The Women's Health Council
*Comhairle Shláinte na mBan*

Submission to the European Commission's Green Paper:

'*Promoting healthy diets and physical activity*'

February 2006

The Women's Health Council
Block D, Abbey Court
Irish Life Centre
Lower Abbey Street
Dublin 1
Ireland
Tel. +353 1 878 3777
Fax +353 1 877 3710
Email: afantini@whc.ie

## The Women's Health Council

The Women's Health Council is a statutory body established in 1997 to advise the Minister for Health and Children on all aspects of women's health. Following a recommendation in the Report of the Second Commission on the Status of Women (1993), the national *Plan for Women's Health 1997-1999* was published in 1997. One of the recommendations in the Plan was that a Women's Health Council be set up as 'a centre of expertise on women's health issues, to foster research into women's health, evaluate the success of this Plan in improving women's health and advise the Minister for Health on women's issues generally.'

The mission of the Women's Health Council is to inform and influence the development of health policy to ensure the maximum health and social gain for women in Ireland. Its membership is representative of a wide range of expertise and interest in women's health.

The Women's Health Council has five functions detailed in its Statutory Instruments:

1. Advising the Minister for Health and Children on all aspects of women's health.
2. Assisting the development of national and regional policies and strategies designed to increase health gain and social gain for women.
3. Developing expertise on women's health within the health services.
4. Liaising with other relevant international bodies which have similar functions as the Council.
5. Advising other Government Ministers at their request.

The work of the Women's Health Council is guided by three principles:

- **Equity based on diversity** – the need to develop flexible and accessible services which respond equitably to the diverse needs and situations of women
- **Quality** in the provision and delivery of health services to all women throughout their lives
- **Relevance** to women's health needs

In carrying out its statutory functions, the Women's Health Council has adopted the WHO definition of health, a measure reiterated in the Department of Health's 'Quality and Fairness' document (2001). This definition states that

*'Health is a state of complete physical, mental and social well being'*.

### *Promoting physical activity*

The importance of exercise and physical activity should be emphasised in lifeskills programmes, and teenage girls and older women in particular should be targeted as they are more sedentary than other groups (Kelleher *et al.*, 2003). In order to be effective, health promotion programmes must take account of the barriers to physical activity that have been found among women, for example, a lack of leisure time due to household and caring responsibilities. A general promotion of gender equality will counterbalance the existing gender difference in these responsibilities, which will enable more women to dedicate time to physical activity. Examples of best practice for gender mainstreaming in sport can be found in *Gender and Sport* (Sever, 2005). While the recommendations in this document are mainly aimed at development projects, many of them would still be relevant to developed countries today.

### *Promoting healthy diet*

Large studies in Germany, the US, Scotland, and the Czech Republic of the relationship between early nutrition and later obesity agree that there is a reduced risk of obesity with increased duration of breastfeeding (National Committee on Breastfeeding, 2003). Between 15 to 20 per cent of the risk of overweight can be attributed to formula feeding. Moreover, it is also important to point out that breastfeeding also helps new mothers to shed the extra weight accumulated during pregnancy, as mothers who do not breastfeed are more likely to remain above their pre-pregnancy weight. Thus breastfeeding has a long-term positive effect on maternal health (Heinig and Dewey, 1997). Hence, promoting breastfeeding and enabling mothers to continue breastfeeding as long as possible would make a major contribution towards the reduction of later obesity. Moreover, breastfeeding has also been found to reduce the risk of breast cancer in women (Dos Santos Silva and De Stavola, 2002).

While it is important to reduce the incidence of overweight and obesity because of their negative health and social repercussions, it is also vital that any healthy eating campaigns do not exacerbate the problem of eating disorders. Women are primarily affected by eating disorders, as 95-97 per cent of patients with anorexia nervosa and 80 per cent of patients with bulimia are females. Women's greater susceptibility has been explained in terms of their physiology (e.g. their body's greater fat content), but has been linked to a greater extent to cultural pressures to adhere to the equation of beauty with thinness (Gucciardi *et al.*, 2004). Hence, any activity aimed at promoting weight reduction in the population must promote the principle of a healthy weight rather than simply portray thinness as the most desirable physical attribute.

The EU Commission must also insist that Health Impact Assessments (HIA) be carried out for any new and existing European policy, which has the potential of affecting health. For instance, a recent review of the Common Agricultural Policy carried out by the Swedish National Institute of Public Health found that this policy has a number of negative effects on health (Schäfer Elinder, 2003). Many unhealthy foods are subsidised, such as full-fat milk products, whilst access to fruit and vegetables is reduced. As a result this European policy serves to worsen the problem of ever increasing numbers of overweight people throughout the Union. The results of HIAs must then be incorporated in any policy formulation and evaluation.

### *Addressing Inequalities*

The Commission can also play a crucial role in tackling social and economic disadvantage, which has been found to have grave repercussions in many aspects of health, overweight and obesity. The particular needs of people from less well off socio-economic groups must be taken into account in promoting healthy eating and physical activity. Again, this is particularly important from women given their increased risk of poverty/disadvantage. Health indicators must be incorporated in all National Action Plans against Poverty and Social Exclusion coordinated through the Commission.

### *Gender Mainstreaming*

Health policies that are gender neutral assume that men and women are affected equally or in a similar manner by ill health. Women as a group not only experience different types of health issues than men; they also experience the same health issues differently than men (Women's Health Council, 2002). Women are more likely to be living on lower incomes, to be employed in lower paying and less stable jobs and experience greater risk of poverty than men (Women's Health Council, 2003). Women tend to use the health system more frequently than men, this may be due to the fact that women live longer than men, have a greater incidence of chronic illness, and have more care giving and child rearing responsibilities. Hence, gender implications of health, in all their manifestations, need to be incorporated into health promotion.

At EU level, the Commission must promote the inclusion of gender mainstreaming in all its health policies, including those concerned with healthy eating and physical exercise. While the Commission has been a strong advocate of gender mainstreaming in other areas, such as employment and education, in health, gender and its effect, are still neglected factors. Significant health inequalities persist in relation to gender in the treatment of non-gender specific illnesses, as well as access to services, as recently highlighted by the European Parliament report on 'Gender Discrimination in Health Systems' (Committee on Women's Rights and Gender Equality, 2005). Hence it is crucial that the European Institute for Gender Equality, soon to be established, includes the activities in the health sector under its remit for the promotion of gender equality.

An example of best practice in relation to gender sensitive health promotion within the European Union is Sweden's public health policy (Ågren, 2003). This policy has a total of 11 objectives covering a wide breath of health-improving initiatives in all government spheres. Two of these focus on 'increased physical activity' and another on 'good eating habits and safe foods'. However, the real innovation is the commitment to a gender perspective in public health:

> "A gender perspective, based on the different social situations of men and women and the varying degrees of power and influence, must be an integral part of the entire public health policy". (ibid: 21)

Gender mainstreaming, however, represents only one strand of the twin-track approach required to ensure significant health gain for women, who, as shown earlier, are at greater risk experiencing social and economic disadvantage than men. Hence, the Commission needs to promote a dual strategy that incorporates gender mainstreaming as well as targeted programmes for women's health needs (National Planning Forum for Women's Health, 2004).This type of approach allows health

organizations to avoid the potential disadvantages of, on the one hand, 'ghettoising' the health needs of women, and, on the other, eliminating women-only services in the name of 'mainstreaming' (Teghtsoonian, 1999).

### *Research*

Research into all the relevant factors leading to overweight and obesity needs to continue. This research must be gender sensitive and include social as well as medical factors. The current EU Commission project on European Community Health Indicators (ECHIM) must endeavour to gather extensive information on eating as well as exercising patterns as crucial indicators for the health of Europeans. Moreover, all relevant indicators must be gender segregated. The same applies to the work of the Working Party on Lifestyle.

Finally, the European Commission must eliminate gender bias in the research it funds. Traditionally, women have not been included in medical trials and the results of medical research on men have been generalised to women without sufficient evidence of applicability to women. To rectify this situation, the American government has now taken steps to ensure that all publicly funded clinical trials be required to include sufficient numbers of women to permit a valid analysis of outcome data for gender differences. More recently tracking systems have been implemented so that compliance with this policy can be monitored. The European Commission must adopt a similar policy in relation to medical research in order to ensure that findings are sensitive the both biological and social differences between women and men.

References


Ågren, G. (2003) *Sweden's new public health policy.* Stockholm. www.fhi.se

Committee on Women's Rights and Gender Equality (2005) *Report on gender discrimination in health systems. FINAL A6-0250/2205.* Strasbourg: European Parliament.

Dos Santos Silva, I. and De Stavola, B. L. (2002) 'Breast cancer aetiology: where do we go from here?' In *A life course approach to women's health*. (Ed, Hardy, R.). Oxford: Oxford University Press.

Gucciardi, E., Celasun, N., Ahmad, F. and Stewart, D. E. (2004) 'Eating disorders'. *BioMed Central Women's Health,* **4** (Suppl 1). http://www.biomedcentral.com/1472-6874/4/SI/S21

Heinig, M. J. and Dewey, K. G. (1997) 'Health advantages of breastfeeding for infants: a critical review'. *Nutrition Research Review,* **10**, pp. 35-56.

Kelleher, C., Nic Gabhainn, S., Friel, S., Corrigan, H., Nolan, G., Sixsmith, J., Walsh, O. and Cooke, M. (2003) *The national health & lifestyle surveys: survey of lifestyle, attitudes and nutrition (SLAN) & the Irish health behaviour in school-aged children survey (HBSC).* Dublin, Galway: Health Promotion Unit, Department of Health and Children,Centre for Health Promotion Studies, National University of Ireland.

National Committee on Breastfeeding (2003) *Interim report on the National Committee on Breastfeeding.* Dublin: Health Promotion Unit.

National Planning Forum for Women's Health (2004) *Final Report.* Dublin: The Women's Health Council. http://www.cewh-cesf.ca/PDF/acewh/centering-womens.dpf

Schäfer Elinder, L. (2003) *Public Health Aspects of the EU Common Agricultural Policy.* Stockholm: National Institute of Public Health. http://www.fhi.se/upload/PDF/2004/rapporter/eu_inlaga.pdf

Sever, C. (2005) *Gender and Sport: mainstreaming gender in sports projects.* Bern: Swiss Agency for Development and Cooperation. http://www.bridge.ids.ac.uk/docs/sport_englisch.pdf

Teghtsoonian, K. (1999) *Centring Women's Diverse Interests in Health Policy and Practice: a comparative discussion of gender analysis.* Halifax, Canada: Maritime Centre of Excellence for Women's Health. http://www.cewh-cesf.ca/PDF/acewh/centering-womens.dpf

Women's Health Council (2002) *Promoting Women's Health: A Population Investment for Ireland's Future.* Dublin: The Women's Health Council. http://www.whc.ie/publications/27401WHC.pdf

Women's Health Council (2003) *Women, Disadvantage and Health.* Dublin: The Women's Health Council. http://www.whc.ie/publications/31657_WHC_Disadvantage.pdf