women's health
update

Healthy Policy: Improving women's health through cross-sectoral approaches

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Inside

There is growing recognition internationally that the explanations for many population and individual level health outcomes are not attributable to biology, genetics, nor individual lifestyle behaviors and choices, but are rather the result of avoidable social and economic factors such as differential access to adequate income, education, employment, justice, safety, housing, and a healthy environment. Who you are (your ethnicity, gender, ability, age, sexuality, socio-economic status etc) determines your ability to participate in social and economic life, and thus your ability to enjoy good health. A recognition of the social determinants of health means recognising that the answers for improving health and wellbeing, and addressing health inequities within the population, do not rest with the health sector and medicine alone, but must be addressed across government and through a range of social and economic policies. ***Christy Parker****, Women's Health Action Policy Analyst, looks at some of the social and economic factors that intersect with gender to make women sick in Aotearoa New Zealand in 2010 and why a "Health in All Policies" approach which includes gender-based analysis is the best way to improve women's health.*

What makes women sick? Understanding gender as a social determinant of health

In 2008 the World Health Organisation's (WHO) Commission on Social Determinants of Health released its final report, 'Closing the gap in a generation', which provided strategies for how to achieve health equity through action on the social determinants of health. Health equity has been defined by the WHO as "the absence of unfair and avoidable or remediable differences in health among population groups defined socially, economically, demographically or geographically"[1]. Achieving equity in health involves addressing the differences in health across the population that can be attributed to unequal economic and social conditions, are systemic and avoidable, and thus inherently unjust and unfair. Tackling health inequities requires widening our health policy lens to bring into view the ways in which jobs, working conditions, education, housing, social inclusion, and even political power, influence individual and community health[2]. As long as societal resources are distributed unequally, population health will be distributed unequally along those lines as well[3].

Social constructions of gender (the socially prescribed different roles assigned to women and men, and unequal relations between men and women), as distinguished from sex (female or male anatomy) have been widely acknowledged as a social determinant of health[4]. Gender impacts on women's health when constructions of gender act as an impediment for women attaining good health by limiting access to resources such as income, food, housing, medical care and social services, or result in differential treatment of women in society[5]. Gender health inequity therefore refers specifically to unjust and avoidable differences in health that stem from the social construction of gender. Achieving gender health equity implies that men and women (boys and girls) have equal opportunities and access to conditions and services that enable them to achieve good health, and are not treated differently in society[6]. Recognising the role gender may play as a social determinant of health has led to the development of gender-based analysis tools to understand how gender, as well as sex, intersects with other determinants such as ethnicity, disability, and socio-economic status in impacting on social, economic and thus health equity[7]. This means that policies, programmes and legislation for improving health and addressing health equity can be more sensitive to the causes of ill-health.

Women in Aotearoa New Zealand have achieved a great deal towards addressing unequal gender relations the past 30 – 40 years which has led to significant improvements in women's health. For example Aotearoa New Zealand was ranked the sixth best country in the world to be a mother in this year's Save the Children's annual Mothers' Index, based on a range of factors including lifetime risk of maternal death, percentage of women using modern contraception, access to education, maternity leave benefits, and participation of women in public life. Australia rated 2nd in the world, United Kingdom 14th and the United States 28th[8]. However gender, intersecting with other social determinants, is far from being eliminated as a determinant of health and health inequity in Aotearoa New Zealand. The disproportionate number of women experiencing poverty and the high incidence of violence against women in Aotearoa New Zealand are two examples.

Women and poverty

The relationship between people living in impoverished circumstances and ill-health has been comprehensively demonstrated worldwide[9]. Wealthier people can afford to purchase more nutritious food, drier and warmer homes, better hygiene, warmer clothes, preventative and primary health care. Evidence has shown that poverty is a vicious cycle; poverty is bad for your health, and the resulting ill-health consolidates poverty[10]. The Human Rights Commission's 2010 review of human rights in New Zealand demonstrates

continued on page 2

Women's Health Update features women's health news, policy and scientific findings, to enable health care professionals and community-based workers to be at the forefront in women's health.

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continued from page 1

a disproportionate number of women living in poverty in New Zealand. Women are more than one and a half times more likely than men to live in a household with a total annual of $30 000 or less[11]. Three-quarters of people whose personal income is over $75 000 per year are men. The median annual income on census night (2006) from all sources for people aged over 15 was $31 000 for men and $19 000 for women, a gap of 39 percent[12]. Lone mothers, who are disproportionately represented amongst those living on the Domestic Purposes Benefit, are particularly vulnerable to physical and mental ill-health related to their social and economic status. Lone mothers on the DPB in Baker's study were reluctant to attend primary health services because of the cost; they experienced emotional problems arising from relationship breakdown, abuse, and continuing conflict around care and access arrangements; high rates of stress related to their financial situation; high rates of depression; poor nutrition including frequently skipping meals to ensure their children were fed; and worsening ill-health through the inability to rest due to caring and part-time paid work responsibilities[13]. Women are more likely than men to be parenting alone in Aotearoa and if they are, this is likely to be bad for their health.

Violence against women

Internationally, violence, like poverty, has become recognised as significant contributor to ill-health[14]. New Zealand has high rates of violence against women, with both family violence and sexual violence being highly gendered and systemic crimes. Prevalence research suggests that one in three New Zealand women will experience domestic violence (physical or sexual) from their male partner during their partnered life-time[15]. Police documentation of attendance at family violence incidents have increased over recent years with police recording attendance at 80,000 family violence events in 2008[16]. It is estimated that only 18 percent of family violence cases are reported to the police[17]. Maori women receive higher levels of medical treatment for abuse and that abuse is of greater severity[18]. The Report of the Taskforce for Action on Sexual Violence 2009 Ministry of Justice states "Overwhelmingly, sexual assault is perpetrated by men against women. It is both a consequence and a cause of gender inequality"[19]. Research indicates that between 92 and 95 percent of survivors of sexual violence are women[20]. According to the 2006 Crime and Safety Survey, "Approximately 29 percent of women and nine percent of men experience unwanted and distressing sexual contact over their lifetime"[21]. Violence against women is associated with a wide range of physical and mental health effects including self-perceived poor health, physical health problems (eg. pain), emotional distress, and suicidal thoughts[22].

"Health in All Policies": working to address the causes of health inequity

Given that many of the determinants of health are related to social and economic processes, policies and programmes intending to improve health and wellbeing, and address health inequity, need to be coordinated across government at its various levels. This means developing a range of social, economic and health policy responses to health issues informed by consultation, and developed through transparent and participatory processes that include meaningful engagement with the community and NGO sector. This "Health in All Polices" approach to improving health and addressing health inequities through joined-up government was proposed in an international meeting led by the World Health Organisation held in Australia this year[23]. However, to be effective, cross-sectoral responses to health issues need to be sensitive to how the various social and economic determinants intersect to produce ill-health. This means incorporating the use of gender-based analysis, alongside other lenses, into the development of healthy policy and programmes. This will ensure such policies and programmes address the causes of what makes women sick, such as systemic gender violence or the disproportionate number of women living in poverty, and not just the symptoms.

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20 Human Rights Commission.
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22 Fanslow & Robinson.
23 World Health Organisation. (2010). *Adelaide Statement on Health in All Policies,* Government of South Australia, Adelaide 2010.

"That's what's best for baby…right?"

Parent and Child Shows are an excellent opportunity to promote breastfeeding. Women's Health Action (WHA) joined forces with Breastfeeding NZ (Ministry of Health and GSL Marketing) and ran two very successful stands at the Wellington and Auckland shows. In addition to providing information on pregnancy, childbirth and breastfeeding, WHA also provides a comfortable area for women to breastfeed and refuel with healthy snacks and water which is appreciated by many of the new mums visiting the show. ***Isis McKay****, WHA Breastfeeding Advocate, describes the events and explains why they are not only an excellent opportunity to connect with women about the importance of breastfeeding but also how these shows provide useful information for informing breastfeeding advocacy in Aotearoa New Zealand.*

It was a pleasure to be involved in organising two more successful stands this year and to be supported by volunteers from local breastfeeding support groups such as La Leche League. There were hundreds of visitors to our stand throughout the two shows, and a number of women received some welcome breastfeeding tips and often counseling from La Leche League members, Lactation Consultants and Midwives about managing breastfeeding. This highlights the ongoing need for information and support to be provided to pregnant and breastfeeding women. The appreciation women showed for being provided a comfortable place to breastfeed their babies reinforced the need to provide safe and comfortable spaces at all public events for breastfeeding

women to relax, feed their children and themselves. It is especially important that these breastfeeding areas are provided at outdoor events such as music and cultural festivals. WHA has recently received a generous grant from the

ASB Community Trust to enable us to purchase a marquee for this purpose, so look out for the WHA and Ngati Whatua o Orakei Health Breastfeeding Marquee at the 2011 Waitangi Day Celebration in Okahu Bay.

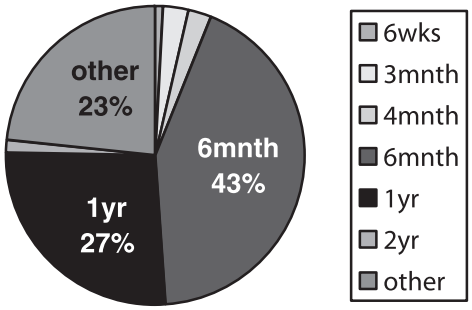
We also use the shows as an opportunity to speak to pregnant and breastfeeding women about their breastfeeding experiences. Two surveys were developed: one for women pregnant with their first child and one for mothers focusing on questions related to their youngest child. Questions included breastfeeding practices, introduction of infant formula, introduction of solids, introduction of follow on formula, and the main sources of information women used to support their decisions about infant nutrition.

We received over 900 responses to our survey. The message about the importance of breastfeeding seems to be getting through with nearly 100% of all pregnant women indicating that they intend to breastfeed. However 43% of women pregnant with their first child indicated that they would cease breastfeeding at 6 months. Women's Health Action supports the efforts to promote six months exclusive breastfeeding in New Zealand.

However, anecdotal evidence suggests that promoting this message without also promoting the important benefits of continuing to breastfeed for up to 2 years and beyond after the introduction of nutritionally adequate and safe complementary foods, as recommended by the World Health Organisation, may lead pregnant women to believe that 6 months breastfeeding is all that is "required". It is not a coincidence that this message also sits quite nicely with the marketing of "follow on formulas" as the "natural progression" from breastfeeding at six months.

Follow on formula is aggressively marketed in nearly all the popular pregnancy and parenting magazines, on television, and

How long do you plan to continue breastfeeding?



unfortunately even at the Parent and Child Shows. It is no wonder then that we hear comments like "I will stop breastfeeding at 6 months to move onto the follow on formula, that's what's best for baby… right?"

We are looking forward to attending the Parent and Child Shows again next year to promote breastfeeding and to provide a comfortable space for breastfeeding mothers. We are also excited about providing breastfeeding friendly spaces at other events over the summer. Why not do the same in your local area? For more information and support contact Isis at Women's Health Action, breastfeeding@womens-health.org.nz.

Steps in the right direction: World Breastfeeding Week 2010

Five women breastfeeding their five children on the steps at a Christchurch park each represented one of the 'Just 10 steps' which was the theme for this year's Big Latch On. The women are from the Christchurch Young Parents' Breastfeeding Group Whāngai U ¨Mātua Puhōu - a group for parents under 25 funded by Partnership Health Canterbury and managed by Early Start. Young Mums are often portrayed negatively so we wanted to celebrate the amazing job that these young parents are doing. We have had excellent feedback about this poster from communities throughout Aotearoa, especially from other young parent groups who say positive images help give these mums a sense of belonging and pride. These young women are a great advertisement for confident, nurturing young mothering. For more information see the Young Parents' Breastfeeding Group page on Facebook.

Women's Health Action also produced a simple 'Just 10 Steps – Breastfeeding, the baby friendly way' pamphlet which includes:

- BFHI 10 Steps: what to expect from your maternity service,
- 10 steps to breastfeeding 'out and about',
- 10 steps to breastfeeding 'at work' and
- 10 reasons to breastfeed.

The pamphlet also provides a page of useful breastfeeding support and resource links.

World Breastfeeding Week 2010 was celebrated by over 400,000 people worldwide in the first week of August. In Aotearoa New Zealand, 1514 mothers got together to be part of the 2010 Big Latch On and again broke the record for breastfeeding simultaneously throughout the country. There were many 'first-timers' but they were joined by a few regulars who have been coming for a number of years with multiple children!

There was a 17.6% increase in participation this year with a total 3207 mothers and children attending one of the 122 Big Latch On registered venues in cities and towns all over New Zealand. Venues included community centres, local cafes and bars, workplaces, churches, and parent and play centres; we also saw a 23.8% increase in BLOs held in health care centres.

This year was the sixth annual Big Latch On. Individual events are organised by breastfeeding mothers and their supporters in their own communities with national co-ordination and support from Women's Health Action. Each year has seen increasing involvement and support from communities large and small around New Zealand, with the positive impacts of the Big Latch On extending past the event itself. The Big Latch On has prompted the establishment of breastfeeding support groups in areas where mothers are isolated, showing that events like this help us as a community to reach out and support one another.

The Big Latch On celebrates breastfeeding mums and babies; promotes the benefits of breastfeeding for babies, mums and society; and sends a message that breastfeeding in public is acceptable and will be supported. It is a great opportunity to get community recognition of the great work breastfeeding mothers do. Unfortunately, many New Zealanders have not grown up with breastfeeding as a normal, natural part of life. It is events like the Big Latch On that help make breastfeeding normal, and dispel the perception that breastfeeding in public is somehow obscene or offensive.

World Breastfeeding Week was first celebrated in 1992 and is now observed in over 120 countries. The aim is to promote exclusive breastfeeding for the first six months of life which yields tremendous health benefits; providing critical nutrients, protection from deadly diseases such as pneumonia and fostering growth and development. Continued breastfeeding after six months, for up to two years of age or beyond, combined with safe

(From left to right):
Gabrielle Fazaks (18) and her 6 week old Oliver
Jenna Taurerewa (24) and Honour (6m) (Their iwi is Te Aroha)
Rachel Hart-Woolcock (23) and Michael (10m)
Brooke Christieson (18) and her 7 week old Ryan
Emily Coffey (23) and Karena (18m) (Their iwi is Te Atiawa)
Names provided by Susan Procter (Project Facilitator, Christchurch Young Parents' Breastfeeding Group)

and appropriate complementary feeding, is the optimal approach to child feeding.

Women's Health Action is delighted with the commitment and enthusiasm of the Big Latch On coordinators nationwide and their amazingly supportive communities throughout Aotearoa. This is a valuable opportunity to celebrate the hard work mothers do and a positive sign that we are strengthening breastfeeding support in New Zealand. We are looking forward to another record breaking Big Latch On in 2011 and we are keen to hear from anyone with ideas for the 2011 poster.

Every year Women's Health Action works with students from the School of Population Health to compile a detailed evaluation of the Big Latch On. Copies of the report can be requested from isis@womens-health.org.nz

Missing in Action? Census of women's participation 2010

New Zealand may have been the first self-governing country in the world to give all women the right to vote in parliamentary elections but how are we doing 117 years later? Are women getting the chance to have their say in the direction of New Zealand's public and business life ensuring that it meets the needs of both women and men? WHA looks for clues in the latest New Zealand Census of Women's Participation released in early November by the Human Rights Commission.

The Census is a biennial stock take of women's participation in governance, professional and public life in Aotearoa New Zealand. The 2008 Census came with an agenda for change to increase the levels of women's participation. However the 2010 Census reveals that the change in female representation has been a decrease in Government appointed boards and static participation rates in many of the sectors that committed to increasing women's participation after the 2008 Census. The findings also reveal ongoing ethnic inequalities amongst those women who are represented in leadership positions. The findings of the Census have led Equal Employment Commissioner Dr Judy McGregor to observe, "New Zealand is seen as a world leader in ensuring a fair go for women. Unfortunately we risk real damage to that reputation unless there is a broad commitment to genuine change."

A snap shot of the Census shows

- Women make up 59 percent of public servants, but only 17.6 percent of public sector chief executives, down from 23 percent in 2008. There is also a persistent gender pay gap in the public service with women on average earning 15.4 percent less than men.
- Female representation on Government appointed boards is inching backwards, from 42 percent to 41.5 percent, and remains 8.5 percent below the Government's target of 50 percent by 2010.
- Women hold an appallingly low 9.32 percent of directorships of the top 100 companies on the New Zealand Stock Exchange and this figure has remained virtually static since the last census.
- There has been very little improvement in the number of women judges, currently sitting at 26.03 percent, with a tiny increase of just 0.27 percent since the last census.
- The level of women's representation in local government remains below the commonwealth target of 30 percent and has decreased slightly since the last census to 28.3 percent.
- Women's representation on District Health Boards is relatively high at 44.14 percent. However this has remained static in the past three years.

These figures are disappointing, especially in the lead up to the next Aotearoa New Zealand report to the United Nations on our progress towards implementing the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). This UN Convention, which New Zealand ratified in 1985, provides, amongst other things, for women's equal participation in political and public life.

Action is clearly required and the 2010 Agenda for Change includes plans for:

- Ensuring the New Zealand Stock Exchange monitors the Australian gender diversity reporting regime with the aim of adopting it in 2012.
- Ensuring that Government departments take concerted steps to close the gender pay gap in their workforces.
- A recommitment by the Government to achieving 50/50 gender parity in appointments to statutory bodies, extended to 2012.
- Collective strategies for identifying and mentoring the next generation of women leaders.
- The establishment of a cross-party parliamentary caucus so political party leaders can provide a forum to advance women's progress inside and outside of parliament.

To view the Census go to www.hrc.co.nz.

Noticeboard

16 DAYS OF ACTIVISM ON GENDER BASED VIOLENCE

25th November – 10th December 2010
www.whiteribbon.org.nz

WORLD AIDS DAY

1st December 2010

World AIDS Day is an annual campaign to bring attention to the global AIDS pandemic Started on December 1, 1988, World AIDS Day is about raising money, increasing awareness, fighting prejudice and improving education. World AIDS Day is important in reminding people that HIV has not gone away, and that there are many things still to be done.

PEER COUNSELOR TRAINING AND BREASTFEEDING PROGRAMME (AUCKLAND)

Ruapotaka Marae – Line Road – Glen Innes, Auckland
10am – 1pm
3rd December – Why does breastfeeding sometimes go wrong?
11th February 2011 – Breastfeeding beyond the early months
Contact – Ngati Whatua o Orakei Health
Tui Makoare at tuim@orakeihealth.org.nz or
Waimirirangi Howell or waimirirangih@orakeihealth.org.nz
Otahuhu Community Centre – 10 High Street – Otahuhu, Auckland
10am – 1pm
10th December 2010 – Why does breastfeeding sometimes go wrong?
25th February 2011 – Breastfeeding beyond the early months
Contact – Community Breastfeeding Support Service
Kura Marsters 027 2816067 or Kay Morgan 09 3601496

WOMEN'S RIGHTS AND ADVOCACY IN THE PACIFIC (WRAP)

Stand in solidarity with Pacific women (Wellington)
1pm – 1.30pm, 8th December 2010
Parliamentary Steps, Parliament Buildings, Wellington
Colourful and dark dresses will be hung on washing lines outside Parliament to visually represent the number of women in the Pacific Islands who suffer from sexual and gender based violence. Invited guests will be asked to remove some of the dark dresses and replace them with colourful dresses to show our shared desire to end this fundamental human rights violation. There will be a few short addresses during the half hour activity
RSVP to Rebecca.emery@amnesty.org.nz

AUCKLAND WOMEN'S CENTRE FEMINIST NETWORK (AUCKLAND)

7pm, 8th December 2010
Auckland Women's Centre, 4 Warnock St, Grey Lynn
Contact Leonie on 376 3227 or akcentre@womenz.org.nz

INTERNATIONAL HUMAN RIGHTS DAY

10th December 2010

REBOZO WORKSHOP (AUCKLAND)

9am – 5pm, 9th February 2011
Auckland Airport Marae
Cost: $NZ140 ($NZ160 after 1/1/2011)
A Rebozo is a shawl used by Mexican midwives to relax pregnant & labouring women, to change the position of the baby in utero and as part of a "closing" massage for new mothers. Participants of this workshop will learn about & practise these techniques.
Contact Denise Hynd (09) 832 3467 or midwifedenise@vodafone.co.nz

NURSING NETWORK ON VIOLENCE AGAINST WOMEN (NNVAWI) (AUCKLAND)

16th – 18th February 2010
Venue: Heritage Hotel, Auckland.
Stopping Violence: Innovations & Partnerships for Sustainable Change.
Abstract submissions close 20 July.
Visit: http://www.confer.co.nz/nnvawi for more information

YWCA ENCORE - POST BREAST CANCER EXERCISE PROGRAMME (NATIONWIDE)

February 2011
Encore is for women who have had breast cancer surgery at any time in their lives. This free 8 week programme is gentle exercise, relaxation techniques, information and support. February programmes running in: South, North and West Auckland, Hawkes Bay, Rotorua, Christchurch and Gisborne.
For info and enrolment forms visit www.akywca.org.nz or call 0800 ENCORE

WOMEN'S HEALTH POSTGRADUATE PAPER

Massey University Albany is offering a Women's Health postgraduate paper in the first semester of next year. The paper, only offered bi-annually, provides students with critical gender and feminist perspectives on women's health issues and is relevant to those working in all areas of women's health including practice, research and policy.
Contact Professor Jenny Carryer J.B.Carryer@massey.ac.nz

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