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. 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, irrespective, however, of the implications of this for young women's lives.

Some might claim that enacting these sexualised representations, pervasive in advertising, is ‘empowering’. While some might view young women’s foray into sexual activity as a marker of ‘girl power’ or a site of ‘risk’, this could be perceived as refreshing and honouring of young women’s experiences. However, whether or not we perceive self-harm 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. 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 purposive 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.

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.

Achieving collective empowerment is further complicated by the understanding of the differences between women’s experiences, and how other aspects of identity shape this up in different ways and frame different considerations. 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. 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,
rascism or ageism,” 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 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!


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 Lunlum, 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.”

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 virus (HPV) as the primary screening modality engendered much of the debate of the day. It was strongly recommended that any cost savings associated...
Delay the start of the proposed HPV testing programme for 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.

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 to 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


Continued from page 3

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 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.

Women’s Health Update • Vol. 20 • Issue 3 • Spring/Summer 2016

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 actually 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, doctors, doulae, placental 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).

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.wcpht2017.com/

COLLABORATIVE 9TH ANNUAL HUI
27-28 APRIL - CHRISTCHURCH
The Collaborative Trust are partnering with the Society of Youth Health Professionals Aotearoa New Zealand (SYMHPANZ) 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.

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.

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/

Women’s Health Update • Vol. 20 • Issue 3 • Spring/Summer 2016

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 actually 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, doctors, doulae, placental 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).

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.wcpht2017.com/

COLLABORATIVE 9TH ANNUAL HUI
27-28 APRIL - CHRISTCHURCH
The Collaborative Trust are partnering with the Society of Youth Health Professionals Aotearoa New Zealand (SYMHPANZ) 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.

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.

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/