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WOMEN'S PROTEST AND HEALTH IN THE INTERNATIONAL SPHERE

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## ABSTRACT

Protest has been researched within the context of social movements as a part of their policy successes and capacity to appeal to public opinion. I gathered protest events from the year 2007 to run statistical analyses to determine if there was a correlation between women's protest and health outcomes of women and children in 26 countries. The results indicated that there were no significant relationships between women's protest and health outcomes for these countries, however there were also no significant relationships between the controls and chosen health outcomes. I conclude that women's protest did not predict health improvements, but these were also not affected by increased wealth (as measured by gross domestic product), religiosity, women's empowerment (as measured by the percentage of women in parliament), or regime type.

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## Introduction

During my sophomore year, I learned about an opportunity to take part in a protest in Washington, D.C. which occurred as a result of the recent presidential election. The day ended up being larger than expected with more than 500,000 people taking part in the movement in Washington alone (Hartocollis & Alcindoor, 2017). This had an immense impact on me. It made me believe women have an effect in movements and we can create social change as a result. I wanted to learn more, but I wondered what protest truly affects.

As I delved into the existing research, I saw that there had been relationships explored about the effects of protests on health legislature, civil rights, and politics. However, there was little research about protests affecting measures of outcomes for citizens- such as health care itself instead of legislation (Van Dyke, 2005, p.43). Oftentimes protests seemed to be researched in the form of specific case studies. Although case studies allow researchers to examine protests more comprehensively than quantitative analyses, they are limited to the country or area of the event and may not be generalizable or have applicable findings to other protest events (Pratley, 2016, p. 32). Research regarding the effects of protests as a measure themselves instead of the effects of specific protests was not commonly found. I decided to pursue this as my topic of interest.

Especially in the United States, it seems as though protests are a form of expression for women that do not feel as though their representatives reflect their concerns about women's health. I felt that this needed to be extended to health care as more than an impression of women

as mothers. Rather I wanted to show something that modeled women as mothers, family members, and as individuals deserving health care relative to their needs. Therefore, I had thought of a justification for something that resounded with my own passion. I ask: how do women's protests affect the health outcomes of women and children?

Following an overview of the previous work on subjects, I describe the limitations of the findings of these authors. I shall then outline my hypotheses as well as competing factors that could affect the relationship I explore. Within my Analysis section, I will operationalize the concepts I explore and describe the methods I use to analyze my variables of protest and health outcomes using the statistical software STATA. I shall then conclude with my findings and their relevance to the world of social movement research and women's health empowerment.



## Literature Review

Since 1946, the formation of the World Health Organization within the United Nations (UN) has meant that the signatory countries and those countries that aspire to be part of the global community of the United Nations strive to consider health as a human right. This is reaffirmed by countless world leaders, global development goals, and other non-profit organizations. According to the World Health Organization (WHO), such care must include needs of individuals regardless of gender (WHO, 2017). Without international standards and expectations for human rights and health care, states may choose to uphold unequal standards or have discriminatory practices. Social, political, and economic repercussions from an international body and community such as the UN protect the citizens of many countries that would otherwise experience life at the mercy of only their own resources for health care. In this section I will discuss the provision of health care, how protest has been used to gain various rights, how protest empowers women politically, and why that empowerment may lead to better health outcomes.

Resources for public goods such as health care provision have not always been provided equally due to attributes of people within societies. For example, infants in the U.S. born to black women are more likely to die than infants born to white women (WHO, 2011). The WHO also estimates that 1 in 3 women worldwide experience intimate or domestic violence (WHO, 2018). As a result of this unequal treatment, groups that were not favored within society had to fight for rights. One of the ways these groups fought for rights was to publicly protest. For example, women have been systemically disfavored for certain aspects of state provided rights such as

voting, and one of the ways that women garnered attention and worked to receive rights was to protest. The notoriety of protest has led to intensive case studies examining protest's capacity to influence and the conditions that allowed their success (Amenta et. al. 2010, p.288-291). Women have used protest for suffrage, economic protections, and health care (McCammon, 2001, p. 5; Van Dyke et. al.2005 p.31; Banaszak-Holl & Levitsky, 2010).

Women have also used protest to protect rights provided by the government that overlap with social rights. Historically, protest has been used by disadvantaged groups to gain the right to own land, vote, not to be killed, or wrongly imprisoned, and to be treated fairly by laws created by the state (Van Dyke et. al. 2005, p.28). Women have experienced separate rights with voting, property rights, divorce proceedings, education, purchasing power, labor protection laws, and health care (Reger, 2018). These differences have presented women with obstacles that must be acknowledged and challenged by women themselves. Protests have drawn positive attention to the causes of suffragettes, African Americans, as well as labor protection.

Protest acts as a visible way for women to band together with other members of a social movement to present the flaws within current systems and attempt to rectify them. Although protest is both extensively studied and obvious within the United States, protest has been used as a tool for social movements and for the people to speak for themselves against a tyrannical or otherwise unrepresentative state. Students have and currently use protest when their treatment or the treatment from adults towards subjects that students care about is dissatisfactory (Wallenstein, 2018; Kaur & Park, 2019). Protest is famously used in France for class disparity and to inform the government when the people are frustrated with laws and practices. 2016 saw an immensely popular women's protest (March on Washington) in the United States as well as other major cities internationally such as Munich (Hartocollis & Alcindoor, 2017).

Since, as we have seen, health rights are human rights which are not distributed equally in society due to biological or sociological factors. Protest has been used by disadvantaged groups to represent themselves about health rights towards institutions. However, it is also important to understand how protest empowers women. It does so in several manners such as creating a community, providing resources previously unavailable, and provide networks and connections.

Protest creates a new community (Crossley, 2015, p.253). Such communities are like-minded individuals that are impacted by the same issues as others within the group. Organizations that coordinate protests can gain new members, or new communities within a protest may remain in contact and create their own organization.

Protests, subsequent organizations, and communities reveal resources to women that were previously unaware of them. Such resources include other women as well as their networks, other's skill sets, time, finances, and knowledge. These resources allow women to continue to mobilize or learn about processes involving politics or organizing movements to further their cause. Women are not traditionally exposed to the same self-advocacy behaviors or skill-building practices as men and therefore such groups formed in protests are invaluable for furthering causes of women (Burns et. al., 2018, p.71).

Protests and community-building of protests connect women to networks of other women that fight for similar interests and rights as well as further interests and fights (Freeman, 1973, p. 28). This can involve women within a community and outside of a community and allows women to bring others into the community offered by a social movement as they plan or participate in protest activity. This may involve organizations that extend across state borders and countries to further their goals (Keck & Sikkink, 1998, p. 165). This includes representatives

becoming aware of the protest community's goals as they are propagated and eventually political representatives incorporating the goals behind the protests as they gain clout (Wouters & Walgrave, 2017).

The visibility of protest also contributes to disseminating information and awareness of the protest's goals. Media mentions of the protest from newspaper or news stations may contribute to this (Lo et.al., 2017). The sheer size of the protest may also allow the message of the protest to be spread from the interest of those who become aware of it.

Because protest fosters community and influences other members of the society, protest can extend beyond the intended consequences and may affect other rights, such as health rights. Protest has influenced health care explicitly such as the women's health movements in Australia (Gray, 2012, p31-34). Self-care movements both within the United States and within Australia have exhibited the ideology that women must represent their own interests when it comes to health care. This is because the systems in place have historically taken a paternal stance towards women's health (Amenta et. al., 2010; Gray, 2012, p.31-34; Gallagher, 1998, p. 22). Within the United States protest has also influenced numerous health policies such as abortion rights, obesity, infanticide, and human egg donation (Banaszak-Holl et. al., 2010). Research on protest related to women's health has commonly focused on women's reproductive rights (Reger, 2018).

However, women's protests have generally been examined in a case study format which is limiting (Pratley, 2016, p.32). I want to examine women's rights in a more comprehensive manner than limiting the female body to reproductive care. Women's health should ideally include mental and physical aspects that may not be applicable to male health needs such as post-partum depression, mammograms and cervical health check ups. It should also include health care needs that have failed to be met as a result of gendered systems, such as the lack of drug

trials that show the effects upon women and the “hypermedicalization” of female health needs (Liu and Mager, 2016; McGregor, 2014; Gray, 2012, p.31-34). Women’s health also has the uniqueness of birth and pregnancy. Such health care concerns are vital to the health of a society as well as being a risk that females face that men do not and cannot. Females are also responsible for the health of family and children through immunization and antenatal care specifically, but also because women tend to take on caring roles (Antai, 2012, p. 136; Bloom, 2001, p.67) (McCammon et al. 2001, p.53-54; Treloar & Funk, 2008, p. S33-S34).

Considering these aspects, I chose to look at women’s health in multiple respects. Women as mothers and caretakers, women’s sexual health, and women’s general health will all be explored through the analysis below. I hope to encompass more of female health in this manner<sup>1,2</sup>. I also explain factors that I have not attempted to use to explain the relationship as well as factors that I believe could interfere with relationships I examine.

### **Other Compounding Factors:**

In researching this question, I have come to recognize several other factors that could affect the relationship between protest and health outcomes. I plan to control for other factors that could potentially influence health outcomes; these factors include wealth of a country, religion, regime type, and women’s political representation. I plan to control for wealth of a country because of Tim Worstall’s article claiming that women’s movements did not influence

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<sup>1</sup> It should be noted that although protest is what I chose to study, protests are part of larger social movements that can affect change as well and which have been frequently studied. Here I focus only on protest.

<sup>2</sup> Some protests are also violent or related to multiple goals within a social movement. Although I look at any women’s protests, there may be protests that are aimed specifically towards improvements in culture. Protest also affects public opinion towards these subjects, which is hard to measure despite its importance (Amenta et al. p. 302).

gender equality and that higher wealth of a country via gross domestic product (GDP) was the sole cause. I use GDP to represent the standard of living and wealth within a country, based upon this. I also would like to control for wealth of a country because wealthier countries and higher education still do not tend to take unpaid care work of women into effect (*oecd.org*). Wealth of a country affects the level of political activity (Liu & Banaszak, 2016, p.17). Regime type can have positive or negative effects upon a multitude of measures in unexpected ways, therefore I plan to control for regime type. Higher levels of democracy should mean that women have more representation. If there is higher female representation, women may use conventional methods of representing themselves politically instead of unconventional methods such as protesting (Liu and Banaszak, 2016, p.26). However, higher levels of democracy tend to have more human rights (Safaei, 2012, p.134-142). Mixed democracy regimes tend to have more mass mobilization (Murdie and Pekson, 2014, p.182). Authoritarian regimes potentially have less protest because of repression of citizens, but the lack of representation means there are limitations to other means of expressing citizens' desires. Within Absolutist regimes there may be false representation with women appearing to be part of the administration but not having legitimate power.

I control for religion type because reproductive rights, often considered women's rights, are affected by religion (Gray, 2012, p.79). Religion can also affect the democratic level of governments according to Hamsa Fayed (2018, p.23). I plan to control for the number of women in parliament of each country because there are more feminist protests in the United States when there are more women elected to congress (Liu and Banaszak, 2016, p.394). Conversely, increase of representation for women may lead to a reduction of peaceful protests (Liu and Banaszak, 2016, p.394).

There may also be other factors that interfere with the relationship I study that I am unable to take into consideration in the work listed below. Unknown factors within a society over time may lead to an increase in health indicators as global norms pressure governments into increasing human rights. Medical advancements and increasing standards of living besides overall wealth in countries also may play a role in increasing health care availability. Health foreign aid in countries where women are not as empowered may improve health without relation to women's empowerment and protest.

Women's empowerment may also improve in areas where there may be high incidences of bad health or health care due to unforeseen events. Women have been involved in social movements and often further other causes while "backburning" (allowing the needs of larger majorities to outweigh the issues that they feel represent a less powerful subgroup) their own agendas (Roth and Horan, 2014, p.4). This means that women may be involved in social movements that may not benefit them or empower them directly. This may interfere with the relationships I research here.

Despite these other unmeasured factors, I argue that health outcomes are a form of human rights. Political action in the form of protest ideally leads to legislation protecting the actors, which should lead to improved treatment by state systems and infrastructure such as health care systems.

## **Analysis & Data**

### **Measures Justification:**

Thus far I have discussed how other authors have found protest to be a method for underrepresented groups to demand rights as well as the use of health protest to change health policy. I also argue that women's protests can have the effect of improving health outcomes through empowerment and community forming. In this section of my thesis, I explain the way that I will measure health outcomes and what they represent, as well as how I measure protest and how this information was gathered.

### **Health Indicators Justification:**

In order to research my question, I chose specific health indicators to represent the outcomes of maternal, female, and child health based upon research conducted by the National Institute of Health about measures of health that are indicative of the health of the U.S. population (Chrvala & Bulger, 2010). Looking at the availability of health indicators of interest that could represent population levels of health across countries, I chose measures that were available from reliable sources such as the World Health Organization (WHO), the World Bank, and United Nations children's emergency fund (UNICEF). Such indicators include adolescent fertility rates, vaccination levels, and deaths from preventable diseases such as Sexually Transmitted Infections. Some of these indicators were not available across many countries of interest, limiting the countries I could use in my data.



Within the countries where data were available, I chose to look at the availability of care. Levels of health care availability for separate groups, such as women, may be measured using proxy indicators that show the level of medical conditions treated by regular medical visits, such as cancers. For example, the level of accessibility of health care is measured in how often groups can receive treatment or care methods for sicknesses or health concerns that occur regularly. If a group experiences bias or if a country fails to provide proper accessibility, they are unlikely to receive health care provision that other members of the society may receive. I justify my choice of specific health indicators with the availability of measures and what they represent below.

Because mothers are chiefly responsible for the care of dependents such as children, I also examine the health indicators of children in order to determine what, if any, relationship exists between empowerment (and therefore women's protest) and children's health. I later compared those I chose to the compilation of work by Pratley that examined maternal and children's health outcomes as a result of women's empowerment (Pratley, 2016, p 33). In order to represent children's health, I chose the Hepatitis B vaccine. Hepatitis B vaccines are representative because immunization coverage prevents fatalities from childhood onwards, and according to the NIH is a way to estimate child health care coverage because many immunization campaigns are directed towards children and infants (Chrvala & Bulger, 2010, 44-46). It is also the responsibility of the child's caregivers to ensure they are protected from these diseases as they cannot represent themselves. The Hepatitis B vaccine is still commonly given to a large majority of the countries within the WHO database, particularly infants and children. As a result, this vaccine is more representative than other widespread vaccines such as Bacille Calmette-Guerin vaccine (also known as the polio vaccine) that have been discontinued from widespread vaccination efforts as a result of high coverage in 2010 (Databank, 2016).

Some indicators are representative of reproduction and health simultaneously. I chose to measure adolescent fertility rate because it reflects both the health care of youth and women's health care that is specific to expectations for women's reproduction within a society. This is a measure solely affecting young females. High adolescent fertility rate tends to create higher risk situations for both young mothers and children born to them (WHO, 2018). I also measured death from pregnancy to include the risk of child bearing on women of any age, which can often be prevented with better access or availability of healthcare and health care professionals for women. High rates of either adolescent fertility rate or deaths from pregnancy are marks of level of care provided within a state for women, as well as the amount of resources and education being offered in the case of adolescent fertility rate. Death from pregnancy and adolescent fertility rate are from the World Health Organization Mortality Database which is self-reported to the WHO. Therefore, the information is limited to official reporting of member states. I chose to measure death rates based upon age standardized death rates (ASDR) per 100,000 of the world standard population. This means that it is weighted based upon the number of people in an age group and makes the measure more comparable across countries and ages (Missouri Department of Health and Senior Services).

In order to have a measure of health outcomes that represent the capacity of the health care systems of a country to address health concerns that are specific to all types of women, I chose breast cancer as an indicator of women's health. I chose breast cancer because although cancer is not necessarily representative of the healthcare process, one can show that women are being screened, and therefore receive medical attention regularly. According to the NIH, this is an important part of women's access to health care (Chrvala & Bulger, 2010, p.45,51). The more empowered women are and the more their status within society is respected, then the more of a

voice they have. Therefore, women should be able to come forward and receive access to health care regularly for screenings such as for cancer. This measure is also drawn from the WHO Mortality Database.

I wanted to represent the role women's protest plays on health of a country, both male and female. In doing so, this will compare general improvement of health indicators, as well as the effect of women's empowerment upon males within a country. I represented women's and men's health with life expectancy, to compare the general health within a population. Although men experience different health stressors, women may experience health care adversities due to social biases. For example, in settings where women and men do not have equal access to health services, as in some parts of Asia, inadequate water, sanitation and hygiene may result in more female than male deaths (UNICEF, 2009). Life expectancy of women then is also representative of the attitudes affecting women within a country. Men's health is measured via life expectancy of men, which is generally lower than women's life expectancy due to risky behaviors and lower likelihood of visiting primary care providers (Cameron & Bernardes, 1998, p. 674). Including men's health outcomes allows me to compare the effect of overall health changes upon men and women. This also separates the effect of the protest upon the health care of women's dependents and the health of men. The men's health outcomes represent a comparison of those not receiving the same health care as women and not under the care of women as dependents. This reflects the difference in what I expect women's protest to affect. Women's and Men's life expectancy come from the WHO mortality database.

In Table 1, I list each indicator I will analyze along with the corresponding hypothesis; from this table one can determine the direction of the change expected in each health outcome as a result of increased protest.

**Table 1: Hypotheses, Expected Relationships, and Corresponding Outcomes that Measure Them**

<b>Hypotheses and Corresponding Health Indicators</b>		
<b>Hypothesis</b>	<b>Correlated with</b>	<b>Outcomes Related</b>
Increased women's protest	Improved health indicators of women	<ul style="list-style-type: none"> <li>• Decreased deaths due to breast cancer is improvement</li> <li>• Decreased deaths due to pregnancy is improvement</li> <li>• Decreased deaths due to Sexually Transmitted Infections is improvement</li> <li>• Higher life expectancy for women is improvement</li> </ul>
Increased women's protest	Improved health indicators of children	<ul style="list-style-type: none"> <li>• Lowered adolescent fertility rate is improvement</li> <li>• Increased immunization levels of children show improvement</li> </ul>
Increased women's protest	Unrelated to men's health	<ul style="list-style-type: none"> <li>• No correlation with improved or worsened men's life expectancy</li> </ul>

**Protest:**

I measure women's protest events with a database that I created for this project. I first defined women's protests as events by women or for women (a cause representing an interest involving women). I then gathered English language newspaper sources from the countries where the health indicators I am measuring were available. These sources were all available

through NewsBank. The most available English sources in the countries of interest come from BBC translated articles for the years 2007 and 2010. The BBC newspaper articles are translated from original countries' sources according to "newsworthiness and interest in the subject matter (and what will be) as useful to as many people as possible" (BBC Audience Service Department representative)<sup>3</sup>. This means that some of the articles are preselected and may have audience bias based on interest. For example, France did not have any protest events according to BBC, but France's protests may not seem as worthy of translating to a British audience depending on the importance of the event. I believe that this will lead to an underrepresentation of many protests within countries that were not deemed of interest, affecting the way protest appears to correlate with my outcomes.

In gathering the newspaper articles from the chosen sources, I used search terms within NewsBank. The search terms to gather articles listed were used in following rules of NewsBank: the asterisks allow words to be used in any suffix form (i.e. strike\* becomes striking, strikes, struck, striker, etc.) and the question marks allow for uncertain spelling (i.e. wom?n means women or woman) (see Table 2).

**Table 2: Search terms used in Newsbank searches to code newspaper articles**

Search Terms		
First Term	Linking Word	Second Term
wom?n OR fem?	AND	protest* OR strike* OR boycott* OR demonstrate* OR march* OR dissent* OR picket* OR resist* OR "sit in"

<sup>3</sup> I inquired specifically to BBC how they determine which articles are chosen to be translated and received a very kind reply describing this to me.

The Country Codes sheet within my dataset (see Appendix 1) lists the number of protest search results based on terms each country received for the source and country of origin. In reading the articles, I coded them according to whether they were deemed to meet the definition of women's protest. If they did meet this definition of a protest for or about women, they were coded as "Yes" within the database. "Yes" for a protest event is coded as 1, "no" for non-event or an event that did not meet my definition was coded as a 0. Events that fell into movements for or about women but were not necessarily furthering causes for females were coded as conservative movements. These were kept separate for future use but included as a protest (they were coded as 1). Once the available sources were coded, the events coded as yes/no for having a women's protest were tallied by country where the event took place and listed in the database. Since the majority of the newspaper articles came from Australia, there were more events mentioned in Australia, making it an apparent outlier. However, since it was my largest source of data, I did not treat Australia as an outlier by excluding it from the dataset. More information about the selection and coding of events can be found in Codebook (see Appendix 1).

### **Controls:**

Each of my controls were gathered from sources deemed reliable in that they are from international databases that are commonly used. My four controls are:

- Wealth data: Gross Domestic Product (GDP) from the World Bank International

Comparison Program Database (World Bank). They define the GDP measure as follows:

Purchasing power parity conversion factor is the number of units of a country's currency required to buy the same amounts of goods and services in the domestic market as U.S. dollar would buy in the United States. This conversion factor is for GDP. Historical

estimates are provided for the 2005 benchmark year only. A separate series is available for extrapolated estimates based on the latest ICP round (World Bank, 2019).

- Religiosity of each country: from Religion and State Constitutions dataset (Fox, 2011). The coding of the religious dataset involved the wording of the constitution of the state. It includes “0” for no clauses involving religion, “1” for a “separation of religion and state” clause, “2” for a clause involving state officiated religion, and “3” for both “1 & 2 combined” (Fox, 2011).
- Percentage of women in parliament: from the Statistical Archive of Women in National Parliaments (Women in National Parliaments Archive, 2019). I decided to use January as a static control variable for each country, assuming numbers of women in parliament did not change throughout the year itself- although this may not be the case on election years. Upon double checking, the months did not appear to change for the countries. This dataset covers from 1997 onwards and included all the countries in my dataset.
- Regime type from the Polity Project Data which covers regime types from 1800-2017. The dataset is coded as a scale from -10 to 10 with -10 being a “hereditary monarchy” and 10 being a “consolidated democracy” (Center for Systemic Peace, 2018).

### **Descriptive Statistics:**

After understanding the way my independent variable of protest and my dependent variables of various health outcomes are measured, I look first at the descriptive statistics to comprehend the levels of each variable. I then use regression analysis to examine the effect of protest on each of these health outcomes using STATA software.

Firstly, my independent variable of protest had no events for most of the countries (see Figure 1). France and Slovenia had women’s protest events, but Australia has more than five

times as many protests as the other countries. This is due to source availability for the years that were two years before the health outcomes of interest, to allow time for protest to effect change. I decided to use only the events from 2007 to run the statistical analyses. This is to better compare the effect of protest upon the deltas of my dependent variables, which are discussed further below.

Within my dependent variables, I gathered health outcomes that represented the health of women, such as deaths due to breast cancer, female life expectancy, deaths from pregnancy, and deaths due to STDs.

The highest number of deaths due to Breast Cancer (ASDR per 100,000 >18 deaths) were in Germany, Netherlands, Israel and Slovakia (see Figure 3). Lowest (<8 deaths) were in Egypt and Thailand. The average was 15. This could be because of different causes of death in these areas that affect women before breast cancer deaths could. France, Slovenia, Portugal, Australia, and Sweden had the highest life expectancy of women (>80 years) (see Figure 4). Thailand and South Africa had the lowest life expectancy for women (<78 years). The average was 80.5 years. Thailand overlapped in that women had a lower life expectancy and had higher ASDR for deaths due to breast cancer. I was surprised to see that the Netherlands and Germany had such high rates of breast cancer deaths, and that Egypt and Thailand had so few in comparison. Cancer death logically results from catching cancer too late, yet the Netherlands and Germany's health care systems did not exhibit this, although their health expenditure per capita is more than twice that of Egypt and Thailand (World Bank Data). However, this does not take into consideration prevalence of cancers from genetic predispositions or other influential factors.

Mexico and South Africa had high levels of deaths from pregnancy (ASDR per 100,000) (see Figure 6). Italy and Poland had the lowest amount. The average number was 0.51, which is



low considering the World Health Organization's goal is to have less than 70 deaths per 100,000 live births (World Health Organization, 2018). On the other hand, STD deaths (ASDR per 100,000) are highest in Brazil, Egypt, Mexico, Germany, and South Africa (>10) (see Figure 7). Lithuania, New Zealand, Qatar, Slovakia, Slovenia, and Sweden have the lowest number of deaths (0). The average was 15, which is high because Brazil acts as an outlier with 202 deaths from sexually transmitted diseases per 100,000 women. It was surprising to see Germany had high numbers of STD deaths because of the reputations of European countries for having informed, positive attitudes about sex. Countries such as Sweden follow this assumption. It is also interesting to see that Qatar had low levels of STD deaths, which may relate to the cultural expectations surrounding sex.

Within my dependent variables, I also chose to regard health outcomes of children, such as adolescent fertility rate and Hepatitis B vaccination rate (see Figures 5 and 2, respectively). Countries that had low relative Hepatitis B vaccination rates include Canada, France, Netherlands, South Africa, and Sweden. High relative Hepatitis B vaccination rates existed in Brazil, Czech Republic, Portugal, Italy, Israel and Thailand. The average rate of children vaccinated was 86.8%. I was surprised that the countries with low rates were mostly countries with higher GDP (World Bank, 2019). On the other hand, adolescent fertility rate is highest (at around 50%) in Brazil, Chile, Costa Rica, Egypt, Mexico, and South Africa. It is lowest in France, Germany, Netherlands, Slovenia, and Sweden (<10%). The average adolescent fertility rate is 24.5%. These rates show that countries such as Sweden and France put less emphasis on immunization, possibly since there is less risk of exposure to certain diseases. More emphasis is placed on reducing pregnancy in youths, despite the major impacts both Hepatitis B and adolescent pregnancy can have upon a child's life.

In order to understand the dependent variable of the health of the population outside of women, I also examine the life expectancy of men (see Figure 8). Life expectancy of men is highest in Australia, Italy, Israel, Canada, New Zealand, and Sweden (around 78 years). It is lowest in Egypt, Latvia, Lithuania, and South Africa (<70 years). The average life expectancy of men was 74.5 years. Women's life expectancy is 5-10 years higher than men's in almost every case. Australia shares high life expectancy for men and women and South Africa shares low life expectancy for men and women. Estonia, Latvia, Poland, Portugal, and Slovenia all have relatively higher life expectancies for women than for men. It is interesting to consider the implications of cultural expectations about health care and men, and to understand that even in countries where health care expenditure is high, men do not live as long as women.

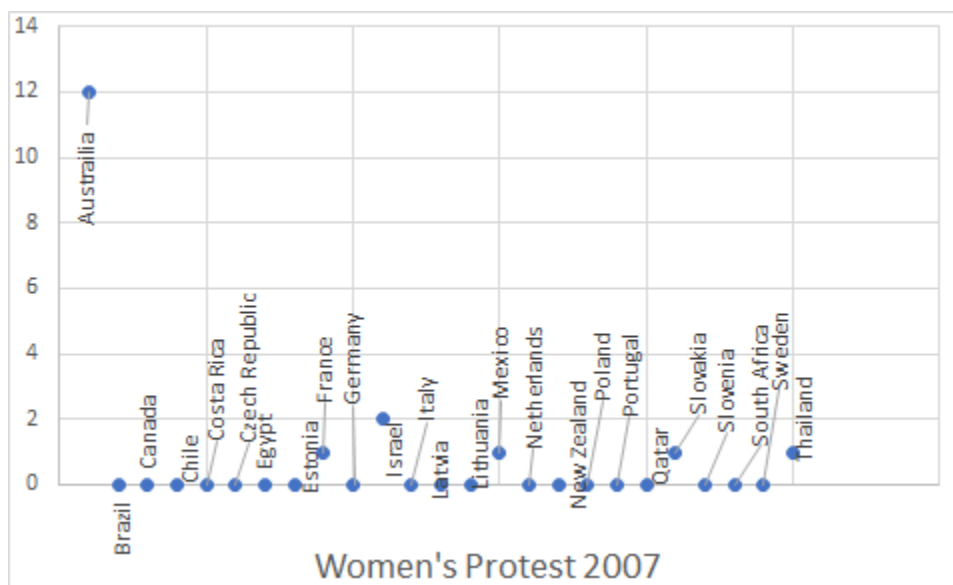


Figure 1: Women's Protest Levels by Country in 2007

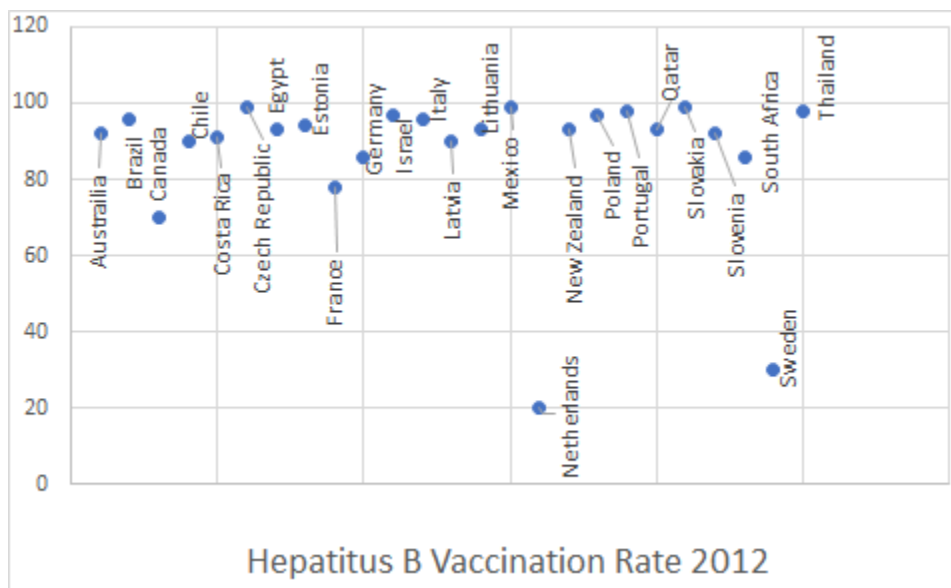


Figure 2: Hepatitis B Vaccination Rates by Country in 2012

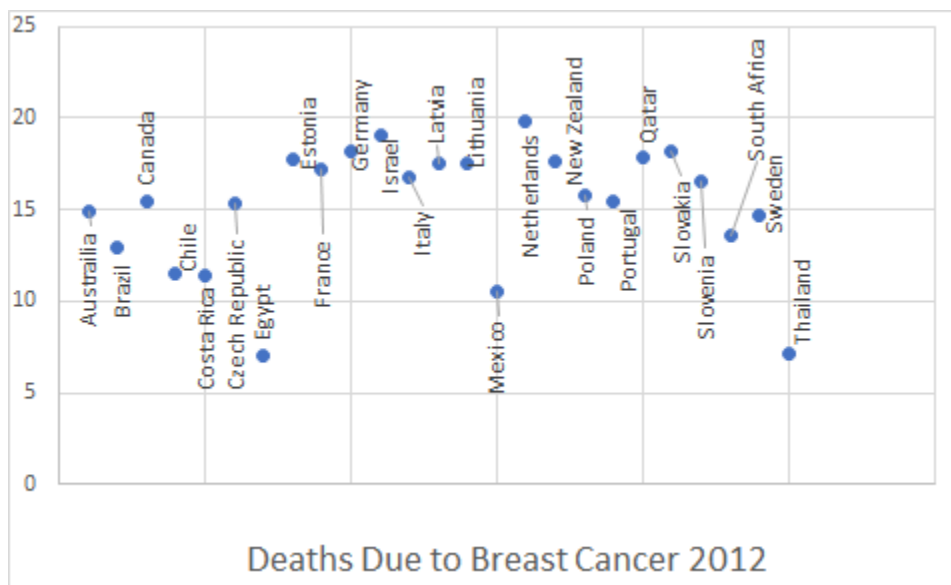


Figure 3: Breast Cancer Deaths by Country in 2012

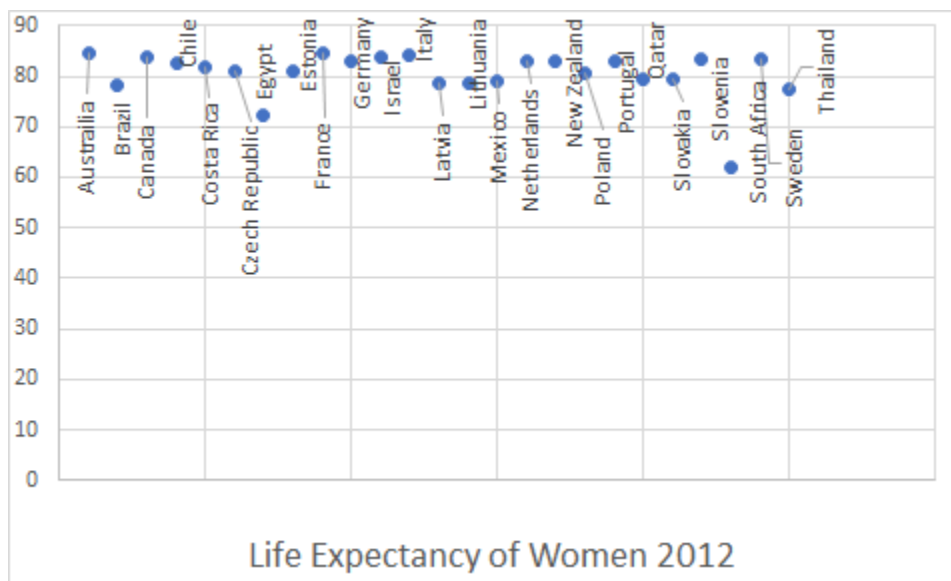


Figure 4: Life Expectancy of Women by Country in 2012

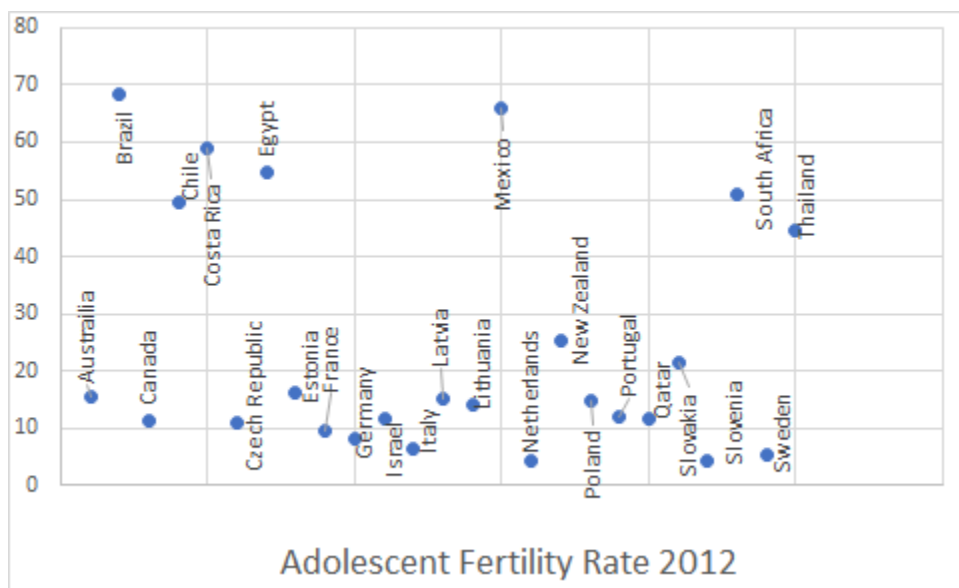


Figure 5: Adolescent Fertility Rate by Country in 2012

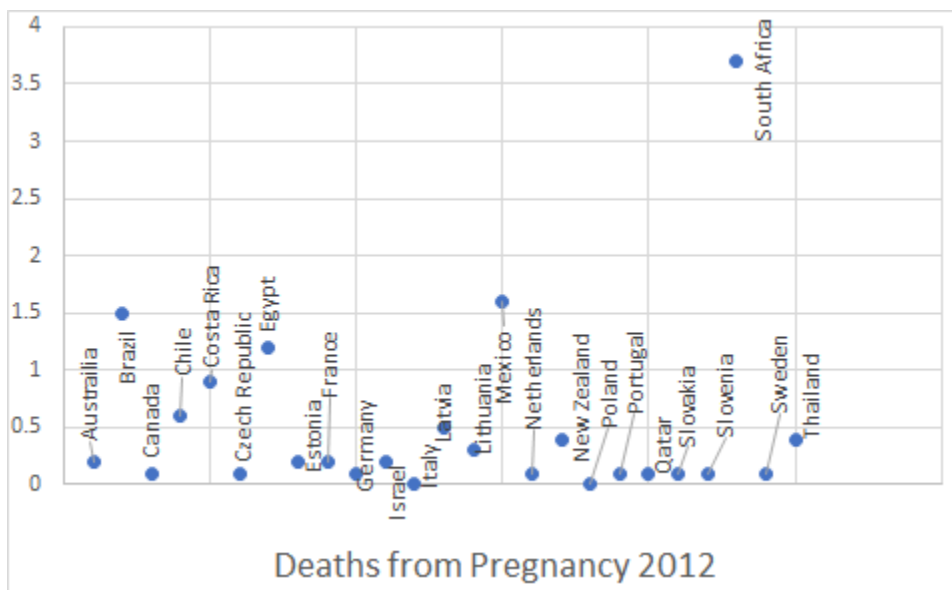


Figure 6: Level of Deaths from Pregnancy by Country in 2012.

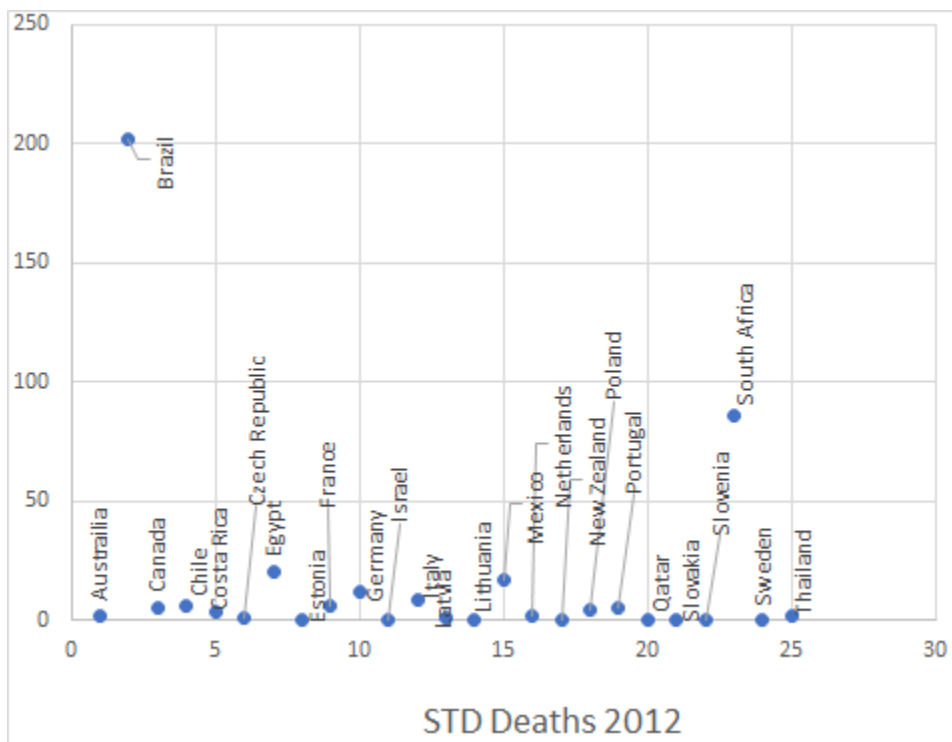


Figure 7: Deaths due to Sexually Transmitted Diseases by Country in 2012.

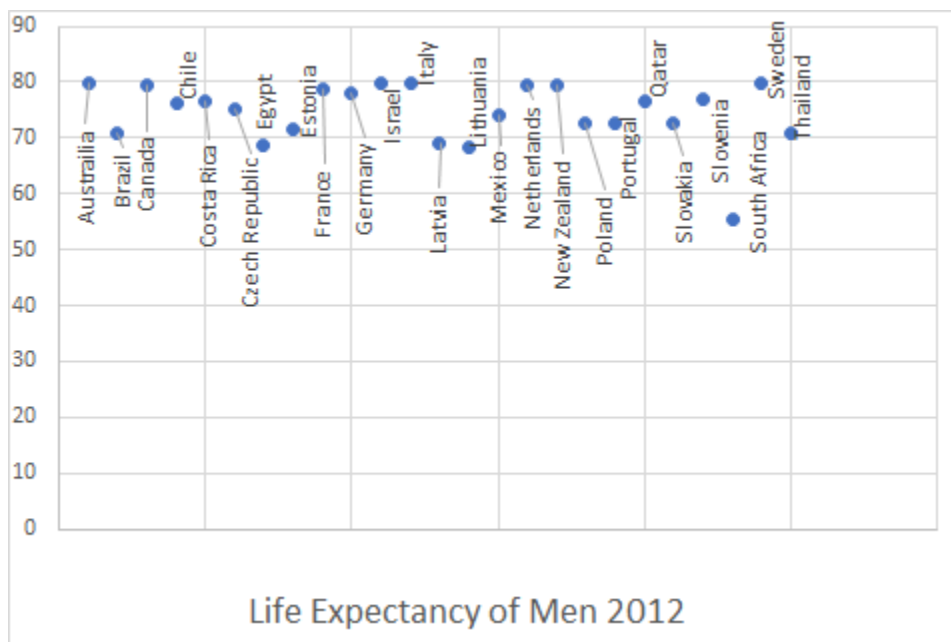


Figure 8: Life Expectancy of Men by Country in 2012

In conclusion, when we look at single countries across the different health outcomes, we see significant variation in where countries rank. For example, within the descriptive statistics South Africa had low life expectancies, high death rates due to STDs, high breast cancer deaths, high deaths during pregnancy, low vaccination rates, and high adolescent fertility rate. Although European countries had high life expectancies, there were low vaccination rates. There was also little variation on some of the variables across all countries. For example, the life expectancies of most countries were very similar, although they varied more between sexes than between countries in the same sex. Adolescent fertility rate and deaths from breast cancer appeared to vary the most between countries.

In analyses not included here, I also looked at the descriptive statistics for my countries in 2009. Between the years 2009 and 2012 there is not much variability between levels of health indicators within each country, therefore in the analyses I run below, I focus only on the change

(delta) between these years as the dependent variable for each indicator to show effects or lack thereof from protests.

### **Statistical Analyses:**

After examining the descriptive statistics of the independent variable of protest and the dependent variables of health outcomes, I then ran correlational tests and linear regressions. In recognizing the way countries tended to change only slightly year to year on the health outcomes variables, I decided to make the mathematical dependent variables the difference between the years for each health outcome in each country. This was to compensate for this sameness of country-indicator levels. I calculated the delta or change between the same health outcome across time with country (i.e. deaths from pregnancy 2012 level- deaths from pregnancy 2009 level= delta deaths from pregnancy, see appendix for a link to the database of values for each year). This better represents the effect of change from my independent variable of protest. Otherwise the independent variable could be explaining the level of each indicator instead of explaining the change occurring after a protest event.

Once this was calculated, I performed a statistical analysis (both Pearson's correlations and linear regressions) of how women's protest in 2009 affects changes in each health outcome (delta of each health indicator). The regression results shown were run without the controls (see Table 3), however, I describe the other analyses with controls in a discussion of robustness checks below.

In order to explain my expected relationships, I expect the following: the independent variable (protest) explains (through correlation) the change or delta of each dependent variable (health outcomes) while excluding other factors that may affect these dependent variables such

as empowerment of women (percentage of women in parliament), wealth (GDP), religiosity, and regime type.

**Table 3: Linear Regression Values (Standard Error, Coefficient and P Values) and Pearson's Correlation Value from Protest Data 2007 and Delta Values of Health Indicators**

<b>Dependent Variable with Independent Variable of Women's Protest</b>	<b>Coefficient</b>	<b>Standard Error</b>	<b>P&gt; t </b>	<b>Correlation</b>
Delta Hepatitis B Vaccination rate	1.99	4.76	0.681	0.087
Delta Deaths from Pregnancy ASD per 100,000	0.16	0.26	0.55	0.13
Delta Deaths from Breast Cancer ASD per 100,000	0.29	0.47	0.54	0.13
Delta Life Expectancy of Women	-0.22	0.25	0.40	-0.18
Delta Adolescent Fertility Rate	0.53	0.66	0.44	0.16
Delta Deaths from STDs ASD per 100,000	-3.36	7.66	0.67	-0.091
Delta Life Expectancy of Men	-0.11	0.38	0.78	-0.06

The leftmost column describes each health indicator (dependent variables) that the results pertain to when they were run with the independent variable of protest. The coefficient describes how much the independent variable describes the dependent variables with directionality of the relationship. The  $P > |t|$  describes whether this relationship correlates strongly and is statistically significant. For example, a negative value predicts that protest describes a decrease in deaths from STDs for the countries chosen but the P value shows that the relationship is not significant. The standard errors describe how much this dataset is representative of the population at large, and the correlations describe how much change in the independent variable results in change in the dependent variables with directionality. Results larger than 0.5 are significant.



First, I discuss whether protest has a significant effect on health outcomes. This is understood by looking at the P value ( $P > |t|$ ). Within the results from the regressions, the P value is greater than 0.05 for a one tailed test and greater than 0.1 for a two-tailed test. The correlations, as shown in Table 3, were all less than 0.5. These values indicate that the findings fail to be statistically significant. This implies that there is no relationship between the independent variable and the dependent variables. For example, because the P value for the Delta of Hepatitis B vaccination rates is greater than 0.1, and the correlation value is less than 0.5, there is no correlation or relationship between protest and children's health outcomes supporting one of my hypotheses. According to my hypothesis that women's protest affects women's health outcomes, the life expectancy of women should increase, but the P value and Pearson's correlation value indicate that protest is not a significant indicator of women's health outcomes. According to my hypothesis that women's protest will not affect men's health, there was not a significant relationship between women's protest and men's life expectancy, so this hypothesis was supported.

These findings support Worstall's claims that women's protest did not affect a portion of their status, but they do not support his larger argument that wealth of a country is indicative of women's rights and treatment in a country. In point of fact, when I look at the control variables, I also do not find wealth (GDP) to affect any of my dependent variables (health outcomes). Since wealth did not significantly predict the health outcomes of women or children, my work did not support that higher wealth correlated with an increase in women's rights regarding health care.

In examining the possible relationships between my controls, independent variable, and dependent variables, I ran tests in several different ways. Initially, I took a natural logarithm of

my Australian numbers of protests, since there were more English newspapers available as well as a higher number of protests from Australia than anywhere else. This made Australia more comparable to the other countries. I ran robustness checks by running without this logarithm as well as treating years separately (not using the delta measures and instead using 2012 as a second event for each outcome)<sup>4</sup>. I also performed an analysis between 2007 protests and both years of indicators to attempt to increase the number of values I could test. I ran these analyses to see if protests are a significant indicator for my chosen health outcomes or if they correlate with the changes over time in each indicator for each country. I also attempted running the variables without the controls, with each of the controls individually, and with all the controls except percentage of women in parliament which could also be a measure of women's empowerment and representation capability towards health care within a state. Despite running these additional tests, I failed to find significant relationships between my variables. Overall, for the years for the countries I included in my study, there is no evidence that women's protest influenced their health outcomes. Below I summarize my findings and how they correspond to previous work in protest and women's health movements, and how my research can be expanded in the future.

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<sup>4</sup> When Australia was removed because it was an outlier, deaths due to breast cancer did become significant according to the data statistician at the library but I did not replicate this finding in my work.

## Conclusion

Humans possess the right to good health, and as mentioned previously, protest has historically been used as a way for groups experiencing bias to fight for rights. Women use protest both as a community-creating method as well as to gain resources. Protest has also been used specifically to enfranchise health rights to people. Therefore, events such as women's protests (the independent variable) should affect health outcomes of women as well as health outcomes of dependents such as children (the dependent variables). I chose to measure women's health outcomes with measures such as deaths from pregnancy, STD deaths, deaths due to breast cancer, and women's life expectancy across countries. I also represented children's health with adolescent fertility rate, Hepatitis B vaccination rate. Men's life expectancy represents the overall health outcome comparison with women and society at large. I controlled for wealth of a country, women's empowerment, religion, and regime type in order to explore whether these relationships were statistically significant.

Although there were no statistically significant findings in my research, there is a possibility that my analysis was limited in a number of different ways, and that the relationship exists. One reason why that may be true is that my analyses did not find any significant relationship. I found that not only did protest not affect women's rights, but neither did GDP.

Despite the numerous works suggesting the power of protest as part of a social movement, my work has shown the limited effects of general protest upon health indicators. Are there other reasons why women's protest may affect health policy that I did not consider that may have interfered with identify significant findings? Some of the things that I speculate could have impacted my analyses include the time frame, the limited number of newspaper sources that I went through, as well as other factors that I failed to control for or could not foresee. The bias of newspaper sources in general could have affected what was reported and therefore impacted my search results for finding protest events. The events chosen to be represented by BBC could have further skewed the sources to which I had access. It should be noted that protest can also be occurring in a way that is not specifically impacting health outcomes in the larger context, which may mean I am attempting to measure health outcomes on too large a scale for protest to impact them. Women's protest that is directed towards goals besides health care may also not have an effect, in which case my definition of protest would need to be different to find health protests specifically.

According to my analyses, my hypotheses are not supported. Women's protest and empowerment from the protest do not affect the health outcomes of women and their dependents. I also found that women's general protest did not affect the life expectancy of men, as was expected.

Some future sources of research to strengthen statistical relationships and to contribute to this body of work would include coding more information from a larger number of newspapers from each country. Another way to research this question may be to code the newspaper mentions of the protests as the event of interest in lieu of coding the protest itself as the event of

interest. This would allow one to look at the importance of media mentions of events and their effects.

Although women's protest was not indicative of these health outcomes, that is not to say that women's health centered protest could not impact health and health policies. Such movements could positively impact the health of a society. I have firsthand experienced the powerful impact that protest can make in inspiring and connecting women to reach towards shared beliefs, and I trust women to fight for their own health rights and beyond.

## Appendix A

### Women's Protest Events in 2007 and 2010: Codebook

#### Marisa Vanness

The choice of countries was made by noting the countries with the most health indicators available, which is the dependent variable for my project. My dependent variables are health indicators of children and women. My dependent variables look at health indicators that are available through World Health Organization, UNICEF and the World Bank. I have chosen indicators that I believe to be indicative of women's health and children's health according to the United States' National Institute of Health. I also included a health indicator of men to understand the effects of my independent variable upon men as well. The seven health indicators that were consistently available across the most countries (specifically I chose the years 2009 and 2012) are Hepatitis B vaccinations, Deaths from Pregnancy, Breast Cancer Deaths, Adolescent Fertility Rate, Deaths from Sexually Transmitted Diseases (STDs), the Life Expectancy of Women, and the Life Expectancy of Men. These indicators are meant to be representative of women's health and the health of dependents of women. I chose to look at protests from two years before the indicators for time to allow an effect from the protests.

The data is stored in an excel sheet notated as: Article Title, Newspaper (name), Number (#) words, Year, Month, Day (of publication), Page number (if available), Original author (if available), major topic, Search word related to protest, conservative movement, if maybe: explanation, interesting quotes, country of origin (of event) and country of source (of newspaper). The articles themselves were unsaved as requested by NewsBank.

The BBC newspaper articles are translated from original countries sources according to "newsworthiness and interest in the subject matter (and what will be) as useful to as many people as possible" (BBC representative). This means that some of the articles are preselected and may have audience bias based on interest, for example France did not have any protest events according to BBC, but France's protests may not seem as worthy of translating to a British audience depending on the importance of the event. The search terms to gather articles listed were used in following rules of Newsbank: "wom?n OR fem?" AND "protest\* OR strike\* OR boycott\* OR demonstrate\* OR march\* OR dissent\* OR picket\* OR resist\* OR "sit in"" where the asterisks allow words to be used in any suffix form (i.e. strike\* becomes striking, strikes, struck, striker, etc.) and the question marks allow for uncertain spelling (i.e. wom?n means women or woman).

The Country codes sheet lists the number each country received for the source and country of origin. "Yes" for protest event is coded as 1, no for non-event or event that did not meet my definition was coded as a 0. Events that fell into movements for or about women but were not necessarily furthering causes for females were coded as conservative movements. Further explanations for decisions behind the coding are below.

**Events coded as “1”:**

If the perceived goal of the movement is related to women's movements, I included the event as 1. If the demonstration was in support of a female or a cause relating to females or female organizations, i.e. for or about women, it was coded as 1. Groups raising money for women's health were coded as 1.

Individuals were accepted as an event if protesting something publicly and documented by media as they may not have been the only one but was the one reported- possibly because she was a woman if the cause was still relating to women. Another example of this was when a female was injured by police and there was a protest in her name, as a female. If this were because she was an office holder, it was coded as a 0. I coded an event as 1 when women were protesting by making thousands of phone calls in support of a woman who had been sexually assaulted by a police officer because it was an organized event.

Events that were mentioned as the place where a politician spoke that was a women's event was coded as 1.

Aboriginal women protesting to have alcohol restricted because of deaths, rapes, and domestic violence from aboriginal men with alcohol related issues was coded as 1.

If mostly women are arrested at event, it was presumed to be mostly women at the event, such as in Burma.

I coded events that were protests about religion or traditions having to do with female's honor as events as conservative and with a 1. Despite the events not furthering some women's beliefs, some were meant to be protective in the case of a crime, others were about religious symbolism control.

Women representing other members of their household in a protest were also coded as 1, such as the Zimbabwe miner's wives.

Protests and strikes for health coverage were coded as 1. In one case, women mailed undergarments to Burma to protest Human rights violations particularly against women.

I coded an event that occurred in parliament but was not part of governmental procedures (women standing in protest of lack of representation) as 1. Aid workers that protested consisted of more than 80% women according to the article were coded as an event (1). I also coded unions acting for or in the interests of women after a specific event 1.

**Events coded as “0”:**

If an event does not benefit and/or is not for or about women, it was not coded as a research event. For example, the amnesty international event was about human rights and

involved women, but it was not for or about them in majority, so it was coded as a “0.” Writer’s critiquing in favor of women was also not coded as an event. Voiced anger, even if by feminists was not coded as an event. Petition signing was not coded as an event.

Women does not necessarily mean women's causes, and mention of a women's cause doesn't necessarily mean a protest event (i.e. rape cases being dropped does not count as an event).

Public statements without action; information being given but no mobilization or threat of mobilization was coded as a “0.”

I decided overall to code events themselves instead of specific media mentions of events that occurred in the immediate or far past, unless the event in the past occurred within my time frame. I did not code events that did not pertain to women, despite women being mentioned as a result of casualties or arrests because presumably in certain cases men were arrested as well but their gender meant that they were not mentioned in cases where it listed small numbers of women or children being arrested in a large demonstration.

### **Unexpected search results:**

Crimes against women such as brutality, rapes, murders, and harassments were not coded as protests, despite meeting my search terms in unexpected ways.

Sports events were not coded as demonstrations, except for the sport protest that included female athletes refusing to compete over standards they deemed unfair, that were because a different female athlete had what they considered male attributes giving them an advantage. However, if I were to complete this search again, I would include the term “NOT sports” to simplify the coding.

One event was coded after a woman was photographed resisting police officers in Israel because of West Bank removal. Since there were other mentions of resistors but the photograph of the woman, it was coded as 0.

### **Repeats:**

I chose to code articles as "Article Repeat" (AR) or "Article Repeated" or "Article Repeated with a different name" if the author was the same, the subject matter was the same, the word count was very close and the story's material differed only by a few words, or if the title and publication date were the same with the same author and page of publication. Because the Australian has multiple editions depending on city and time of week, it was assumed these articles were the same but listed differently in different publications, which means that I will use these articles once each and keep the repeats for reference only, because they were a "hit" within



the search term. Solely sharing the same title was not enough, because there are repeating segments such as "In Brief" and "Letters to the editor" that are published multiple times per month.

### **Numbering of Countries:**

Countries were numbered in the order that a possible event was identified. If the event was not obvious, a 0.5 was temporarily placed, and the country received the next number in order of articles viewed. This number was generally the country of origin (where the event took place) and the source country was often Australia. The Australian being the largest source due to high volume, but if it was not, the same number designation system represented the “source country” (country where the event was publicized by the media). The countries I found sources that were English speaking and standardized for were Australia, Brazil, Costa Rica, Czech Republic, Egypt, Estonia, Germany, Israel, Italy, Latvia, Lithuania, Mexico, Portugal, Poland, Qatar, Slovakia, Slovenia, South Africa, Sweden, and Thailand. These countries had BBC sources for each of them. I chose the countries initially based off of health indicators, as mentioned before. My justification for the numbers of health indicators is based off the number of available health indicators based off those suggested as representative of a country’s health from the NIH’s work (Chrvala & Bulger 2010). “Hep B” stands for Hepatitis B vaccine, “DP” stands for Deaths from Pregnancy, “BC” stands for deaths related to breast cancer, “LEW” stands for Life expectancy of women, “AF” stands for adolescent fertility rate, “STD” stands for deaths from sexually transmitted infections”, “LEM” stands for life expectancy of men. Countries chosen had enough indicators available from WHO, UNICEF, and World Bank to justify using these countries for my project.

In future research, one could also perform the search on each of the national newspapers listed on the sheet labeled “Newspaper sources and number of articles,” however I was unable to process the high volume of article hits that this provided within the time frame available. Years of Potential Life lost is also an indicator of relative life expectancy that would have been my ideal measure but was unavailable for most countries. I also would have liked to include mental health measures but these are available for limited countries as well as a more recent time-frame. Click on the link below for access to the database.

<https://docs.google.com/spreadsheets/d/1qvUYRpeSYkVLpJhmIJq6s4vIkTIKFzZalXAqcmLizts/edit?usp=sharing>

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ACADEMIC VITA  
**Marisa Vanness**  
[marisa.j.vanness@gmail.com](mailto:marisa.j.vanness@gmail.com)

**EDUCATION:**

**Schreyer Honors College, The Pennsylvania State University, University Park, PA**  
May, 2019

**Bachelor of Arts in International Politics, focus in International Relations, Minor in French, Medical Prerequisites**

- Thesis: Data gathering and statistical analysis looking at the correlation between women's protest events and health indicators within an international setting.
- Schreyer represents the top 2% of undergraduates
- Discussion based, advanced coursework designed to encourage further learning and understanding of material in various subjects

**International American University, Aix-en-Provence, France**

January- May, 2018

- Language immersive university exchange including family stay and courses in French.
- Honors Certificate upon graduation of program
- Program focused in French History, Politics, and Art

**EXPERIENCE:**

**Mt. Nittany Medical Center, State College, PA**

January 2017-present

**Clinical Volunteer**

- Work weekly shifts engaging patients and ensuring comfort
- Aid health workers at the local hospital in transporting equipment and information
- Welcome and offer assistance to family and friends of patients

**Department of Biobehavioral Health, The Pennsylvania State University,**

May 2018-present

**State College Pennsylvania.**

- Child Health Study
- Aided in taking biological samples, MRI scans, and giving psychological surveys to 2,000 families in a study that examines the connection between prior trauma and health to eventually create protective legislation
- Entered Data and edited grant proposals

**Department of Biology, The Pennsylvania State University, State College, Pennsylvania.**

August 2018-present

- Learning Assistant
- Aided Professors in facilitating discussion and problem solving in lecture
- Offered tutoring for undergraduate students in Introductory Biology

**Montrose Area School District, Montrose, Pennsylvania.**

July 2016- August 2018

- Camp Counselor
- Assisted with progress of young students facing academic and social challenges
- Aided teachers in instructing students in various subjects

**LEADERSHIP EXPERIENCE:**

**Global Brigades Global Legal Empowerment President, State College, PA**

September 2018- present

Represents organization that sends service groups to offer legal aid to community members in Latin America

- Organized volunteer opportunities for fellow students
- Worked with larger organization to provide a holistic model of aid including health, dentistry, public health, water, business and agriculture.

**Penn State United Nations Advocates Communications Chair, State College, PA**

September 2015- May 2018

- Acted as secretary for organization that promotes Human rights goals
- Advocated for the United Nations in the United States and on campus
- Facilitated learning and volunteering for globally oriented students

**HONORS AND AWARDS:**

- President's Freshmen Award, Penn State Award's Recognition  
2015-2016
- Thomas R. and Joan G. Dye Scholarship in Political Science, Political Science  
Department, The Pennsylvania State University, State College Pennsylvania.  
2018- present
- Student Marshal International Politics
- May 2019

**SKILLS:**

- Strong time management, organizational, and communication skills.
- Experience with "Mathlab," & "STATA"
- Intermediate Level French
- Microsoft Office Skills
- Basic Photoshop Skills
- Public Speaking