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Life affirming cultural change for women and girls

The Chair
National Women's Health Policy Advisory Group

8 July 2009

Dear Minister,

Submission to the National Women's Health Policy

Women's Forum Australia (WFA) is an independent women's think tank that undertakes research, education and public policy development about social, economic, cultural and health issues affecting women. We advocate an evidence-based approach to public policy formulation and challenge Australians to engage critically in debate about women's issues.

WFA commends the Australian Government's commitment to develop a new National Women's Health Policy, and we appreciate the opportunity to offer a number of recommendations for consultation by the Advisory Group.

WFA also commends the government's initiative for greater participation of women in decision making. We encourage the creation and maintenance of coalitions between female health professionals, politicians, educators, and women's groups to ensure that a woman centred approach to health is pursued.

WFA believes that any approach to improving the health and well-being of all Australian women must also take into consideration these broad societal impacts on health. We are pleased to offer gender-relevant evidence in response to a number of the guidance consultation questions.

Katrina George,
The Chair
Women's Forum Australia

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How can the health system be more responsive to the specific needs of women?

Women's Forum Australia proposes that the health system will be more responsive to the specific needs of women if it takes into account the social and environmental issues that are negatively affect women's health.

Consideration of Social Influences on Health Outcomes

In current popular media research has shown that women are frequently portrayed only as objects – this is known as objectification.[1] Objectification occurs "when a female's body, parts of her body, or sexual capabilities are seen as her whole self, ignoring other attributes."[2] Examples of this are women's magazines and outdoor advertisements many of which present the idea that women merely exist as decorative bodies to look at and sexually satisfy men.[3]

In 1989 the National Women's Health Policy concluded that the health of many women is adversely affected by societal pressure to conform to preferred images of women, fostered through socialisation processes, education, the arts and media. In 2009, Women's Forum believes this issue is still relevant. The majority of advertising and popular media fails to represent the diverse range of women that exist in multicultural Australian society, instead favouring the 'look' of a white, thin female who is sexually attractive.[4] This image has been confirmed in a recent government survey where 83% of females believed that outdoor advertisements inadequately represent people from ethnic minority groups and women of different shapes and sizes.[5]

Unfortunately, the persistent promotion of this stereotyped image has damaging mental health effects on women. For example, a study found that young teenage girls looking at images of stereotyped, thin, idealised models are more likely to experience lowered body satisfaction and a higher state of depression than before looking at those images.[6] In adult women, these results are similar, with depression, anxiety and anger presenting as short-term effects of looking at such pictures.[7]

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[1] Lindner K (2004) 'Images of women in general interest and fashion magazine advertisements from 1955 to 2002,' *Sex Roles* 51 (7/8): 409-421

[2] Ewing, S (2007) *Faking It: the female image in young women's magazines,* Australia: Women's Forum Australia, pg.27

[3] Krassas NR, Blauwkamp JM & Wesselink P (2001) 'Boxing Helena and corseting Eunice: sexual rhetoric in *Cosmopolitan* and *Playboy* magazines,' *Sex Roles* 44 (11/12): 751-771

[4] Ewing, S (2007), pg.24

[5] Maddigan , J (Feb 2002) *The Portrayal of Women in Outdoor Advertising,* State of Victoria, Department of Premier and Cabinet Office of Women's Policy

[6] Durkin SJ & Paxton SJ (2002), 'Predictors of vulnerability to reduced body image satisfaction and psychological wellbeing in response to exposure to idealized female media images in adolescent young girls,' *Journal of Psychosomatic Research* 53:995-1005

[7] Groesz LM, Levine MP & Murnen SK (2002) 'The effect of experimental presentation of thin media images on body dissatisfaction: a meta-analtic review,' *International Journal of Eating Disorders,* 31:1-16

Exercise as part of a healthy lifestyle is also affected by this process of objectification. Women's Forum own research also shows that objectification affects motivation and levels of exercise. We have found that women are less likely to be physically active and benefit from the exercise they do, if motivated by self-objectification or body image concerns.[8] Motor skills are also impaired, as girls who self-objectify and overvalue their appearance develop ineffectively in a physical sense and are overall more inactive.[9] This social influence which affects motivators for and ability to exercise is of great long-term concern for healthy weight management of Australian women.

Women's Forum Australia recommends:
- Ensuring advertising campaigns designed to encourage exercise avoid the promotion of only positive appearance based results, but rather have a realistic and holistic focus on health and well-being.
- The development of safe and supportive environments (similar to women's only gyms, but with awareness to manage access to mirrors and scales) to increase women's participation in exercise if they suffer from body image issues.
- Further research into the cause and health effects of perceived pressure for women to conform to inappropriate images.
- Investigation of the effectiveness of the *Body Image Code of Conduct* currently being drafted by the Federal Government National Advisory Group.

Consideration of Work-Life Balance

Currently, women employed on a full-time basis with dependant children conservatively spend on average 78 hours per week in paid and unpaid work, whilst full-time men spend only 74 hours per week.[10] Research indicates that 51% of employed women state that they often or always felt rushed or pressed for time, compared with only 39% of employed men.[11] This has health related employment repercussions as stress and anxiety are contributing to the rise of compensation claims in the workplace.[12]

These and other international findings show that women's accessibility and need for flexibility to health services is an important factor in development of health policy. WFA

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[8] Strelan P, Mehaffey SF & Tiggerman M (2003) 'Self-objectification and esteem in young women: the mediating role of reasons for exercise,' *Sex Roles* 48 (1/2): 89-95

[9] Fredrickson BL and Harrison K (2005) 'Throwing like a girl: self-objectification predicts adolescent girls' motor performance,' *Journal of Sport and Social Issues,* February; 29 (1): 79-101

[10] AMP (2005) 'She works hard for the money: Australian women and the gender divide,' *AMP.NATSEM Income and Wealth Report, Issue 22, April*

[11] AMP (2009).

[12] Australian Safety and Compensation Council 2007, Compendium of Worders' Compensation Statistics Australia 2004-05.

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recommends that the National Women's Health Policy take into consideration the time pressures women face and implement:

- Regular health checks for women in the workplace, including full cardio-vascular checks, ergonomic checks, flu vaccinations and access to counselling or support services.
- Walk-in centres (modelled on the *NHS Walk-in Centres* in the UK[13]), providing services including health information, advice and treatment for a range of illnesses and minor injuries without having to make an appointment. These should be strategically located (for example, close to schools, shopping malls, or bus and train stations) to increase their effectiveness.

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[13] Care UK (2009) 'NHS Walk-in Centres' [online: http://www.careuk.com/content/about_nhs_walk_in_centres, accessed, 01/07/09]

Are there specific conditions or diseases significantly impacting on women that are not reflected in the Governments current National Health Priority Areas, and/or emerging areas for concern? How could these be addressed in a national Policy?

Eating Disorders as a Health Priority Area

Approximately one in 100 adolescent girls develop anorexia, making it the third most chronic illness for adolescent girls in Australia.[14] Women's Forum Australia's research finds that our current culture idealises thin, glamourous women.[15] Women who believe they need to conform to this cultural image and be thin are more likely to subject their body to surveillance and experience body shame. Body shame contributes to the development of other health conditions that significantly impair young women's well-being and healthy functioning.[16] The link between eating disorders and body shame in particular, is well established.[17]

Anorexia has been classed the most fatal of all psychiatric illnesses.[18] After 20 years 15 - 20% of sufferers are dead.[19] Bulimia is another severe disorder - up to 5% of Australians suffer from bulimia, and within school ages, approximately 1 in 5 students suffer bulimia.[20] Up to 19% of bulimia sufferers die.[21] While there has been a growing awareness of anorexia, bulimia and other eating disorders in the community, it is not adequately researched. Women's Forum recommends that the high occurrence of eating disorders should be reflected as a priority area for women's health as nearly 90% of eating disorder patients are female and nearly 30% of these patients will not recover.[22]

Women's Forum Australia recommends initiatives in the wider community which include:

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[14] O'Brien D (2007) Eating Disorder Foundation of Victoria – Stats & Facts [Online] 15 July 2007, http://www.eating disorders.org.au/content/view/57/60/

[15] Ewing, S (2007) *Faking It: the female image in young women's magazines,* Australia: Women's Forum Australia, pg.24

[16] Commonwealth of Australia (2009) *Body Image: Information Paper,* Australian Capital Territory: Attorney General's Department.

[17] Tylka TL & Hill MS (2004), 'Objectification theory as it relates to disordered eating among college women,' *Sex Roles* 51 (11/12):719-730

[18] O'Brien (2007)

[19] *Ibid*

[20] *Ibid*

[21] Morris J & Twaddle S (2007), 'Anorexia Nervosa' *British Medical Journal* April 28: 334: 894-898

[22] O'Hara SK & Clegg Smith K (2007) 'Presentation of eating disorders in the news media: What are the implications for patient diagnosis and treatment? *Patient Education and Counselling* doi:10.1016/j.pec.2007.04.006 (in press.)

- Advertising campaigns similar to the anti-smoking campaigns which highlights the on-going damage an eating disorder has on a sufferer and the potential fatality (anorexia is the most fatal of all psychiatric illnesses[23]).
- Advertising campaigns similar to the Beyond Blue, 'Blue Skies', to increase awareness about eating disorders in the Australian community. Important messages would include:
  - eating disorders as a major health problem in Australia;
  - eating disorders as mainly prevalent in girls and women;
  - at least 7% of Australians have some kind of eating disorder;[24]
  - eating disorders are a psychiatric illness – they can be treated and managed;
  - how to recognise eating disorders and how to respond and get involved; and
  - direct people to selected websites for more information/help

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[23] Ewing (2007), pg. 30
[24] *Ibid*

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How should the Policy address violence against women?

The Need to Engage Diverse Cultural and Male viewpoints

Sexual assault and domestic and family violence are crimes most often perpetrated by men, against women.[25] Consequently, Women's Forum believes there is a strong need to engage male viewpoints and constructions of masculinity, in preventing violence against women. Research suggests that rates of violence against women are higher:

- in cultures in which manhood is defined in terms of dominance, toughness, entitlement to power or male honour;[26]
- if men have negative sexual attitudes toward women;[27] and
- if men have attachment to male peers who encourage and legitimate abuse[28]

Women's Forum believes new Policy should be created in collaboration with school-based approaches, to ensure availability of and access to comprehensive age-appropriate information.

Women's Forum Australia recommends:

- Targeted anti-violence education programs which:
  - Emphasise the equal rights of women and men, and girls and boys
  - build respectful relationships between young girls and boys (for example, discouraging male dominance in attitude and behaviour);
  - identify inappropriate violent behaviours and attitudes (including psychological violence, threats of violence and coercion);
  - identify sexual harassment, assault and abuse not only as inappropriate but as crimes;
  - increase understanding among men and boys of how violence harms girls and women; and
  - emphasise the equal responsibility of girls and boys to identify and report violence against women.

Women's Forum Australia also recommends the following community based initiatives:

- Free community based information seminars to sensitize and train people in positions of leadership (teachers, coaches, religious leaders) to identify attitudes that foster, justify and tolerate violence.

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[25] Australian Government (2009) *The National Plan to Reduce Violence Against Women: Immediate Government Actions* , Australia: Commonwealth of Australia Attorney General's Department

[26] Flood, M (2007), 'Harmful Traditional and Cultural Practices Related to Violence Against Women and Successful Strategies to Eliminate Such Practices – Working with Men', *United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP) Expert Group Meeting – Strategies for implementing the recommendations from the Secretary-General's Study on Violence against Women with Particular Emphasis on the Role of National Machineries*, Bangkok, 26-27 April 2007.

[27] American Psychological Association (2007), *Report of the APA task force on the sexualization of girls* (Washington DC: American Psychological Association)

[28] Flood M (2007)

- Community based, low or no fee, anger management courses.
- Mandatory counselling for known perpetrators of violence towards women.

The Need to Offer Support for Victims

Violence against women is usually perpetrated by men whom women know, and usually repeatedly occurs in their own home.[29] Women stay in relationships where domestic violence exists despite the potentially devastating physical and mental health effects. In recent studies women have cited reasons such as isolation, loneliness, impaired ability to make decisions, difficulties in finding affordable accommodation and the challenges involved in seeking custody of their children for staying with an abusive partner.[30] Women's Forum believes that new Policy should oversee the provision of information about the support available to women in these dangerous situations.
Women's Forum Australia recommends:
- Age appropriate information packages (specific to each state and territory), supplied through community centres, health centres and schools, detailing:
    - counselling services available to victims of violence;
    - counselling services for relationships;
    - legal services available to victims of violence;
    - greater community awareness and access to telephone counselling;
    - drop in shelters and longer-term accommodation provision;
    - social support groups; and
    - welfare agencies

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[29] Australian Government (2009)
[30]Nelson G & Spalding K (2009) *Moving Forward: Women's journey's after leaving an abusive relationship,* New South Wales: The Benevolent Society

Is there a need for more gender focused health research? In what ways? How can a national Policy address this need?

Self-Harm as a Priority Issue for Gender Focussed Research

In 2003-2004, 24,087 cases of hospitalised self-harm were identified. Within these cases, 62% were women. [31] Examples of self-harm include self-poisoning, cutting, burning, biting or hitting one's body. It is not always a suicide attempt but a behaviour that is used to cope with difficult or painful feelings.[32] Data shows that self-harm behaviour in Australia has increased over recent years. [33] Despite this growing trend, available self-harm data fails to reflect those who have been attended to in emergency departments or by general practitioners, or those who conceal their injuries. Schools and school counsellors also neglect to report or record all cases of self-harm. The true extent of self-harm is simply not evident.

Self-harm remains one of the most difficult, distressing, and frustrating conditions for professionals to treat. Research has linked the causes of self harming behaviour to childhood sexual abuse, emotional neglect, early parental loss, martial violence, peer difficulties, body alienation and impulse disorder in adolescents.[34]The presence of cultural conditions (i.e. the pressure to conform to an unrealistic image of women) that encourage women to hate their bodies is also linked to women bringing violence upon themselves.[35] Despite self-harm increasing, in recent years there has been a tendency for health professionals to overlook the deep-rooted causes of self-harm and simply dismiss it as a blackmail-type behaviour.[36] Women's Forum is alarmed at this attitude. Our research suggests that self-harming behaviour essentially limits women's capacity to perform in intellectual and physical tasks and may lead women to attempt suicide.[37]

Suicide Prevention Australia's *Strategic Plan 2008-2010* recognises self harm as a problem and deems that self-harm prevention must be culturally appropriate. Women's Forum agrees with this approach but also believes there needs to be gender-specific research conducted and interventions developed, so that self-harm prevention can effectively target females. The need for gender specific interventions is highlighted in the number of hospitalised cases which peaked for females at the age 15-19 years in

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[31] ResponseAbility (2009) *An overview of self-harm in Australia,* Australia: Commonwealth Government of Australia

[32] ReachOut (2009) 'Deliberate Self-harm' [online: http://au.reachout.com/find/articles/deliberate-self-harm, accessed 30/06/09]

[33] ResponseAbility (2009)

[34] Shaw SN (2002) 'Shifting conversation on girls' and women's self-injury: an analysis of the clinical literature in historical context,' Feminism and Psychology May; 12: 191-219

[35] Shaw (2002)

[36] Ewing (2007), pg.40

[37] Shaw (2007)

2003- 2004 –Women were hospitalised for over three times the rate for males of the same age.[38]It is imperative that the causes for this behaviour are better understood.

Women's Forum Australia recommends:
- Initiate cross portfolio mechanisms to better collect data and information about self-harm in schools and health facilities.
- Conduct regular surveys of women to identify those who engage in or are at risk of self-harm behaviours. Data should be disaggregated by age, marital status, education, geographical location and income to indentify the highest risk groups, so best practice policies can be implemented.
- Specific national research into women hospitalised for self-harm, to ascertain the main contributing factors to this health issue. WFA suggests the scope of research should include:
  - Is stress or crisis a contributing factor?
  - Is negative body image a contributing factor?
  - Is violence or abuse a common contributing factor?
  - Does the sufferer have pre-existing conditions such as anxiety, depression or schizophrenia?
  - Is alcohol or substance abuse a contributing factor?
  - Is self-harm a habit or pattern for the sufferer?
  - Was suicide the intended outcome for the sufferer?
- Specific research into whether increased public understanding of self-harm would encourage sufferers to seek help.

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[38] Auseinet (2007) *Australian self-harm statistics: key findings.* Adelaide: Australian Network for Promotion, Prevention and Early Intervention for Mental Health.

Conclusion

The World Health Report 2008 stated that "people are increasingly impatient with the inability of health services to deliver levels of national coverage that meet stated demands and changing needs, and with their failure to provide services in ways that correspond to their expectations." In light of this, Women's Forum is encouraged by the Australian Government's commitment to a new National Women's Health Policy.

Women's Forum acknowledges that there is not one simple answer to addressing women's health problems. In this submission we have presented evidence which suggests that the causes of and issues surrounding women's health are complex and numerous, but hold the common ground of being harmful to women. The development of a new National Women's Health Policy is a positive step forward, if it is strongly focussed on the broad societal causes and impacts on health, and takes a proactive approach to health through research and consultation with women.