPLY INTEGRATED INTO EVERY ASPECT OF LIFE FOR SOUTH KOREAN WOMEN, WHICH CREATES PRESSURE AND TOXICITY TO LOOK A CERTAIN WAY TO BE “BEAUTIFUL.”

COUNTERARGUMENTS



SOME MAY ARGUE THAT BEAUTY STANDARDS CAN ACTUALLY HAVE POSITIVE EFFECTS ON SOCIETY. THEY BELIEVE THAT BEAUTY STANDARDS CAN ENCOURAGE PEOPLE TO TAKE CARE OF THEMSELVES, EXPRESS CREATIVITY THROUGH VARIOUS AVENUES, AND FEEL MORE CONFIDENT IN THEMSELVES. IN MANY CULTURES, BEAUTY AND STYLE ARE SEEN AS ARTISTIC AND ALLOW PEOPLE TO SHOW THEIR PERSONALITY AND INDIVIDUALITY. OTHERS ARGUE THAT BEAUTY STANDARDS HELP CREATE TRENDS THAT MANY WOMEN ENJOY PARTICIPATING IN. IN ADDITION, SOME BELIEVE THAT WANTING TO IMPROVE ONE'S APPEARANCE IS NATURAL AND NOT ALWAYS HARMFUL. HOWEVER, WHILE BEAUTY STANDARDS CAN INSPIRE CONFIDENCE AND CREATIVITY, THE ISSUE BECOMES MORE COMPLICATED WHEN THESE STANDARDS BECOME TOXIC, UNREALISTIC, OR IMPOSSIBLE. SOCIAL MEDIA, CELEBRITY CULTURE, AND ADVERTISING OFTEN PUSH EXTREME EXPECTATIONS THAT MAKE MANY GIRLS FEEL PRESSURED TO CONSTANTLY CHANGE THEMSELVES. BECAUSE OF THIS, BEAUTY STANDARDS THEMSELVES ARE NOT ALWAYS HARMFUL, BUT THEY BECOME DAMAGING WHEN THEY NEGATIVELY AFFECT WOMEN'S SELF-WORTH AND MENTAL HEALTH.



THE CLIMB: HOW TO COUNTER TOXIC BEAUTY STANDARDS

IN A PERFECT WORLD, TOXIC BEAUTY STANDARDS WOULD MAGICALLY DISAPPEAR, AND WOMAN WOULD FEEL HAPPY AND CONFIDENT WITH THEIR OWN UNIQUE BEAUTY.



HOWEVER, UNFORTUNATELY, THAT IS NOT THE SOCIETY WE LIVE IN TODAY. BUT, THERE ARE THINGS US WOMAN CAN DO TO PUSH BACK THE STANDARDS AND BECOME MORE CONFIDENT WITH OUR OWN PERSONAL BEAUTY.

SOCIAL MEDIA IS A MAIN FACTOR IN BEAUTY STANDARDS RIGHT NOW AND HOW THEY ARE BEING SPREAD. STUDIES SHOW THAT IT SIGNIFICANTLY CONTRIBUTES TO NEGATIVE HEALTH IMPACTS AMONGST WOMEN, WHICH ARE DETRIMENTAL AND CAN ALTER A WOMAN'S PERSPECTIVE ON HER BEAUTY FOREVER. HOWEVER, THOUGH WE CAN'T CONTROL WHAT IS PUBLISHED ON SOCIAL MEDIA, THERE ARE WAYS TO CONTROL THE ALGORITHMS. WHEN UTILIZING SOCIAL MEDIA, IT IS SO IMPORTANT FOR EVERYONE, BUT ESPECIALLY WOMAN, TO PROTECT THEIR PEACE AND WHAT THEY ARE CONSUMING. SO, IF YOU SEE A POST PUSHING NEGATIVE BEAUTY STANDARDS, SCROLL QUICKLY SO STUFF LIKE THAT WON'T COME BACK FREQUENTLY, AND SPEND MORE TIME VIEWING POSITIVE THINGS, SO THAT IS WHAT IS MAINLY ON YOUR FEED.



FURTHERMORE, A BIG THING THAT OUR SOCIETY IS LACKING IS BUILDING OTHERS UP. WOMEN ARE A LARGE COMMUNITY OF SISTERS, AND WE NEED TO STICK TOGETHER AND LOOK OUT FOR ONE ANOTHER. SO, THE NEXT TIME YOU SEE A GIRL, I CHALLENGE YOU TO COMPLIMENT HER. THINGS LIKE COMPLIMENTS ARE SHOWN TO SIGNIFICANTLY IMPROVE ONE'S SELF-ESTEEM, AND IT'S LIKE A CHAIN REACTION. SPREAD YOUR BEAUTY TO ANOTHER GIRL, SO SHE CAN SPREAD HER BEAUTY TO ANOTHER GIRL, AND SLOWLY OUR SOCIETY WILL BECOME A MORE BEAUTIFUL PLACE.



MY ARGUMENT

BEAUTY IS SOMETHING THAT EVERY GIRL HAS, AND IT IS FOUND INSIDE RATHER THAN OUTSIDE. THE WAY YOU CARRY YOURSELF AND TREAT OTHERS IS HOW REAL BEAUTY IS FOUND, RATHER THAN WHAT IS ON THE OUTSIDE. HOWEVER, EXPERIMENTING WITH BEAUTY IS SOMETHING THAT CAN BE FUN AND BENEFICIAL TO WOMEN IF IT IS PRESENTED CORRECTLY. RATHER THAN PUSHING STEREOTYPES ON WOMEN TO LOOK A CERTAIN WAY, IT SHOULD BE VERSATILE AND INVITING. A SPACE WHERE WOMEN FEEL LIKE THEY CAN ENHANCE THEIR NATURAL BEAUTY INSTEAD OF CHANGING THEMSELVES ENTIRELY. INSTEAD OF PUSHING A UNIFORM STANDARD ONTO WOMEN THAT THEY SHOULD LOOK A CERTAIN WAY. BECAUSE IN REALITY, EVERY WOMAN IS UNIQUE, AND THAT SHOULD BE SEEN AS A BEAUTIFUL THING AND SOMETHING THAT SHOULD BE CELEBRATED. FOR TOO LONG, OUR SOCIETY HAS PUSHED UNJUST STANDARDS ON WOMEN THAT FEEL NEAR IMPOSSIBLE. ESPECIALLY RECENTLY, WITH THE RISE OF SOCIAL MEDIA, WHICH ALLOWS FOR STANDARDS TO SPREAD AT A FASTER RATE AND FOR THEM TO REACH A LARGER AUDIENCE. BUT IT'S TIME TO BREAK THE CYCLE AND FOR EACH WOMAN'S BEAUTY TO BE CELEBRATED AND FOR THE SPACE TO BE INVITING AND POSITIVE FOR ALL WOMEN TO EXPERIMENT WITH.



SOME THINGS I FIND BEAUTY IN!!

MY RELATIONSHIPS :)



PUTTING ON A CUTE OUTFIT + FEELING CONFIDENT IN MYSELF



THE WORLD AROUND ME!!



**DON'T FORGET THAT YOU ARE
BEAUTIFUL AND THAT THERE IS
BEAUTY EVERYWHERE AND IN
EVERYTHING!**

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- THIS ARTICLE DISCUSSES HOW BEAUTY STANDARDS AND BODY IMAGE EXPECTATIONS NEGATIVELY AFFECT WOMEN'S MENTAL HEALTH AND SELF-ESTEEM. IT EXPLAINS HOW SOCIAL MEDIA, COMPARISON, AND UNREALISTIC EXPECTATIONS SURROUNDING APPEARANCE CAN CONTRIBUTE TO ANXIETY, INSECURITY, AND EATING DISORDERS AMONG GIRLS AND WOMEN. THIS SOURCE IS USEFUL FOR MY PROJECT BECAUSE IT SUPPORTS MY DISCUSSION OF HOW MODERN BEAUTY STANDARDS IMPACT WOMEN PSYCHOLOGICALLY, ESPECIALLY THROUGH SOCIAL MEDIA AND TRENDS. IT ALSO CONNECTS TO MY ARGUMENT THAT BEAUTY ITSELF IS NOT INHERENTLY HARMFUL, BUT BECOMES DAMAGING WHEN WOMEN FEEL PRESSURED TO MEET UNREALISTIC EXPECTATIONS. THIS SOURCE IS SOMEWHAT CREDIBLE BECAUSE IT DIRECTLY DISCUSSES MENTAL HEALTH AND BODY IMAGE ISSUES IN A DETAILED, RELEVANT WAY. HOWEVER, IT IS PUBLISHED THROUGH A STUDENT NEWS PLATFORM, SO IT MAY BE LESS CREDIBLE THAN SCHOLARLY SOURCES. EVEN SO, IT IS STILL VALUABLE FOR PROVIDING INSIGHT INTO CONTEMPORARY PERSPECTIVES AND EXPERIENCES SURROUNDING BEAUTY STANDARDS AND WOMEN'S MENTAL HEALTH.
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GIRLS.

SHOULDN'T STARS BE ABLE TO SHINE

V
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BY: ISHA BOGACHENCHU

Welcome to the show!

problematic DISPLACED | an abomination
expectations. **pass** "ungrateful"
not nominated caseless misogynistic
inappropri "No recognition objectifying
Deal with it insulting neglected *attractive. no.*
anti-women. feminist propaganda
She has improved now. **significant** just ok

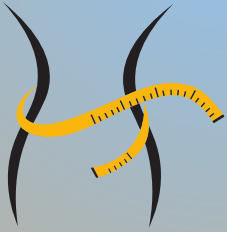
Please take your seats. Enjoy!

WOMEN IN FILM DECADES AGO



Objectified

Domestic
&
Marriage



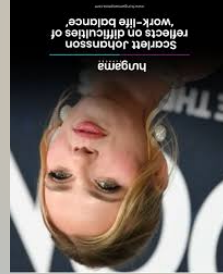
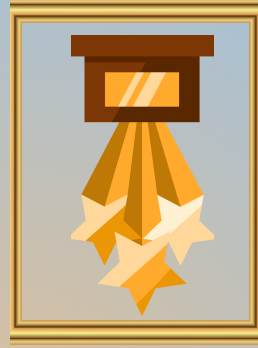
**Thin
Slim figure**

'NO!
Makeup



**Heavy,
wealthy,
looking
makeup**

**NO RESPECT
NO VALUE
NO MERIT**



**Do it all.
Caretaker
Actress
Professional**

**Young.
Hourglass figure.
No exceptions.**



FILM NOW

WOMEN IN 72

BECHDEL TEST



Invented by Alison Bechdel in her 1985 comic strip *Dykes to Watch Out For*, the Bechdel Test aims to draw awareness to how men dominate films and women exist solely to be looked at. Two criteria are involved:

1. A film must have at least two women in it
2. The women must talk to each other about something other than a man

37% of films fail - 1,494 fail and 2,506 pass

Hollywood

FAMOUS
TELUGU
ACTORS

Tollywood

When you look up Tollywood

“ I don't think there is a
single

Telugu movie that I can remember
passing

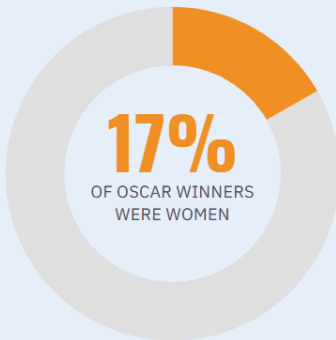
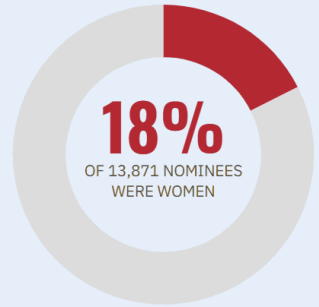
”
the Bechdel test 73

1929: 13 categories. 3 nominations. 1 winner
 2026: 26 categories. 5 nominations. 1 winner

There consistently lies an industry-wide gender gap in film

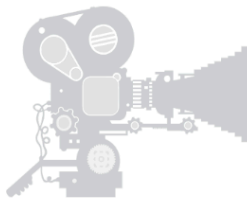
In 2026, 33% women were nominated.

No year was the number ever 50%.



0.18%

growth per year

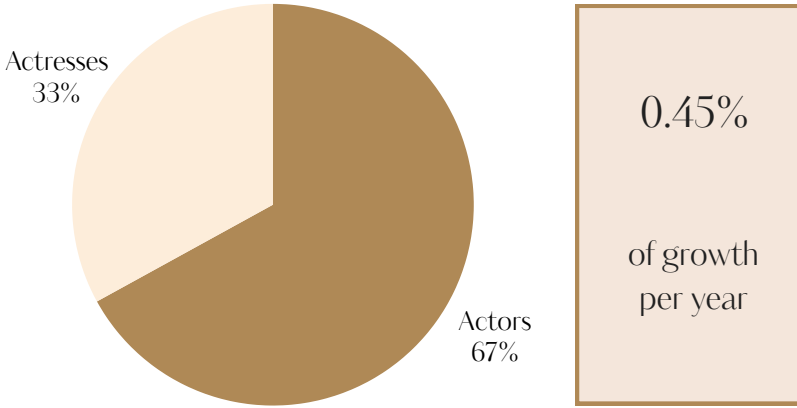


11 WOMEN NOMINATED FOR BEST DIRECTOR IN 98 YEARS

NAME	FILM TITLE	YEAR
Lina Wertmüller	<i>SEVEN BEAUTIES</i>	1977
Jane Campion	<i>THE PIANO</i>	1994
Sofia Coppola	<i>LOST IN TRANSLATION</i>	2004
Kathryn Bigelow	<i>THE HURT LOCKER</i>	2010
Greta Gerwig	<i>LADY BIRD</i>	2018
Emerald Fennell	<i>PROMISING YOUNG WOMAN</i>	2021
Chloé Zhao	<i>NOMADLAND</i>	2021
Jane Campion	<i>THE POWER OF THE DOG</i>	2022
Justine Triet	<i>ANATOMY OF A FALL</i>	2024
Coralie Fargeat	<i>THE SUBSTANCE</i>	2025
Chloé Zhao	<i>HAMNET</i>	2026

These are the disparities that people in the film industry avoid looking for, to preserve the iconic, innocent image of the industry they've always known

1954: 5 categories. No nominations. Postal votes. 1 winner
2026: 14 categories. 6 nominations. 1 winner



The disparities among the Filmfare Award winners reveal the male dominant story telling Tollywood systemically employs

All 5 performers are female
 $\frac{1}{3}$ hosts are female

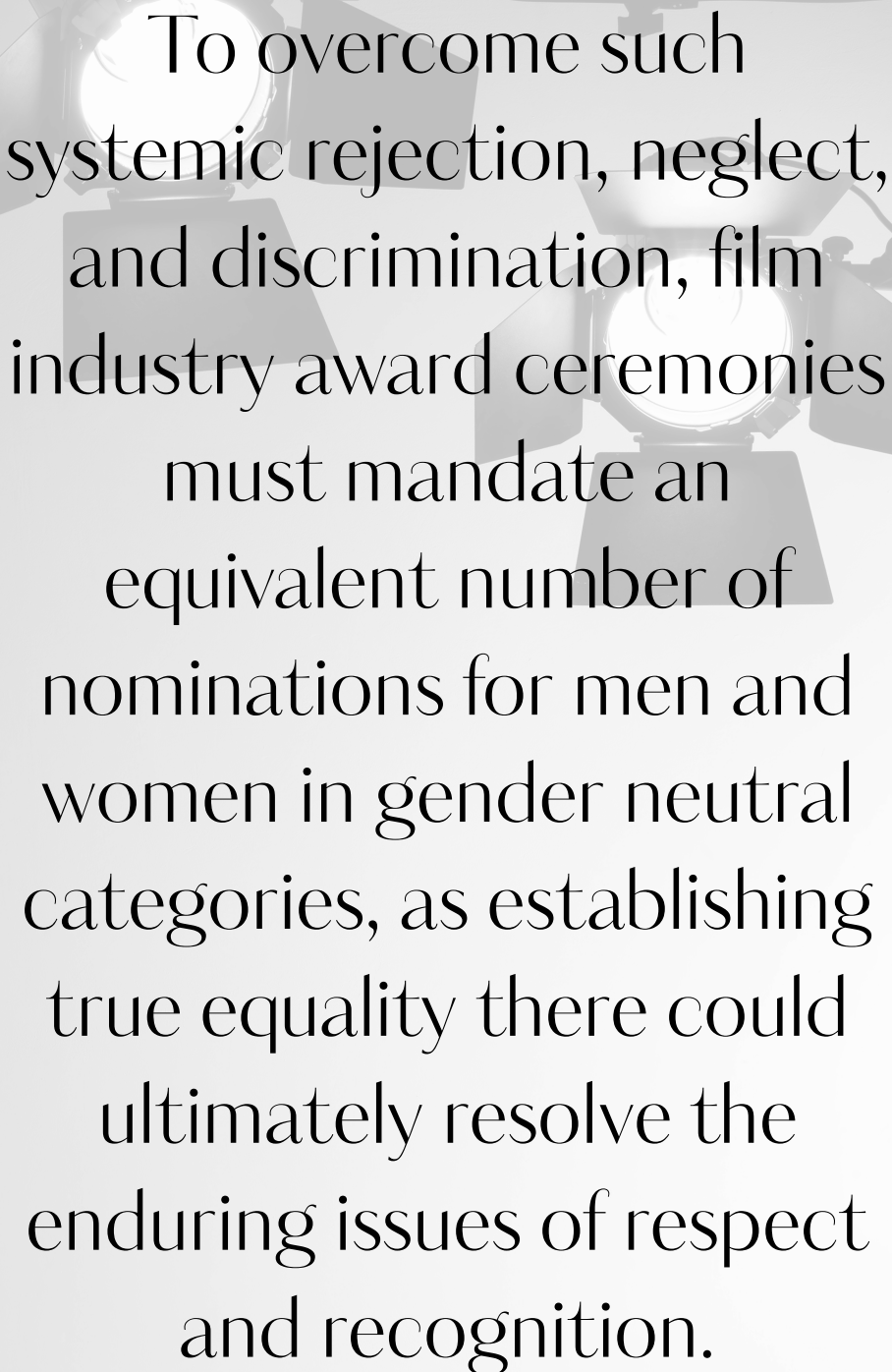
100%

FUN FACT!

The award is
called the
Black Lady



Despite being the face of the award, women are often tasked with presenting it or displaying it elegantly. They are passing the torch, rather than being honored as the holder.

The background of the page features a grayscale image of professional film lighting equipment. Two large studio lights with barn doors are prominent, one on the left and one on the right, both emitting a bright glow. The equipment is arranged in a way that suggests a film set or a studio environment. The text is overlaid on this background, centered horizontally.

To overcome such systemic rejection, neglect, and discrimination, film industry award ceremonies must mandate an equivalent number of nominations for men and women in gender neutral categories, as establishing true equality there could ultimately resolve the enduring issues of respect and recognition.

THE CRITICS

“How can Gosling be nominated over a monologue that defined the movie?”

- *Barbie* fans

“I’m disappointed that they are not nominated in their respective categories.”

- Ryan Gosling in response to Margot Robbie and Greta Gerwig being ‘snubbed’ from Oscar nominations for *Barbie*

Such commentary from Gosling is what creates a positive shift in how women are viewed, overall providing hope for change in the way society and the film industry treat them, fostering an understanding and recognition of their voice.

“A Tamil film”

- Actress Pooja Hegde accidentally called *Ala Vaikunthapurramuloo* a Tamil movie, instead of Telugu. Response from public: ‘ungrateful’.

“She went from being viewed as a respected CEO of her own travel agency to being objectified to later being a damsel in distress who needed help to get out of a marriage”

- Fans of *Ala Vaikunthapurramuloo*, highlighting the shift in character Hegde played.

Such moments in the film reveal key directorial choices that highlight how women are commonly viewed as more vulnerable than confident, even though it is evident they possess the skills to be. It just makes sense to paint them that way. 77

SUPPORTERS



Natalie Portman

- To *Variety*, "So many of the best films I saw this year were made by women... but are not getting the accolades that they deserve"

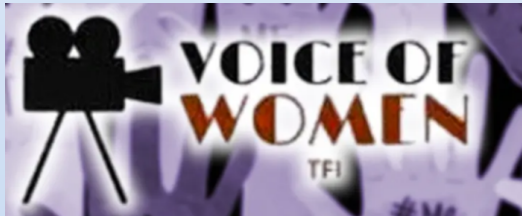
Women in Film aims to highlight such contributions.

2025:
Served 3000 members.
Made 17+ billion press impressions



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Our fight is not against one person or one statement.

It is against a misogynistic ideology and patriarchal narratives that continue to make workplaces unsafe for women and create fertile ground for cyber abuse, harassment, and trolling.

We demand restraint in public statements and accountability at every level.

In Tollywood, silence isn't an option. It may have worked several decades ago; however, in a new era, silence demands change, a change and accountability of actions, only possible when done together.



SOLUTION TO A NEGLECTED PROBLEM



Categories that CAN include both men and women
MUST have an equal number of both nominated.



Empowers future generations of young girls and women to lead outside of the box the film industry creates for them

Nominations each year will be closer to 50% for men and women, eventually exponentially increasing the yearly growth percentages

Encourage society to look at women with new characteristics that go beyond the film industry at large,

+ LIGHTS ✨
★ *Camera* ★
≡ **ACTION!** ★

One thing film industries will never be able to take away is the hard effort each one of these actresses has made. Each hurdle they have jumped through, each criticism, even from those closest, they have been painfully trained to endure.

The award for best perseverance goes to...



All women in film. From Hollywood to Tollywood and all industries in between. Their actions truly spoke louder than any of their words on screen.

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GIRLS.

VOLUME IIX: GENDER
EQUALITY IN SPORTS

By: Lucy Pickett

HISTORY.

However, sports are one of the areas that experience the most gender inequalities; rooted in societal norms. In the Victorian Era, “Sexist superstitions abounded, purporting that women’s bodies were too delicate to withstand strenuous physical activity.” In fact, it was common to think that athletics might deplete so much of a woman’s energy she’d end up childless or bearing frail children.” However, upper class women began playing sports like tennis or golf at country clubs, and even began to ride bicycles. Advocacy in the twentieth century for women to be involved in sports arose. The 20th-century history of female athletes was a gradual and difficult transition since many people considered women’s inclusion in sports an intrusion into a male space. Thus, for much of the century, society viewed athletic women as unnaturally masculine or assumed them to be gay as they were behaving counter to traditional gender expectations and feminine beauty standards.





SPORTS ARE MADE FOR WOMEN.

Now, it is time for women to reclaim the narrative that sports are made for them; whether they are athletes or those who work in corporate, no matter the country, no matter the political climate, no matter what.

WOMEN'S SPORTS IN RWANDA

In Rwanda, a developing country, working through the impacts of the genocide that occurred in the 1990s, sports are used as a tool of recovery. This is because, “*During the 1994 genocide, Rwandan women were subjected to sexual violence on a massive scale, perpetrated by members of the infamous Hutu militia groups.*”

Because of this genocide and sexual violence, organizations like the Association of Women in Sports use sports to empower the women who endured this assault and violence. The way AKWOS operates is it uses soccer and volleyball to create safe spaces for leadership development, open conversation, and psychosocial support for teen mothers specifically. “AKWOS has grown into a national and regional voice advocating for gender equality and peacebuilding in and through sports, inspiring thousands of girls and women to become confident, active agents of change in their families and societies”

AKWOS is very important in Rwanda because while there are many women in leadership, there are still many challenges at the grassroots level, through AKWOS there have been many strides taken to work towards gender equality and recovery. The specific program, “*Strengthening the Role of Young Women in Preventing Conflicts and Peacebuilding at Community Level through Sports*” is an initiative implemented by AKWOS, in which it uses the power of sports and psychosocial support to empower young women in Rwanda to become more active in gender equality initiatives.



On the global scale, Rwanda has been active in the Summer Olympics since 1984. They have always had less participants than larger countries, with the average number being 5 per Olympics. In terms of the gender equality of the Olympics and the male to women ratio; Rwanda has pretty even numbers, in fact in the Paris Olympics, there were more Rwandan women competing than men. While Rwanda is making more strides to increase gender equality, there are obviously more steps to be taken which stem off of the violence women have endured for many years.



WOMEN'S SPORTS IN SWEDEN

Sweden has participated in every Olympics since 1896, however it has been a long road to reach equality in participation. It has been inconsistent, with three women competing in 1908, then in the next Olympics 23, then 13, then 13, then zero, then back to 13, but then back to zero. This inconsistency highlights the gender inequalities in the early Olympics. However, now things have changed, in the Paris Olympics there were 61 women competing and 58 men competing, and in the Milan Olympics there were 51 women and 53 men.



In all of the European Union countries, Sweden is leading in closing the gender gap in sports. Sweden is making consistent strides for women in sports, 51% of all top decision making positions in the national EU federations of the 10 most popular sports were held by women in Sweden. Although there are still stigmas to be broken in Sweden, its consistent strides to make sports equal is one to be noticed.



Sweden is a microcosm of what sports for women look like in the European Union, In 2003, the European Parliament addressed the issue of gender equality in sport, in that year's resolution on Women and Sport. The Resolution specifically recognizes the importance of sport in Europe and it "stresses the practice of sport as a fundamental right and as a means of self-expression and fulfilment, as well as a force for citizenship and solidarity, and finally as a means for improving physical and mental health."



WOMEN'S SPORTS IN THE UNITED STATES



The US has something that these two countries do not have, and that is Title IX.

Title IX “states that ‘**no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any educational program or activity receiving federal financial assistance.**”

The adoption of this law quickly led to tremendous growth in women's athletic participation during the 1970s, from 32,000 participants in 1971 to more than 64,000 in 1977.”

Title IX was a breakthrough in women's sports, however, after Title IX, women still faced large amounts of misogyny in sports, which also came with a struggle to start women's professional leagues.

In fact, the WNBA, “Women's FIFA, Pro-Softball, and Volleyball leagues were not founded until the nineties, and many of them struggle to stay afloat.”

BILLIE JEAN KING.



“IN EVERY BOARDROOM AND EVERY LOCKER ROOM, I FOUGHT FOR EQUALITY.”

Billie Jean King is a renowned US tennis player known for her “Battle of the Sexes” match against Bobby Griggs, where she beat the former tennis player in straight sets. But beyond her transformational career, King has continuously spoken out against the constant inequality female athletes face.

She says that, “In every boardroom and every locker room, I fought for equality.” She faced criticism because of the way she would not stop until equality was achieved, many people now view her as a champion, not because of the titles, but because of how she never stopped fighting for what women deserve.

SIMONE BILES



**"THE NEXT TIME YOU
WANNA COMMENT ON A
BLACK GIRL'S HAIR. JUST
DON'T."**



After Simone Biles pulled out of the Tokyo Olympics all eyes were on her, because to the world, why on earth would such a decorated athlete pull out of the most important competition. Her reason? Biles had been struggling with her mental health due to the opinions of the outside world. Simone Biles is one of the primary voices in advocating for women's sports, specifically Black women in sports. Simone Biles has shown every woman that putting their mental health first is important no matter the backlash you might receive. Biles also is not unfamiliar with bias and critiques, some spectators may question her commitment to gymnastics, or will say that she is a bad example for young athletes.

Being a Black woman in sports presents its own range of challenges and to that Simone Biles says, "The next time you wanna comment on a black girl's hair. Just don't." Simone Biles is a primary voice in women's sports, advocating for the social emotional side of it, not just the paycheck.

SERENA WILLIAMS.



“I’M HERE FIGHTING FOR WOMEN’S RIGHTS AND FOR WOMEN’S EQUALITY.”

Similarly to Simone Biles, Serena Williams is familiar with bias, as she plays tennis; which is notoriously a white dominated sport. She deals with constant criticism, spectators saying that she should control her temper, because Black women should not act out of line, or she is dismissed when voicing her opinion because she does not need to be heard. Serena consistently points out the double standard in male vs. female tennis, in fact she says “I’m here fighting for women’s rights and for women’s equality.” Serena Williams is an example of a primary voice in women’s sports because she consistently advocates for equal pay and to eliminate the double standard that is so prevalent in athletics.

WHO IS FIGHTING BACK?

THE INTERNATIONAL OLYMPIC COMMITTEE



The two goals of the IOC are: **“Consolidating the Olympic Games as a powerful global platform for promoting and accelerating gender equality, and advancing women’s meaningful representation in governance, leadership and decision-making bodies.”**

The IOC also states that the Milano Cortina 2026 Winter Olympic Games were the most gender balanced winter olympics. The IOC is also working with stakeholders across the Olympic Movement to support the development of female coaches from grassroots to the elite level like the Olympic games.



“SPORTS HAS THE POWER TO TRANSFORM LIVES AND INSPIRE CHANGE.”

MY ARGUMENT

Women's Sports Must be Valued.

All of these people and organizations all have the same goal; get more girls in sports but also better the conditions for girls and women playing sports, whether that is professional or just for fun.



While legislation like Title IX have greatly improved the conditions of women's sports, gender inequality is still greatly holding it back. Gender disparities exist in many different ways for women and girls in sports. These disparities can lead to early drop outs of sports, 49% of girls quit their sport by the time they reach adolescence. This is because they lack role models and/or confidence, even though sports are used as a way of empowerment as shown through Rwanda's organization called AKWOS.

Sports can also do great things for girls not just athletically, but studies show that, "which include improved health, social, psychological, academic, and career outcomes."

Furthermore this highlights the importance of investing into women's sports because it's not just because they are fun to watch but also because they have many more benefits than one may realize. Furthermore, women's sports must be valued, not only by fans, but by the media, because through global professional women's sports, girls are able to have role models, and it is through those role models that girls continue on with a sport. No matter the sport, the level, or the country, women's sports must be viewed with the same value, respect, and admiration as men's sports, because not only does it better young girls, but it betters the whole world.

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