



Consultation on the draft National Obesity Prevention Strategy

Response from Women's
Health Victoria

November 2021



healthy • empowered • equal

Introduction

Women's Health Victoria (WHV) welcomed the opportunity to provide feedback to the [National Obesity Prevention Strategy survey](#) and [consultation paper](#) in October 2021.

Note: This submission was originally made as a response to an online survey.

Select survey responses

Do you agree with the overall approach of the strategy?

WHV supports the strategy's proposed aim to support all Australians to have a healthy lifestyle. We recommend that this is framed using a weight-inclusive framework that emphasises health and healthy behaviours as opposed to weight. This aligns with the evidence and the previous consultation paper which states that 'the strategy will support all Australians to have a healthy lifestyle, regardless of weight.'

WHV is still disappointed to see an overall focus on weight rather than health. On Page 3 of the consultation paper, the strategy states: "As a society, we must tackle the issue and have respectful and positive discussions about weight." WHV recommends the strategy take a weight neutral approach to healthy eating and physical activity. It is unclear what is meant by 'positive discussions about weight'. Focusing on body size rather than healthy behaviours increases weight stigma, which leads to poor health outcomes.

A gap in this strategy is the lack of attention paid to eating disorders. Any strategy that focuses on diet and body size must align with existing eating disorder prevention strategies and include measures to prevent eating disorders and body dissatisfaction.

The current title is National Obesity Prevention Strategy. Does the title reflect the content of the Strategy?

It is disappointing that while the Senate Select Committee's report into the Obesity Epidemic in Australia strongly recommended moving away from the term 'obesity', this strategy still focuses on weight rather than health promoting behaviours independent of weight loss. Though the draft strategy does include recommendations to reduce weight stigma, this is incongruous with the strategy's focus on weight. As the Butterfly Foundation states:

Rather than challenge stigma, the use of the word "obesity" in the survey and the program is itself stigmatising. "Obesity" medicalises body size based on the Body Mass Index (BMI), which is a population statistic, not a measure of individual health. Whilst it is a commonly used term, larger bodied people find it harmful and have repeatedly asked for alternative terms... As well as stopping discrimination, an inclusive society that values all bodies equally, without pathologising larger body sizes, would meaningfully reduce the number of Australians living with eating disorders and prevent their development.¹

¹ Eating Disorder Alliance Australia and Health At Every Size Australia (2021) [Statement on the release of SBS Documentary "What does Australia really think about obesity?"](#) Butterfly Foundation. Crows Nest NSW.

WHV recommends that the strategy be reframed to ensure that it is weight inclusive and supports optimal health for people across the weight spectrum. Evidence shows that weight alone does not determine health status and this focus can increase harm by increasing stigma and shame. Public health campaigns that focus on ideal body weight and shape are associated with increased stigma and body dissatisfaction in individuals of all weights.

Further, this strategy only focuses on diet and exercise, and does not address other factors that influence body size such as sleep, genetics, mental health and medications. As such, this is a healthy eating and physical activity/healthy behaviours strategy – which should be pursued without a focus on weight.

Do you agree with the Target outlined in the Strategy?

The Target should focus on increasing health promoting behaviours rather than decreasing body size. A person's weight is often used as a proxy for their health status. However, evidence shows that weight alone does not determine health status and this focus can increase harm by increasing stigma and shame. Focusing on weight, shape and size is a narrow and counterproductive way of understanding our health and wellbeing; one which prioritises concerns for physical health over mental health and social well-being.

By focusing on the weight, shape and size of bodies through obesity prevention campaigns and strategies, our understandings of why many individuals do not consume the recommended daily servings of fruit and vegetables, and do not regularly engage in physical activity, remain unexamined. If only 4% of Australians are following the Australian dietary guidelines, this is an issue that goes beyond an individual's body size.

WHV recommends that the focus on weight is removed from the strategy and replaced with a focus on both health promoting behaviours and reforms that address normative and structural/environmental barriers to healthy eating and physical activity (such as socio-economic disadvantage and gender stereotypes) to ensure the strategy does not contribute to body dissatisfaction, eating disorders and reinforce weight stigma.

Do you agree with the Objectives outlined in the Strategy?

WHV is highly supportive of these Objectives as they are weight neutral and will be beneficial to people regardless of their body size.

However, the objective 'more accessible and quality support for people' is vague and undefined. Supports to improve participation in health promoting behaviours are welcome. However, we do not agree with 'supports' that are solely focused on reducing body size. We would like to see supports specifically for:

- Combating weight stigma in the community and among health professionals
- Eating disorders and disordered eating.
- Body dissatisfaction. This is important as body dissatisfaction can lead to people having a poor relationship with food, exercise and their bodies.
- Mental health supports for those who have experienced weight stigma

Do you agree with the Ambitions in the Strategy?

WHV supports the weight-neutral Ambitions outlined in the draft Strategy and the strong focus on addressing structural and environmental barriers and enablers to healthy behaviours.

Do you agree with the Enablers in the Strategy?

WHV supports the Enablers listed in the Strategy and makes the following recommendations to strengthen them.

Enabler 2, *Better use of evidence and data*, should be strengthened by mandating that all data collected is sex and gender disaggregated and data is analysed for sex and gender implications. For example, women and girls face gendered barriers to participation in physical activity which must be addressed in order to improve their health.

Data is also needed on the prevalence of weight stigmatising attitudes in Australia, among the community and health professionals. Data is needed to establish a baseline, and to track whether the strategy's attempts to reduce weight stigma are working.

When evaluating the strategy and associated health promotion programs and interventions, more comprehensive measures of success such as quality of life and psychological and eating disorder outcomes should be reported on, rather than an over-reliance on BMI and weight loss. This approach is recommended by the National Eating Disorders Collaboration.

Enabler 3, *Invest for delivery*, should include investing in social housing and increasing income support so that no one lives in poverty or insecure housing. As mentioned in this strategy, income and housing play a huge role in the health and wellbeing of Australians, and their ability to eat a healthy diet and participate in physical activity.

Missing enablers include:

- *A strong health promotion workforce at local level:* The Strategy should include a focus on building the supply and capability of the health promotion workforce at a local level, drawing on place-based initiatives such as the network of women's health services in Victoria that lead gendered health promotion activities tailored to the needs of their local areas.
- *A coordinated approach to health promotion at a local level:* There is a need for stronger coordination and collaboration in health promotion efforts at the local level across federal, state and local governments in order to reduce duplication and achieve collective impact (for example, across Primary Health Networks at the federal level; community health services, Primary Care Partnerships and new Public Health Units at the state level [Victoria]; and municipal public health planning across local governments). This should incorporate leadership from non-government organisations, such as women's health services.

Strategies to achieve Ambition 1 - All Australians live, learn, work, and play in supportive and healthy environments

The strategies under Ambition 1 are all important for improving Australians' access to healthy foods and physical activity. However, they can be strengthened. Strategies need to ensure that convenience of healthy foods is improved as well as price and geographic availability. For example, time pressure is common among Australian women and negatively influences diet, eating habits and

physical activity.² Understanding the sources of time pressure, particularly on women who are mothers and carers, is important if policy-makers are to implement successful health policies, including recommendations for physical activity and preparation and consumption of healthy meals.

Strategy 1.8, *Grow participation in walking, cycling, public transport, active recreation and sport by minimising cost and access barriers*, must take a gendered approach, for example an understanding of why participation in physical activity drops sharply when young women reach adolescence.

In Strategy 1.11, *Enable workplaces to better support the health and wellbeing of their workers*, workplace measures to 'support the health and wellbeing of their workers' must not result in weight discriminatory practices. People in bigger bodies are less likely to be hired for jobs, and are more likely to be paid less and to experience bullying in the workplace. They may also be denied a job promotion despite qualifications or even be fired due to their weight.³ Women in bigger bodies are more likely than their male counterparts to experience weight-based discrimination. For women, but not men, higher BMI leads to lower socio-economic status, and this is thought to be due to weight-based discrimination in the workplace and gendered body ideals.⁴

It is essential that a weight-neutral approach is applied to Strategy 1.12: *Enable government agencies, care facilities, tertiary and training institutions, sporting and recreation facilities, and community organisations to lead the way by supporting breastfeeding, providing access to healthy food and drinks, and encouraging more physical activity*. Postpartum is a risk factor for body dissatisfaction and eating disorders, and breastfeeding should not be promoted as a weight-loss activity. Many women in bigger bodies stop breastfeeding in part due to body image concerns, which should also be addressed in strategies aimed to increase breastfeeding rates.

WHV recommends additional strategies to support Ambition 1:

- **Preventing weight-based stigma and discrimination in the Australian community and workplaces** is a necessary strategy to achieve the supportive and healthy environments for all Australians outlined in Ambition 1.
- **Taking a gendered approach:** When promoting healthy activities, it is important to take a gendered approach. The causes of, impacts on, and barriers to good health differ for males and females and therefore strategies need to consider the specific needs of women and girls. For example:
 - Young women's interest and confidence in physical activity decreases in adolescence due to a combination of puberty, body image concerns and gender norms.⁵
 - Three times as many young women as young men report being extremely or very concerned about body image (45.9% compared with 15.7%).⁶ Body dissatisfaction

² Otterbach S, Tavener M, Forder P, et al. (2016) [The effect of motherhood and work on women's time pressure: A cohort analysis using the Australian Longitudinal Study on Women's Health](#) *Scandinavian Journal of Work, Environment and Health*, 42(6): 500-509.

³ Puhl, R (2010) [Weight discrimination: a socially acceptable injustice](#) Obesity Action Coalition. Tampa. Florida.

⁴ Tyrrell J, Jones SE, Beaumont R, et al (2016) [Height, body mass index and socioeconomic status: mendelian randomisation study in UK Biobank](#) *British Medical Journal*, 352(i582): 1-10

⁵ Webster A, Anderson R, Barr M (2017) [Growing up unequal: how sex and gender impact young women's health and wellbeing](#). Women's Health Victoria. Melbourne. - (*Women's Health Issues Paper; 12*).

⁶ Tiller E, Fildes J, Hall S, Hicking V, Greenland N, Liyanarachchi D, et al. (2020) [Youth Survey Report 2020](#) Mission Australia. Sydney.

often emerges during childhood and peaks in adolescence when young women are 'acutely attuned' to their body weight and shape.⁷

- Australian healthy weight adolescent females commonly adopt weight control behaviours such as dieting, skipping meals and inducing vomiting.⁸
- Eating disorders are the third most common chronic illness in young females.⁹
- Gendered norms and practices position food preparation as women's work contributing to gender inequality
- Gender stereotypes (for example, over-eating or eating unhealthily as a coping mechanism) influence women's relationship to food

Strategies to achieve Ambition 2 - All Australians are empowered and skilled to stay as healthy as they can be

Strategy 2.1, *Improve people's knowledge, skills and confidence to lead active lives and to buy, prepare and enjoy healthy food and drinks in line with national guidelines*, would benefit from a gendered approach, particularly around who will be largely responsible for preparing healthy food in households. While this strategy acknowledges that knowledge and skills are required to budget, plan and prepare meals, there is no acknowledgement of the time it takes to plan, shop, cook and clean. As mentioned in a previous answer, time pressure is common among Australian women and negatively influences diet, eating habits and physical activity.¹⁰ Understanding the sources of time pressure, particularly on women who are mothers and carers, is important if policy-makers are to implement successful health policies, including recommendations for physical activity and preparation and consumption of healthy meals.

WHV is very supportive of Strategy 2.2's aim to reduce weight stigma via social marketing. Communications should make clear that eating well and physical activity is for people at every size, and use a Health At Every Size framework.

Strategy 2.3, *Enable parents, carers and families to optimise healthy child development and lifelong healthy habits for children and adolescents*, risks blaming a mother or birth parent's body, rather than their circumstances/environment/social determinants for their child's body weight. It also often falls to the mother to take responsibility for children's nutrition (rather than a shared approach with the father in heterosexual relationships). Actions here must not take a gender-exploitative approach that increases gender inequality. We are happy to see strategies encouraging breastfeeding-supportive workplaces elsewhere in the document.

Strategy 2.4: *Engage and support young people to embed healthy behaviours as they transition to adulthood*, any strategy concerning the transition to adulthood must take a gendered approach due to:

⁷ Webb HJ, Zimmer-Gembeck MJ (2013) [The role of friends and peers in adolescent body dissatisfaction: a review and critique of 15 years of research](#) *Journal of Research on Adolescence*, 24(4). [Author manuscript version; p. 3].

⁸ Guest J, Bilgin A, Pearce R, Baines S, Zeuschner C, Rossignol-Grant CL, et al. (2010) [Evidence for under-nutrition in adolescent females using routine dieting practices](#) *Asia Pacific Journal of Clinical Nutrition*. 19(4): 526-33.

⁹ NEDC (2012) [An integrated response to complexity: National eating disorders framework](#). National Eating Disorders Collaboration. Sydney.

¹⁰ Otterbach S, Tavener M, Forder P, et al (2016) [The effect of motherhood and work on women's time pressure: A cohort analysis using the Australian Longitudinal Study on Women's Health](#), *Scandinavian Journal of Work, Environment and Health*, 42(6):500-509.

- A reduction in young women’s interest and confidence in physical activity in adolescence due to a combination of puberty, body image concerns and gender norms.¹¹ Body dissatisfaction often emerges during childhood and peaks in adolescence when young women are ‘acutely attuned’ to their body weight and shape.
- Regardless of BMI, adolescents who perceive themselves to be underweight or overweight have poorer physical activity and eating patterns, compared to adolescents who perceive their weight to be "about right".
- Three times as many young women as young men report being extremely or very concerned about body image (45.9% compared with 15.7%).¹² Body dissatisfaction often emerges during childhood and peaks in adolescence when young women are ‘acutely attuned’ to their body weight and shape.¹³
- Australian healthy weight adolescent females commonly adopt weight control behaviours such as dieting, skipping meals and inducing vomiting.¹⁴
- Eating disorders are the third most common chronic illness in young females.¹⁵
- WHV strongly supports the Strategy 2.7 action example to increase availability of affordable housing. We also recommend an increase in social security payments to lift 2.65 million Australians out of poverty as a critical action for promoting population health. During the COVID-19 restrictions in 2020, a fortnightly \$550 COVID supplement was provided to people on JobSeeker. Many, especially single mothers, described this as payment as lifechanging, enabling them to include fresh fruit and vegetables in the grocery shop. A survey commissioned by the National Council of Single Mothers and their Children found that the COVID supplement meant 69% recipients reported that their family is healthier due to having enough food to eat and healthier options.¹⁶

WHV recommends additional strategies:

- **Focusing on health rather than weight:** Weight alone does not determine health status and this focus can increase harm by increasing stigma and shame. Focusing on weight, shape and size is a narrow and counterproductive way of understanding our health and wellbeing; one which prioritises concerns for physical health over mental health and social well-being. A key challenge in health promotion is that ‘losing weight’ and ‘health’ goals for women are linked to appearance norms and thinness pressures in our culture. A weight neutral approach is essential to avoid further harm.
- The involvement and expertise of people in bigger bodies should shape these strategies. We suggest an additional Strategy: **Governance should include a reference group comprised of people with lived experience of higher body weight from a range of socio-economic backgrounds. Their expertise should be used to frame health promotion activities, strategy implementation and evaluation.**

¹¹ Webster A, Anderson R, Barr M (2017) [Growing up unequal: how sex and gender impact young women's health and wellbeing](#). Women's Health Victoria. Melbourne. - (*Women's Health Issues Paper; 12*)

¹² Tiller E, Fildes J, Hall S, Hicking V, Greenland N, Liyanarachchi D, et al. (2020) [Youth Survey Report 2020](#). Mission Australia. Sydney.

¹³ Webb HJ, Zimmer-Gembeck MJ (2013) [The role of friends and peers in adolescent body dissatisfaction: a review and critique of 15 years of research](#) *Journal of Research on Adolescence*. 24(4). [Author manuscript version; p. 3].

¹⁴ Guest J, Bilgin A, Pearce R, Baines S, Zeuschner C, Rossignol-Grant CL, et al. (2010) [Evidence for under-nutrition in adolescent females using routine dieting practices](#) *Asia Pacific Journal of Clinical Nutrition*. 19(4):526-33.

¹⁵ NEDC (2012) [An integrated response to complexity: National eating disorders framework](#). National Eating Disorders Collaboration. Sydney.

¹⁶ Edwards T (2020) [550 reasons to smile: Why single mothers are so happy these days](#). *Power to Persuade [Blog]*. (Jul 21):1

Strategies to achieve Ambition 3 - All Australians have access to early intervention and primary health care.

WHV is very supportive of the anti-weight stigma actions in Strategy 3.3, including building a more holistic understanding of the drivers of bodyweight (including social determinants) and facilitating non-judgemental discussions. However, comprehensive pre-service and in-service training to address weight stigma among health professionals is needed **before** they are encouraged to talk to their patients about weight-related matters. Training to address weight stigma should be the first strategy in this section because the risks of not doing so are high (including that women in bigger bodies often delay going to the doctor for health issues, which can lead to presenting with more advanced health issues, as well as over-attributing a patient's symptoms to weight and failing to consider treatment beyond weight loss or to recommend further diagnostic testing).

Strategy 3.4, *Strengthen the confidence and competence of the primary health care workforce to prioritise the prevention of obesity while preventing weight stigma*, must include a gender lens. The supportive action recommends a 'special focus on life transition points often associated with weight gain'. However, for women, these times (adolescence perinatal period and menopause) are significantly associated with increases in eating disorders and body dissatisfaction. It is imperative that primary healthcare workers are particularly sensitive to this, to avoid harming the patient. Without a gendered approach, strategy 3.4 risks doing harm and WHV are unable to support it.

Making it happen

WHV strongly encourages the evaluation of initiatives using health-related, behaviour-based, quality of life and equity-impact indicators. All data must be analysed by sex/gender.

Data is also needed on the prevalence of weight stigmatising attitudes in Australia, among the community and health professionals. Data is needed to establish a baseline, and to track whether the strategy's attempts to reduce weight stigma are working.

When evaluating the strategy and associated health promotion programs and interventions, more comprehensive measures of success such as quality of life and psychological and eating disorder outcomes should be reported on, rather than an over-reliance on BMI and weight loss. This approach is recommended by the National Eating Disorders Collaboration.

Conclusion

It is disappointing that while the Senate Select Committee's report into the Obesity Epidemic in Australia strongly recommended moving away from the term 'obesity', this strategy still focuses on weight, rather than health promoting behaviours independent of weight loss. Though this strategy does provide recommendations to reduce weight stigma, this is incongruous with the weight-based focus. WHV recommends that the focus on weight is removed from the strategy to ensure it does not contribute to body dissatisfaction and eating disorders and reinforce weight stigma.

It is important for health promoting strategies to take a gendered approach. The causes, impacts and barriers to good health differ for males and females and strategies need to consider the specific needs of women and girls. A key challenge in health promotion is that 'losing weight' and 'health' goals for women are linked to appearance norms and thinness pressures in our culture. Young women are more likely to report body image concerns than their male counterparts.

A gap in this strategy is the lack of attention paid to eating disorders. Any strategy that focuses on diet and body size must align with existing eating disorder prevention strategies and include measures to prevent eating disorders and body dissatisfaction.