



# Women's Health Victoria

## Gendered Policy Framework

# Gender Impact Assessment: Body Image

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This paper is part of Women's Health Victoria's gender impact assessment initiatives within the broader context of a gendered policy framework.

A gendered policy framework is a tool that enables the development of policy that takes account of and is responsive to gender. It can be applied at the macro and micro level to any policy or program that is being developed or implemented. A gendered policy framework has three components: Gendered Data, Gender Impact Assessment and Gender Awareness Raising.

All policy and planning decisions impact differently on women and men, even if at first glance they appear to be gender neutral. Sometimes the difference is appropriate although it may not be. The aim of a gendered policy framework is to ensure that these differences are anticipated and the policy consequences are focused on achieving gender equity.

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## **INTRODUCTION**

The way in which women view their bodies, or construct their body image, has an impact on their health and wellbeing throughout their lifecycle. Positive body image promotes physical and mental health, strengthens self-esteem and decreases vulnerability. On the other hand, negative body image, or body image dissatisfaction, has been linked to a range of negative physical and psychological health concerns and risk-taking behaviours, including the development of eating disorders, low self-esteem, depression, self-harm and suicide. The many negative health impacts of body image dissatisfaction have meant that the issue is 'increasing being recognised as an important target for public health action'<sup>1</sup>. While both women and men suffer from body image dissatisfaction and can experience similar impacts on their health and wellbeing, women are more likely to have a poor body image, particularly young women between the ages of 15 and 22 years<sup>2</sup>.

Women's Health Queensland Wide has developed a particularly useful definition of body image as

the picture that a person forms of their body in their mind. A person's body image is influenced by their own beliefs and attitudes as well as ideals in society. One's body image does not remain the same but changes in response to lifecycle events [including] puberty, pregnancy, disability, illness, surgery, menopause and even different stages in the menstrual cycle<sup>4</sup>.

In other words, body image is developed from the way in which people internalise their experience of the world regarding their body and ideas of the body<sup>3</sup>. In a paper entitled *Looking Risky: Body Image and Risk Taking Behaviour*, the former Commonwealth Office of the Status of Women used the concept of 'self-objectification' to help explain the processes involved in the development of body image dissatisfaction<sup>4</sup>. The paper argues that self-objectification, a 'form of self-consciousness characterised by habitual and constant monitoring of the body's outward appearance' can lead to 'certain negative emotional and experiential consequences, for example shame and anxiety about one's body, and a decrease in awareness of internal bodily states at the expense of an obsession with the external body'.<sup>4</sup> In turn, this process can contribute to psychological illnesses such as eating disorders and depression<sup>4</sup>.

The importance of body image on health and wellbeing has been particularly recognised in relation to young people. In response to the 2005 *Parliamentary Inquiry into Issues Relating to the Development of Body Image Among Young People and Associated Effects on their Health and Wellbeing*, the State Government of Victoria acknowledged that 'given the pervasive nature of the associated impact of body image and the associated development of eating disorders on the emotional,

psychological, physiological, mental and physical health of young people, body image issues are of central importance to the development of the whole person'<sup>5</sup>. A National Youth Survey conducted by Mission Australia in 2008 found that body image was one of the biggest concerns facing young people aged 11 to 24 years, with one in four considering it a major issue<sup>6</sup>.

## **WOMEN AND BODY IMAGE**

Body image is influenced by many different factors, including expectations of and pressures from family, peer groups, media and society<sup>7</sup>. Both women and men experience socio-cultural pressure to achieve an idealised physical form, an 'ideal' which is both historically and culturally constructed<sup>8</sup>. While the current 'ideal' dominant in Western culture dictates that men strive for a larger, more muscular build, for women the ideal is to be thin and the thinner the better. These standards are unachievable for most<sup>9</sup> and the pressure to meet them can have many negative health impacts. This focus on thinness also reinforces the notion that women are ideally fragile and weak, rather than healthy and able.

Currently, there is a lack of statistical data that specifically addresses body image dissatisfaction in adult Australian women, however American research estimates that half of women experience body image dissatisfaction<sup>1</sup>. According to VicHealth, the pressure on women to achieve a largely unattainable physical ideal has produced a society in which 'body image discontent has become almost a cultural norm for women'<sup>2</sup>. The Australian Longitudinal Study of Women's Health found that three quarters of women aged 18 to 22 years responded that they wanted to weigh less and half had attempted to lose weight by dieting within the previous year<sup>10</sup>. This study also found a disparity between actual weight and desired weight, with only a quarter of women in the 'healthy weight' category stating that they were happy with their weight<sup>10</sup>.

Societal demands regarding the body perhaps impact on women in particular due to the greater emphasis on body image in women's idea of self-worth and success. Women's Health Queensland Wide, for example, argues that 'in society, men tend to be valued for their achievements [and] status, [while] women are often valued more for their attractiveness and desirability'<sup>10</sup>. Consequently, women are presented with 'constant reminders that the way [they] look is central to their success and happiness'<sup>10</sup>.

## Body Image and the Media

While many factors affect the body image that women create for themselves, the media is repeatedly identified as a significant contributor to the predominant image of the ideal female body<sup>8</sup>. As Sarah Durkin argues in an article on the *Relationship between Female's Body Image and the Mass Media*, the 'ubiquitous nature of the mass media makes it a particularly powerful force for influencing social attitudes'<sup>11</sup>. The media provides women with 'constant reminders' that the 'perfect' body is thin and beautiful; the images presented in the media are typically of women who are unnaturally slim and who have often undergone cosmetic surgery. The images themselves have sometimes been digitally enhanced to create both an unrealistic and literally 'unreal' image of women's bodies. Furthermore, this 'ideal' is getting thinner and the media is becoming increasingly saturated with these images. For instance, it has been estimated that, today, young women are exposed to more images of 'outstandingly beautiful' women in a day than their mothers were over their entire adolescence<sup>12</sup>. It is likely that this increases the pressure felt by young women to conform to these standards.

The impact of the media's representation of women's bodies on young girls is of particular concern with scholars arguing that internalisation of the thin ideal occurs before adolescence<sup>8</sup>. During this important developmental stage, children are particularly vulnerable to media messages as they tend to look to others for cues about their own identity and the value they have for themselves. A study conducted by the University of Brisbane in 2006 examining the media's influence on the body image of children and adolescents found that as girls got older, they agreed more strongly that the media was influencing them to be slimmer<sup>8</sup>. The authors of this study conclude that 'if children become more receptive to the media during adolescence, it is vital that the ideas that are formed about the world are accurate messages since the media appears to play such a critical role in socialising children'<sup>8</sup>. It is encouraging, however, that during the 2004 Body Image and Eating Disorders Awareness Week, young people raised as issues of concern 'the [negative] influence of the media and advertising' and the fact that 'models in magazines don't reflect "real" women', suggesting that some young people are aware of and concerned about the unhealthy messages that are presented by the media<sup>5</sup>.

There is also growing concern amongst scholars and social commentators about the increasing sexualisation of women and girls in the media. Sexualisation refers to the valuation of a person based on sexual appeal, equation of physical attractiveness with 'sexiness', objectification, and/or inappropriate imposition of sexuality, particularly adult sexuality onto children. A 2007 report by the American Psychological Association found that women and girls are sexualised in the media far more than men and boys and that sexualisation has a detrimental effect on women

and girls' cognitive functioning, physical and mental health, sexuality and attitudes and beliefs regarding sexuality and femininity<sup>13</sup>. Increasingly sexualised images of women and girls are found across a range of sources – many of which are aimed at young girls – including advertising, television, music videos, clothing and toys. A 2006 report by the Australia Institute coined the term 'corporate paedophilia' to describe the way in which advertising and marketing sexualises children, particularly girls, by 'dressing, posing and making [them] up in the same way as sexy adult models'<sup>14</sup>. The authors argue that this is a new development, which has greatly increased 'pressure on children to adopt sexualised appearance and behaviour at an early age'<sup>14</sup>. Crucially, the authors tentatively make the link between increased sexualisation and the development of eating disorders in children of increasingly younger ages<sup>14</sup>.

While the extent of body image dissatisfaction amongst young Australian women and girls is not known, a 2007 survey published in teen girls' magazine *Dolly* found that, of the 4000 female respondents aged between 11 and 18 years, one quarter would have cosmetic surgery if they could, two percent had undergone surgery already, 60 percent wanted to reduce their weight and 45 percent knew someone with an eating disorder<sup>15</sup>. The results of this survey are concerning as they indicate a significant level of body image dissatisfaction in young women and girls and a willingness to take invasive measures to move closer to a particular, though unrealistic, body size and shape. The fact that the survey was published in a teen magazine whose readership is nearly 90 percent women, with over half of readers aged between 14- and 17-years<sup>16</sup>, is also concerning as it may lend legitimacy to such practices within a demographic that is particularly influenced by their peers and the media.

### **Body Image and Eating Disorders**

Body image dissatisfaction has been associated with many risk-taking behaviours, including the development of eating disorders<sup>17</sup>. Women are the predominant sufferers of eating disorders, with young women accounting for approximately 90 percent of young people suffering anorexia<sup>18</sup>. The term 'eating disorder' refers to a wide range of harmful eating behaviours including anorexia nervosa, bulimia nervosa, binge eating disorder, obesity and even some dieting behaviours<sup>19</sup>. While anorexia and bulimia are perhaps the most well-known and often the most serious eating disorders, it is acknowledged that they represent 'extremes' on a much wider spectrum of harmful eating behaviours<sup>19</sup>.

It is difficult to gain an accurate picture of the current incidence of eating disorders as, according to the Eating Disorders Foundation of Victoria, research in the field is 'in its infancy'<sup>20</sup>. This lack of up-to-date research greatly inhibits our understanding of

incidence of eating disorders in Australia. Most available statistics are drawn from studies conducted overseas<sup>1</sup> or data on hospitalisations, which comprise only a small percentage of overall cases. Statistics on the hospitalisation of young people for mental and behavioural disorders published in the Australian Institute of Health and Welfare *Health Report 2008* show that in 2005-2006 eating disorders were the second most common reason, behind depressive episodes, for the admission of young women, accounting for 12 percent of such hospitalisations<sup>21</sup>. Young men, in comparison, were most likely to be hospitalised for substance misuse or schizophrenia<sup>21</sup>. While the majority of other available statistics have been sourced from research conducted over five years ago, it is unlikely that the rate of eating disorder has decreased in recent years. In fact, the greater media focus on beautiful, thin women, increased sexualisation of women and girls and the increasing thinness of the 'ideal' female body may have resulted in an increase in the prevalence of eating disorders.

The following statistics, mostly compiled by the Eating Disorders Foundation of Victoria and the Butterfly Foundation provide an outline of eating disorders in Australia.

- People who suffer from eating disorders range in age from seven to 70 years old<sup>1</sup>.
- A Newspoll study, conducted in 1998, found that one in 20 Australian women reported that they had suffered from an eating disorder, while one in four knew someone with an eating disorder<sup>20</sup>.
- Approximately two to three percent of adolescent and adult women satisfy the strict clinical criteria for anorexia and bulimia nervosa<sup>20</sup>.
- Australian estimates of the prevalence of anorexia range between 0.1 and 0.5 percent of women aged over 15 years<sup>22</sup>. Widely cited American sources suggest that one in 100 adolescent girls develop anorexia nervosa, making it one of the most common chronic illness in young women between the ages of 15 and 24 years<sup>20</sup>. Anorexia is most commonly developed around the age of 17 years and, on average, lasts about five years<sup>20 23</sup>. It is estimated that the mortality rate for adolescent sufferers is '12 times that of similar aged women in the community', with many deaths the result of suicide<sup>22</sup>.
- Approximately five in 100 Australians suffer from bulimia nervosa<sup>20</sup>. However, some studies suggest that only ten percent of cases are officially identified and amongst students, for example, the actual incidence could be as great as one in five<sup>20</sup>. The Centre for Excellence in Eating Disorders estimates that approximately four out of five bulimic patients vomit, a third abuse laxatives, and ten percent take diet pills<sup>30</sup>. Women's Health Queensland Wide suggests that it is not uncommon for people suffering from bulimia to hide their illness

for up to eight or ten years, which impacts considerably on their health and wellbeing<sup>20</sup>.

- It is estimated that four percent of the population suffer from Binge Eating Disorder and incidence is almost equal in women and men in the general population<sup>20</sup>. However, the Butterfly Foundation estimates that up to 20 percent of 18 to 22 year old Australian women exhibit symptoms of Binge Eating Disorder<sup>23</sup>.

The causes of eating disorder in individuals are complex and often multifaceted. The Centre for Excellence in Eating Disorders identifies dieting as 'the greatest risk factor in the development of eating disorders'<sup>30</sup>. A British study found that adolescent girls who diet severely are 18 times more likely to develop an eating disorder than non-dieters<sup>24</sup>. Other risk factors identified by researchers include:

- society's emphasis on thinness
- impact of the media
- stress
- violence against women and sexual abuse
- poor self image
- low self-esteem
- tendency towards perfectionism
- obsessive compulsive behaviour, and
- genetic predisposition<sup>19</sup>.

The effects of eating disorders on the physical and mental health and wellbeing of women and girls are many and varied. Severe cases of anorexia and bulimia can result in kidney dysfunction, seizures, muscle spasms or cramps, and strain on most of the body's organs. Sufferers of anorexia can experience amenorrhoea (a loss of menstrual periods), which can result in women not receiving enough oestrogen required for healthy bones<sup>19</sup>. Women suffering from anorexia nervosa who do not menstruate can also have problems becoming pregnant or will be infertile<sup>25</sup>. Excessive laxative use, often reported in women with anorexia nervosa and bulimia nervosa can further compound the adverse impacts of these eating disorders. In addition women whose weight is 15 percent below a healthy weight range are more likely to develop osteoporosis, which causes bones to lose their density and can become brittle. There are also many health implications associated with over-eating and obesity, contributing to increasing levels of non-communicable metabolic and mechanically induced disorders such as diabetes, cardiovascular disease, joint problems, obstructive sleep apnoea, and some cancers<sup>26</sup>.

According to the Eating Disorders Foundation of Victoria, common psychological impacts of eating disorders include moodiness, obsessive behaviour, suicidal thoughts and behaviour, depression, anxiety and guilt<sup>20</sup>. The Centre for Excellence in

Eating Disorders also identifies shame and guilt, mood swings, low self esteem, impaired social and family relationships, perfectionism, impaired understanding of reality and lack of assertiveness as 'psychological repercussions' of eating disorders. Anorexia, in particular, is considered the 'most serious of all psychiatric illnesses', with the highest death rate of any mental illness.<sup>23</sup> The rate of successful suicide attempts for women with anorexia is 32 times the average for women in the age group 20 to 45 years<sup>27</sup>.

### **Body Image and Other Risk-Taking Behaviours**

In addition to disordered eating, body image has been linked to other risk-taking behaviours. For instance, Australian studies have found that young women report using smoking as a way to control their weight and that fear of gaining weight prevents some older women from quitting<sup>4</sup>. Studies in America have also linked smoking with the desire to portray a particular image, one of 'sex appeal, emotional control, power and body-image control and comfort', which is heavily influenced by the film industry. The health impacts of smoking are well documented and include increased risk of lung and heart disease, impaired immune system, reduced bone density, reduced fertility and increased risk of cervical cancer<sup>28</sup>.

Although research is not conclusive, some studies suggest that alcohol and drug misuse is linked to poor body image. The Australian Longitudinal Study on Women's Health, for instance, found that young women who binge drink are more likely to have used 'unhealthy weight control practices' than those who drink in moderation<sup>4</sup>. The former Commonwealth Office of the Status of Women suggests that 'these results hint that levels of substance use may be linked to a woman's sense of wellbeing and body image'<sup>4</sup>.

Body image has also been linked to unsafe sexual behaviour. In an American study of students aged 17 to 19 years, women with a more positive body image were less likely to engage in risky sexual behaviour. Other Australian research has found that people with poorer views of their bodies had less sexual experience, less sexual satisfaction and less comfort with various elements of sexual activity<sup>29</sup>.

In addition to increasing risk-taking behaviours, body image dissatisfaction has been associated with decreased healthy behaviour, such as physical exercise. For instance, women have reported feeling too self-conscious of their bodies to participate in physical activities, such as swimming or group sports.

## **Body Image through the Life Cycle**

While body image dissatisfaction tends to be associated with young women, perhaps due to the prevalence of eating disorders among this demographic, it is common for women to experience fluctuating levels of body image satisfaction throughout their life cycle. Australian research suggests that women's desire to be thin does not necessarily lessen as they get older<sup>4</sup>. For example, a study of 3000 Australian women showed that purging behaviours were most common in the 35 to 44 age group and that 77 percent of people with bulimia or binge eating disorder were over 25 years<sup>30</sup>.

Women's use of cosmetic surgery is another indication that negative body image can extend beyond young adulthood for many women. Women's Health Australia argues that there is 'empirical evidence that psychosocial factors such as poor body image and low self-esteem play a part in women's motivation to undergo cosmetic surgery'<sup>31</sup>. The Australian Longitudinal Study on Women's Health, conducted in 1996, found that seven percent of respondents had undergone cosmetic surgery<sup>31</sup>. In many Western countries there has been a 'rapid expansion' in cosmetic surgery use in recent years, which many scholars have linked to 'societal perceptions of the ideal body image'<sup>31</sup>.

Throughout the lifecycle, significant events can change a woman's image of and relationship to her body, including child-birth, menopause, illness, loss of a partner and restrictions of social activities, which can have both positive and negative effects on body image<sup>4</sup>. For some women, appearance becomes less important to their sense of self and a less central source of self-esteem as they age<sup>4</sup>. However, the focus of Western culture on youth also means that women's position in society generally diminishes with age, especially as they are often no longer seen as 'sexual beings', which can adversely affect some women's self esteem<sup>4</sup>.

## **POLICY CONTEXT AND CHALLENGES**

Recognition of the extent and effect of body image dissatisfaction amongst Government and the broader community has led to the development of a range of strategies and initiatives aimed at promoting healthy body image and lifestyle. In light of the ways in which body image dissatisfaction is gendered, it is important to analyse strategies and initiatives aimed at encouraging healthy body image in terms of their understanding of the relationship between body image and gender.

In 2005, the Victorian Government conducted a state-wide, public inquiry into the impact of negative body image on young people, Australia's first full parliamentary inquiry on the issue. The Inquiry identified that body image is a significant concern for young Victorians, particularly affects girls, and negatively impacts on the health and wellbeing of young people<sup>32</sup>. One of the terms of reference of the Government Inquiry was to 'identify gender differences in the development of problematic body image'<sup>32</sup>. While the report acknowledges that 'gender can be an important variable in understanding the risk factors related to body disturbances' and that girls are more susceptible to eating disorders, the resulting recommendations do not reflect the uneven impact of poor body image on girls and young women. For example, the Committee notes the need for 'more research...into male body image problems', however the need for research on girls and young women is not explicitly mentioned and/or is assumed. Further research has the potential to greatly enhance our understanding of issues surrounding body image and it is therefore imperative that this research be undertaken from a gendered perspective. Rather than addressing body image in children generally and boys specifically, research should seek to explore the differing experiences of girls and boys.

In response to the Parliamentary Inquiry, the Victorian Government allocated \$2.1 million to a new Positive Body Image Strategy, the first of its kind in Australia, to run from 2006 to 2010 as part of the broader Go For Your Life campaign. The main objectives of the Strategy are to promote community awareness, education and training, support local communities to implement positive body image health and wellbeing programs, and build partnerships to promote positive body image<sup>33</sup>.

Programs and initiatives which are a particular focus of the Strategy include:

- the extension of the successful Girls on the Go! program, which works with schools to help empower girls to become healthier and happier,
- the provision of funding for community projects aimed at young people, to promote positive body image messages, healthy lifestyle choices and build self esteem, particularly amongst those aged 12 to 16 years, and
- targeting the media to present healthy and realistic images of and messages about the body<sup>33</sup>.

It is encouraging that many of the programs funded by the Strategy are specifically focused on young women, such as Girls on the Go!, Girls with a purpose and Girls Go Healthy, suggesting that many schools and community groups understand the specific impact of body image dissatisfaction on young women. Many of the programs, however, appear to be gender neutral, for example Living Well, Building Positive Bodies, and Full Esteem Ahead. While programs need not necessarily be gender-specific, it is important that the differences between girls' and boys' experience of body image are acknowledged and addressed in order to ensure that

programs effectively convey messages regarding healthy body image. The gendered nature of body image dissatisfaction should therefore be explicitly addressed in the Positive Body Image Strategy, to help guide the strategy's objectives and programs and ensure that funding is allocated appropriately.

One important initiative of the Strategy was the development of a voluntary Media Code of Conduct on Body Image in 2007. This Code of Conduct was designed to 'encourage the fashion, media and advertising industries to place greater emphasis on diversity, positive body images and a focus on health rather than body shape' and, in doing so, aims to 'decrease young people's vulnerability to feelings of low self-esteem, disordered eating and negative body image associated with exposure to idealised, unrealistic images in the media and advertising'<sup>34</sup>. The Code:

- discourages use of digitally enhanced or altered pictures and suggests that digitally enhanced or altered pictures be identified as such,
- encourages the use of images that represent the diversity of body shapes,
- encourages the considered placement of advertising on dieting, cosmetic surgery, etc, and
- discourages the 'glamorisation' of models and celebrities who are particularly underweight and encourages a focus instead on models with a healthy body shape<sup>34</sup>.

Although the Code does not specifically incorporate a gendered perspective, the influence of the media on women's body image means that the adoption of the Code by these industries could potentially have a positive effect on body image satisfaction among women of all ages. While Women's Health Victoria (WHV) believes that this is a positive step forward, we advocate that adherence to the Code be mandatory as a greater sign of the Government's commitment to creating a positive environment in which Victorian and Australian women can make healthy lifestyle choices.

WHV strongly supports the Victorian Government's initiatives on body image, particularly relating to young people. However, more emphasis needs to be placed on programs that address the specific needs and experiences of girls and young women, along side programs that respond to the issues faced by boys and young men.

Furthermore, WHV is concerned that the majority of strategies and related programs, such as the Promoting Body Image Strategy, are targeted at addressing the needs of girls and young women only up to the age of 25 years. While this is a particularly important demographic in this issue, adult women also experience body image dissatisfaction and it is therefore imperative that strategies and programs be developed that address women of all ages. For example, the *Because Mental Health Matters* Consultation Paper argues for 'further development of positive body image

programs, in conjunction with healthy eating programs' as a priority activity within the 'early childhood and school' setting, but does not address the issue of adult women's mental health in relation to body image<sup>35</sup>. Targeting fashion, advertising and the media, for instance through the Media Code of Conduct, will help to promote healthy body image for all women, however it is also important to develop specific programs that address women's body image dissatisfaction during their different life stages. It is pleasing to note that new funding allocated by the Minister for Mental Health, Lisa Neville, in 2007 for the 'provision of consultation and training to support Victoria's Area Mental Health Services...in working with people with eating disorders' specifically mentions services that target adult sufferers of eating disorders<sup>36</sup>.

In the non-government sector, the Eating Disorders Foundation of Victoria (EDFV) is the 'primary source of support, information, community education and advocacy for people with eating disorders and their families in Victoria'<sup>37</sup>. While EDFV clearly acknowledges the gendered nature of eating disorders, stating in their information on 'Who is at risk' that 'eating disorders are most commonly experienced by adolescent females and young women', their website and resources, however, include little emphasis on gender. For instance, while the 2007-2008 annual report states that over the year the organisation helped nearly nine times as many women as men (1,358 women compared to 152 men, with 1,559 unknown or unstated), the report generally refers to 'people' with an eating disorder and contains no gender analysis of the issue. The organisation's website includes an information sheet entitled 'Men and Eating Disorders' but no such one for women and in its media resource *Guidelines and Tips for Reporting on an Eating Disorder* contains no mention of gender, although gendered pronouns are used in the examples cited<sup>37</sup>. WHV suggests that as the peak body, and one that is particularly focused on providing assistance to sufferers of eating disorders, it is important that EDFV incorporate gender into all their publications, resources, advocacy and public awareness work.

A factor that has likely contributed to the lack of women-specific information or gender analysis in these sources (both Government and non-Government) is the growing awareness of the impact of body image dissatisfaction on boys and young men, an issue traditionally associated solely with women. While it is important to acknowledge and not marginalise men's experiences, to address the issue as if it were gender neutral risks obscuring its gendered dimensions.

Body image dissatisfaction affects many people of all different ages in our community. However, there are numerous differences between the experiences of women in comparison to men and of adult women in comparison to young women and children. WHV urges the Victorian Government and non-government organisations to consider these differences when developing policy and implementing programs relating to body image. Initiatives that are gender sensitive,

as well as age sensitive, will be more effective in promoting the development of positive body image within the community and, in turn, mental health and wellbeing.

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