



Women's Health Update

Women's Representation in Advertising and Gendered Activism

Dr. Jade Le Grice, University of Auckland lecturer and Women's Health Action board member, reflects on her recent study on how young women respond to sexualised representations in advertising, and the potential for advertising to facilitate or limit young women's empowerment on both an individual and social level.

The increased representation of sexualised imagery, often used to advertise and sell products, within global western culture has been the subject of debate based on the extent to which it shapes, reinforces and becomes reflected within young women's lives.¹ A basic assumption that young women view sexualised imagery and imitate what they see has been discarded in favour of a more nuanced understanding about how women reflect upon, and respond to, these images in diverse ways. Young women are understood to interpret the image in a way that holds meaning for them in the context of their lives, dismiss it as irrelevant, or resist the meanings in favour of identification with something else.^{1,2,3} Irrespectively, however, a familiar sociocultural patterning of sexism, racism, and heterosexism oriented towards male desire resonate beyond the representations of sexualised images, derived from the same social milieu that also characterises the social conditions of young women's everyday lives.^{1,4}

Some might claim that enacting these sexualised representations, pervasive in advertising, are 'empowering'. While some might view young women's foray into sexual activity as a marker of 'girl power' or a site of 'risk',⁵ this could be perceived as refreshing and honouring of young women's experiences. However, the language of 'empowerment' can have different meanings. Through the language of advertisers, and society at large, we might consider ourselves to be 'empowered' through our consumption of a sugary drink or lolly, delivering us a burst of energy. We might describe our mastery of an idealised sexual form, manner of dress, 'attitude', and sexy movements, as empowering, making us 'feel good', delivering a burst of validation to our self-esteem when people's heads turn to look at us. The positive implications of feeling empowered on an individual level, particularly when we have had a rough time or are subject

to other areas of marginalisation in our life, can be difficult to argue with.

Individualised notions of 'personal choice' and the 'rational self' are central to claims about young women's sexual empowerment within a western sociocultural context. The notion of 'personal choice' is important in describing a sense of sexual and personal freedom.⁶ However, this idea of personal freedom and 'choice' belies the restraints of normative values and practices to people's individual claims to this. The costs associated with not abiding by these norms and being positioned as 'other' is particularly forceful in shifting people towards particular 'personal choices' (see Fahs, 2012 for a study on growing out body hair and implications for 'otherness'). The idea that we have an 'authentic' and entirely 'rational self' that guides us through clear and purposeful decisions also reinforces the centrality of such notions of 'personal choice'. This may be configured through the ways we narrate our lives, positioning ourselves as heroes of our own stories who achieve 'empowerment' on the path towards developing personal esteem.⁷

A meaning of 'empowerment' that tends to be excluded from advertising discourse, is a collective notion of empowerment, anchored in sustainable political and social change. This is a considerably more complicated task. It is possible that an individual young woman's sexual empowerment could align with a responsiveness to political and social change on one level, while also limiting political and social change on another level. For instance, representations of an agentic women's sexuality may rework normative gendered scripts that women are expected to be sexually passive. In doing so, however, an active and agentic women's sexuality might inadvertently align with an expectation of women's sexual availability, perceived to be meeting men's needs, reducing the impact of this intervention for sustainable social change. The increasing availability of pornography is another example of this, shaping the cultural terrain as a ready-made source of sexuality education, informing sexual expectations and experiences of young men and women, opening up repressive sexual norms yet entrenching prevailing gendered inequality, sexism, and misogyny.⁸

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Achieving collective empowerment is further complicated by the understanding the differences between women's experiences, and how other aspects of identity shape this up in different ways and frame different considerations.⁹ Incumbent in an individualised western context, representations of sexualised women in advertising tend to emphasise the individual in competition with others, over their inter-relationships, ethics for the other, and relative locations of privilege and marginality by their social identities.⁷ Young women may describe their achievement in embodying representations of 'sexiness' as 'empowering', while invisibilising the structural privileges that enable them to reach this, excluding women on the basis of heterosexism, classism, sizeism,

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racism or ageism,⁴ or being set up to compete with, or elicit jealousy from, other women.¹⁰

What can the study of young women's sexualisation teach us about women's representation in advertising? How do we create, or rescript women's representation in advertising to challenge the inhibiting social conditions that characterise women's lives? It is important for advertisers to understand and represent notions of 'empowerment' to include a collective orientation to women's lives, inclusive of their diversity and not solely oriented to the pursuit of individual pleasure. In aspiring to collective empowerment, it is also vital to critically reflect on whether or not new representations could inadvertently align with, support and encourage another pattern of 'disempowerment', reify unhelpful representations, normalise them further and entrench these assumptions within the

sociocultural fabric. Finally, it is essential that new representations do not trample on the empowerment of people characterised by difference or foster competition and jealousy between women.

Jade is currently awaiting feedback on a manuscript that engages with these issues, focussing on the intersectional complexities of race, gender, sexualisation, and sexual violence. Stay tuned for further updates!

- 1 Evans, A., Riley, S., & Shankar, A. (2010). Technologies of sexiness: Theorizing women's engagement in the sexualisation of culture. *Feminism & Psychology*, 20(1), 114-131
- 2 Gill, R. (2012). Media, empowerment and the 'sexualization of culture' debates. *Sex Roles*, 66(11-12), 736-745
- 3 Lamb, S., & Peterson, Z. D. (2012). Adolescent girls' sexual empowerment: Two feminists explore the concept. *Sex Roles*, 66(11-12), 703-712.

- 4 Gill, R. (2008). Empowerment/sexism: Figuring female sexual agency in contemporary advertising. *Feminism & Psychology*, 18(1), 35-60.
- 5 Renold, E., & Ringrose, J. (2013). Feminisms re-figuring 'sexualisation', sexuality and 'the girl'. *Feminist Theory*, 14(3), 247-254.
- 6 Fahs, B. (2012). Breaking body hair boundaries: Classroom exercises for challenging social constructions of the body and sexuality. *Feminism & Psychology*, 22(4), 482-506.
- 7 Goodman, D. M., Dueck, A., & Langdal, J. P. (2010). The "Heroic I": A Levinasian Critique of Western Narcissism. *Theory & Psychology*, 20(5), 667-685.
- 8 Crab, M. (2015). Putting porn in the picture. *DVRCV Advocate*, 1(Autumn/Winter)
- 9 Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford law review*, 1241-1299.
- 10 Tolman, D. (2012). Female adolescents, sexual empowerment and desire: A missing discourse of gender inequity. *Sex Roles*, 66, 746-757

Cartwright Forum 2016: The Control of Cervical Cancer in New Zealand

Earlier this year it was announced that New Zealand would be moving to Human Papilloma Virus (HPV) testing as the primary screening modality to control cervical cancer in 2018. With this in mind, a logical choice for the 2016 Cartwright forum was to review the achievements and challenges in the control of cervical cancer in New Zealand and explore the implications of proposed changes to the screening programme and options for the future. Dr Sandy Hall reviews the forum and the ongoing debate about HPV testing.

In 1988, the Cartwright Report provided a blueprint for an organised cervical screening programme and paved the way for other cancer screening programmes in New Zealand. Each year, Women's Health Action, in conjunction with partner organisations, coordinates an annual forum on a contemporary issue of interest or concern for women. The forums are intended to ensure the lessons of the Cartwright Inquiry are not forgotten by focusing on the dynamics of gender and power within social institutions such as health care, the justice system, and social welfare that continue to impact on women's health, wellbeing and ability to self-determine the course of their lives.

This year's forum, organised jointly with the Cartwright Collective (a group of women who were involved in initiating the Cartwright Inquiry and the Gisborne inquiry) and the Auckland Women's Health Council, brought together health practitioners, health consumers and policy makers in a one day forum to share knowledge and foster debate at Potters Park Event Centre in Auckland. Featured speakers included Professor Marshall Austin (Professor of Pathology, University of Pittsburgh, USA), Dr Helen Petousis-Harris, Adrian Lunlam, Rayoni Keith and Associate Prof Brian Cox.

There was general agreement amongst

the speakers that New Zealand has one of the most successful cervical screening programmes in the world. Over 73 percent of eligible women aged between 20 and 69 years have regular smear tests within recommended timeframes and the number of women who die from cervical cancer in New Zealand has fallen by 66 percent since the National Cervical Screening Programme (NCSP) began in 1990.¹

While taking stock of current achievements, there was also cause to reflect on current issues and future movement. Sandra Coney, who opened the forum, reiterated the recommendations of the earlier Cartwright Inquiry to reassert the importance of ensuring full consultation with consumer groups, including women's health groups - the Ministry of Women's Affairs, the Health Department - and all relevant health professionals, to ensure that *"administrative problems are kept to a minimum, an optimum number of women are reached, and cultural, privacy and financial considerations are taken into account, so that screening is acceptable and available to all women"* with specific mention of the *"special duties owed to Māori women who have a three times greater risk of contracting invasive cancer than other women in New Zealand"*.²

Sandra and others expressed concern regarding possible gaps in the National Cervical Screening Programme (NCSP), and the need to address the issue that many individual

women are not screened, and collective groups may be 'under-screened'. Although innovative examples of locally based programmes engaging Pacific and Māori women were known, cost and access were considered barriers to screening uptake for many women, and free smear taking was limited and not well known.

The changes to the programme and the proposed move from liquid based cytology testing to testing for the presence of human papillomavirus (HPV) as the primary screening modality engendered much of the debate of the day. It was strongly recommended that any cost savings associated



▲ Keynote speaker Professor Marshall Austin at the Cartwright forum

this change should be put back into free screening. The involvement of consumers in design and implementation was noted as crucial in this regard.

Community uncertainty about the future impact of these changes were central to these discussions. In introducing the topic, Professor Jo Manning from the University of Auckland

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noted, "New Zealand's pathway to primary HPV screening has been very different to countries with similar highly successful cytology-based cervical cancer screening programs. We also have a lower rate of immunisation than comparable countries such as Australia. These factors and a lack of wide consultation and haste in which this major change in policy is to be introduced has caused disquiet in the sector amongst both consumers and clinicians".

Describing her analysis of community perspectives on the shift to HPV testing as a cervical cancer prevention initiative, Jo noted general support for the idea of tests that were more accessible and less frequently required. However, many raised concerns about the need to develop a secure evidence base before shifting to a HPV testing as a screening programme for cervical cancer, strongly recommending a period of co-testing (HPV testing alongside current liquid based cytology testing), and a wider and more comprehensive consultation process.

Further local and overseas experts at the forum raised questions about the safety of the proposed shift, indicating that there is no international precedent for sole HPV testing, advocating co-testing as a safer and more conservative option. If adopted, New Zealand is in a unique position to be a world leader in this regard, and assess the relative effects of both tests concurrently. Both tests can

be done on the single smear taken, and no additional sample is required from women. Evidence presented suggested it would take approximately 5-6 years of co-testing to prove the safety and efficacy of HPV screening and would avoid the experimental approach of the current policy changes.³

At the close of the forum participants passed a unanimous resolution urging greater caution in rolling out a new, untested screening programme for cervical cancer and called upon the Minister of Health to consider the following actions:

- Delay the start of the proposed HPV screening programme as the primary cervical screening tool so that New Zealand can learn from the lessons in Australia and the UK as they shift to HPV screening;
- Failing that, institute a phased approach using co-testing for 2-3 rounds of screening (5-6 years) during the transition between the current liquid based cytology approach and the new HPV screening to audit the safety of the new, untested approach and the level of over-diagnosis;
- Consider 3 yearly intervals for screening under the new regime, especially in the first 2-3 screening rounds;
- Undertake a retrospective review of the screening history of all women identified with cervical cancer; and
- Establish an ongoing audit of the screening history of every newly identified invasive

cervical cancer case (both screened and unscreened women) as a quality control measure of the overall screening program.

The National Cervical Screening Programme (NCSP) has subsequently presented at two scientific forums arguing for the changes. This was attended by members of the Cartwright Collective who have raised a number of further questions with the NCSP. We will report on further updates through the Women's Health Action website <http://www.womens-health.org.nz>

More information on the 2016 Cartwright forum, including speakers' presentations and a video of keynote speaker Professor R Marshall Austin, can be found at <http://www.womens-health.org.nz/?s=cartwright>

1 National Cervical Screening Unit. (2016). *National Cervical Screening Programme: Changing the primary laboratory test: Public consultation submission summary*. Retrieved from <https://www.nsu.govt.nz/health-professionals/national-cervical-screening-programme/primary-hpv-screening-on-21/11/16>

2 *The Report of the Cervical Cancer Inquiry 1988*. (1988) Auckland: Government Printing Office, <https://www.nsu.govt.nz/health-professionals/national-cervical-screening-programme/legislation/cervical-screening-inquiry-0>

3 Austin, R. M. (2016, August 5). *HPV-Negative Results on Women Developing Cervical Cancer: Implications for Cervical Screening Options*. Speech presented at The Control of Cervical Cancer in New Zealand: Achievements and Future Prospects, 5th August 2016, Auckland New Zealand. <http://www.womens-health.org.nz/marshallaustin/>

The Big Latch On 2016

By Holly Coulter

Friday 5th and Saturday 6th August 2016 marked the 12th annual Big Latch On Aotearoa New Zealand, with a new record of 1951 women and their children coming together to latch on.

Women's Health Action's successful contribution to World Breastfeeding Week, the Big Latch On, has continued to grow and reach more women each year since it was launched in 2005, creating positive settings for communities to come together and generate support for breastfeeding.

The Big Latch On involves women and their children gathering in venues such as libraries, shopping malls, women's centres, maternity hospitals, museums and even stadiums to breastfeed together, build their confidence to breastfeed in public, and connect with the support that is available in their communities. Family, whānau, friends and breastfeeding supporters also join breastfeeding women and their children throughout the country to affirm, celebrate and promote breastfeeding.

This year marked the third year of the Big Latch On's #BrelfieNZ campaign, where women shared photos of themselves breastfeeding on social media. The online location of this campaign was intended to be responsive to women's participation on social media, and the role of online communities in supporting breastfeeding women. The #BrelfieNZ campaign makes the Big Latch On



▲ Breastfeeding mums and supporters at the Palmerston North Big Latch On

more inclusive for women who cannot make it to an event in their community due to illness, work, and geographical isolation to allow them to connect, support, and be supported.

Although 96% of pregnant women report intentions to breastfeed for the first 6 months of their baby's life, in line with Ministry of Health recommendations,¹ only 17% of babies are exclusively breastfed at 6 months.² This may be informed by reported barriers to breastfeeding - lack of peer and community support, and perceived social disapproval.^{3,4,5} Each year, Women's Health Action coordinates the Big Latch On to directly intervene and

address these barriers to breastfeeding, working to make it bigger and more inclusive, so that all women in New Zealand who want to breastfeed their children are supported to do so.

Drawing on extensive community networks, Women's Health Action co-ordinates with agencies to host events, who then organise their own events in a way that best suits their community, so that taking part is relevant and meaningful to all women in Aotearoa New Zealand. Partners, family, whānau and friends

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are welcomed to support the breastfeeding women in their lives and build peer support.

Participant feedback for the Big Latch On has emphasised its positive effect on women's awareness of, and access to, breastfeeding knowledge and support among their communities, and confidence to breastfeed in public. The benefits reported by participants can be seen working several years later. Many of those who did not report an increase in connectedness and confidence attribute it to already having experienced these benefits as a result of taking part in previous Big Latch Ons.

Connection with other mothers was considered affirming, as reported by participants at this year's event - 'Great to see

and meet so many other mums (from all cultures) breastfeeding!', and 'Was very cool to breastfeed with other mums. It felt really good knowing there's people out there to help me along with my journey'.

Several participants mentioned that it was particularly positive to see breastfeeding older children normalised at the Big Latch On - 'It's been great meeting other mums who are breastfeeding toddlers, it's something we need to see more often', and 'It has empowered me and inspired me to continue on breastfeeding even if my little one is already 18 months old'.

An independent evaluation of the Big Latch On is undertaken each year by students from the University of Auckland, School of Population Health, and will be available early next year.

- 1 Morton, S.M.B. et al. (2012). *Growing Up in New Zealand: A longitudinal study of New Zealand children and their families. Report 2: Now we are born*. Auckland: Growing Up in New Zealand.
- 2 Plunket. (2016). *Annual breastfeeding statistics*. Retrieved from <https://www.plunket.org.nz/news-and-research/research-from-plunket/plunket-breastfeeding-data-analysis/annual-breastfeeding-statistics/> on 21/11/16.
- 3 Glover, M., Waldon, J., Manaena-Biggle, H., Holdaway, M., & Cunningham, C. (2009). Barriers to best outcomes in breastfeeding for Māori: Mothers' perceptions, whānau perceptions, and services. *Journal of Human Lactation*, 25(3), 307-316.
- 4 World Health Organization. (2003). *Community-based Strategies for Breastfeeding Promotion and Support in Developing Countries*. Geneva: Author.
- 5 DeSouza, R. (2006). Becoming informed healthcare consumers: Asian migrant mothers in New Zealand. In S. Tse, et al. (Eds.). *Proceedings of the Second International Asian Health and Wellbeing Conference*, 13-14, (196-207). Auckland, New Zealand: University of Auckland.

NOTICEBOARD

2017 CERTIFICATE IN FUNDRAISING

1 JANUARY - AUCKLAND, WELLINGTON, CHRISTCHURCH

The Fundraising Institute of New Zealand's Certificate in Fundraising is a three to six month programme of classroom and self-directed learning, consisting of three Modules. Register your interest now

<http://finz.org.nz/Certificate+In+Fundraising>

BIOETHICS CONFERENCE: BIOETHICS AND HEALTH LAW IN THE INFORMATION AGE

27-28 JANUARY - DUNEDIN

The information age refers to the current expansion of collection and storage of actual and potentially health related data to the technologies that provide the means to manipulate, aggregate, combine, and utilise this data. With this come possibilities for future action which are only now beginning to be explored.

<http://www.otago.ac.nz/bioethics/news/events/otago609238.html>

INTERNATIONAL WOMEN'S DAY

8 MARCH - INTERNATIONAL

A global day celebrating the social, economic, cultural and political achievements of women. Events around the country will be announced closer to the time.

<https://www.internationalwomensday.com/>

THE BIRTHING ROOM CONFERENCE

24 MARCH - CHRISTCHURCH

This year's conference theme is - Cultivating Our Roots: Let the Tree Flourish. This one day hui will focus on traditional Māori birth practices, and how tikanga can be integrated into today's maternity system. Aimed at midwives, childbirth educators, obstetricians, doulas, plunket nurses, other allied health staff, and whānau (families), who would like to feel more empowered and knowledgeable about integrating traditional Māori birthing practices into their clinical practice or the birth of their pēpe (baby).

<http://thebirthingroom.co.nz/event/the-birthing-room-conference-2016-cultivating-our-roots-let-the-tree-flourish/>

15TH WORLD CONGRESS ON PUBLIC HEALTH

3-7 APRIL - MELBOURNE

An international forum for the exchange of knowledge and experiences on key public health issues, contributing towards protecting and promoting public health at a national and global level.

<http://www.wcph2017.com/>

COLLABORATIVE 9TH ANNUAL HUI

27-28 APRIL - CHRISTCHURCH

The Collaborative Trust are partnering with the Society of Youth Health Professionals Aotearoa New Zealand (SYHPANZ) for the 2017 hui, themed 'Wellbeing Matters'. This hui will focus on building knowledge and skills for youth wellbeing, and connecting wellbeing in school, whānau and community.

<http://www.collaborative.org.nz/index.php?page=events>

FUNDRAISING INSTITUTE OF NEW ZEALAND (FINZ) 2017 CONFERENCE

3 MAY - QUEENSTOWN

This conference is the premier learning event for fundraisers, charity and community sector leaders.

<http://conference.finz.org.nz/Conference%2BEvents/FINZ+2017+Conference>

INTERNATIONAL DAY OF THE MIDWIFE

5 MAY - INTERNATIONAL

A day to celebrate the success of midwives and recognise the importance of midwifery.

It is also a day to call attention to the improvements still needed to ensure that all women have access to a qualified midwife.

This year, the theme is 'Women and Newborns: The Heart of Midwifery'

<http://www.internationalmidwives.org/events/idotm/>

ACTIVITY AND NUTRITION AOTEAROA (ANA) CONFERENCE

30-31 MAY - WELLINGTON

When we work together we have the power to inspire change; a change that can transform where we live, work, learn and grow into environments that support healthy eating and physical activity.

Call for abstracts and early bird registration are now open.

<http://www.ana.org.nz/>



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Women's health information - www.womens-health.org.nz
Breastfeeding Friendly Workplaces - www.bfw.org.nz