Fattori di progresso sociale:

salute perinatale ed equità di genere

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29 Novembre 2023

Il nuovo mondo amoroso

di

Charles Fourier

testo integrale
a cura di Paolo Caruso
presentazione
di Giovanni Mariotti

I tomo

Franco Maria Ricci
1971

Indice del I tomo

Presentazione

Prologo

Primo sottotomo

Il nuovo
mondo amoroso
di
Charles Fourier

I

F.M.R.

… i progressi e i mutamenti di periodo si determinano in ragione del progredire delle donne verso la libertà

Charles Fourier, 1808

GENDER EQUALITY:
WHY IT MATTERS

What's the goal here?

To achieve gender equality and empower all women and girls.

Why?

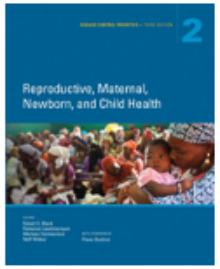
Women and girls represent half of the world's population and therefore also half of its potential. But, today gender inequality persists everywhere and stagnates social progress. Women continue to be underrepresented at all levels of political leadership. Across the globe, women and girls perform a disproportionate share of unpaid domestic work.

Inequalities faced by girls can begin right at birth and follow them all their lives. In some countries, girls are deprived of access to health care or proper nutrition, leading to a higher mortality rate.

How much progress have we made?

International commitments to advance gender equality have brought about improvements in some areas: child marriage and

In 2019, women only held 28 per cent of managerial positions worldwide



Chapter 6 Interventions to Improve Reproductive Health

John Stover, Karen Hardee, Bella Ganatra, Claudia García Moreno, and Susan Horton.

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Introduction

Go to:

Health systems and individuals can take a number of actions to safeguard reproductive health. These actions differ from many other health interventions in that the motivation for their use is not necessarily limited to better health and involves cultural and societal norms. Irrespective of these additional considerations, these interventions have important health implications. This chapter describes four areas of intervention:

- Family planning
- Adolescent sexual and reproductive health
- Unsafe abortion
- Violence against women.

Sono intimamente legate e sono grandi progressi: parità di genere, salute riproduttiva e sessuale

- Salute sessuale e riproduttiva – programmazione della gravidanza (family planning) e riduzione degli aborti e gravidanze non desiderate
- Education (la più alta possibile) e Parità di genere e violenza contro le donne (in particolare la violenza da parte del partner) fino alle mutilazioni genitali femminili
- Uso della pillola e accesso semplice e gratuito a una molteplicità di mezzi di contraccezione (in primis la pillola – il farmaco del secolo passato e presente?)

BMJ, January 2007
15 medical milestones during last century

- Antibiotics
- Imaging
- Tissue culture
- Anaesthesia
- Chlorpromazine
- Sanitation
- Germ theory
- Evidence based medicine
- Vaccines
- Contraceptive pill
- Computer technology
- Oral rehydration therapy
- Monoclonal antibody technology
- Smoking risks
- Structure of DNA

Increasing, not dictating, choice

Kay Dickersin, Sharon E Straus, Lisa A Bero

The systematic synthesis of evidence is the foundation of all medical discoveries and of good clinical practice

Logo of the journal *Evidence-Based Medicine*

Evidence based medicine is healthcare practice that is based on integrating knowledge gained from the best available research evidence, clinical expertise, and patients' values and circumstances. It is curious, even shocking, that the adjective "evidence based" is needed. The public must wonder on what basis medical decisions are made otherwise. Is it intuition? Magic? The public must also wonder what happens to the research evidence in which they have invested—either directly through taxes or indirectly through buying drugs and other medical products—if it is not guiding clinical practice.

How could something so intuitively obvious to lay people not be similarly viewed by clinicians? And how could this medical milestone be so misunderstood by some? Critics of evidence based medicine worry that it dictates a single "right" way to practise, despite differences among patients; that some self appointed group of "experts" will declare only one type of study to be useful; or that healthcare decisions will be made solely on the basis of costs and cost savings.

Giving a name to evidence based medicine and, now, awarding it milestone status could help everyone to realise that it is about making decisions that are based on the best available evidence, not dictating what clinicians do.

Establishing a modern milestone

The term "evidence based medicine" was coined in 1991 by a group at McMaster University, Ontario. It arose from a confluence of events and changes in our culture. These included a growing recognition that:

- The systematic synthesis of all reliable information on a topic has greater value than traditional reviews
- Bias can explain results in many individual studies, and randomised clinical trials are now recognised as the study design that is best suited to avoiding bias in questions of intervention effectiveness, although other types of study may be better for other types of questions
- Tragedy can result from paying attention to poor quality evidence instead of good quality evidence
- Clinicians need information, and they don't get enough from the sources they typically use
- The medical literature is growing exponentially, and there is not enough time in the day to read even the good stuff, and
- Undesirable gaps and variation in practice exist.

> It is curious, even shocking, that the adjective "evidence based" is needed

Imagine a world without evidence based medicine. Most women with early breast cancer would still be undergoing mastectomy instead of lumpectomy and radiation. Now they can choose.

Many babies born prematurely would still be dying from respiratory distress syndrome, not having the advantage of a mother who took corticosteroids or of being given surfactant themselves.

Pregnant women in Boston might still be taking diethylstilbestrol to prevent miscarriage, on the enthusiastic recommendation of well respected local experts, with the result that many of their children would be developing reproductive abnormalities and cancer.

A boy with asthma might have his treatment changed every six weeks as new drug samples are dropped off at his doctor's surgery. The choice of drug to help prevent a second fracture in an elderly woman might be made on the basis of television advertisements.

Finally, without evidence based medicine, precious health resources might have been spent unnecessarily. In the United States, research into preventing and treating AIDS has cost $30bn (£16bn; 23bn) since 1981. Had the research results not been applied to practice, more than 50% of hospital beds in the US would be filled with AIDS patients, at a cost of $1.4 trillion. Similarly, without the application of cardiovascular research from 1982 to the present, the cost of treating these patients would be 35% higher.

Making the evidence accessible

What is the future for evidence based medicine? The biggest challenge will be getting all clinicians, consumers, policy makers, and other stakeholders on board. We need to help the naysayers to understand what evidence based medicine is and what it isn't. It seems obvious to say that we also need to seek evidence that it is useful. The results of evidence based medicine often clash with the agenda of special interest groups. The challenges created by rich and powerful manufacturers of drugs and devices cannot be overemphasised. Not to be left behind, the industry is developing its own systematic reviews and making them public.

We need to alert clinicians and patients to studies showing that reviews sponsored by the industry almost always favour the sponsor's product, whereas those that aren't sponsored by such companies do not. We also need to provide patients and the general public with the tools to enable them to understand and evaluate systematic reviews. Finally, it is not enough to create high quality, evidence based resources: we need to ensure global access to them.

The question has moved beyond "Why is evidence based medicine important?" to "Why is it not already a reality?" and "How can we all work together to make it a reality, quickly?" Evidence based medicine is one of our most important medical milestones because, without it, the other 14 of the *BMJ*'s milestones would not have been implemented.

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Il posto d'onore:
la pillola

Ovvero:
I contraccettivi orali
(il farmaco del secolo?)

The pill gave women contraceptive autonomy

Emblem of liberation

Carl Djerassi

The pill is one of the few drugs to have remained essentially unchanged decades after its synthesis—testament to its enduring value

"What sort of pill?" is a question that very few readers seeing the topic of this article would ask themselves. Surely, that already tells us something about the popularity of an oral contraceptive that I, an organic chemist, would call 19-nor-17α-ethynyltestosterone (norethindrone, or some other closely related progestogen) combined with 17α-ethynylestradiol. What single procedure or vaccine would be known by the equivalent labels of "the operation" or "the jab?" The answer is none. Yet does the persistent popularity of "the pill" warrant adding the invention of the oral contraceptive to the list of 15 greatest medical milestones since 1840? To justify my affirmative answer, I first need to define what in my view does not qualify as a medical milestone.

Clean drinking water and effective sewage disposal are of enormous benefit to public health, but in my book they are not a medical milestone because only the consequence, and not the originator, is medical in nature. Lifestyle changes such as stopping smoking, with its fantastic health benefits, still would not qualify for me. Also, basic research advances that are far from the actual medical application won't qualify, because then we would also have to include important chemical synthetic reactions and analytical methods that make possible many chemical syntheses of substances that eventually become drugs.

Making waves around the world

Nevertheless, there is such a mass of truly important, practical, and medically unambiguous milestones that have affected millions of people that selecting the 15 most important seems to me patently impossible. For instance, how would I compare the eradication of a global scourge such as smallpox or polio with the importance of oral contraceptives? Such disease eradication should win hands down, since other types of birth control always did and do exist. So why did I agree to make a case for the inclusion of the pill among the 15 exalted milestones? The primary reason is that no other milestone has had as many societal, "non-medical" consequences; the pill is a stone thrown into water that has produced ripples and waves way beyond any reasonable expectation, for the following reasons.

- The pill and intrauterine devices raised the expectations for contraceptive effectiveness to an extraordinarily high level, with enormous favourable consequences for millions of women.
- The pill offers women the ability to decide on their own, in private, whether or when to become pregnant, thus undermining the historical dominance of men in all matters relating to sex and reproduction. The consequences range from cultural to economic, professional, and educational aspects, most of them positive.
- The pill and intrauterine devices introduced reversible birth control that was independent of the sex act, completely changing the nature of sexual intercourse, which now ranges from unworried pleasure to undisciplined promiscuity.
- The pill was the first potent drug to be consumed for years by millions of "healthy" people, thus raising questions of defining safety and the risk-benefit balance in the long term that were quite distinct from those for other drugs taken over long periods (such as cholesterol lowering drugs), where the "benefit" was the prevention of a medical condition. The more serious the disease, the higher the tolerance for side effects, cancer being a classic example. In the case of the pill the "disease" is an unwanted pregnancy, for which the level of tolerance of side effects is very low. The discipline of epidemiology has probably been improved in depth and sophistication more through the thousands of studies of the pill than of virtually any other drug.
- No other drug has had such an enormous effect on religion. For instance, Catholic couples, faced with their church's opposition to contraception, often make family planning a higher priority than avoiding "mortal" sin.

If these examples are not convincing, adding more to the list—such as that the pill is the preferred method of reversible contraception in more than half the countries in the world, that more than 80% of women in the US have at one time used the pill, or that about 100 million women worldwide at any one time are on the pill—would probably be overkill.

An enduring classic

Considering this implied panegyric, you might think that current research into even better methods of birth control would be flourishing. Nothing could be further from the truth. Of the 20 largest drug firms in the world, only three are active in modest efforts to improve the pill. The very long development time (about 12-15 years, because of the need to study the side effects from long term use), the fear of litigation, and the current emphasis on blockbuster multibillion dollar drugs aimed primarily at elderly people make research in this field highly unpopular. In fact, desired demographic changes, whether in "paediatric" countries (those where population growth is undesirable) in Africa, Asia, and parts of Latin America or in the "geriatric" countries of Europe and Japan (where the opposite holds), now depend much less on changes in contraceptive "hardware"—the actual means of birth control—than on "software" considerations, the legal, economic, cultural, educational, and public health conditions in each country. As a result, the active ingredient of the pill, though seemingly sold under hundreds of labels worldwide, is still limited to about half a dozen slight chemical variants of the first oral progestogen, norethindrone, which was synthesised in a small Mexican company in 1951. The fact that norethindrone is still being consumed by millions of women is one of the relatively rare examples (aspirin being the most famous) where the original chemical is still being used in unmodified form decades after its original synthesis.

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Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–*Lancet* Commission

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Executive summary

Sexual and reproductive health and rights (SRHR) are fundamental to people's health and survival, to economic development, and to the wellbeing of humanity. Several decades of research have shown—and continue to show—the profound and measurable benefits of investment in sexual and reproductive health. Through international agreements, governments have committed to such investment. Yet progress has been stymied because of weak political commitment, inadequate resources, persistent discrimination against women and girls, and an unwillingness to address issues related to sexuality openly and comprehensively.

Health and development initiatives, including the 2030 Agenda for Sustainable Development and the movement toward universal health coverage, typically focus on particular components of SRHR: contraception, maternal and newborn health, and HIV/AIDS. Countries around contraception. Each year worldwide, 25 million unsafe abortions take place, more than 350 million men and women need treatment for one of the four curable sexually transmitted infections (STIs), and nearly 2 million people become newly infected with HIV. Additionally, at some point in their lives nearly one in three women experience intimate partner violence or non-partner sexual violence. Ultimately, almost all 4·3 billion people of reproductive age worldwide will have inadequate sexual and reproductive health services over the course of their lives.

Other sexual and reproductive health conditions remain less well known but are also potentially devastating for individuals and families. Between 49 million and 180 million couples worldwide might be affected by infertility, for which services are mainly available only to the wealthy. An estimated 266 000 women

Key messages

- Sexual and reproductive health and rights (SRHR) are essential for sustainable development because of their links to gender equality and women's wellbeing, their impact on maternal, newborn, child, and adolescent health, and their roles in shaping future economic

- Countries must also take actions beyond the health sector to change social norms, laws, and policies to uphold human rights. The most crucial reforms are those that promote gender equality and give women greater control over their bodies and lives.

Panel 2: Components of sexual and reproductive health and rights

Sexual health

"A state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled."[18]

Sexual health implies that all people have access to:

- counselling and care related to sexuality,[19] sexual identity, and sexual relationships
- services for the prevention and management of sexually transmitted infections, including HIV/AIDS,[20] and other diseases of the genitourinary system[21]
- psychosexual counselling, and treatment for sexual dysfunction and disorders[18]
- prevention and management of cancers of the reproductive system[22]

Sexual rights[19,16]

Sexual rights are human rights and include the right of all persons, free of discrimination, coercion, and violence, to:

- achieve the highest attainable standard of sexual health, including access to sexual and reproductive health services[10]
- seek, receive, and impart information related to sexuality
- receive comprehensive, evidence-based, sexuality education[20]
- have their bodily integrity respected
- choose their sexual partner
- decide whether to be sexually active or not
- engage in consensual sexual relations
- choose whether, when, and whom to marry

Reproductive health

"Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes."[3]

Reproductive health implies that all people are able to:

- receive accurate information about the reproductive system and the services needed to maintain reproductive health
- manage menstruation in a hygienic way, in privacy, and with dignity[23]
- access multisectoral services to prevent and respond to intimate partner violence and other forms of gender-based violence[24]
- access safe, effective, affordable, and acceptable methods of contraception of their choice[25]
- access appropriate health-care services to ensure safe and healthy pregnancy and childbirth, and healthy infants
- access safe abortion services, including post-abortion care[3,24,26]
- access services for prevention, management, and treatment of infertility[20]

Reproductive rights[10]

Reproductive rights rest on the recognition of the human rights of all couples and individuals to decide freely and responsibly the number, spacing, and timing of their children, to have the information and means to do so, and the right to attain the highest standard of reproductive health. They also include:

- the right to make decisions concerning reproduction free of discrimination, coercion, and violence
- the right to privacy, confidentiality, respect, and informed

Sono intimamente legate: parità di genere, salute riproduttiva

- Salute sessuale e riproduttiva – programmazione della gravidanza (family planning) e riduzione degli aborti e gravidanze non desiderate
- Education (la più alta possibile) e Parità di genere e violenza contro le donne (in particolare la violenza da parte del partner) fino alle mutilazioni genitali femminili
- Uso della pillola e accesso semplice e gratuito a una molteplicità di mezzi di contraccezione (in primis la pillola – il farmaco del secolo passato e presente?)

Education

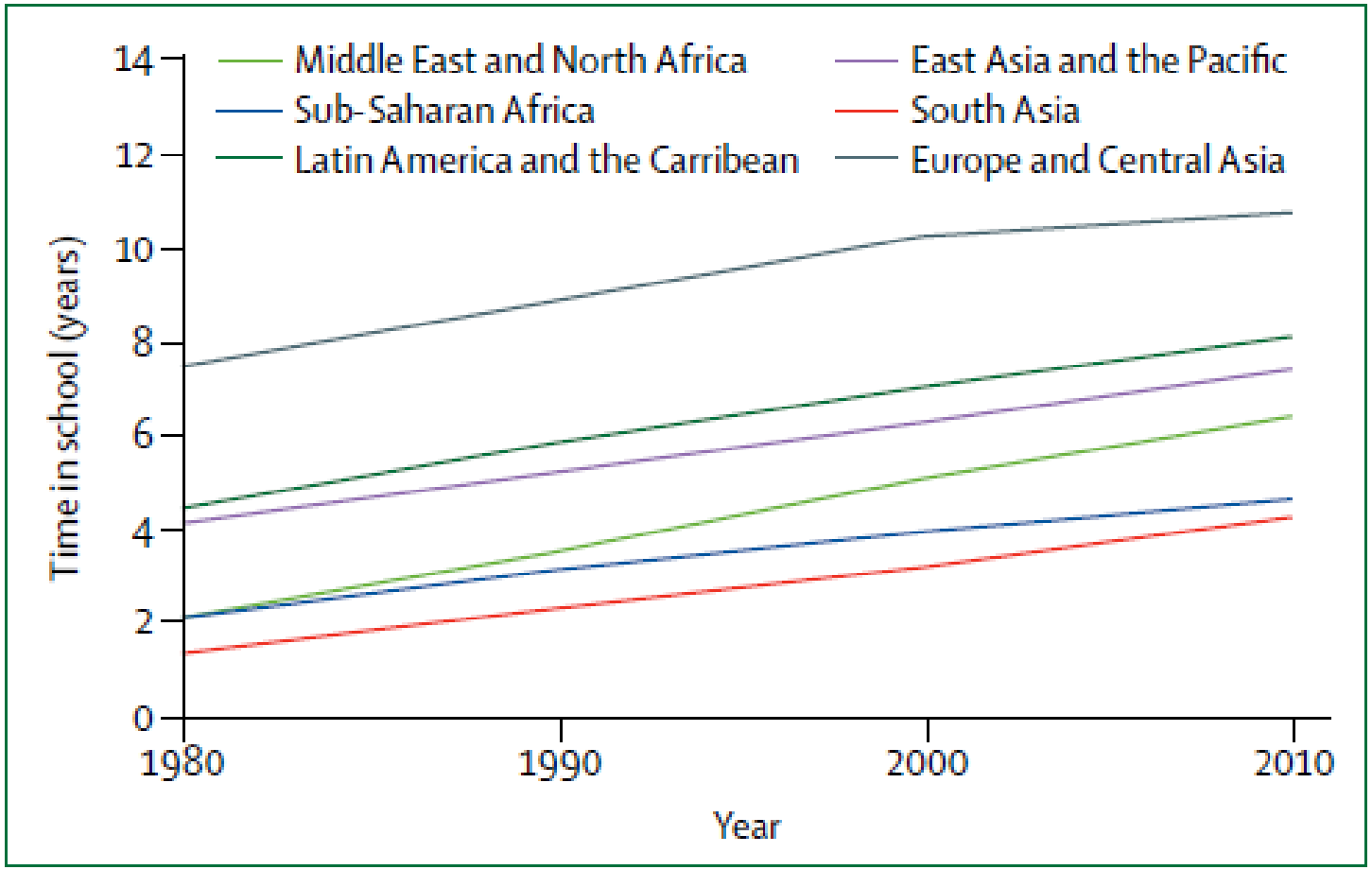

Figure 2: **Average number of years of schooling for women aged ≥15 years, 1980–2010**

Data from Barro RJ and Lee JW, 2013.[46] Data unavailable for North America. The average number of years of schooling for women in the USA was 11·9 years in 1980, and has been consistently above 12 years since 1985.[46]

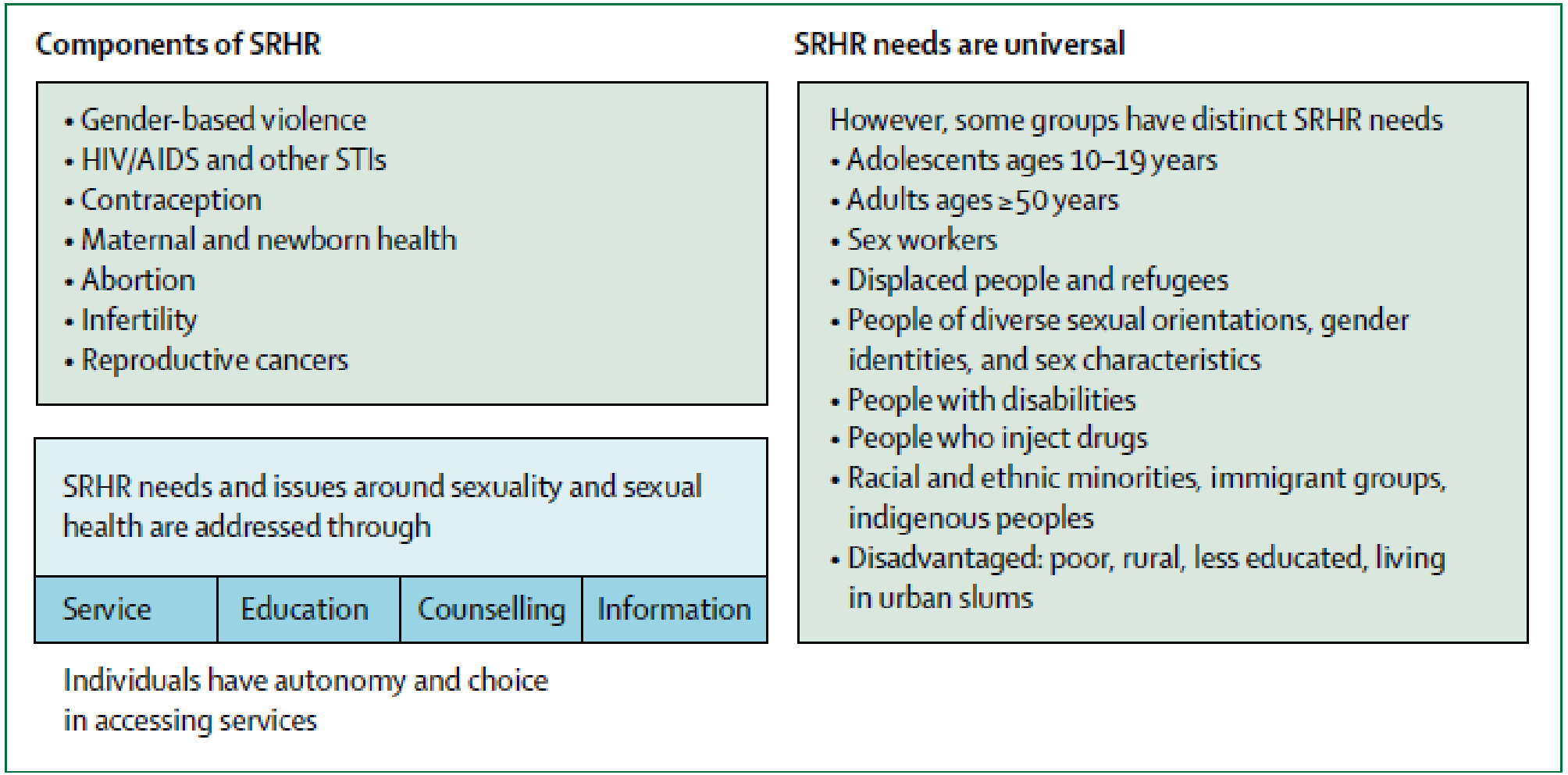

Figure 3: Components of SRHR and populations in need
SRHR=sexual and reproductive health and rights. STIs=sexually transmitted infections.

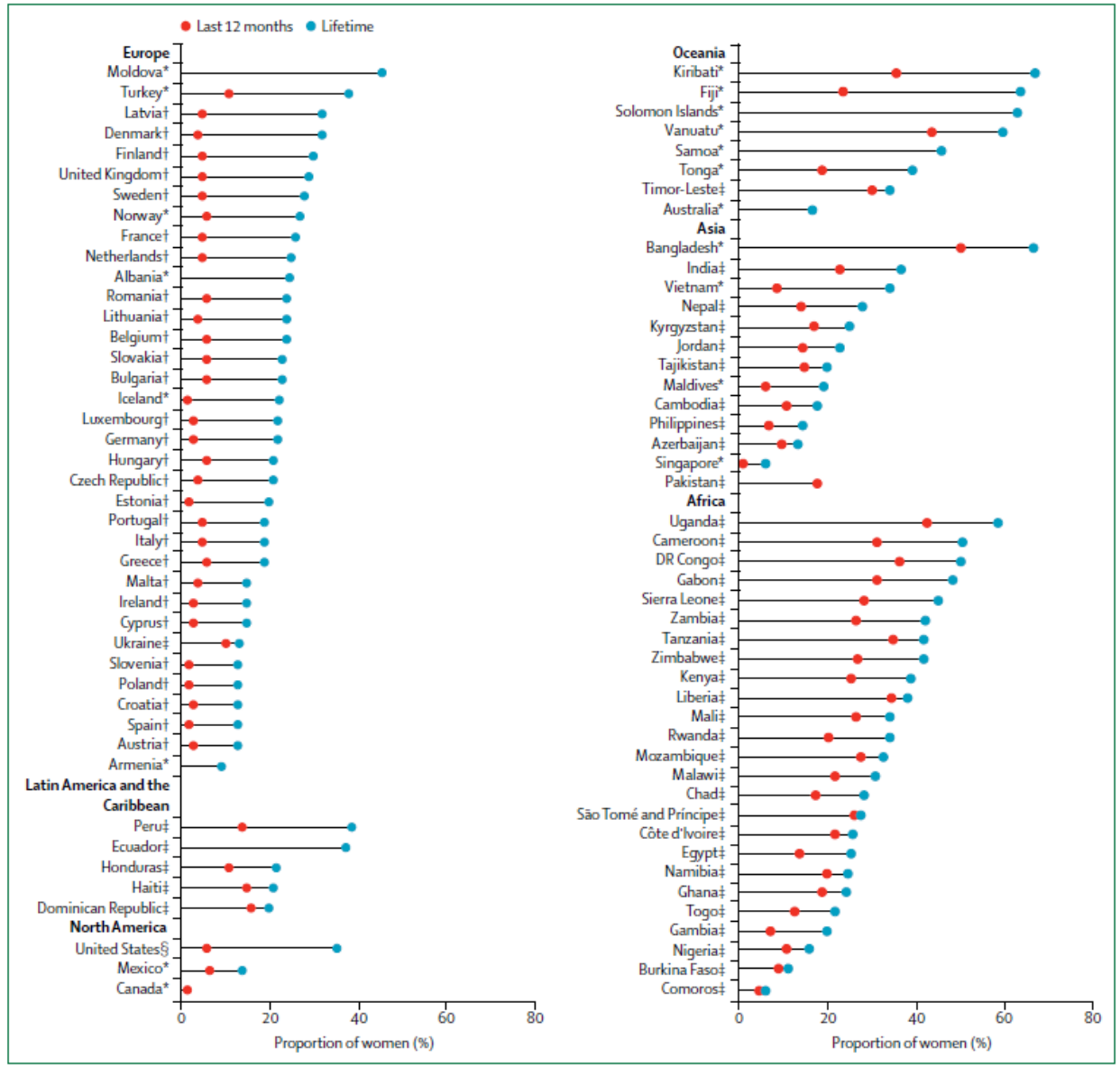

Figure 4: **Proportion of women who have experienced partner violence (physical or sexual) during their lifetime and in the past 12 months, 2000–15**
Not all countries have data available on both indicators, the proportion experiencing partner violence in the past 12 months and lifetime. *Data from age groups covered differ across countries from 2000–13, from UN Department of Economic and Social Affairs, 2015.[78] §Data from ever-partnered women aged 17–74 years, from European Union Agency for Fundamental Rights, 2014[79] ‡Data from Demographic Health Surveys Programme, 2016.[80] ¥Data from women aged 18 years and older about their experiences of rape, physical violence or stalking (or both) from Black MC et al., 2011.[81]

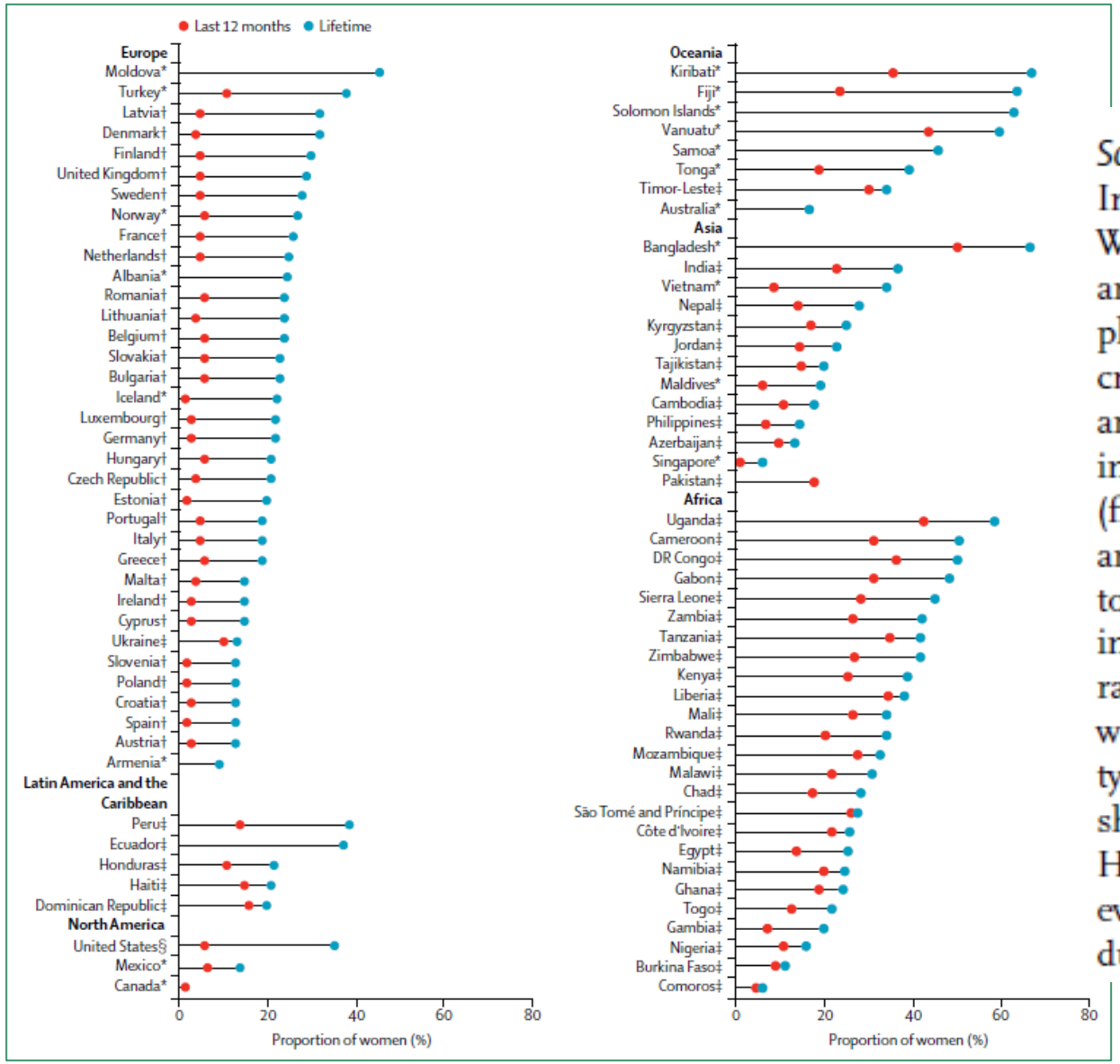

***Figure 4*: Proportion of women who have experienced partner violence (physical or sexual) during their lifetime and in the past 12 months, 2000–15**
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Scope of partner violence and sexual violence against women

Intimate partner violence is disturbingly common. Worldwide, an estimated 30% of women aged 15 years and older in an intimate relationship have experienced physical or sexual violence by their partner[72] (comparable, cross-country data on emotional or psychological violence are not available). The proportion of women reporting intimate partner violence varies widely by country (figure 4). Some of this variation could be due to different amounts of under-reporting, but more research is needed to understand the variations. Women's reports of intimate partner violence in the previous 12 months range from 1% in Canada to 51% in Bangladesh. Some women experience violence during pregnancy, which is typically perpetrated by the biological father of the child she is carrying. In countries with Demographic and Health Survey (DHS) data, 2–16% of women who have ever been pregnant reported experiencing violence during pregnancy.[80]

- Fino al 1961 in Francia era probito alle done avere un conto corrente
- 1971: diritto di voto alle donne in Svizzera (a livello cantonale tra il 1959 e il 1990)
- 1981 in Italia: abolito il diritto d’onore

Oxford Journal of Legal Studies, Vol. 31, No. 3 (2011), pp. 437–453
doi:10.1093/ojls/gqr012

Rights, Laws and Language

AMARTYA SEN*

Abstract—Words have meanings, often more than one. Many words also have evocative power and communicative reach. It is important to look beyond the legal route in making human rights more effective, and to endorse but proceed beyond human rights being seen as motivation only for legislation (the particular connection on which Herbert Hart commented). Within the legal route itself there is the important issue of interpretation of law that can stretch beyond the domain of fresh legislation. In assessing the 'originalist' disciplines of legal interpretation, the article discusses the distinction between interpreting the original text in terms of changing linguistic conventions (on which some commentators have focused) and taking note of public reasoning today in the light of the original 'constitutional motivation'.

Diritti naturali e leggi

Anziché vedere i diritti come “figli della legge” (come aveva sostenuto Jeremy Bentham), il punto di vista di Herbert Hart prende la forma di vedere **i diritti naturali** (inclusi quelli che oggi chiamiamo diritti umani) **come “genitori delle leggi”**

Amartya Sen 2011

Amartya Sen: diritti, leggi e linguaggio

- In 1911, when Christabel Pankhurst asserted in a speech in London that ‘we are here to claim our right as women, not only to be free, but to fight for freedom’, adding that this is ‘our right as well as our duty’, she communicated a great deal.
- “Siamo qui per affermare i nostri diritti come donne, non solo ad essere libere ma per combattere per la libertà”

- I diritti sono importanti e altrettanto importante è il poter combattere per i propri diritti e dimostrare per ottenerli
- Si può … dimostrare e dialogare per il diritto all’accesso a tutte le cure efficaci

Contraception

The need for modern contraceptive services remains substantial in low-income and middle-income countries. According to 2017 estimates, 214 million women of reproductive age (13% of women aged 15–49 years) in developing regions have an unmet need for modern contraception—that is, they want to avoid a pregnancy but are not using a modern method.[105] Use of modern contraceptives in 2017, prevents an estimated 308 million unintended pregnancies, and meeting all women's needs for these methods would avert an additional 67 million annually.

Lancet,
6 Sett 2023

The *Lancet* Commission on peaceful societies through health equity and gender equality

Valerie Percival, Oskar T Thoms*, Ben Oppenheim*, Dane Rowlands*, Carolyn Chisadza*, Sara Fewer*, Gavin Yamey*, Amy C Alexander, Chloe L Allaham, Sara Causevic, François Daudelin, Siri Gloppen, Debarati Guha-Sapir, Maseh Hadaf, Samuel Henderson, Steven J Hoffman, Ana Langer, Toni Joe Lebbos, Luiz Leomil, Minna Lyytikäinen, Anju Malhotra, Paul Mkandawire, Holly A Norris, Ole Petter Ottersen, Jason Phillips, Sigrún Rawet, Alexa Salikova, Idil Shekh Mohamed, Ghazal Zazai, Tarja Halonen†, Catherine Kyobutungi‡, Zulfiqar A Bhutta‡, Peter Friberg*‡*

Executive summary

The multiple and overlapping crises faced by countries, regions, and the world appear unprecedented in their magnitude and complexity. Protracted conflicts continue and new ones emerge, fuelled by geopolitics and social, political, and economic pressures. The legacy of the COVID-19 pandemic, economic uncertainty, climatic events ranging from droughts to fires to cyclones, and rising food insecurity add to these pressures. These crises have exposed the inadequacy of national and global leadership and governance structures. The world is experiencing a polycrisis—ie, an interaction of multiple crises that dramatically intensifies suffering, harm, and turmoil, and overwhelms societies' ability to develop effective policy responses.

Bold approaches are needed to enable communities and countries to transition out of harmful cycles of inequity and violence into beneficial cycles of equity and peace. The *Lancet* Commission on peaceful societies through health equity and gender equality provides such an approach. The Commission, which had its inaugural meeting in May, 2019, examines the interlinkages between Sustainable Development Goal 3 (SDG3) on health; SDG5 on gender equality; and SDG16 on peace, justice, and strong institutions. Our research suggests that improvements to health equity and gender equality are transformative, placing societies on pathways towards peace and wellbeing.

requires laws to protect the rights of women and sexual and gender minorities. All individuals need equal access to education, resources, technology, infrastructure, and safety and security to enable participation in the economy, civil society, and politics. Processes to advance health equity and gender equality are more powerful when they operate together, through access to comprehensive sexual and reproductive health services. Advocacy is also an essential component as it builds a social consensus that the principles of health equity and gender equality apply to all individuals, regardless of their gender or other forms of identity.

These tangible actions or mechanisms transform capabilities, a term that we define here as what people are able to do and to be. With improved health equity and gender equality, individuals can access economic resources and assets, live in safety and security, and exercise greater agency. Through these changes, human capital improves and economic growth becomes more inclusive. Social capital is strengthened and social norms are altered to inhibit violence and aggression. Although political processes are characterised by short-term dynamics, the institutionalisation of gender equality and health equity improves the quality of governance and can strengthen the social contract between the government and the citizenry.

These processes interact with each other in self-reinforcing feedback loops creating beneficial cycles that

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Introduction

Yeats wrote the poem *The Second Coming* in the wake of World War 1 and the 1918 influenza pandemic. He despaired that "Things fall apart; the centre cannot hold; Mere anarchy is loosed upon the world... The best lack all conviction, while the worst are full of passionate intensity."[1] The same words are eerily applicable today. Many regions of the world continue to be affected by organised violence as protracted conflicts continue and new ones emerge (panel 1). Communities are facing momentous challenges—eg, recovery from the effects of the COVID-19 pandemic, the risk of new outbreaks, food insecurity, natural disasters, and rising violence and

Things fall apart; the centre cannot hold;
Mere anarchy is loosed upon the world
…
The best lack all conviction,
while the worst are full of passionate intensity

William Butler Yeats

… the age of anxiety

Introduction

Yeats wrote the poem *The Second Coming* in the wake of World War 1 and the 1918 influenza pandemic. He despaired that "Things fall apart; the centre cannot hold; Mere anarchy is loosed upon the world... The best lack all conviction, while the worst are full of passionate intensity."[1] The same words are eerily applicable today. Many regions of the world continue to be affected by organised violence as protracted conflicts continue and new ones emerge (panel 1). Communities are facing momentous challenges—eg, recovery from the effects of the COVID-19 pandemic, the risk of new outbreaks, food insecurity, natural disasters, and rising violence and insecurity. Researchers of complex systems have a term for such overlapping challenges: a polycrisis occurs when multiple crises influence and interact with each other in feedback loops to intensify the harm they produce. Our interconnected world facilitates "these interacting crises [to] produce harms greater than the sum of those the crises would produce in isolation, were their host systems not so deeply interconnected".[9] The entanglement of these crises complicates policy responses, and these policy failures then expand and intensify the social and economic impacts of these interacting crises.

Siamo tutti responsabili di tutto

F Dostoevskij

Il capitolo più importante

intimate partner violence

(«domestica»)

La violenza agita dal partner intimo (più vicino)

Global, regional, and national prevalence estimates of physical or sexual, or both, intimate partner violence against women in 2018

Lynnmarie Sardinha, Mathieu Maheu-Giroux, Heidi Stöckl, Sarah Rachel Meyer, Claudia García-Moreno

Summary

Background Intimate partner violence against women is a global public health problem with many short-term and long-term effects on the physical and mental health of women and their children. The Sustainable Development Goals (SDGs) call for its elimination in target 5.2. To monitor governments' progress towards SDG target 5.2, this study aimed to provide global, regional, and country baseline estimates of physical or sexual, or both, violence against women by male intimate partners.

Methods This study developed global, regional, and country estimates, based on data from the WHO Global Database on Prevalence of Violence Against Women. These data were identified through a systematic literature review searching MEDLINE, Global Health, Embase, Social Policy, and Web of Science, and comprehensive searches of national statistics and other websites. A country consultation process identified additional studies. Included studies were conducted between 2000 and 2018, representative at the national or sub-national level, included women aged 15 years or older, and used act-based measures of physical or sexual, or both, intimate partner violence. Non-population-based data, including administrative data, studies not generalisable to the whole population, studies with outcomes that only provided the combined prevalence of physical or sexual, or both, intimate partner violence with other forms of violence, and studies with insufficient data to allow extrapolation or imputation were excluded. We developed a Bayesian multilevel model to jointly estimate lifetime and past year intimate partner violence by age, year, and country. This framework adjusted for heterogeneous age groups and differences in outcome definition, and weighted surveys depending on whether they were nationally or sub-nationally representative. This study is registered with PROSPERO (number CRD42017054100).

Findings The database comprises 366 eligible studies, capturing the responses of 2 million women. Data were obtained from 161 countries and areas, covering 90% of the global population of women and girls (15 years or older). Globally, 27% (uncertainty interval [UI] 23–31%) of ever-partnered women aged 15–49 years are estimated to have

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UNDP-UNFPA-UNICEF-WHO-World Bank Special Programme of Research, Development and Research Training in Human Reproduction, Department of Sexual and Reproductive Health and Research, WHO, Geneva, Switzerland (L Sardinha PhD, S R Meyer PhD, C García-Moreno MD); **Department of Epidemiology, Biostatistics, and Occupational Health, School of Population and Global Health, McGill University, Montréal, Canada** (M Maheu-Giroux ScD); **Gender Violence & Health Centre, London School of Hygiene & Tropical Medicine, London, UK** (Prof H Stöckl PhD); **Institute for Medical Information Processing, Biometry and**

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Interpretation These findings show that intimate partner violence against women was already highly prevalent across the globe before the COVID-19 pandemic. Governments are not on track to meet the SDG targets on the elimination of violence against women and girls, despite robust evidence that intimate partner violence can be prevented. There is an urgent need to invest in effective multisectoral interventions, strengthen the public health response to intimate partner

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Research in context

Evidence before this study

In 2013, WHO published the first global and regional estimates on the prevalence of physical or sexual, or both, intimate partner violence and non-partner sexual violence, based on a systematic review and analyses of existing survey data up to 2010. This review had not been updated since, nor did it systematically search for unpublished reports. This study was based on 141 studies in 81 countries, conducted between 1990 and 2012, and captured through a systematic review and an additional analysis of 54 national datasets. The systematic review had no language restrictions and searched 26 databases using the same search terms on intimate partner violence, non-partner sexual violence, and study designs as the current study. All population-based studies including a prevalence estimate on intimate partner violence or non-partner sexual violence NPSV, or both, were included. Since then, and with the announcement of Sustainable Development Goal (SDG) target 5.2 on the elimination of violence against women, there has been a substantial increase in population-based surveys and studies measuring intimate partner violence across the world, with several countries now having conducted multiple surveys.

Added value of this study

This paper presents the first internationally comparable global, regional, and country (or area) prevalence estimates on both lifetime and past year physical or sexual violence, or both, by male intimate partners against ever-partnered women aged 15–49 years within the SDG reporting period (2015–30). In addition to the comprehensive and systematic searches, consultations with countries led to the identification of additional relevant data. This search led to the inclusion of a total of 366 studies from 161 countries and areas.

Implications of all the available evidence

We found that, based on 2000–18 data, more than one in four (27%) ever-partnered women aged 15–49 years had experienced physical or sexual, or both, intimate partner violence since the age of 15 years. One in seven (13%) experienced this violence in the year preceding the survey. The findings support that violence against women by male intimate partners is a global public health concern affecting the lives of millions of women and their children worldwide. Progress in reducing violence has been slow and countries are not on track to meet the commitments outlined in the SDGs. Robust evidence shows that intimate partner violence is preventable and targeted investments are required to implement multilevel, multisectoral prevention interventions and to strengthen the health and other sectors' response to intimate partner violence.

Intimate partner violence against women is a grave human rights violation and serious global public health concern

Devries KM, Mak JY, García-Moreno C, et al. Global health. The global prevalence of intimate partner violence against women. *Science* 2013; **340:** 1527–28.

Violenza subita dal partner nel corso della vita
(lifetime prevalence)

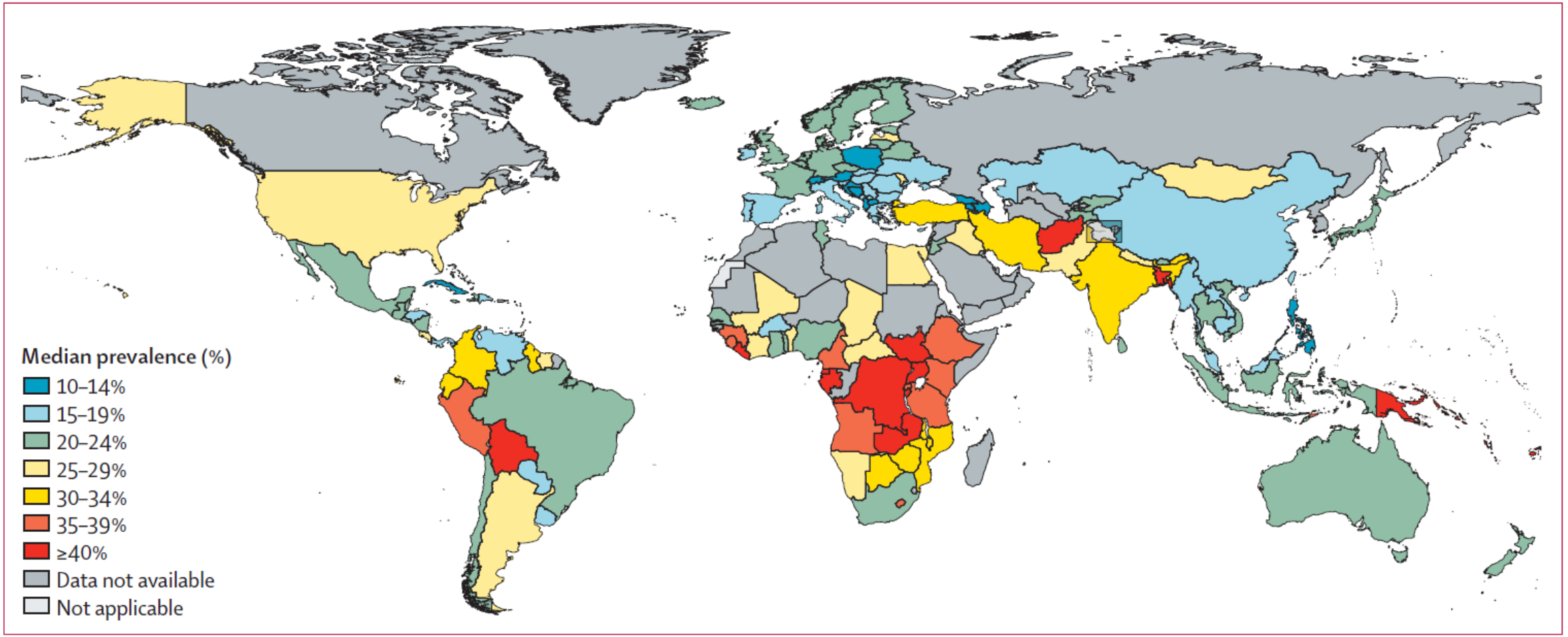

Figure 3: Map of prevalence estimates of lifetime physical or sexual, or both, intimate partner violence among ever-partnered women aged 15–49 years, in 2018

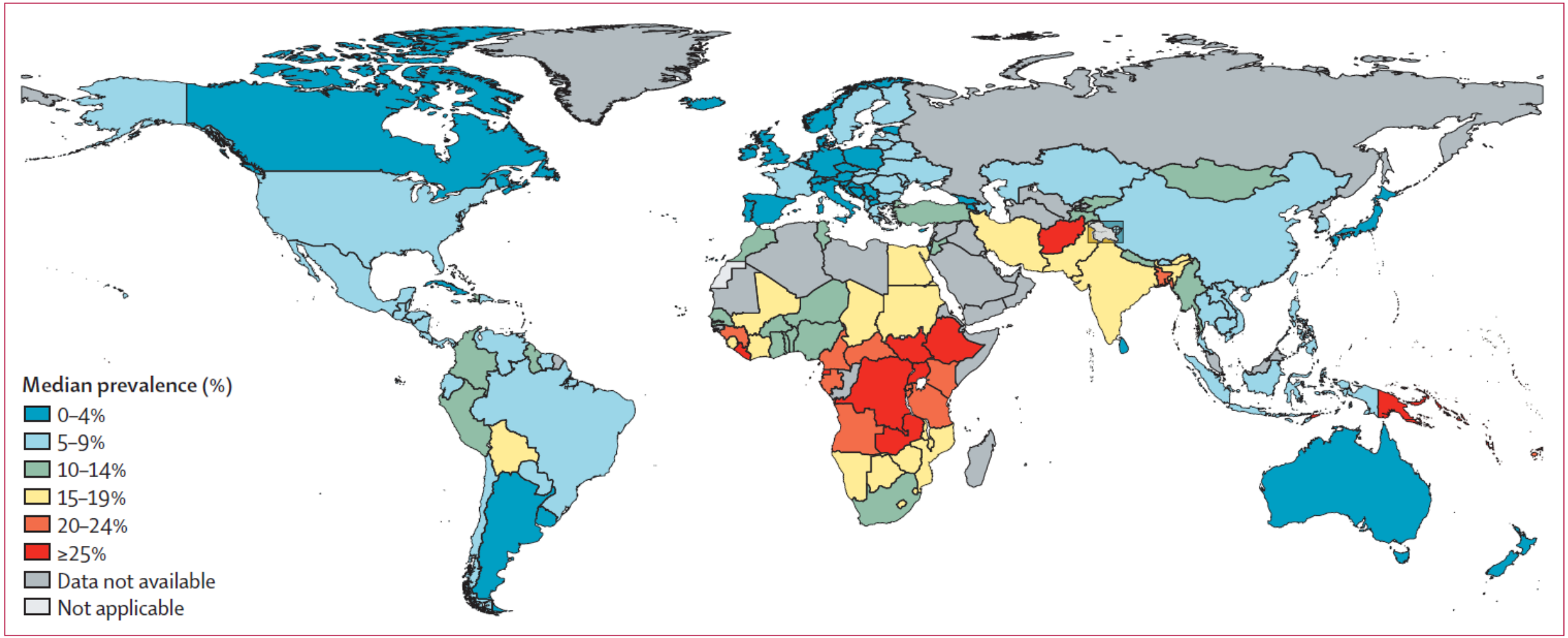

Figure 4: Map of prevalence estimates of past year physical or sexual, or both, intimate partner violence among ever-partnered women aged 15–49 years, in 2018

Violenza subita dalle donne da parte del partner

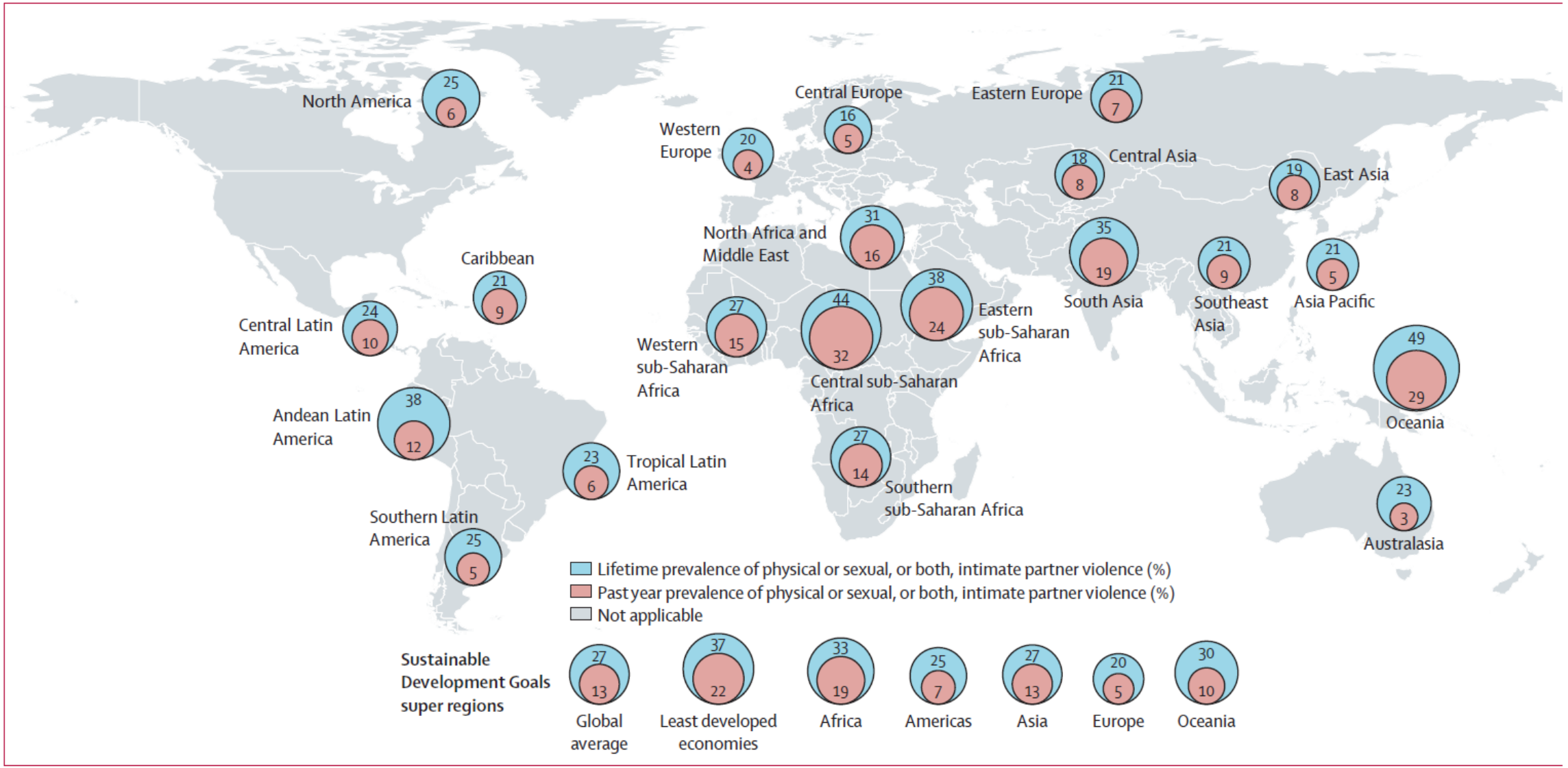

Figure 2: Map of 2018 lifetime versus past year prevalence of physical or sexual, or both, intimate partner violence among ever-partnered women aged 15–49 years by Global Burden of Disease region and Sustainable Development Goals super region

Violenza subita dalle donne da parte del partner:

dati molto preoccupanti

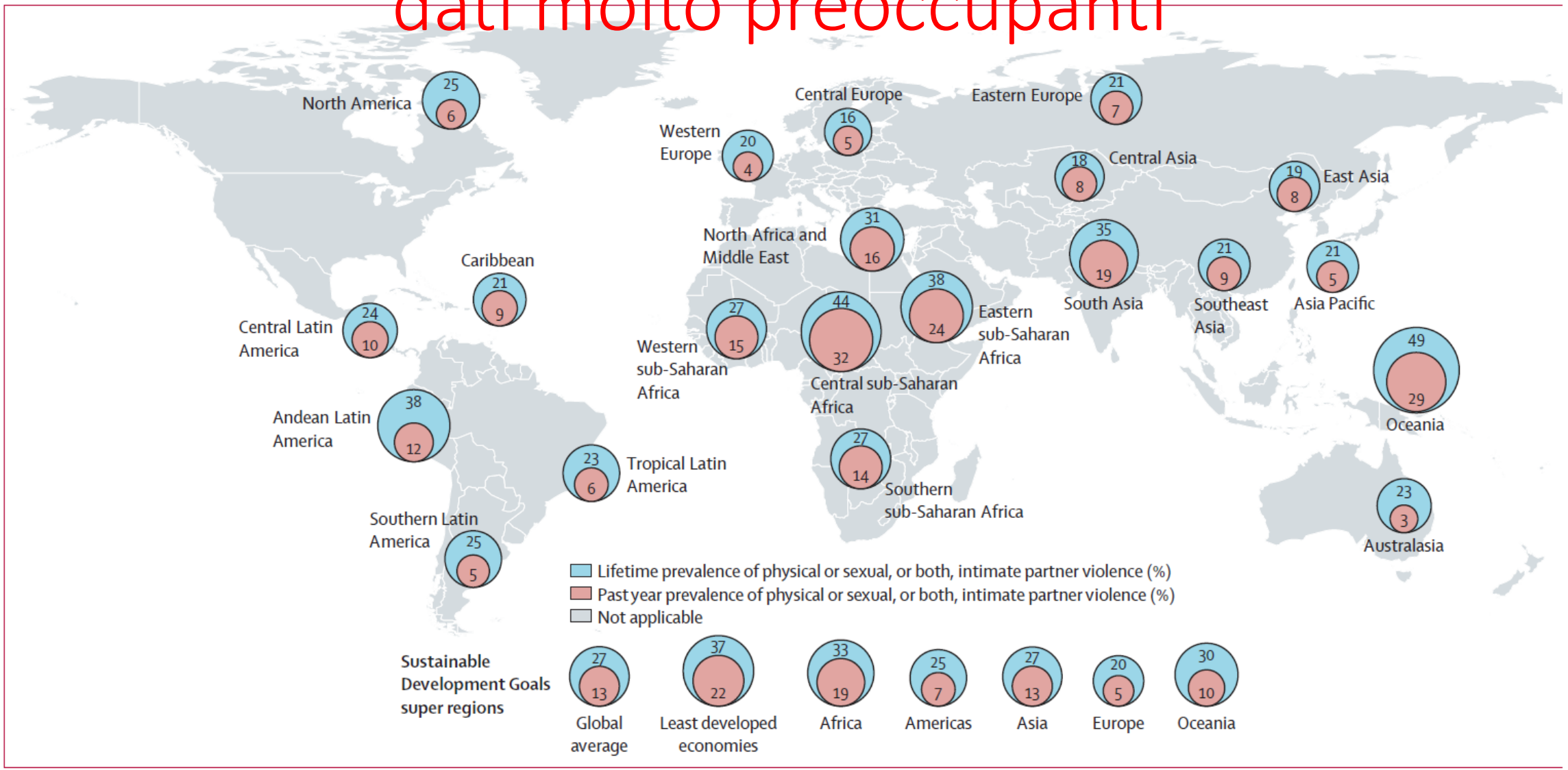

Figure 2: Map of 2018 lifetime versus past year prevalence of physical or sexual, or both, intimate partner violence among ever-partnered women aged 15–49 years by Global Burden of Disease region and Sustainable Development Goals super region

Quando si subisce violenza

- NB: da giovani

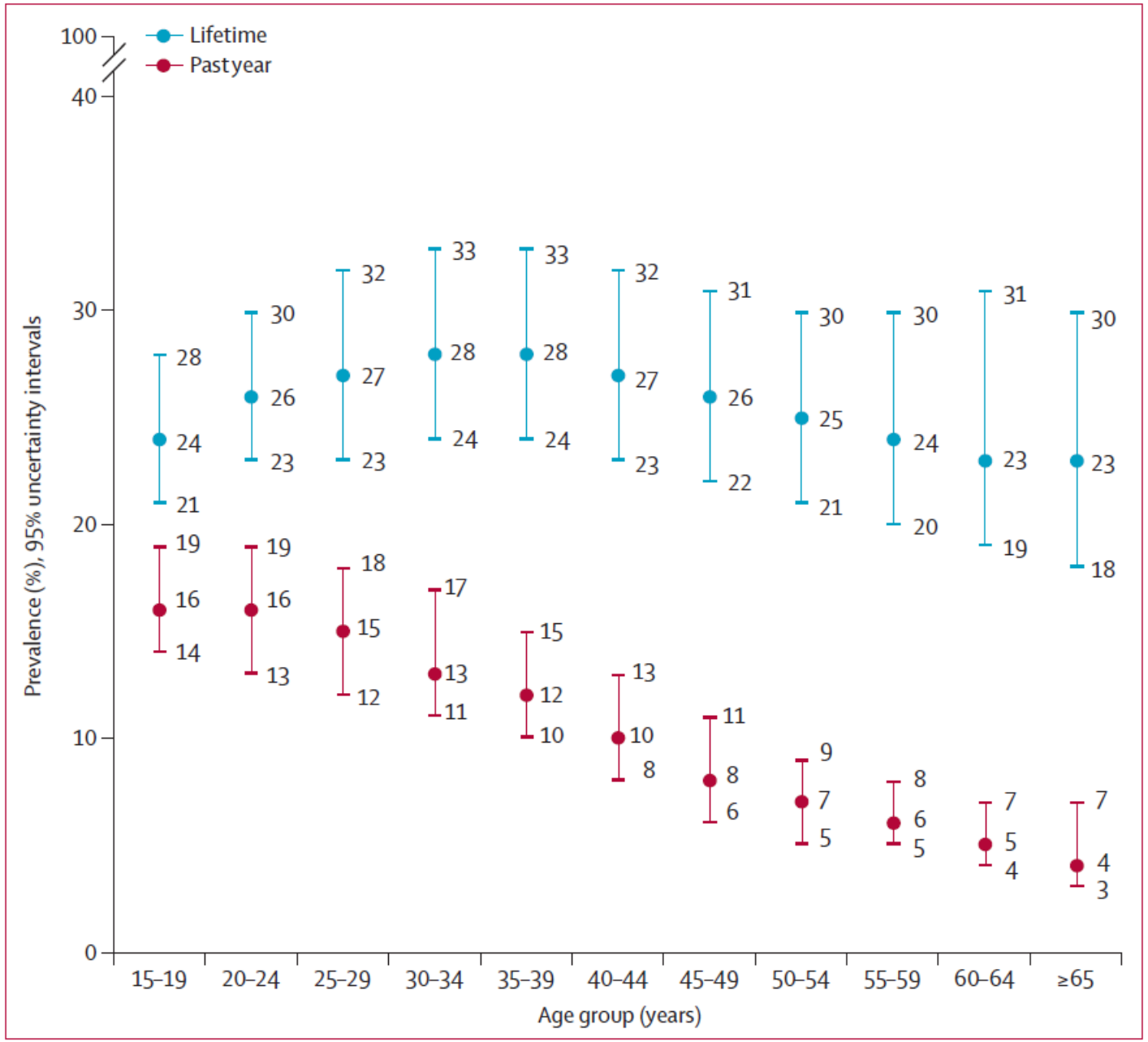

Figure 1: Global prevalence estimates of lifetime and past year physical or sexual, or both, intimate partner violence among ever-married or ever-partnered women, by age group, in 2018

Viene da piangere a leggere i dati

sulla violenza alle donne (da parte del partner)

- Our study confirms that, concerningly, physical or sexual violence, or both, against women by male intimate partners is highly prevalent globally.
- Overall, we found that more than one in four (27%) ever-partnered women aged 15–49 years had experienced physical or sexual violence, or both, from a current or former intimate partner at least once in their lifetime; and one in seven (13%) had experienced it in the past year.
- This finding means that in 2018, up to 492 million ever-partnered women aged 15–49 years had been subjected to this type of violence by an intimate partner at least once since the age of 15 years.

- It is important to note that there are 28 countries with past year physical or sexual, or both, intimate partner violence prevalence that is substantially higher than the global average.
- Several of these are countries affected by conflict.
- These findings are consistent with the different social, economic, and political circumstances that are associated with intimate partner violence and limit women's ability to leave abusive relationships, such as economic insecurity, gender inequitable norms, high amounts of societal stigma, discriminatory family law, and inadequate support services.

- Despite the limitations in available data, this study unequivocally establishes the persistently high prevalence of intimate partner violence.
- Notably, intimate partner violence is preventable.
- There has been a substantial increase in the body of knowledge on what works to prevent violence against women and girls in the last decade.24 The RESPECT women framework for prevention summarises much of this evidence

Addressing violence against women: a call to action

Claudia García-Moreno, Cathy Zimmerman, Alison Morris-Gehring, Lori Heise, Avni Amin, Naeemah Abrahams, Oswaldo Montoya, Padma Bhate-Deosthali, Nduku Kilonzo, Charlotte Watts

Violence against women and girls is prevalent worldwide but historically has been overlooked and condoned. Growing international recognition of these violations creates opportunities for elimination, although solutions will not be quick or easy. Governments need to address the political, social, and economic structures that subordinate women, and implement national plans and make budget commitments to invest in actions by multiple sectors to prevent and respond to abuse. Emphasis on prevention is crucial. Community and group interventions involving women and men can shift discriminatory social norms to reduce the risk of violence. Education and empowerment of women are fundamental. Health workers should be trained to identify and support survivors and strategies to address violence should be integrated into services for child health, maternal, sexual, and reproductive health, mental health, HIV, and alcohol or substance abuse. Research to learn how to respond to violence must be strengthened. The elimination of violence against women and girls is central to equitable and sustainable social and economic development and must be prioritised in the agenda for development after 2015.

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This is the fifth in a Series of five papers about violence against women and girls

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Introduction

Violence against women and girls is a global phenomenon that historically has been hidden, ignored, and accepted. Child sexual abuse has remained a silent shame. Rape has often been a matter of stigma for the victim rather than the perpetrator. Violence in the home has been considered a private affair. Turning

All violence, including that against men and children, is a serious human rights and public health concern. Men and boys are at risk of different forms of violence from women and girls, most often gang-related and street violence in the hands of other men, which have substantial public health tolls. While recognising that

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	Definition	Prevalence
Intimate-partner violence	Behaviour within an intimate relationship that causes or has the potential to cause physical, sexual, or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse, and controlling behaviours[2,3]	30% of women who have ever been in a relationship worldwide have experienced physical violence, sexual violence, or both, from intimate partners,[1] and 38·6% of all female murders worldwide are estimated to be from intimate partners[4]
Sexual violence	Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, acts to traffic, or other coercive actions directed against a person's sexuality by any person, irrespective of relationship to the victim, in any setting, including but not limited to home and work[2,3]	7% of women worldwide are thought to have been sexually assaulted by someone other than a partner since age 15 years, although data are lacking in some regions[1]
Child sexual abuse	The involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or is not developmentally prepared for, or that otherwise violates the laws or social taboos of society, by adults or other children in positions of responsibility, trust, or power over the victim[5]	Around 20% of women and 5–10% of men report being sexually abused as children[5]
Trafficking of women and girls	Use of coercive, deceptive means or abuses of position of power for exploitation or forced sex work and various other forms of labour[6]	An estimated 11·4 million women and girls are trafficked worldwide (around 55% of the 20·9 million people estimated to be in forced labour)[7]
Female genital mutilation	All procedures involving the partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons[8]	Highest concentration areas are in Africa and the Middle East, where more than 125 million women and girls alive have been cut in 29 countries[9]
Forced or early marriage	Marriage before age 18 years or without consent	More than 60 million women aged 20–24 years married before age 18 years worldwide, although about half of girls in early marriage live in south Asia[10]
Killings in the name of honour	Homicide of a member of a family or social group by other members due to the perpetrators' belief that the victim has brought shame or dishonour upon the family or community	1957 events cited to relate to honour killings occurred in Pakistan from 2004 to 2007[11] and at least 900 such murders occur every year in the Indian States of Haryana, Punjab, and Uttah Pradesh[12]

Table 1: Overview of types of violence against women and girls

Addressing violence – Garcia Moreno, Lancet 2014

Conclusions

In many regions in the past 50 years women's status has improved markedly. In too many settings, however, women remain second-class citizens, are discriminated against, and made subservient to men. Even where women enjoy many freedoms, the fear and reality of male violence persists.

With increased recognition on how many women's, men's and children's lives are affected by violence, and growing evidence on how to respond to and prevent violence against women and girls, there is no excuse for inaction. Although the achievement of healthier lives for

Worldwide prevalence of non-partner sexual violence: a systematic review

Naeemah Abrahams, Karen Devries, Charlottoe Watts, Christina Pallitto, Max Petzold, Simukai Shamu, Claudia García-Moreno

Summary

Background Several highly publicised rapes and murders of young women in India and South Africa have focused international attention on sexual violence. These cases are extremes of the wider phenomenon of sexual violence against women, but the true extent is poorly quantified. We did a systematic review to estimate prevalence.

Methods We searched for articles published from Jan 1, 1998, to Dec 31, 2011, and manually search reference lists and contacted experts to identify population-based data on the prevalence of women's reported experiences of sexual violence from age 15 years onwards, by anyone except intimate partners. We used random effects meta-regression to calculate adjusted and unadjusted prevalence for regions, which we weighted by population size to calculate the worldwide estimate.

Findings We identified 7231 studies from which we obtained 412 estimates covering 56 countries. In 2010 7·2% (95% CI 5·2–9·1) of women worldwide had ever experienced non-partner sexual violence. The highest estimates were in sub-Saharan Africa, central (21%, 95%CI 4·5–37·5) and sub-Saharan Africa, southern (17·4%, 11·4–23·3). The lowest prevalence was for Asia, south (3·3%, 0–8·3). Limited data were available from sub-Saharan Africa, central, North Africa/Middle East, Europe, eastern, and Asia Pacific, high income.

Interpretation Sexual violence against women is common worldwide, with endemic levels seen in some areas, although large variations between settings need to be interpreted with caution because of differences in data availability and levels of disclosure. Nevertheless, our findings indicate a pressing health and human rights concern.

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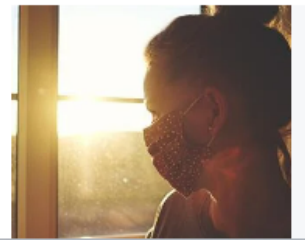
- Violence against women – particularly intimate partner violence and sexual violence – is a major public health problem and a violation of women's human rights.
- Estimates published by WHO indicate that globally about 1 in 3 (30%) of women worldwide have been subjected to either physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime.
- Most of this violence is intimate partner violence. Worldwide, almost one third (27%) of women aged 15-49 years who have been in a relationship report that they have been subjected to some form of physical and/or sexual violence by their intimate partner.
- Violence can negatively affect women's physical, mental, sexual, and reproductive health, and may increase the risk of acquiring HIV in some settings.
- Violence against women is preventable. The health sector has an important role to play to provide comprehensive health care to women subjected to violence, and as an entry point for referring women to other support services they may need.

COVID-19 and violence against women

Related information

Health topic: Violence against women

News



Devastatingly pervasive: 1 in 3 women globally experience violence

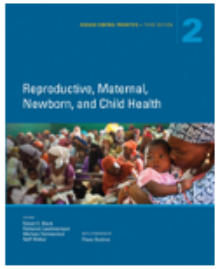
Responding to Violence Against Women: WHO's Multicountry Study on Women's Health and Domestic Violence

Claudia Garcia-Moreno, Charlotte Watts, Henrica A.F.M. Jansen, Mary Ellsberg, and Lori Heise

Conclusion

Violence against women is an immense public health problem and a violation of women's human rights. The past decade has witnessed stronger demands for states, the UN, and NGOs to recognize VAW and to work toward its elimination. An effective response to VAW needs to be informed by evidence of its magnitude, consequences, and causes.

At the World Conference on Human Rights in 1993, women's rights were for the first time recognized as human rights.[1,2] After almost two decades of lobbying by women activists, violence against women in all its forms was finally acknowledged as a major violation of human rights. Then, in 1996, the World Health Assembly, which brings together Ministers of Health from 190 countries, recognized that preventing violence, including violence against women, was a public health priority requiring urgent action by governments, international agencies, and national organizations.[3] Despite the progress that has been made, many



Chapter 6 Interventions to Improve Reproductive Health

John Stover, Karen Hardee, Bella Ganatra, Claudia García Moreno, and Susan Horton.

Author Information and Affiliations

Introduction

Go to:

Health systems and individuals can take a number of actions to safeguard reproductive health. These actions differ from many other health interventions in that the motivation for their use is not necessarily limited to better health and involves cultural and societal norms. Irrespective of these additional considerations, these interventions have important health implications. This chapter describes four areas of intervention:

- Family planning
- Adolescent sexual and reproductive health
- Unsafe abortion
- Violence against women.

particularly well positioned given that most women will at some point consult them for contraception, antenatal care, and delivery.

Responding to Intimate Partner Violence and Sexual Violence

The WHO clinical and policy guidelines (WHO 2013) summarize the evidence for clinical interventions for intimate partner violence and for sexual violence against women. They also review the evidence for service delivery and training on these issues for health care providers and make evidence-based recommendations to improve the response of the health sector to violence against women.

Health professionals can provide assistance to women suffering from violence by facilitating disclosure, offering support and referral, gathering forensic evidence—particularly in cases of sexual violence—and providing the appropriate medical services and follow-up care. Health care providers who come into contact with women facing intimate partner violence need to be able to

CONCLUSIONS

Significant progress in improving reproductive health has been made in some areas. Family planning has expanded worldwide through new approaches and new methods. A renewed commitment to family planning among donors and national governments has stimulated wider coverage of services accompanied by greater emphasis on quality and human rights. A new focus on adolescent sexual health has spurred interest in better ways to reach adolescents with effective messages and services. New approaches to reducing gender-based violence have been tested and the lessons learned have been distilled in clinical and policy guidelines.

However, much remains to be done. In spite of the advances in family planning, in 35 countries fewer than 30 percent of women of reproductive age use modern contraception. Choice of methods is still limited in many countries, even some with high levels of contraceptive prevalence, because of lack of access, provider biases, and other program factors. Although good options for safe abortion exist, these services remain

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Calling for action on violence against women: is anyone listening?

In 2014, we issued a call to action in *The Lancet* to address violence against women.[1] Has there been progress? Around the world, an inexcusable number of women suffer violence; latest estimates show that one in three women experience physical violence, sexual violence, or both by a partner and/or sexual violence by a non-partner in their lifetime.[2] Although persistent and new challenges to addressing violence against women remain, there have been important improvements in global policy action against violence. "The elimination of all forms of

Stopping generational cycles of violence requires recognition of the links between violence against women and violence against children. Evidence shows that children who witness their mothers being abused by their partners, or who are abused themselves, are more likely to develop mental health problems and be in violent relationships in later life, although this is not inevitable.[15] Coordination between programmes directed at women and those focused on children is therefore important, so that services for women experiencing partner violence also provide safety and support to children in the same household; and interventions that seek to address child maltreatment give appropriate support to women who may be experiencing violence in the same household.[16]

At this moment in history, women's rights and the progress that has been made to improve the status of women are at serious risk of being hindered or even reversed. This includes threats of major cuts in funding to keep women safe in the USA[17] and elsewhere, proposed legislative changes to decriminalise domestic violence in Russia,[18] and the normalisation of sexual abuse and misogynist attitudes in some parts of the media, internet, and politics. Sustained engagement and commitment by governments, donors, advocates, and the public, as well as support for dedicated groups, is needed to continue to promote women's rights and safety. In a "post-truth" world, increased action is needed, backed by women, men, and especially young people across the political spectrum, if we wish to turn our call for a world without violence into a reality for all women, their families, and for their daughters.

The Global Prevalence of Intimate Partner Violence Against Women

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*The author is a staff member of the World Health Organization. The author alone is responsible for the views expressed in this publication and they do not necessarily represent the views, decisions or policies of the World Health Organization.

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Data from 81 countries was used to estimate global prevalence of intimate partner violence against women.

Violence against women is a phenomenon that persists in all countries (*1*). Since the 1993 World Conference on Human Rights and the Declaration on the Elimination of Violence against Women, the international community has acknowledged that violence against women is an important public health, social policy, and human rights concern. However, documenting the magnitude of violence against women and producing reliable comparative data to guide policy and monitor progress has been difficult.

The most common form of violence that women experience is from an intimate partner (IPV). This violence may be physical, sexual, or rapid expansion in the number of population studies examining IPV prevalence. However, existing surveys vary considerably in the specific measure of exposures to violence used, the populations sampled, and other characteristics. This has resulted in a large body of available prevalence data, but underlying challenges in interpretation, because of the lack of comparability across studies. We here present a synthesis of current evidence that provides new estimates of global and regional prevalence of IPV against women.

Synthesizing Evidence to Estimate Prevalence

Our research involved two main steps [all detailed in supplementary materials (SM)]. First, we did a systematic review of all available global prevalence data from studies representative at national or subnational levels. We searched 26 medical and social science databases, performed additional analysis of the WHO Multi-Country Study on Women's Health and Domestic Violence (10 countries), and requested additional analysis of the International Violence Against Women Surveys (8 countries); Gender, Culture and Alcohol: An International Study (16 countries); and the Demographic and Health Surveys to 2009 (20 countries) to obtain further prevalence estimates.

Second, we used classical meta-regression methods to estimate women's lifetime prevalence of IPV (see SM). We modeled estimates for 21 global regions, adjusted for differences in study quality and characteristics, and provide age-standardized estimates, which reflect country

The UN estimates that more than 600 million women live in countries where domestic violence is not considered a crime (*13*). Laws are important both to symbolize the unacceptability of IPV, as well as to provide a potential mechanism of legal recourse for women. At the national level, there is a need also to promote equal economic rights and entitlements for women—including equal access to formal wage employment, equal participation in schooling, and access to secondary education—and to address potentially discriminatory family law that may limit women's ability to divorce or maintain custody of their children (*14*).

Cross-national and multilevel correlates of partner violence: an analysis of data from population-based surveys

Lori L Heise, Andreas Kotsadam

Summary

Background On average, intimate partner violence affects nearly one in three women worldwide within their lifetime. But the distribution of partner violence is highly uneven, with a prevalence of less than 4% in the past 12 months in many high-income countries compared with at least 40% in some low-income settings. Little is known about the factors that drive the geographical distribution of partner violence or how macro-level factors might combine with individual-level factors to affect individual women's risk of intimate partner violence. We aimed to assess the role that women's status and other gender-related factors might have in defining levels of partner violence among settings.

Methods We compiled data for the 12 month prevalence of partner violence from 66 surveys (88 survey years) from 44 countries, representing 481 205 women between Jan 1, 2000, and Apr 17, 2013. Only surveys with comparable questions and state-of-the-art methods to ensure safety and encourage violence disclosure were used. With linear and quantile regression, we examined associations between macro-level measures of socioeconomic development, women's status, gender inequality, and gender-related norms and the prevalence of current partner violence at a population level. Multilevel modelling and tests for interaction were used to explore whether and how macro-level factors affect individual-level risk. The outcome for this analysis was the population prevalence of current partner violence, defined as the percentage of ever-partnered women (excluding widows without a current partner), aged from 15 years to 49 years who were victims of at least one act of physical or sexual violence within the past 12 months.

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Findings Gender-related factors at the national and subnational level help to predict the population prevalence of physical and sexual partner violence within the past 12 months. Especially predictive of the geographical distribution of partner violence are norms related to male authority over female behaviour (0·102, p<0·0001), norms justifying wife beating (0·263, p<0·0001), and the extent to which law and practice disadvantage women compared with men in access to land, property, and other productive resources (0·271, p<0·0001). The strong negative association between current partner violence and gross domestic product (GDP) per person (–0·055, p=0·0009) becomes non-significant in the presence of norm-related measures (–0·015, p=0·472), suggesting that GDP per person is a marker for social transformations that accompany economic growth and is unlikely to be causally related to levels of partner violence. We document several cross-level effects, including that a girl's education is more strongly associated with reduced risk of partner violence in countries where wife abuse is normative than where it is not. Likewise, partner violence is less prevalent in countries with a high proportion of women in the formal work force, but working for cash increases a woman's risk in countries where few women work.

Interpretation Our findings suggest that policy makers could reduce violence by eliminating gender bias in ownership rights and addressing norms that justify wife beating and male control of female behaviour. Prevention planners should place greater emphasis on policy reforms at the macro-level and take cross-level effects into account when designing interventions.

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- Fino al 1961 in Francia era probito alle done avere un conto corrente
- 1971: diritto di voto alle donne in Svizzera (a livello cantonale tra il 1959 e il 1990)
- 1981 in Italia: abolito il diritto d’onore
- 2020:Stati Uniti aumento gravidanze sotto i 18 anni

To achieve development goals, advance sexual and reproductive health and rights

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At the 2023 UN General Assembly, the global community reviewed progress towards the 2030 Agenda for Sustainable Development, adopted in 2015.[1] Among the 13 targets related to health in the Sustainable Development Goals, target 3·7, "Ensure universal access to sexual and reproductive health-care services", is perhaps the most controversial—despite its profound implications for the health and wellbeing of individuals and families. An abundance of evidence shows that improvements in sexual and reproductive health and rights (SRHR) contribute to economic growth, poverty eradication, gains in education, reduced inequalities, and environmental sustainability.[2-4] Yet, all too often, the politicisation of sex, gender, and reproduction gets in the way of progress. Around the world there are attacks on reproductive freedoms, including renewed restrictions on abortion and harsh sanctions for same-sex relationships,[5] which represent outright assaults on are persistently high—in the USA, for example, the rate for Black women is more than twice the rate for White women.[8,9] Similarly, unmet need for a modern method of contraception among women who want to avoid pregnancy declined by only 1% between 2015 and 2020, from 23% to 22% globally.[4] Also of concern are the millions of adolescent pregnancies that occur in low-income and middle-income countries (LMICs) each year, and the insufficient high-quality care to address the specific needs of pregnant adolescents.[10] There are no signs of a reduction in violence against women and girls, and nearly one in three women worldwide continue to experience intimate partner violence or non-partner sexual violence in their lifetime.[11] Prevalence of infertility remains unchanged since the 1990s, and programmes addressing infertility are scarce in many LMICs.[12,13] Countless women suffer from undiagnosed and untreated sexually transmitted infections and

L'INTERVENTO

Marek Halter

Chi agisce nel nome di Dio destinato a fallire solo le donne possono fermare la guerra

Lo scrittore ebreo-polacco nel 2009 guidò il corteo per la pace a Gaza e a Sderot: "Non arrendiamoci abbiamo commesso errori, impariamo dalla storia: a Belfast mogli e madri posero fine al massacro"

MAREK HALTER

Un anno e mezzo fa, di questi tempi piangevamo le vittime di Bucha in Ucraina. Quello che è successo in Israele a Kfar Aza e a Reim il 7 ottobre scorso è un massacro di Bucha moltiplicato per cento. E non un gemito! Soltanto condanne formali, qualche manifestazione e preghiere nelle sinagoghe.

In televisione vediamo morti tutti i giorni. E siamo abituati a veder morire gli ebrei. Dal punto di vista storico, non si tratta certo di una novità. Ne siamo inorriditi, naturalmente, ma pensiamo già alle conseguenze e alle vittime di Gaza.

In Ucraina, i russi sono considerati assassini. In Francia si fa fatica a considerare "terroristi" gli assassini di Hamas. «Mal nominare le cose è aggiungere sventura al mondo», diceva Albert Camus.

Quando il rivoluzionario russo Željabov e i suoi amici assassinarono lo zar Alessandro II, o quando la giovane Fanny Kaplan sparò contro Lenin, utilizzarono la violenza nel nome dell'idea di libertà che si erano fatti. Agirono per le loro convinzioni politiche. L'assassino del presidente egiziano Sadat, o del Primo ministro israeliano Rabin, pensava di essere soltanto il braccio armato di Dio. Allo stesso modo, gli assassini di Hamas non hanno massacrato i giovani ebrei che partecipavano al Festival Tribe di Nova, dove ballavano in spirito di festa e di comunione, e non hanno decapitato i neonati di Kfar Aza gridando «Viva la Palestina!», ma «Dio è grande!». Di fronte a chi agisce nel nome di Dio, qualsiasi azione razionale è destinata a fallire. Alcuni secoli fa, Voltaire ne ha preso atto con amarezza nel suo Trattato sulla tolleranza.

Peraltro, è trascorsa un'eternità da quando Dio ha parlato agli uomini. E quando ha parlato loro, secondo i libri sacri delle tre grandi religioni monoteistiche, lo ha fatto per professare la pace. «Non ucciderete nessuno di coloro che Dio ha reso sacri» (Corano, sura VI, versetto 151). Oggi, quelli che parlano a suo nome usano la fede dei fedeli per il loro tornaconto. Dietro gli assassini di Hamas ci sono l'Iran e i suoi mullah, quegli stessi che in nome di Allah decapitano le giovani iraniane che si rifiutano di indossare il velo, quelli che rivendicano il diritto di scegliere per loro gli uomini che devono sposare.

Il prossimo passo sarà l'ingresso di Hezbollah nel conflitto, e poi di al-Qaeda nel Nord di Israele

Gaza. Per quasi vent'anni questo territorio è stato occupato dall'Egitto. Poi, dopo la guerra dei Sei Giorni del 1967, da Israele, fino alla sua evacuazione militare nel 2005, secondo quanto previsto dal piano di disimpegno unilaterale voluto da Ariel Sharon, allora Primo ministro, e al ritiro, con la forza, delle colonie ebraiche che vi si erano installate. Tutto questo accadeva diciotto anni fa. Fatah e Hamas, però, non sono riuscite a dar vita a un governo di unità nazionale. Gli scontri omicidi tra queste due fazioni si sono moltiplicati, fino a quando, nel giugno 2007, Hamas ha preso il potere a Gaza. La sua gestione profondamente corrotta del territorio ha scatenato proteste. La rivolta del giugno di quell'anno si è conclusa con uno spargimento di sangue.

Ecco spiegato il motivo per cui, davanti alle immagini trasmesse dalle televisioni di un bambino ebreo chiuso in gabbia e portato in giro per strada, non si è vista una folla esultante, ma soltanto alcuni uomini che gridavano «Allah akbar». Gli abitanti di Gaza hanno paura.

REUTERS/ ALBERT GEA

Una manifestazione di donne palestinesi

Dall'altra parte, in Israele, la popolazione è traumatizzata dalle immagini dei bambini ebrei decapitati. Gli israeliani sono pieni di rabbia. È un dato di fatto, e si sa: rabbia e paura non vanno mai d'accordo.

Tuttavia, mentre l'Occidente si preoccupava per i passi avanti dell'Iran in ambito nucleare, Teheran ha creato bande di assassini in tutto il Medio Oriente, capaci di modificare l'assetto della regione. Negli ultimi mesi a Beirut si sono svolte numerose riunioni alle quali hanno partecipato rappresentanti di Hamas, Hezbollah, Jihad islamica, al-Qaeda e Isis. Il riavvicinamento tra Arabia Saudita e Israele ha costretto i mullah ad accelerare il loro progetto per l'intera regione, e Hamas ne è stato il detonatore. Dall'ottica di Teheran, l'aggressione contro Israele avrebbe dovuto essere abbastanza violenta da costringere lo Stato ebraico a impegnare tutte le sue forze contro Gaza. Le immagini della popolazione annientata dalle bombe sioniste erano pronte. Circolavano già sui social network. Israele è caduta nella trappola. Ma avrebbe potuto andare diversamente? In qualsiasi guerra, giusta o ingiusta che sia, Israele – unico Paese al mondo la cui esistenza stessa è contestata da alcuni – si batte con le spalle al muro. E gli iraniani lo sanno.

E adesso? La fase successiva, secondo me, sarà l'entrata in guerra di Hezbollah e poi di al-Qaeda nel Nord di Israele. Nel frattempo, altrove, nel mondo arabo, altri gruppi terroristici prepareranno atti di sabotaggio contro gli oleodotti dei Paesi che hanno firmato accordi con Israele. Le reti dei Fratelli Musulmani – ben radicate in Europa – continueranno ad adoperarsi per destabilizzare il mondo occidentale. Lo dimostra l'omicidio del professore Dominique Bernard: anche se a prima vista non ci sono collegamenti operativi tra i terroristi di Hamas e il terrorista di Arras, il collegamento esiste sul piano ideologico.

Nel progettare la loro adesione ai Brics (il blocco antioccidentale), gli iraniani sono riusciti a far cadere in trappola sia la Russia sia la Cina, trascinandole in una guerra non loro e in linea con la quale si sono schierate davanti al Consiglio di Sicurezza. Gli americani hanno fatto bene a mandare nel Mediterraneo la loro flotta di navi da guerra.

Se penso che soltanto quattordici anni fa, nel 2009, ho accompagnato un convoglio di pace composto da trentasei autoarticolati contenenti settantacinque tonnellate di viveri, materiale scolastico e giocattoli da distribuire ai bambini di Gaza, sul versante palestinese, e ai bambini di Sderot, sul versante israeliano. Il minibus a bordo del quale viaggiava la nostra delegazione precedeva i camion ed era decorato da uno striscione enorme, sul quale si leggeva «paix, shalom, salam, peace». Avevo avvisato le autorità israeliane e anche Khaled Mechaal, il capo di Hamas conosciuto a Damasco nel 2006 quando avevo perorato la liberazione di Gilad Shalit, un giovane soldato israeliano tenuto in ostaggio dai suoi uomini. L'avventura del Bene è molto più complessa di quella del Male. L'omicidio di un unico individuo è molto più spettacolare del suo salvataggio.

Eravamo vicini al traguardo 30 anni fa, con la pace di Oslo. Ora, mi sento come Sisifo, sembra tutto inutile

Un giornalista mi ha chiesto se sono pronto a ricominciare. Sì, certo. Quando si vogliono salvare delle vite umane, capita di ritrovarsi in mezzo a persone poco raccomandabili. Il Talmud non ordina forse a qualsiasi comunità il riscatto dei prigionieri, comprese le loro spoglie per dare loro degna sepoltura?

Ammettiamolo: noi occidentali, noi ebrei, abbiamo commesso molti errori. Persuasi che il peggio fosse ormai alle spalle, non abbiamo riletto la Storia. Si dice che, prima di prendere una decisione importante, Pericle rileggesse Omero.

«E adesso?». *Mi sento come Sisifo, leggendario personaggio della mitologia greca condannato a sollevare per l'eternità un pesante macigno che, trasportato in cima a una montagna, rotola giù di continuo, costringendolo a ripetere la sua fatica all'infinito.* Non eravamo vicinissimi a raggiungere la vetta quando, esattamente trent'anni fa, israeliani e palestinesi hanno firmato la pace a Oslo? Quella pace fu assassinata da un estremista ebreo, un fanatico religioso che sparò alle spalle a Yitzhak Rabin, il Primo ministro di Israele di allora.

In ogni caso, convinto come Sisifo che ci sia sempre una opportunità, io non desisterò mai. So che questa opportunità oggi è nelle mani delle donne. Ricordiamo tutti la guerra fratricida tra cattolici e protestanti in Irlanda del Nord e il corollario dei morti. Ci furono vari tentativi di risolvere la questione a livello politico. Ci furono molti intermediari. Alla fine, però, a mettere fine al massacro furono le mogli e le madri delle vittime di quella guerra inutile. Si espressero parlando a nome della Coalizione delle Donne dell'Irlanda del Nord. Migliaia di donne di entrambi gli schieramenti si erano date appuntamento a Belfast ogni quindici giorni prima e tutte le settimane poi, fino alla firma degli accordi di pace del 10 aprile 1998. Quella guerra fa ormai parte del passato.

Proviamo a immaginare quindi, a nostra volta, che decine di migliaia di donne israeliane e palestinesi si mettano in marcia in massa da Gerusalemme in direzione di Gaza, sventolando una bandiera su cui si legge «paix, peace, shalom, salam». Proviamo a immaginare che tutte le televisioni del mondo le riprendano. Proviamo a immaginare che sui social i loro volti diventino virali. E immaginiamo che, ovunque, le donne si uniscano a distanza a questa manifestazione cliccando semplicemente sul loro cellulare. Insieme, potrebbero essere milioni.

Chi oserebbe aprire il fuoco su una simile folla di madri, mogli, sorelle e figlie di combattenti?

Direte che sto sognando a occhi aperti... Facciamo in modo che questo sogno si trasformi in realtà. —

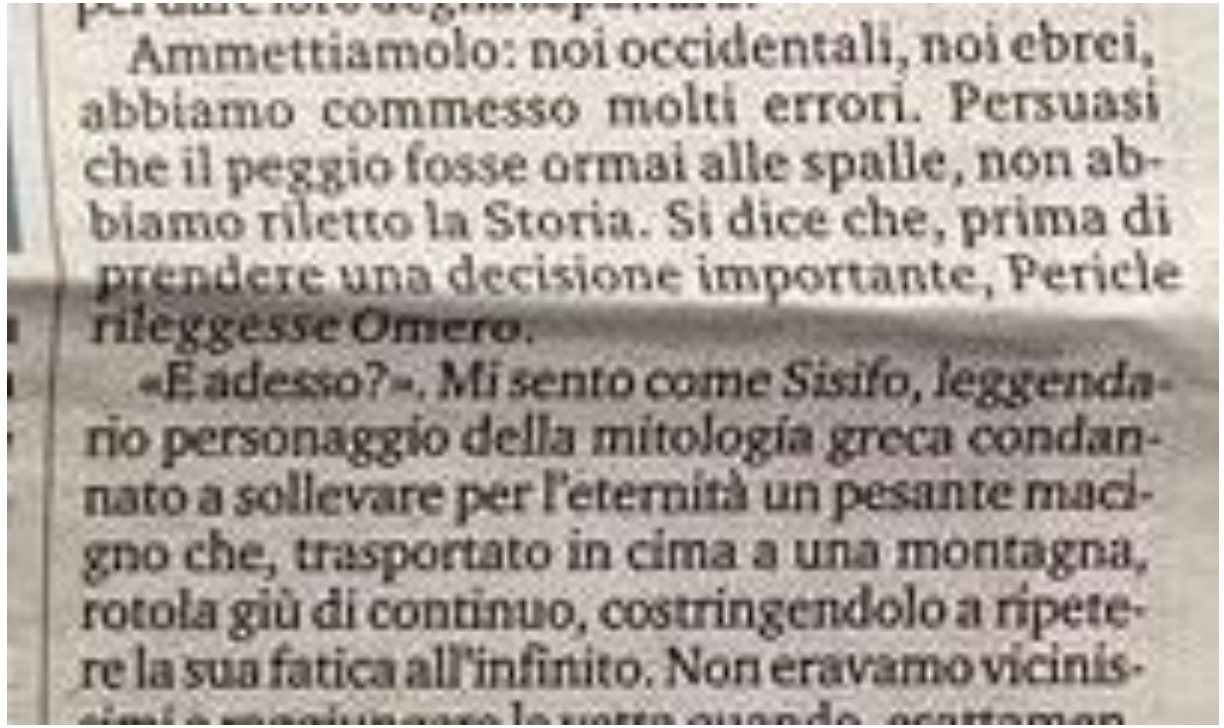
Traduzione di Anna Bissanti

L'AUTRICE PALESTINESE

Shibli censura l'intervista alla Zeit "Non accettava domande scomode"

LETIZIA TORTELLO

Prima voleva parlare. E il mondo della letteratura, la società civile, tre premi Nobel si sono schierati al suo fianco. Ora, non vuole parlare più. Adania Shibli ha censurato una sua stessa intervista, concessa in esclusiva al settimanale tedesco *Die Zeit*. Dopo la cancellazione del premio alla Buchmesse di Francoforte, per il suo libro *Un dettaglio minore*, ritenuto dalla giuria a rischio di interpretazione antisemita, la scrittrice palestinese si chiude in un silenzio totale. Il pezzo in cui spiegava le sue ragioni avrebbe dovuto essere pubblicato il 19 ottobre. Usanza, nei giornali germanici, è chiedere l'autorizzazione all'intervistato, e lei aveva detto ok. La notte prima, ci ha ripensato: no alla versione integrale, e neppure a quella emendata di «domande scomode». Quali? Ad esempio, quelle sul suo presunto sostegno al movimento per il boicottaggio e le sanzioni a Israele, il Bds (condannato dal Bundestag come antisemita nel 2019), o sull'attacco di Hamas del 7 ottobre. «Violazione della mia dignità», dice, «segno di aggressiva arroganza occidentale». Shibli, scrive la *Zeit*, d'abitudine rifiuta confronti «in cui Israele è trattata come Stato "normalizzato"». Viene da chiedersi dove stia la coerenza, di chi difende giustamente la libertà di espressione col proprio libro, ma non il diritto di replica del "nemico" o, peggio ancora, la semplice domanda di un giornalista.—



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Domenica Eva Ibbotson, *La stella di Kazan*. L'avventura perfetta con personaggi indimenticabili in una Vienna d'inizio '900

Lunedì Tiziano Terzani, *Un altro giro di giostra*. Un viaggio attraverso luoghi e spazi che aprono domande

Martedì Niccolò Ammaniti, *Io non ho paura*. Scontrarsi con una realtà terribile trovando il modo di essere migliori

Mercoledì Cyril Pedrosa, *Tre ombre*. Terribile e commovente. Un padre, un figlio, un ineluttabile destino

Giovedì Margaret Mazzantini, *Venuto al mondo*. Tira fuori dai mali della Storia la potenza dei desideri e della speranza

Venerdì Paolo Cognetti, *L'Antonia*. L'amore per le montagne e le parole che uniscono uno scrittore e una poetessa

Sabato Ernesto Ferrero, *Disegnare il vento*. Salgari e la forza del racconto. L'immaginazione a vele spiegate

Maestri Abbiamo seguito l'architetto tra gli studenti del Politecnico di Milano «L'ispirazione è nella realtà». E il Beaubourg? «Una sublime testardaggine»

Lezioni di Piano «La tecnica, l'etica»

Il metro sempre in tasca: misurare aiuta a capire le cose «Ecco come si progetta un grattacielo. O un canile»

di **Gian Antonio Stella**

Per conquistare i ragazzini d'una scuola elementare nello Utah, anni fa, il premio Nobel per la medicina Mario Capecchi tirò fuori dalla tasca un topolino vivo: «Oooh!». Per conquistare gli aspiranti architetti del Politecnico di Milano, dove insegna da un anno, Renzo Piano tira fuori una penna, due fogli ettè e un metro. Ma se il grande genetista italo-americano il topo se l'era portato dietro apposta per incantare gli scolaretti e incuriosirli alle scienze, il celeberrimo architetto genovese («Ma sono anche geometra ad honorem: basta non mi chiamino archistar», ammicca) assolutamente no: quegli attrezzi da lavoro se li porta in tasca sempre.

«L'ho imparato da Italo Calvino», spiega agli studenti dell'ateneo milanese in due «Lezioni di Piano», una dedicata ai neo-iscritti (stregati: manco avessero lì un idolo di X Factor) e l'altra a 24 allievi prossimi alla laurea sfidati a rielaborare con idee nuove sei progetti suoi realizzati negli anni. «Calvino ce l'aveva sempre in tasca, un taccuino. O dei foglietti piegati. E una penna. Ogni tanto scribacchiava qualcosa. "Cosa fai?". E lui: "niente, niente...". Appunti. Geroglifici. Schizzetti. Fissava un'idea. Perché le idee arrivano nei momenti più impensati. Ma non è che poi si fermano lì, in testa. Possono scapparsene via. E non sempre tornano. Se lo sai annoti. Poi ne parli con gli altri, ti confronti, arrotondi l'idea. Così nascono i progetti. Poi, ovviamente, dovete avere sempre dietro questo». E infilata una mano in tasca, abracadabra, tira fuori un metro a nastro: «Misurare aiuta a "possedere" le cose. Tenetelo in tasca. Misurare è una nobile cosa. Abituarsi a misurare aiuta a capire. A misurare le parole stesse».

Perché tutto si tiene nel suo mestiere. Il metro e le parole, l'esattezza e la poesia, la scienza e la creatività: «È un mestiere bellissimo. Forse il più antico del mondo. Più antico anche dell'agricoltura perché prima di tutto l'uomo ha dovuto cercarsi un riparo. Costruirsi un riparo. Ma c'è anche un'etica dietro. La bellissima utopia di costruire edifici che rendono il mondo un luogo migliore. Tecnica e etica. *Techne* e *Ethos*. Senza dimenticare la poetica del costruire. Avete fatto bene a scegliere il Politecnico come feci io. Dà una ricchezza: la possibilità di imparare tante cose insieme. *Polys* e *tékhne*: molte arti. Non basta avere buone idee. Dovete studiare. Molto. Non ci sono scappatoie. Occorre attrezzarsi. Conoscere il mestiere. Essere sognatori. Avere il senso della società. "L'ansia del sociale", dicevamo ai miei tempi. Io vi dò tre consigli».

Primo consiglio, e fa partire le immagini d'un Power point, «lavorare assieme». Sullo schermo c'è lui con Gino Strada, l'amico medico fondatore di Emergency. «Non si lavora da soli: si lavora con altri. A me è capitato di farlo con persone straordinarie come lui. Mi chiamò: "Devi farci un ospedale in Africa scandalosamente bello". Perché scandalosamente? Perché tanti pensano che in Africa si possano far le cose così, alla buona: è il terzo mondo... Stavolta no, doveva essere "scandalosamente" bello, pratico, auto-sufficiente... Ne parlammo a lungo. E così, intorno a un tavolo, che si crea la complicità. E vengono le idee. Uno butta lì una cosa, magari neanche interessante, ma è un barlume. Un altro la riprende aggiungendo un dettaglio, un altro ancora precisa un particolare... Una partita di ping-pong... Così l'idea cresce. Insieme. Non è un principio "moralistico": è una questione vitale di metodo, pratica, efficienza. Perché vanno messe insieme tante competenze. Ingegneri, tecnici, impiantisti, chimici, biologi, agronomi... Una marea di gente. In Uganda, per questo Children hospital di Entebbe dovevamo fare una cosa che non consumasse energia. A emissioni zero. Allora non sapevo neanche cosa volesse dire "emissioni zero". Oggi è un dovere. Dovete ispirare la vostra creatività a questo principio: costruire in maniera sostenibile. Non è una forzatura: è un'opportunità».

Ecco le foto dell'ospedale. Il tetto con la distesa di pannelli solari: «Quante volte avete sentito dire che il solare sarà sempre marginale e rimarremo schiavi del fossile? È un falso. Messo in giro da chi ha certi interessi. Abbiamo fatto edifici ecosostenibili qua e là per il mondo senza il sole dell'equatore. Guardate questa bellissima argilla rossa: dovevamo usarla. Uno di noi rischiò l'arresto all'aeroporto: "Che se ne fa d'una valigia di terra?". Dovevamo capire. L'abbiamo analizzata, chiesto ai chimici come usarla al meglio con gli additivi (non tanti) e i muri li abbiamo fatti in pisé, un'antica tecnica tradizionale "aggiornata" usando la terra cruda, presa dallo scavo delle fondamenta, che mantiene costante la temperatura dell'edificio. Poi abbiamo piantato intorno delle stupende piante di jacaranda. Perché la bellezza e la poesia aiutano a guarire. Ricordatevelo. Ma ricordatevi soprattutto che la creatività non è una cosa che stai lì, ascolti Beethoven e aspetti l'ispirazione. No: è nella realtà che devi cercare l'ispirazione».

Nuova diapositiva, secondo consiglio: «Non mollare. Certe volte un progetto fatica ad andare in porto. Guardate "Le Journal de Dimanche" di tanti anni fa sul "Beaubourg", il Centro d'arte e cultura francese progettato con Richard Rogers: "Non au centre Pompidou". Quando vincemmo il concorso internazionale eravamo dei ragazzacci. E così venimmo accolti: "Non si può fare". Se uno molla subito è già finita lì». Ecco la foto di lui, Richard e l'ingegnere strutturista Peter Rice («un genio, faceva i conti col regolo»), giovanissimi ed entusiasti, a cavallo d'una trave a strapiombo su place Pompidou: «Eravamo complici. Ci dicevano: "Bellissima idea, ora ce ne occupiamo noi". "No, abbiamo vinto il concorso e lo facciamo noi", dicevamo noi. Robert Bordaz, il responsabile del progetto scelto da George Pompidou e sua moglie Claude, era un genio ma inizialmente era perplesso. Gli dicevo: "Je ne comprend pas", Non capisco... Anche Richard: "Je ne comprend pas"... Un po' perché davvero non capivamo certe perplessità, un po' per tirare dritto sulla nostra strada. Ci furono sette processi, per fermare questo progetto: sette! Nei dintorni dell'Académie française spuntò addirittura un Comité pour le Geste Architectural: pensate un po', comitato per il gesto architonico!».

Nuova foto, la «combriccola rivoluzionaria» sul cantiere. «Bella banda, eh? Eravamo dei "beat". Non avevano preso parte al Maggio francese del '68 perché vivevamo a Londra. Quell'aria però tirava anche sul Tamigi. I Beatles, le minigonne, un mondo in rivoluzione... Aria fresca. E qualcuno doveva mettere in discussione il ruolo dei musei. Non che i musei non fossero una cosa bella, figurarsi, ci mancherebbe altro. Ma "intimidivano". Non è più così, per voi: sono passati cinquant'anni. Ma allora dovevamo rompere: i luoghi per la cultura dovevano essere aperti, non creare intimidazione ma curiosità, che poi è il primo segnale di quella che chiamiamo cultura. Ci voleva una sublime testardaggine. Dico sublime perché senza quel tipo di testardaggine non puoi puntare al cuore delle cose, finisci per girarci intorno. Noi no: dovevamo andare al punto».

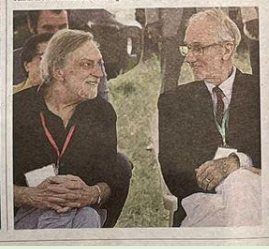
Nuova foto, un enorme autotreno in marcia nel buio della notte con sopra una trave sproporzionata: «A un certo punto Bordaz, il coordinatore di cui parlavo, ci convocò dicendoci che le imprese francesi avevan fatto cartello: non si poteva far niente. Andammo diritti da Pompidou: "Ci lasci fare i pezzi dell'edificio che diciamo noi andandoli a prendere a Tokio alla Nippon Steel o in Germania alla Krupp. Eh eh... Il Giappone era lontano e la Krupp ricordava ai francesi la Grosse Berta, il cannone a lunga gittata usato dai tedeschi nella Prima guerra mondiale... Figurarsi! E cosa ci disse Pompidou? "Fate arrivare i pezzi di notte. Non fatevi vedere". Hai voglia! Ma mai mollare! Queste travi erano lunghe cinquanta metri. Ce le portavano alle tre di mattina. Nei punti più delicati, dove magari c'erano delle fognature o il pavé un camion davanti posava le lastre per far passare l'autotreno con la trave da 120 tonnellate e uno dietro poi le toglieva. E appena arrivava in cantiere la trave veniva messa su, subito. E così, diciamo che non si può dire che non se ne accorse nessuno, ma quasi».

Clic. Ecco il disegno tecnico di uno dei pezzi del gigantesco «meccano» usato per fare il Beaubourg: «Questo disegno vi dice quanto dovete studiare per prepararvi. E la testa di una trave. L'abbiamo fatta a mano: non c'erano i computer, ancora. Per questo solo progetto facemmo 10 mila disegni. Diecimila. Adesso li fa il computer ma non cambia niente. È la testa che ci vuole per disegnare. Se non sai farlo, se non sai costruire, è inutile esser testardi. La scia perdere». Altra slide, la foto dall'alto dell'«astronave» nel cuore storico di Parigi: «Bisognava essere matti per fare una cosa così. Noi lo eravamo. Ho l'ufficio a poche decine di metri. Ci passo davanti ogni giorno. E ogni volta mi domando come hanno potuto farcelo fare». Ride. Nuova foto, il Beaubourg che svetta sui tetti intorno: «Il brief del concorso, al quale parteciparono 681 studi di architettura di tutto il mondo, chiedeva di restare dentro l'altezza degli edifici vicini. Noi, convintissimi che non avremmo vinto, pensammo invece di usare la metà del terreno disponibile ma di andare due volte più alto. Per dar vita a una piazza».

Era una buona ragione, quella piazza bellissima. Da allora affollata di acrobati, teatranti, mangiatori di fuoco... «È un inno alla libertà». E i matti la spuntarono: «Finché arrivò il momento di scegliere i colori dell'astronave. Tutti avevano idee diverse. Giallo, grigio, verde... Allora con Richard (rido, eravamo davvero diabolici...) ci venne un'idea. Andammo in riunione a dire: "Usiamo il Code Couleurs, il codice dei colori". Sapete, la Francia è un Paese cartesiano: quando nomini un codice... E spiegammo che i tubi dell'aria dovevano essere blu, quelli dell'acqua verdi, quelli dei movimento delle persone rossi... Nessuno parlò più: se lo diceva il codice...».

Insomma, «in questo lavoro c'è sempre qualcuno che dice: "È impossibile!". L'unica difesa è saper come fare. Per questo dovete studiare. O sarete sempre in balia di quelli che dicono "impossibile". Mai mollare! Purché sappiate mettervi in ascolto. Questo è il terzo consiglio: sapere ascoltare. Impuntarsi e basta è da stupidi. Non mollare è obbligatorio purché tu abbia capito cosa è giusto e cosa non è giusto. E lo capisci solo se hai l'umiltà di ascoltare gli altri». Un esempio? Lo Shard. Il grattacielo piantato come una scheggia tra le navole sulla London Bridge Station, voluto dall'imprenditore Irvine Sellar e dall'allora sindaco Ken Livingston a modello d'un edificio ad altissima densità di abitanti e attività diverse servito da una rete di trasporti così efficiente che la «città verticale» ospita 8.500 persone *ma ha solo una quarantina di posti auto, per disabili e mezzi di soccorso*. «Ci fu allora una lunga fase di ascolto. Mica tutti erano d'accordo. L'ascolto è un'arte umile che va percorsa. I luoghi vanno "ascoltati". Perché ognuno ha una storia. E devi conoscerla».

«Ho fatto un patto con me stesso: mai fare niente senza prima andare sul posto. La realtà è la più vera, autentica, testarda fonte d'ispirazione. Unica salvezza dall'Accademia. E si applica a tutto. Se una zia in campagna vi chiede di progettarle un canile dilette di sì. Andateci. Dovete capire perché ha bisogno di quel canile. Conoscere il cane. E conoscendo la casa, la zia, la prospettiva e il cane potete farvi una prima idea. Io ho sempre fatto così. Vale per il canile e per il grattacielo a Londra. Lì, come dicevo, ci furono delle obiezioni. Che andavano ascoltate. E sapete quali sono le critiche più utili? Quelle irritanti. Se una critica non è irritante non serve. Certo, può essere stupidamente irritante... Ma se è "intelligentemente irritante" bisogna ascoltarla. Perché questo è un mestiere civico. Un'arte civica. Se un musicista scrive una brutta musica basta non ascoltarla, se uno scrittore fa un brutto libro basta non leggerlo. Ma un architetto che fa un brutto lavoro impone questa bruttura per tempi lunghissimi, magari secoli, a tutta la comunità. Questo impone il dovere dell'umiltà. E la forza di ascoltare le critiche. Non si ha sempre ragione. Nel caso dello Shard ci fu una "public inquiry". Il giudice ascoltò tutti per otto o nove mesi. E noi facemmo buon uso di alcune osservazioni. Finì tutto bene. Qualcuno diceva che lo Shard era sì bello ma "troppo contemporaneo". Il giudice disse: "Anche la Saint Paul Cathedral, ai suoi tempi, era contemporanea". E alla fine ci diede ragione. Ma adesso basta. Riassumiamo? Lavorare assieme, non mollare, sapere ascoltare. E buon viaggio nella vita a tutti».



Qui accanto, da sinistra: lo Shard di Londra (© Chris Martin); Piano con Gino Strada (© Courtnay Robbins); il Beaubourg di Parigi (© Michel Denancé); Richard Rogers, Renzo Piano e l'ingegnere Peter Rice (© Rogers Stirk Harbour + Partners/Arup, ph. Tony Evans)

L'album Sotto e nella foto grande Renzo Piano (86 anni) tra gli studenti del Politecnico di Milano (Maria Pilar Vettori/© Politecnico)

Premi/ 1

Il Lattes Grinzane all'americana Karen Russell

Con i donatori di sonno (traduzione di Martina Testa, Sur, 2023), la statunitense Karen Russell (a sinistra) ha vinto la XIII edizione del Premio Lattes Grinzane, intitolato a Mario Lattes e promosso dalla Fondazione Bottari Lattes. Gli altri finalisti erano: Giosuè Calaciura, Mircea Cartarescu, Marco Missiroli e Zeruya Shalev. Il Premio Speciale è stato consegnato a Jonathan Safran Foer ieri alla cerimonia ad Alba (Cuneo). In questa edizione è stato anche tributato un omaggio ad Hanif Kureishi.

Premi/ 2

Per Jan Brokken il Chatwin alla carriera

L'olandese Jan Brokken (a sinistra) è il vincitore del Premio Chatwin «Una vita di viaggi e passione letteraria» 2023, riconoscimento speciale fuori concorso, alla carriera, assegnato dal Premio Chatwin «Camminando per il mondo» a figure di spicco della letteratura di viaggio. Brokken riceverà il premio il 18 novembre al Teatro Civico di La Spezia. Dello scrittore uscirà il 25 ottobre *La suite di Giova* (traduzione di Claudia Cozzi). Lo pubblica Iperborea, il suo editore italiano.

I luoghi parlano
In questo lavoro c'è sempre qualcuno che ti dirà: «È impossibile!». L'unica difesa è studiare, non mollare mai e ascoltare. I luoghi vanno ascoltati, perché ognuno ha una storia

Poi abbiamo piantato intorno delle stupende piante di jacaranda. Perché la bellezza e la poesia aiutano a guarire. Ricordatevelo. Ma ricordatevi soprattutto che **la creatività non è una cosa che stai lì, ascolti Beethoven e aspetti l'ispirazione. No: è nella realtà che devi cercare l'ispirazione.**

red yes and how he kissed me under the Moorish wall and I thought well as well him as another and then I asked him with my eyes to ask again yes and then he asked me would I yes to say yes my mountain flower and first I put my arms around him yes and drew him down to me so he could feel my breasts all perfume yes and his heart was going like mad and yes I said yes I will Yes.

Trieste-Zürich-Paris, 1914-1921

gli chiedo con gli occhi di chiedermi ancora sí e lui chiede se voglio sí dire sí mio Fiore di Montagna e io gli ho messo le braccia al collo sí e l'ho tirato a me per fargli sentire il mio seno profumato sí e il suo cuore batteva all'impazzata e sí ho detto sí voglio Sí.

Trieste-Zurigo-Parigi, 1914-21.

Martha Nussbaum

L'amore è anche la grande speranza per la vita pubblica, il grande antagonista degli insulti e dell'odio che sono in quanto tali il contrario di quel che veramente è la vita

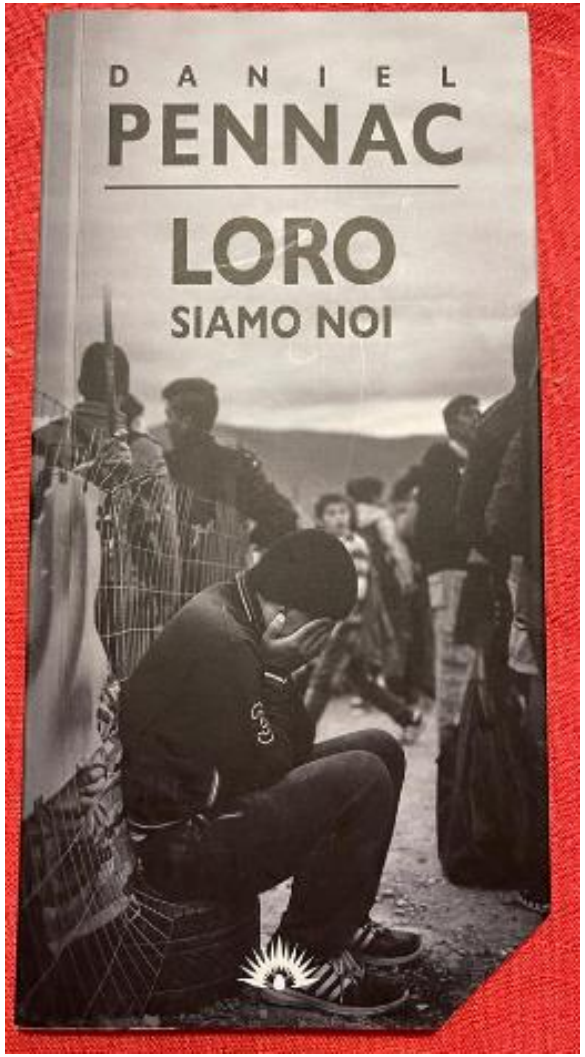
Martha Nussbaum

L'intelligenza delle emozioni

... sull'Ulisse di James Joyce

Il Mulino, 2009

Un piccolo libro … davvero bellissimo



Pennac- Loro siamo noi

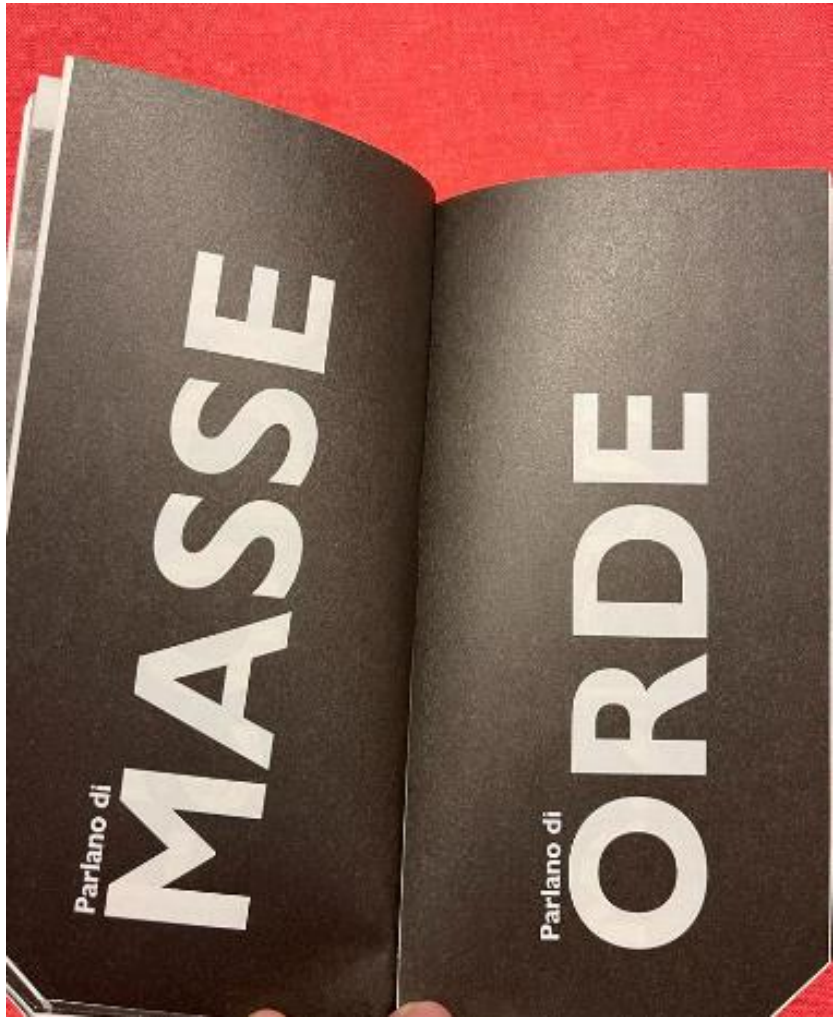
Se un uomo, una donna, un bambino soffrono e nessuno vuole soccorrerli, vi capiterà di sentire di tutto. Tutte le scuse, tutte le giustificazioni, tutte le buone ragioni per non tendere loro la mano.

Appena si tratta di non aiutare qualcuno, sentiamo di tutto.

A cominciare dal silenzio.

Se quell'uomo, quella donna, quel bambino che soffrono non sono soli a soffrire, se c'è una guerra alle nostre porte, se sono migliaia, decine di migliaia, centinaia di migliaia, forse un milione a chiederci aiuto, non

Pennac- Loro siamo noi




Occorre sbarazzarsi
del cattivo gusto
di voler andare
d'accordo con tutti.
Le cose grandi ai grandi,
gli abissi ai profondi,
le finezze ai sottili
e le rarità ai rari.
Friedrich Nietzsche

In momenti difficili e di guerra
(*rischio di guerra civile globale – H Arendt*)
come quello attuale,
occorre ri-pensare al ruolo della medicina e dei medici,
della ricerca e dei ricercatori
come sostenitori attivi
della pace, del disarmo e della solidarietà
contro il potere come forma di violenza (*A Einstein*)