QUEENSLAND WOMEN'S HEALTH NETWORK NEWS

AUGUST 2009 *'Aims to strengthen links between women by providing access to information and support'*

WOMEN & OBESITY

Feminism and Obesity

ARE WOMEN INCREASINGLY EXPRESSING CONFLICTS THROUGH EATING, FOOD AND OUR BODIES?

*By **Amanda Dearden**, Coordinator of Isis – the Eating Issues Centre Inc.*

In 1978 Susie Orbach released 'Fat is a feminist Issue – The self help guide for compulsive eaters' which stated that fat is a social disease, 'Fat is not about lack of self control or willpower. Fat is about protection, sex, nurturance, mothering, strength and assertion'. Her book encouraged women to consider a feminist understanding of eating issues as a coping mechanism used to deal with a range of factors in their lives that often stem from the oppression of women and provided a guide for recognising the reasons for weight gain in order to break cycles of compulsive eating. The book encouraged women to find and remain at their natural weight and enjoy eating as a guilt free and pleasurable experience.[1]

'The Great Escape'
Picture by Enza Benincasa: Finalist in Photographic Images of Women Competition 2006

In 1993 Catrina Brown and Karin Jasper edited 'Consuming Passions: Feminist Approaches to weight preoccupation and Eating Disorders' which further contributed to the feminist knowledge base of eating issues and examined the ways in which women's social value has been inseparable from their bodies. So called 'ideal' body images have shifted in tandem with changes in women's social roles. For example the declining emphasis on women's full bodied fertility has followed the industrialisation of western societies and thinner body ideals that emphasise non-reproductive sexuality has become valued. Where body size and shape affect social and economic value, and social roles, women have learnt to focus on appearance. As a result, women turn to policing and controlling appearance as the means for

(continued next page)

In This Edition: **WOMEN & OBESITY**

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Feminism and

achieving both inner satisfaction and social success.[2]

Unfortunately the diet and weight loss industries make millions in setting women up to fail and profiting from 'self improvement' marketing and unrealistic comparisons that contribute to low self esteem. It is widely known that restrictive 'fad'/ 'crash' diets decrease metabolism and so actually contribute to increases in weight over time.[3]

This article encourages a feminist analysis of obesity. Is there a correlation between the increasing pressures women face and the rise in obesity? Are women increasingly expressing conflicts through eating, food and our bodies? Is obesity a metaphor for the internalised oppression of women? Is it linked to increases in sexual assault, sexualisation of women and other pressures women face?

Despite evidence that 'Thin doesn't equal health', debates about obesity have regularly blurred with morality and encouraged a view that bodies must be controlled. Instead of focusing on our human rights, such as affordable access to quality forms of nutrition, time to eat, sleep, exercise and find balance in life, we have become disconnected from our bodies and our health needs, as well as from a social consciousness. We have been taught to be consumers, on one hand deserving of 'junk' foods and on the other conditioned to fear fat and engage in diets, exercise 'boot camps' and a range of fat phobic and discriminatory practices. We tend to blame individuals for weight problems and fail to recognise diversity – that in fact health and beauty can come in a range of shapes and sizes. There have been many criticisms of BMI (Body Mass Index) and other arbitrary measures that are too simplistic and do not actually measure whether a person is healthy. The BMI ranges have also been reduced over the past decade so that people previously considered 'normal-overweight' are now considered 'obese'.[4]

The rise in Obesity has a broad range of contributing factors including the increased pressures on women and the interplay of factors in relation to gender, individual factors, familial factors and social cultural pressures. In many ways the rise in both obesity and eating disorders indicates there is something very wrong both personally and politically with the world in which we live. The preoccupation with thinness and the increasing power and energy imbalances in the global context are striking. The ways in which resources are consumed including domestic, workplace and transport resources as well as the intake of food energy has contributed to the contrasts of modern crisis. We have the pressures of the Global Financial Crisis juxtaposed with the Global Food Crisis. While the majority of people in the world live in 'developing' countries and are facing starvation and food shortages, those in western countries are facing a crisis of Obesity.[5]

Obesity prevalence rates in western countries also reflect the decreased activity in sport, recreation and participation in our communities. Due to economic pressures and increasing time pressures such as working longer hours across a variety of roles in the home and workplace, many people increasingly rely on 'fast foods' that are high in fats and sugars and low in nutritious value. We are affected by product marketing and schedules that encourage us to eat whether we are hungry or not. We are not educated about the links between reduced hours of sleep and greater risks of obesity.[6]

Obesity is an obvious health challenge for many Australian women and there can be serious medical risks and complications of being obese, for example recent increases in obesity induced cancer. What we often don't realise is that there can also be health risks associated with being underweight. Many studies, as far back as Framingham (1981), have stated that 'underweight was more dangerous than overweight and have found no relationship between fatness and the mortality of women in the middle sixty percent of the weight range'.[7] In fact, there are some potential benefits of higher BMIs, particularly for older women who are less likely to have osteoporosis, or lose their independence through early admissions to aged care facilities.[8] Most of those who die of heart attacks actually sit in the middle of the weight 'bell curve'. In light of this we need to be aware of the myths of fat phobia and develop strategies that address health issues of the population as a whole, as opposed to

Our Next Newsletter

will examine aspects of:

BREAST HEALTH

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Deadline: 25 September

QWHNEWS

If you are new to QWHN News or would just like to catch up on previous editions, back-issues are now available to download in PDF from our website at www.qwhn.asn.au For hard copies, simply forward your name and postal address and these can be mailed to you.

If you're planning to attend the 6th Australian Women's Health Conference next year don't forget that early bird registration closes on 1 November 2009.

Maree Hawken
Coordinator

Obesity (cont)

addressing and stigmatizing only those who are significantly overweight.[9]

Obesity, like many other issues, has become highly medicalised and some of the treatments can themselves be intrusive and dangerous, such as gastric banding or cosmetic surgery. Restrictive diets can lead to poor nutrition and there can also be side effects of weight loss medications and over reliance on food supplements. Overall the safest way to health is moderation, a balance of good nutrition and regular, safe exercise and learning to listen to your body to respond to cues of hunger and fullness appropriately,[10] as well as discerning what you are actually hungry for, be that food, emotional connection, empowerment or something else. It is important to honour how our bodies function and address power and energy imbalances in our lives rather than focusing only on appearance.

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7 Framinigham 1981 cited in Black (2000) Debunking the Myths of Fat Phobia, p 40, Setting the Table Straight: A resource manual for working with women with eating issues.

8 (2008) BMI, Weight and Aging: Mark Stibich, Ph.D., (2008) About.com, http://longevity.about.com/od/healthyagingandlongevity/a/bmi_aging.htm

9 2007 BBC News report available at , http://news.bbc.co.uk/2/hi/health/6768365.stm reports on The German and Swiss study - involving 1,676 patients published the European Heart Journal which found obese patients were less than half as likely to die in the three years after treatment as patients with a normal body mass index.

10 (2009) Dietitians Association of Australia (DAA), Knowing what to believe when it comes to food and nutrition: http://www.healthyweightweek.com.au/index.asp?pageID=2145857411

RESEARCH

What's Culture Got to Do With It?

PhD Research Project about the effects of childhood sexual abuse on women from different ethnic backgrounds aged 18 and over in Adelaide, Melbourne, Sydney, and Brisbane.

PROJECT TITLE:

**WHAT'S CULTURE GOT TO DO WITH IT?
THE IMPACT OF ETHNIC IDENTITY ON THE EFFECTS OF UNWANTED SEXUAL EXPERIENCE DURING CHILDHOOD.**

The aim of this research is to identify the impact of ethnic identity on the effects of childhood sexual abuse (CSA) amongst women who have been subjected to sexual abuse in childhood who come from different ethnic groups. Specifically, this research aims to:

1. Explore and analyse the effects of childhood sexual abuse on women from different ethnic groups.
2. Explore the impact of ethnic identity on the effects of childhood sexual abuse.
3. Identify implications and develop recommendations for service providers, social policy and human services concerning how to understand CSA experienced by different ethnic communities.

If you would like more information on this research project or would like to find out how to participate please contact the researcher:
Tanja Stojadinovic on **0422 813 169** or **STOTY003@students.unisa.edu.au**

Participation in this research is voluntary and strictly confidential. Interviews with participants will be conducted in their chosen language (if requested) and at a time and venue suitable to the participants.

This project has been approved by the University of South Australia's Human Research Ethics Committee.

New National Women's Health Policy: Update

Earlier this year the Minister for Health and Ageing, the Hon Nicola Roxon, MP, released the *Development of a New National Women's Health Policy: Consultation Discussion Paper 2009*, as the first phase of consultations with state governments, health service providers, consumer and advocacy groups, and individual women.

Submissions to the National Women's Health Policy closed on 1 July 2009, and the next phase will take the form of consultation forums which will be held in each state during the remainder of 2009. Times and locations will be advertised in local press and posted on the website. Individuals and organisations can also email the National Women's Health Policy team at: National.Women's.health.policy@health.gov.au to register their interest in being invited to attend a forum.

For further information visit: www.health.gov.au/womenshealthpolicy

Exercise for Postmenopausal Women

Several factors have been found to influence a postmenopausal woman's

Obesity is a national health problem in Australia. Queensland has the highest rates of obesity with adults living in regional areas showing higher rates compared to those living in major cities.[1] Weight gain and the associated risk of cardiovascular disease increases dramatically in postmenopausal women. In 1998, three Australian women died every hour from cardiovascular disease.[2] In addition, more than 80% of Australian women aged 55 years or older have at least one major identifiable risk factor. It appears that a reduction in activity at this time of life causes a decrease in muscle mass and a concomitant decrease in metabolic rate thus resulting in weight gain.

The average age at which menopause occurs is 50 years, however average life expectancy for women in Queensland is 82 years.[3] This leaves a considerable time spent living in the postmenopausal state. To ensure time spent in this period is free from various disabilities, women must adopt a healthy postmenopausal lifestyle.

Moderate intensity exercise may be cardioprotective for postmenopausal women as it has been found to reduce coronary and total cardiovascular events. Regular exercise promotes a decrease in fat mass, has a positive effect on lipoprotein levels, increases lean mass and metabolic rate while also improving muscle insulin sensitivity, thus lowering the risk of non insulin-dependent diabetes. Promotion of regular exercise should therefore be a priority for the reduction of chronic disease risk factors in the population.

Despite the plethora of evidence that exists on the benefits of exercise, many postmenopausal women do not participate in any form of regular exercise. An AIHW[4] survey found that only 36% of women participated in 5/> walking sessions in the previous week. Similar Australian studies have found that 50% of women aged 45-59 years do not participate in sufficient exercise for health-related benefits. The Australian Department of Health and Aged Care[5] issued national exercise guidelines for Australians in 1999. It was recommended that a minimum of 150 minutes of accumulated moderate-intensity exercise be performed per week. Moderate-intensity exercise equates to exercise between 3-5 METS (eg. walking).

Several factors have been found to influence a postmenopausal woman's decision to exercise. Determinants of exercise behaviour can be categorised into personal characteristics, environmental and psychological variables. These determinants can act as barriers to postmenopausal women contemplating exercise adoption. Barriers constantly challenge individuals who adopt and maintain physical activity as part of their lifestyle. Indeed, sedentary older women have been found to perceive that exercise provides more risks than benefits. For intervention programs to be successful, each of these barriers must be addressed.

Income level has been found to be an important determinant of exercise participation level in Australia, whereby those on lower incomes participate in less exercise. Highest education level achieved is also a significant predictor of exercise levels in Australian adults. Participants who have not completed high school are less active compared to participants who have completed tertiary education.

STRATEGIES TO INCREASE EXERCISE PARTICIPATION IN POSTMENOPAUSAL WOMEN

1. Provide affordable, convenient community-based exercise facilities and greater access to informational instruction on simple activities
2. Incorporate time management training into exercise programs
3. Exercising women could mentor non-exercising friends in time management for exercise and offer social support
4. Include motivational instruction to those women with lower exercise self-efficacy
5. Give non-exercising postmenopausal women the opportunity to successfully complete an exercise activity that enhances positive responses

to Decrease Likelihood of Obesity

decision to exercise, according to Exercise Physiologist ***FIONA BARNETT***

The climate may play a part in exercising, particularly in Queensland. The nature of the tropical and subtropical environments in Queensland means that for a large part of the year it is too hot and humid to exercise outdoors. Lack of facilities may also reduce the likelihood of exercising. Lack of time is another common barrier to exercise. Lack of time due to family responsibilities such as child care, cooking, cleaning and other household tasks has been cited as one of the most common barriers to exercise participation for women.

In regards to psychological variables, individuals who perceive that they are in poor health or that exercise is of little value to their health will be more resistant to participate in exercise. Additionally, women who have low levels of exercise self-efficacy are less likely to adopt and maintain an exercise regime. If an exercise activity is undertaken that produces enhanced negative responses, this may produce a barrier to future exercise participation.

A multitude of initiatives have been used to encourage individuals to adopt and adhere to exercise. Exercise professionals have traditionally focused on the physiological aspects when prescribing exercise. However, exercise promotion campaigns have remained largely unsuccessful in changing exercise behaviour. It seems that exercise adoption and adherence is a much more complex process, particularly for women. Indeed, there are many psychological and social benefits that can be gained through exercise participation.

Identifying the physiological and psychological reasons for why some women do not exercise may allow for the development of strategies to increase exercise adoption. Strategies such as providing affordable, convenient community-based exercise facilities and greater access to informational instruction on simple activities may encourage postmenopausal women to exercise. Time management training could be incorporated into exercise programs, including instruction on self-regulatory skills such as effective goal setting, self-monitoring of progress and self-reinforcement. Alternatively, exercising women could become mentors for non-exercising friends in regards to scheduling and maintaining time for exercise. This strategy would also enhance social support. Identifying women with lower exercise self-efficacy will allow for motivational instruction to be provided thereby increasing exercise efficacy beliefs. And finally, giving non-exercising postmenopausal women the opportunity to successfully complete an exercise activity that enhances positive responses may promote a sense of accomplishment and the belief that exercise can be an enjoyable experience.

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WHAT'S ON...

Important Events, Conferences and Workshops around the State & beyond

23-25 AUG **AUSTRALIAN HEALTH PROMOTION ASSOC (QLD BRANCH) CONFERENCE & PROFESSIONAL DEVELOPMENT WORKSHOP — TOWNSVILLE, QLD.**
'Connect Learn Activate' ***Inspiring Health Promotion***
Themes include: Social Determinants of Health, Empowering Communities, Advocacy.
For more information visit http://healthpromotion.org.au/qldactivities.html

16-18 SEP **CONGRESS OF ABORIGINAL & TORRES STRAIT ISLANDER NURSES (CATSIN) 11th NATIONAL CONFERENCE — MELBOURNE, VIC.**
Contact Kim Edmonds on (02) 8850 8318 or visit wwwindiginet.com.au/catsin

14-17 OCT **BE ACTIVE '09 CONFERENCE — BRISBANE, QLD.**
A comprehensive scientific forum on all facets of sports medicine, sports science, and physical activity from elite sports performance to community participation in physical activity and their impact on individual and public health.
Visit http://www.beactive09.com

30 OCT **RECLAIM THE NIGHT — TOWNSVILLE, QLD.**
For more information contact The Women's Centre on 4775 7555, www.thewomenscentre.org.au, or email: elodie@thewomenscentre.org.au

18-21 MAY *2010* **6th NATIONAL AUSTRALIAN WOMEN'S HEALTH CONFERENCE — HOBART, TAS.**
The New National Agenda *Early Bird Registration closes 1 November 2009.*
The major focus of the Conference will be to continue the work of getting women's health as a priority issue onto the public agenda. Sponsorships of women to attend the Conference are now being sought. Please contact your AWHN Queensland Representative Maree Hawken at qwhn@bigpond.com
For more information visit the **Australian Women's Health Network at http://www.awhn.org.au**

WOMEN'S HEALTH ON THE NET

Hot Spots on the Internet for Women

PROMOTING HEALTHY WEIGHT

www.health.gov.au/internet/main/publishing.nsf/Content/phd-physical-choose-health

The Promoting Healthy Weight website provides useful information on weight-related issues, including the benefits of healthy eating and regular physical activity. This site also provides access to *Choose Health: Be Active,* a physical activity guide for older Australians, produced jointly by the Department of Health and Ageing and the Department of Veterans' Affairs. The booklet includes ideas for no-cost activities, and exercises that can be done in the home. The booklet is downloadable (as PDF in full or part), or a hard copy can be ordered for free by calling 1800 500 853.

COLLABORATION OF COMMUNITY BASED OBESITY PREVENTION SITES

www.http://www.deakin.edu.au/hmnbs/who-obesity/research/coops/index.php

"The Collaboration of Community-based Obesity Prevention Sites (CO-OPS Collaboration) is an initiative funded by the Australian Government Department of Health and Ageing which aims to support community-based obesity prevention initiatives through a collaborative approach to promoting best practice, knowledge translation and by providing net-working opportunities, support and advice." It is managed by the World Health Organisation (WHO) Collaborating Centre for Obesity Prevention at Deakin University and works in partnership with two other universities. The site provides links to other national and international sites of relevance to this field.

VIDEOSTREAM

'Healthy Weight Management Issues for Women Over 40'

www.womhealth.org.au

This videostream presentation by WOMEN'S HEALTH Queensland Wide provides practical advice and information from two perspectives. The first segment by Dietician Pam Horsley, looks at BMI, nutrition and weight loss strategies. The second segment by Exercise Physiologist, Chris Nunn, examines motivation, changes with age, myths and tips.

(53 minutes, March 2007)

Increase in Younger Women's Weight

Excerpts from ***Women's Weight: Findings from the Australian Longitudinal Study on Women's Health***

The Australian Longitudinal Study on Women's Health (ALSWH) is a longitudinal population-based survey funded by the Australian Government Department of Health and Ageing. The project began in 1996 and involves three large, nationally representative, cohorts of Australian women representing three generations:

- Younger women, aged 18 to 23 years when first recruited in 1996 (n=14247)
- Mid-aged women, aged 45 to 50 years in 1996 (n=13716)
- Older women, aged 70 to 75 years in 1996 (n=12432) (Lee et al. 2005).

The women have now been resurveyed at least three times over the past 10 years providing a large amount of data on women's lifestyles and health outcomes.

This report [*Women's Weight: Findings from the Australian Longitudinal Study on Women's Health*] has been prepared on the basis of discussions between the ALSWH research team and staff of the Department of Health and Ageing and presents findings on women's weight from four surveys of the three cohorts. The following research questions are addressed:

- What are the trends in women's weight, height and body mass index (BMI) among the three age groups of participants in the ALSWH over the first eleven years of the study?
- What factors are predictive of weight change?
- What are the effects of weight and weight change on women's health?
- What are the effects of weight and weight change on health care usage?

The report includes summaries of published and unpublished papers, as well as primary analyses. Case studies of individual women who have commented in their surveys on the topic of weight change are included to illustrate the findings of this report.

This report emphasises the growing problem of obesity among Australian women. The longitudinal data provided by the study show the rapid increase in weight among Younger women. This problem is underestimated by simple cross-sectional comparisons. Indeed, cohort differences in weight and BMI at Survey 1 would suggest the Younger women had healthier weight profiles than the Mid-aged women.

> *"As the Younger women age ... their weight is increasing rapidly ..."*

As the Younger women age, however, their weight is increasing rapidly and their weight profiles now resemble those of the Mid-aged cohort at the start of the study.

Unless there is a significant reduction in the rate of weight increase in this Younger cohort, they will have a much higher prevalence of obesity and overweight when they reach 45 years of age.

The report also demonstrates the relationship between overweight and obesity and poorer mental and physical health and higher health care costs. These conditions contribute significantly to poor health among women in Australia and there is potential for considerable cost savings, at a population level, if trends in overweight and obesity could be reversed.

An exploration of the factors contributing to overweight and obesity suggests that while energy balance is important, through attention to diet and physical activity, other contextual factors must also be taken into account.

There are also key life events that signal times when women may be more susceptible to weight gain (such as the periods following childbirth). Women's health promotion may need to emphasise the particular importance of healthy eating and adequate physical activity following these events. Quitting smoking is also another key event when women seem to gain weight, and the case studies reveal the tensions women feel about these competing health risks. Strategies are needed to help women quit smoking, and receive the benefits of this healthy change, without trading the risks of smoking for risks associated with increasing weight.

This article is a compilation of unaltered excerpts from Women's weight: Findings from the Australian Longitudinal Study on Women's Health. *(Reproduced by permission)*

For the full Report see:

Reference

Adamson L, Brown W, Byles J, et al. *Women's weight: Findings from the Australian Longitudinal Study on Women's Health*. Report prepared for Australian Government Department of Health & Ageing, June 2007.

Available at http://www.alswh.org.au/other_reports.php

Acknowledgement

The Australian Longitudinal Study on Women's Health is conducted by a team of researchers at the University of Newcastle and the University of Queensland. We are grateful to the Australian Government Department of Health and Ageing for funding, and to the women who participate.

INQUIRY INTO OBESITY IN AUSTRALIA

In June this year the House of Representatives Standing Committee on Health and Ageing released its report *Weighing it up - Obesity in Australia*. The report looks at the impact of obesity on the health system and Australian society, and provides recommendations on how to reverse the current trends.

The full report is available at http://www.aph.gov.au/House/committee/haa/obesity/report.htm

'THE HEALTH OF QUEENSLANDERS 2008: PREVENTION OF CHRONIC DISEASE' REPORT

Queensland's Chief Health Officer, Dr Jeannette Young, recently provided this second instalment in *The Health of Queenslanders* series. Findings include:

"56.8% of adults are overweight or obese – 62.7% for males and 50.6% for females – 0.6 million are obese and another 1.6 million are overweight..."

The full report is available in PDF at http://www.health.qld.gov.au

‘The Change’ comes too soon for young ovarian cancer patients

Almost 250 women under 50 years of age are diagnosed with ovarian cancer in Australia each year and will receive treatment that can result in early menopause and loss of fertility.

National Breast and Ovarian Cancer Centre (NBOCC) recently launched a new online resource to help these young women cope with the physical and emotional impact of treatment-induced early menopause.

“Treatment for ovarian cancer will almost inevitably lead to menopause and it is often a hard reality for women to come to terms with,” said Professor Martha Hickey from University of Western Australia, Chair of the multidisciplinary working group that oversaw the development of the NBOCC resource.

“It is incredibly important that these women have the information they need about what to expect and where to go for help if they require it,” said Professor Hickey.

The online resource *Ovarian cancer and early menopause – A guide for younger women*, provides information about premature menopause and its symptoms, the emotional impact of menopause in younger women and offers some practical suggestions for managing symptoms.

“This resource is the first in Australia to deal with ovarian cancer and menopause in younger women and fills an important gap in available resources for these women,” said Dr Helen Zorbas, CEO of NBOCC.

The symptoms of menopause and their severity vary considerably and include hot flushes, night sweats and vaginal dryness.

“As well as dealing with the diagnosis of ovarian cancer, these symptoms can have a major impact on a woman’s psychological and physical wellbeing,” said Dr Zorbas.

Ovarian cancer and early menopause – A guide for younger women is available to view online at www.nbocc.org.au/ocm

National Breast and Ovarian Cancer Centre is funded by the Australian Government and works with consumers, health professionals, cancer organisations, researchers and governments to improve care and cancer control in breast and ovarian cancer.

NATIONAL BREAST AND OVARIAN CANCER CENTRE

6TH AUSTRALIAN WOMEN’S HEALTH CONFERENCE

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Closes 1 November, 2009.
www.awhn.org.au

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HAVE YOUR SAY...

We are interested in obtaining feedback on the quality of the newsletter and issues and topics you would like to see in future editions.

If you have something to say please contact Maree on (07) 4789 0665 or email us at qwhn@bigpond.com

MEMBERSHIP

To join or renew your membership with QWHN, simply fill in this form and send to QWHN at PO Box 1855, THURINGOWA BC, QLD 4817

Membership of the Network is open to women’s organisations and individual women who are in agreement with the Network’s purpose and objectives.

Name:	NEW MEMBER? ☐YES ☐NO
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Profession / Organisation:	
MEMBERSHIP FEES: Individual (unwaged or student) — **$5.50** ; Individual (waged) — **$11.00** ; Organisation — **$33.00**	

Please find enclosed a cheque/money order for $ ..... for one financial year’s membership (1 July 2009–30 June 2010)

Do you consent to your name, as part of the membership list, being distributed for networking purposes? ☐ YES ☐ NO

I/We hereby agree to abide by the Purpose, Objectives and Policies of the QWHN. (see website www.qwhn.asn.au)

Signature ..... *Date* .....

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