



QUEENSLAND WOMEN'S HEALTH NETWORK NEWS

AUGUST 2011

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

SEXUAL HEALTH

Future Directions?

Sexual politics and public health

By **RYL HARRISON**, James Cook University, Townsville

A very strange thing happened on the way to equality; no, it wasn't just the two steps forward one step back march, no, it was the announcement that 'You've arrived!' The women celebrated and have been wondering why they've had a headache ever since.

Because women and girls have not yet arrived; and an examination of the sexual politics operating in our society shows just how far there is to go. In fact, a mother in my PhD study exploring women's experiences of bringing up girls aged between nine and thirteen years said, with respect to women's sexual liberation, "in [many] ways I think we are going backwards".

The socio-political sexual landscape represents a thoroughly modern case of the Emperor's New Clothes – where girls and women, in a twist of the tale, are endlessly told that only their nakedness matters; and that their power lies primarily in being the subject of the gaze of men and boys. The mainstreaming of an industrial pornographic aesthetic in our visual landscape has seen women and girls essentialised and universalised as being 'always available and up for it'. This is sold as evidence of empowerment and

equality – a message supported, rather than subverted, by new global campaigns, such as the 'Slutwalk'. This repetitive message about women and girls is repackaged with endless monotony through advertising, movies, music and consumer products.

This raises a number of dilemmas for women bringing up girls who just can't wait to 'grow up'. Girls particularly want to wear grown-up clothes and this is a

source of difficulty for women who want their girls to look nice and feel good about themselves, but worry about potentially increased male attention. Women describe this attention as 'risky' and 'out of their control'. There is concern about the marketing of bras to pre-pubescent girls which results in increased levels of self consciousness about their own and other little girls' bodies. Girls' bodies are being compared and contrasted, meas-



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ured and disciplined.

In fact it seems being slim, petite, and having mothers who actively, consciously avoid negative body talk is simply not enough for girls. The ideal girl of popular culture can never be too thin, or too sexy. One mother, who is a health worker, described her 11-year-old like this:

She's like a petite little gymnast kind of shape and she's even said 'oh mummy, my thighs are fat', I'm like, oh my god ... where is this coming from ... and I have definitely never ever said anything about my own shape, I've been really self conscious, this is my profession.

Girls and women live in a visual world where images that could potentially reflect their diversity are instead universally sexy, skinny, white and affluent. It's an almost impossible bind; and this sexualised bind is ageist, classist and racist in nature. Women who are bringing girls up through puberty in this cultural milieu have their work cut out for them, and along with the joy and pleasure of mothering girls, there is a great deal of frustration:

Largely I think I'm hitting my head against a brick wall, I tell them one thing but everything else tells them the other ... it's really, really difficult.

Porn does not equal sex education, but it will if we don't act

My research has involved talking to women working in the health education area with children and young people. School-based nurses

who are teaching sex and relationship classes are reporting that the questions children ask now are completely different to just five years ago. Internet 'gonzo' pornography is inspiring questions about practices such as 'double penetration'. One educator noted: "the kids are fascinated by bestiality, they don't necessarily call it that, but ... that's the sort of stuff that they come up with." This is new territory for parents and educators to be negotiating with children. Sociologist, Gail Dines, in her book *Pornland: How Porn Has Hijacked Our Sexuality* describes how gonzo porn "which depicts hard-core, body-punishing sex in which women are demeaned and debased" has come to shape young adults' sexuality. And their bodies. Many young women seek to meet their partner's expectations by having all their pubic hair removed with Brazilian waxes in order to look the way women are portrayed in pornography. One of the mothers in my study said this:

The idea of a total Brazilian I find really disturbing, I find that that's really playing to bizarre fantasies of men and harking back to that, you know, woman as a young girl, pre-pubescent ... many young men would never have seen pubic hair so they don't actually realise that women have pubic hair.

Feminists have campaigned for many years against female genital mutilation as a harmful cultural

practice mainly occurring overseas; however, the increasing popularity of cosmetic surgery on genitals, such as labiaplasty where the labia are reduced and 'beautified', is something health workers are now facing in Australia. An Australian website advertising the procedure advises:

... the typical patient requests that the right and left labia be adjusted to become as nearly identical and proportionate as possible and also have a normal ratio between the inner vaginal lips (labia minora) and the outer vaginal lips (labia majora).

The 'normal ratio' referred to in this advertisement comes from the pornographic ideal, where women are identical. Women, however, are not all identical; and social and cultural messages that we are result in psychological distress for women and girls who engage in body altering practices such as surgery, waxing and dieting in order to meet an impossible norm.

To bring up a girl to believe her body is strong and healthy and normal, and prepare her for relationships in which she is respected and equal, is a task not just for her mother, but for all of us.

Ryl Harrison teaches in Women's Studies, Politics and Human Rights at James Cook University. Her PhD project is looking at women's experiences of bringing up girls. Ryl can be contacted on ryl.harrison@my.jcu.edu.au

Reference

Dines, Gail (2010) *Pornland: How Porn Has Hijacked Our Sexuality*. Beacon Press Boston; Spinifex Press, North Melbourne.

RESEARCH UPDATE **Genital Image and Body Image in the Bedroom**

More than 50 per cent of women are distracted by thoughts during sexual activity that their partner will notice something about their body that is a turn-off, the results of an Australian-first empirical study show.

The study was led by Frances D'Arcy-Tehan, a PhD candidate in the University of Sydney's Graduate Program of Sexual Health. D'Arcy-Tehan says this a major issue in women's sexual health, and has significant psychological implications.

The study surveyed 783 Australian women aged between 18 and 80, (mean age 34 years):

- 75% of women were distracted by thoughts of how their body looked;
- 47% of women would consider having some form of female genital 'cosmetic' surgery in the future.

Through her work in private practice, Frances D'Arcy-Tehan, a psychologist and clinical sexologist became acutely aware of women's genital anxieties and poor body image and the impact on their sexual self-esteem.

"I recall the time when a 16-year-old girl told me she wanted 'cosmetic' surgery, because her 18-year-old boyfriend told her that her vagina didn't look normal - it was not like what he saw on the internet (clearly he was an authority on such matters)."

"In Western society the female genitalia and their functions are objects of mystery, adoration and taboo. Women's bodies are often objectified and evaluated, which may result in poor genital and body image associated with lower sexual satisfaction."

(continued on page 8)

OUR NEXT NEWSLETTER

will examine women's health issues on the topic of

WOMEN & DIABETES

**DOES YOUR ORGANISATION HAVE EXPERTISE IN THIS AREA?
OR ARE YOU A WOMAN WITH KNOWLEDGE / EXPERIENCE ON THIS TOPIC?**

Share your insights with over 400 organisations, health workers, and other women in Queensland and beyond...

We welcome your articles, news items, or other submissions.

Please contact us in advance at:
coordinator@qwhn.asn.au
for full submission guidelines.

DEADLINE: 23 September

Sexual health and women with disability

The sexuality and relationships needs of women with disabilities can vary greatly

By **GEORGINA LIVINGSTONE**, Family Planning Queensland

Women with disabilities make up almost 20% of the total female Queensland population. This group of women spans a wide variety of ages and abilities. Therefore the sexuality and relationships needs of women with disabilities can vary greatly.

Historically women with disabilities have experienced poor access to sexual and reproductive health services and information. Some of the reasons for this include societal attitudes and beliefs about women with disabilities – ranging from women being seen as childlike or asexual to being seen as promiscuous or being unable to control sexual expressions or feelings.

Disturbingly women with disabilities are significantly more likely to experience abuse (including sexual assault) in their lives than other women. Reasons for this may include having a dependence on carers; a lack of autonomy to make decisions about relationships; social isolation; limited self protection skills; learnt compliance and a lack of access to sexuality and relationships education.

FPQ actively promotes the right of people with a disability to access effective sexuality and relationships education programs, resources, information and clinical services that meet

their sexual and reproductive health needs.

Sexuality and relationships education involves developing knowledge and understanding about sexual development, reproductive health, interpersonal relationships, affection, intimacy, body image and gender roles. Sexuality and relationships education supports people to develop the skills to communicate effectively and make responsible decisions. All of this reduces a person's vulnerability to abuse and assault and promotes a healthy approach to sexuality and relationships.

For women with physical disabilities who would like to access FPQ's clinical services there is a height adjustable examination bed in each clinic location. A recent decision in 2010 by the Royal Australian College of General Practitioners (RACGP) means this is now a requirement for all general practice surgeries.

FPQ has free resources specifically for women with low literacy that cover topics such as contraception, periods and decision making about sexual relationships. FPQ also provides free online workbooks for parents, carers and professionals. The workbooks have visual tools and worksheets to support conversations about healthy




sexuality and relationships with women with an intellectual disability. These resources can be downloaded from www.fpq.com.au. FPQ can work directly with women and their carers to source other resources too.

FPQ also offers workshops and training to parents, carers and professionals who work alongside women with disabilities. This can include sessions which explore practical tips for talking about sexuality and relationships in the home or care environment. Professionals can access nationally recognised training in the area of sexuality, relationships and disability. Training can also be customised for professionals to meet the specific needs of women that are being supported. FPQ is committed to ensuring that women living with a disability have access to information, education and services that contribute to ensuring healthy relationships and sexual lives.

FPQ has provided sexual and reproductive health services throughout Queensland since 1972. Today, FPQ works in nine regional centres located in Cairns, Townsville, Rockhampton, Bundaberg, Sunshine Coast, Brisbane, Ipswich, Toowoomba and the Gold Coast. From these sites FPQ provides a range of clinical, education, training and information services in the area of sexual and reproductive health.

For more information please visit www.fpq.com.au/education/disability.php or contact Georgina at glivingstone@fpq.com.au or by phone **(07) 3250 0268**.



NEW BROCHURE

Children by Choice, Queensland's all options pregnancy counselling service, and Family Planning Queensland have released a new brochure, 'Choosing abortion: information for women on medication and surgical abortion options'. The brochure recognises an estimated 1 in 3 women will have an abortion in their lifetime, and straightforward information about these choices can be hard to access. The brochure is freely downloadable from the FPQ website www.fpq.com.au/pdf/Br_ChoosingAbortion.pdf

If your service or GP practice would like to order copies, please email Kate at admin@childrenbychoice.org.au or phone **3357 9933**.

Twenty Years of Quality Care ANYWHERE

Celebrating the 20th Anniversary of the **Mobile Women's Health Service**



Time, care and understanding are 3 of the reasons Rhonda Pitt of Atherton in Far North Queensland has been making appointments with Cairns and Hinterland Mobile Women's Health Nurse, Dee Wallis, for years.

"I started seeing Dee at the Atherton Hospital more than 15 years ago and have followed her to different locations where clinics have been held", Ms Pitt said.

"It is a very caring service. Staff put me at ease and spend time listening to me and ensure I am relaxed and all my health questions are answered."

Ms Pitt has now recommended the Mobile Women's Health Service to her 19-year-old daughter Stephanie Moses.

"Stephanie attended the clinic for the first time earlier this year and said she was very happy with the service and will be returning."

The Mobile Women's Health Service has operated for 20 years with staff and clients developing ongoing relationships.

Ms Kerry Adams of Gatton recommends the Mobile Women's Health Nurse Service to women of all ages and has been doing so for years.

"I have worked for Queensland Health for 25 years and take bookings for some clinics. As a woman I know it can be difficult to feel comfortable and find time to look after yourself. I know the current Mobile Women's Health

Nurse for this area, Kathy Anning, and I knew Barbara Milne before her. They are both lovely."

Mobile Women's Health Nurses work as sole practitioners and provide a range of preventative health services for women.

Low participation rates in cervical screening for women in rural and remote areas provided the impetus for the creation of the Mobile Women's Health Service which was initially piloted in 5 areas in 1991.

This Statewide service now comprises 15 Mobile Women's Health Nurses and 2 Aboriginal Health Workers. These female practitioners travel more than 500 km from their base by road, air or sea to ensure access to high quality women's health care, including cervical screening, for Queensland's rural and remote women.

Since 1991 it is estimated the Mobile Women's Health Nurses have travelled over 4 million kilometres to deliver high quality health services to women wherever they live. Each year the 'Mobiles', as they are affectionately known, see an estimated total of 120,000 Queensland women.

The 'Mobiles' ensure an important outreach health service for women in rural and remote communities, including Aboriginal and Torres Strait Islander women and women from cult-

urally and linguistically diverse backgrounds, who may be geographically or socially isolated.

Services include education on a broad range of women's health issues, the provision of gynaecological clinical services such as cervical screening, and sexual health services. Pap smears are recommended every 2 years for all women aged 18-70 who have ever had sex.

The service is free and confidential and available to all women living in the areas covered by the Mobile Women's Health Service. Services are based at:

- *Cairns *Charleville *Dalby
- *Longreach *Mackay *Mount Isa
- *Murgon/Goomeri *Rockhampton
- *Roma *Thursday Island
- *Toowoomba *Townsville *Weipa

For further information and contact phone numbers visit: http://www.health.qld.gov.au/cervicalscreening/common_questions/mobile.asp

Women IN MIND Women

with *beyondblue*



ANXIETY MORE COMMON THAN YOU MAY THINK

We all feel anxious from time to time: whether it's just before giving a public speech or participating in a competition, flying, attending a job interview or being in a risky or dangerous situation.

Anxiety is a normal reaction to a high-pressure situation, but if you experience similar symptoms persistently or intensely without justification, it could be a sign of an anxiety disorder.

Anxiety can be debilitating, it can cause a great deal of anguish for those experiencing it and prevent them from functioning well and living a normal life.

Every anxiety disorder is different, but most generally involve unrelenting feelings of tension, distress or nervousness. A person may avoid, or grudgingly endure, situations which cause these types of feelings.

Not only can an anxiety disorder affect the person experiencing the illness, but it can also start to affect relationships with family members and friends. Untreated anxiety disorders can lead to marriage and family problems, financial difficulties, job loss, drug and alcohol abuse and in extreme cases, self-harm.

Anxiety disorders are manageable with the right treatment. Psychological treatments have been proven to be very effective and medication is also used to treat some anxiety disorders.

Help for anxiety

Anxiety disorders are an illness - but there are treatments available. The **beyondblue website www.beyondblue.org.au** has a comprehensive section on anxiety disorders, including anxiety checklists to fill out. Or, **you can order free information by calling the beyondblue information line on 1300 22 4636** (local call cost from a landline).

Sexual health of lesbians

Jude Comfort reveals that a lot of assumptions are made about lesbians and sex



“The sexual health of lesbians is not something that most health professionals know very much about or may be comfortable addressing” according to Jude Comfort, co-author of a ground-breaking report on the health of lesbians. “The lesbian community itself is not very well informed on these issues.”

So why is it an issue?

“A lot of assumptions are made about lesbians and sex – that sex between women does not have sexual health risks, that lesbians don’t need to practice safe sex, that lesbians don’t have sex with men, that lesbians don’t need Pap smears, that ‘coming out’ to a health practitioner is not a problem in 2011. Unfortunately such assumptions and poor awareness of the issues means that lesbian sexual health is all too often overlooked.”

Chapter 8 of *The Health and Well-Being of Lesbian and Bisexual Women in Western Australia* explores Sexual Practice and ‘Safe Sex’, including topics such as: Sexual Attraction; Sexual Practice with Male Partners; Sexual Practice with Female Partners; and Sexually Transmissible Infections.

“Lesbians are at similar risk as heterosexual women of exposure to the human papilloma virus and so

need Pap smears. Many lesbians have had sex with a man, some occasionally still do. Some get pregnant (not always on purpose). We are at risk of STIs such as genital warts or herpes, bacterial vaginosis and other STIs. We need to be asking questions of our potential sexual partners and practice safe sex. Lesbians should be encouraged to find a GP service they feel comfortable with and who understands lesbian health issues.”

The Western Australian Lesbian and Bisexual Women’s Health and Well-Being Survey was a cross-sectional survey of women who lived in Western Australia and identified as lesbian or bisexual, or reported having sex with another woman. The project was funded by a Healthway research starter grant, and is the first comprehensive survey of this community. A wide range of health issues were explored including: community connectedness; nutrition and physical activity; cancer screening; alcohol, tobacco and other drug use; experiences of discrimination and harassment; mental health; sexual practices and ‘safe sex’; and health service utilisation.

Data were collected between October 2006 and January 2007, providing a snapshot of the health of lesbian and bisexual women in this period.

“There is much to do in the area,” says Jude, “especially in training culturally competent health practitioners and in undertaking more research, but this is only the beginning.”

For more information contact:

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Curtin University
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The report is available at:

http://www.qahc.org.au/files/shared/docs/Les_WA.pdf

Reference

Hyde, Z., J. Comfort, G. Brown, A. McManus, & P. Howat (2007) *The Health and Well-Being of Lesbian and Bisexual Women in Western Australia*. WA Centre for Health Promotion Research, Curtin University of Technology, Perth, Western Australia.

hidden salt

how to avoid it

What's wrong with salt?

A high salt diet can lead to high blood pressure, which puts a strain on blood vessels and can cause damage to the heart. A high salt diet is also associated with obesity, osteoporosis, stomach cancer, kidney stones and stroke.

How much salt should we eat?

Currently the average Australian consumes around **9.5g** of salt every day. The Heart Foundation recommends people consume **no more than 6g of salt a day which is approximately 2300mg of sodium**.

Where does our salt come from?

About 80% of the salt we consume comes from processed foods, and unexpectedly, at least a third from foods like cereals, bread, cakes and biscuits. Highly salted foods like processed meats, take-away foods, cheese and sauces also contribute.

Steps to decrease salt intake

1. Choose mainly fresh foods, and processed foods labelled ‘no added salt’, ‘low salt’ or ‘reduced salt’ where possible. **Look for foods with less than 120mg sodium per 100g.**



food files

with Deanne

NUTRITION MANAGER, HEART FOUNDATION

2. Avoid adding salt in cooking, including all types of salt, stocks, gravies and soy sauce.
3. To flavour cooking, try pepper; fresh or dried herbs; curry spices; vinegars; lemon; & fresh garlic.
4. Choose products with the Heart Foundation Tick.
5. Avoid highly salted foods such as processed meats, most sauces, commercial salad dressings, canned soups, packet seasonings, potato crisps & salted nuts.

FOR DELICIOUS AND HEALTHY MEAL IDEAS

visit the Healthy Eating page on our website:
www.heartfoundation.org.au/healthyeating



what's on?

Important Events, Conferences and Workshops

- 6–8 SEP 2011** **CHRONIC DISEASE IN REMOTE PRACTICE – ALICE SPRINGS, NT.**
2-day course for health professionals who work in remote practice and more broadly in remote regional primary health care. Explores prevention, detection and management of chronic disease.
FOR INFORMATION visit: <http://healthinfontet.ecu.edu.au>
- 9–11 SEP 2011** **15th AUSTRALIAN MENOPAUSE SOCIETY CONGRESS – BRISBANE, QLD.**
ABC – About mental health, bones and cardiovascular health
Sessions include: Plenaries, Debates, Free Papers and Discussion on topics surrounding Estrogens, Progestins, Bones, Hormones, Mental Health and much more.
FOR INFORMATION visit: <http://www.ams2011.com.au>
- 10 SEP 2011** **INTERNATIONAL GYNae AWARENESS DAY**
9 million women in Australia will be challenged by a Gynae related issue in their lifetime. Get involved in raising awareness as an individual, professional, group or via social media.
FOR INFORMATION visit: <http://www.GynaeDay.com>
- 12–14 SEP 2011** **WORKING WITH PEOPLE WITH DISABILITY IN REMOTE & INDIGENOUS COMMUNITIES – ALICE SPRINGS, NT.**
Indigenous Australians are twice as likely as people in the non Indigenous community to have a disability. This short course is designed to further develop skills and knowledge for people working in this context.
FOR INFORMATION visit: <http://www.crh.org.au/content/view/25/22/>
- 27–30 SEP 2011** **8th NATIONAL ABORIGINAL & TORRES STRAIT ISLANDER ENVIRONMENTAL HEALTH CONFERENCE – DARWIN, NT.**
Rise to the challenge of environmental health
Themes include: Building partnerships for better environmental health; Housing, Infrastructure and the Built Environment; Environmental Health Promotion; Emergency Management and Climate Change.
FOR INFORMATION visit: <http://www.natsie h.com.au/html/contact.html>
- 28–30 SEP 2011** **2011 AUSTRALASIAN SEXUAL HEALTH CONFERENCE – CANBERRA, ACT.**
Sex in the Capital City
Topics include: current issues in HIV, STI and prevention, the needs of prisoners and juvenile detainees, communicating healthy sexuality, e-health for STI control, strategies to connect with hard to reach groups, Aboriginal & Torres Strait Islander health, transgender health, sexuality education, lesbian sexual health.
FOR INFORMATION VISIT: <http://www.sexualhealthconference.com.au>
- 22–23 Nov 2011** **PUBLIC HEALTH ASSOC AUSTRALIA 2nd NATIONAL FOOD FUTURES CONFERENCE – HOBART, TAS.**
Safe and Healthier Food for All Australians
Themes include: Thinking Local – Food initiatives and governance; Food, social inclusion & community action; Food culture in Australia; Aboriginal and Torres Strait Islander peoples' initiatives.
FOR INFORMATION visit: <http://www.phaa.net.au/2ndFoodConference.php>
- 14–15 JUN *2012*** **INTERNATIONAL WOMEN'S CONFERENCE – CAIRNS, QLD.**
Connecting for Action in the Asia-Pacific Region
Conference themes: Building Sustainable Communities, Women and Economic Development, Making Women's Lives Safer, Women's Leadership and Governance. Abstract submissions: 14 November 2011.
FOR INFORMATION visit: <http://www.jcu.edu.au/iwc/>



women's health on the net

Hot Spots on the Internet for Women

GUIDE FOR PARENTS TALKING TO THEIR KIDS ABOUT SEX

www.public.health.wa.gov

In response to advice that parents needed support in their role as the primary sex educators of their children, WA Health has developed *Talk Soon Talk Often. A guide for parents talking to their kids about sex.* This free resource has been developed to help parents initiate regular and relaxed conversations about sexuality and relationships.

REALIZING SEXUAL AND REPRODUCTIVE JUSTICE

www.resurj.org/home

RESURJ is a groundbreaking new international alliance of feminist activists seeking full implementation of international commitments to secure all women's and young people's sexual and reproductive rights and health by 2015.

RESURJ made its debut in April 2011 at a major United Nations meeting. The group of 20 young women from 14 countries, launched: "RESURJ by

2015", a 10-point action agenda that places women's and young people's human rights, particularly sexual and reproductive rights, at the centre of health programs and development efforts.

GUIDE TO ONLINE TECHNOLOGIES

www.slq.qld.gov.au/services/learning

If you're unfamiliar with 2.0, social media like Facebook and Twitter, and how to stay safe online, the State Library of Queensland offers a free online course designed to help users navigate through various technologies.



CHILDREN BY CHOICE
ASSOCIATION INCORPORATED

Our vision is that all women can freely make their own reproductive and sexual health choices.

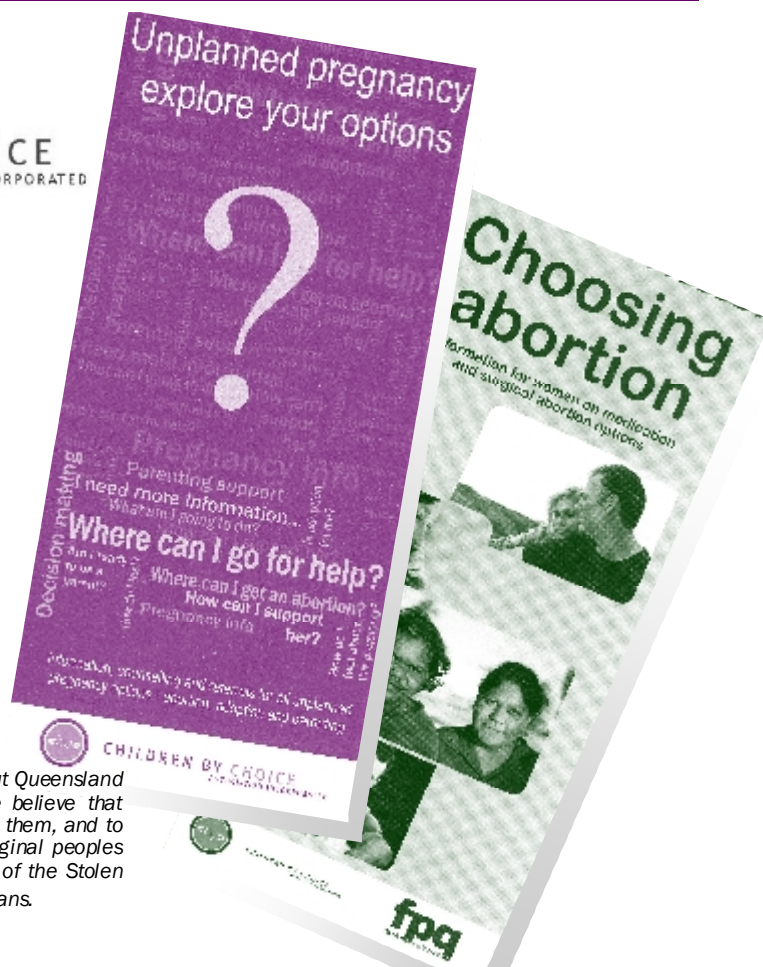
Open 9am–5pm Monday–Friday

**Free call outside Brisbane:
1800 177 725**

Enquiries: 3357 5570

info@childrenbychoice.org.au

www.childrenbychoice.org.au



Children by Choice acknowledge the traditional owners of country throughout Queensland and their continued connection to land and community. As women, we believe that women need to respect traditional owners, to communicate this respect to them, and to recognise the dispossession of the land and its ongoing effects on Aboriginal peoples today. As a women's service, we acknowledge the sorrow of the mothers of the Stolen Generations and apologise for the removal of their children by white Australians.

We support women by providing all options pregnancy counselling, information and advocacy.

Children by Choice support over 2,000 women every year. We provide specialist unplanned pregnancy decision-making counselling, support after a pregnancy termination, information about pregnancy options, financial and logistics assistance for abortion access, and direct referrals to appropriate health or support services.

We have a freecall 1800 number for women around Queensland, as well as a comprehensive website.

We also assist many people supporting a woman through an unplanned pregnancy or abortion, including family, GPs and community workers. Email: advocacy@childrenbychoice.org.au to contact our counsellors.

Resources available: general counselling brochures, 'Choosing abortion' brochures, factsheets on pregnancy options. Contact us to order.

We promote healthy reproductive choices through sexuality education for young people and unplanned pregnancy options training.

Children by Choice conducts professional development training for health and youth/community workers in non-directive pregnancy options counselling.

Topics covered include: evidence-based information on all options, language and strategies in non-directive counselling, legal aspects of pregnancy termination, and decision-making issues and values.

Feedback from our training sessions is consistently positive and the most frequent request from regional participants is for us to come more often!

We have training sessions planned for Far North Queensland later this year. Email: ed@childrenbychoice.org.au for training info.

We can supply a USB with best practice counselling materials and other resources for professionals. Contact us for details.

We change the legal and policy framework as a leading advocate for reproductive choice and women's health equity.

Children by Choice actively works to improve the legal and policy frameworks which impact on women's reproductive choices. This includes ongoing campaigns to decriminalise abortion in Queensland, and improve access to abortion procedures in public hospitals.

We also advocate for better support for pregnant and parenting women, particularly young women whose access to education and training is often significantly impacted by their choice to continue with a pregnancy.

More support is always needed – contact us to join the campaign or be added to the mailing list. campaign@childrenbychoice.org.au Visit our website to see our merchandise.

*Buy a feminist t-shirt
on our website
and show your support!*

Menopause survey aims to activate healthy choices – can you help?

Women from across Australia are being surveyed to find out their attitudes to exercise during menopause.

In one of the first large-scale studies of its kind, a research team from Victoria University in Melbourne want to find out why some women exercise during this time and others don't.

Lead researcher, exercise psychologist Dr Erika Borkoles, said that exercise was beneficial to women of all ages, including those going through menopause.

"We suspect that some of the symptoms of menopause, such as hot flushes, may be a reason that women cease to exercise at this time, but there has been so little research on this that we simply don't know," Dr Borkoles said.

"Being active at any age helps individuals to live an independent and healthy life. We know that up to 80 per cent of women drop out of physical activity after the age of 55, but we don't know why. If we can help women to remain active during menopause they are more likely to continue exercising in their later years."

The study is being conducted with Professor Remco Polman, Dr Lauren Banting, and Professor Lily Stojanovska, author of 2 books about menopause including *Menopause for Dummies*.

"We still have some taboos around talking about menopause in our society, and that doesn't help when women are making decisions about exercise," Professor Stojanovska said.

"One of the aims of this study is to find out how our team can help women to be more active in this period of their lives. We aim to explore innovative ways, such as the use of cooling jackets, to improve participation in exercise among this group."

The researchers will survey 500 women Australia-wide with an online questionnaire probing their views about exercise during menopause.

To take part in the survey, or for further information contact:

Dr Erika Borkoles, 0488 660 614, erika.Borkoles@vu.edu.au

or visit: https://www.surveymonkey.com/s/exercise_menopause

Genital Image and Body Image ...

(continued from page 2)

D'Arcy-Tehan, says for decades advertising and marketing machines have taken advantage of women's body image anxieties and are now taking advantage of women's genital anxieties. Female genital 'cosmetic' surgery (FGCS) is widely advertised in women's magazines and on the Internet and is increasing in popularity.

"An increase in women undergoing female genital 'cosmetic' surgery such as labiaplasty for a 'designer vagina' indicates that there is a substantial aesthetic component in genital image. Unreal images such as the 'porn look' promote what the ideal female genitalia should look like. Women are also offered a better sex life if they have female genital 'cosmetic' surgery. Such claims are dubious as female genital 'cosmetic' surgery can cause scarring and disfigurement."

"Coping with psychosexual issues for individuals and their partners can be difficult. This study has found that perceptions of one's physical self plays a significant role in one's sexual self-esteem. Disappointment, isolation and poor quality of life can occur if sexual issues are not understood. The research

highlights the need for mental health practitioners to assess genital image and body image perceptions with girls and women who present with relationship and/or sexual problems. The more discomfort one has about their body the more avoidance one may experience in expressing their sexuality."

D'Arcy-Tehan hopes the research will contribute to improving girls and women's sexual self-esteem. Positive body image awareness programs have gained momentum in the media, community and education sectors. Such programs also need to include genital image awareness to help girls and women deal with genital anxieties to boost self-esteem and increase comfort and confidence with their whole bodies.

Women with poor genital image can potentially have unnecessary and harmful surgery. Mental health professionals can allay genital image concerns by explaining the commonness of different variations of women's genitalia; providing information on the risks of female genital 'cosmetic' surgery, such as reduced sexual sensation; and discussing how women's genitalia are misrepresented in pornography.

For more information contact:

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North Qld Representative

Dr Betty McLellan

TREASURER/SECRETARY &

Central Qld Representative

Belinda Hassan

Far North Qld Representative

Romina Fujii

West Qld Representative

Sue Manthey

South Qld Representative

Karly Phillips

HAVE YOUR SAY...



We are interested in your 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 coordinator@qwhn.asn.au

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NEW GUIDE TO ASSIST DIAGNOSIS OF ENDOMETRIAL CANCER

Cancer Australia has released a new resource for general practitioners and gynaecologists to assist in effective and timely investigation of symptoms which could be endometrial cancer. Endometrial cancer is the most common invasive gynaecological cancer in Australia and the incidence of the disease is increasing.

Abnormal vaginal bleeding in pre-, peri- and post-menopausal women: a diagnostic guide for general practitioners and gynaecologists will assist health professionals in assessing women with abnormal vaginal bleeding.

"About 2,100 women were expected to be diagnosed with endometrial cancer last year, many of whom will experience abnormal vaginal bleeding as their first sign of the disease," said Dr Helen Zorbas, Chief Executive Officer, Cancer Australia.

The guide has been endorsed by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists and Royal Australian and New Zealand College of Radiologists.

To download the guide, visit News and notices on Cancer Australia's website: www.canceraustralia.gov.au