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About the International Day of the Girl Child

“To help galvanise worldwide enthusiasm for goals to better girls’ lives, providing an opportunity for them to [...] reach their full potential.”

~United Nations General Assembly Resolution on the International Day of the Girl Child, 19 December 2011

The European Institute of Women’s Health (EIWH) invites its members, friends and colleagues to join in celebrating the International Day of the Girl Child. This Day highlights the unique challenges girls still face worldwide to achieve their full potential in line with international human right standards and obligation. Double discrimination being a child and female all too often still robs girls in developing countries of their rights and opportunities to achieve their full potential.

This important initiative was adopted by the United Nations and broadly supported by the European Parliament Written Declaration. According to the President of the European Parliament, Martin Schulz, *“the parliament’s own declaration on the International Day of the Girl recognises that across the world, research has shown that girls are more likely to suffer from malnutrition, be subject of violence or intimidation; be trafficked, sold or coerced into the sex trade; be forced into an early marriage, become infected with HIV or suffer life-threatening conditions from a pregnancy which was not of their choosing.”*¹

The EIWH warmly welcomes the European Parliament declarations and on this Day wishes to express its solidarity with girls and women worldwide. Research has shown that investing in girls and young women has a disproportionately beneficial effect on reducing poverty, not only for girls but also for their family and entire community. Girls who spent an extra year at school will on average increase their lifetime income by 15-25%.

The **International Day of the Girl** provides a powerful tool to focus attention on the rights of women worldwide who all too often face double discrimination due to their age and gender. The health of girls and women is very much influenced by their social, cultural and economic environment.

In Europe and beyond, good health depends on where you live, how well you are informed and able to exercise your rights, your access to education and how much you earn. The poor, the socially excluded and minorities are particularly disadvantaged.

In the following special edition newsletter, the European Institute of Women’s Health highlights some of the health issues that girls and young women face in Europe today to help reduce inequities and improve the health of women and their families throughout Europe.

1. <http://www.theparliament.com/latest-news/article/newsarticle/european-week-of-action-for-girls-martin-schulz/#.UHMEDXiOUTM>

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CERVICAL CANCER PREVENTION & SCREENING

Promoting a Cervical Cancer Prevention Strategy for Europe

Cervical Cancer Prevention in Europe—Cervical cancer can largely be prevented. Yet, it kills many women in Europe and worldwide. “Cervical cancer strikes women early in life—during their 30s and 40s—when they are often raising families or focusing on their careers. Cervical cancer is a physical and emotional burden to these women, as well as to their children, family and friends. It largely impacts society through loss of lives as well as medical and economic costs,” said **Nessa Childers, MEP** and Vice President of MAC at a recent European Parliament Roundtable on cervical cancer prevention.

Worldwide, cervical cancer is the second most common cancer in women under the age of forty-four. In the EU, 31,300 women develop and 13,600 die from this cancer annually with higher rates in new Member States. On average, there are 175,000 women living with cervical cancer in the European Union at any given time.

Disparity in Cervical Cancer Prevention Cost Women’s Lives—Cervical screening and prevention practices vary greatly between countries. More vigorous efforts are necessary to move towards European-wide population coverage.

In some new Member States, the incidence and mortality rates from cervical cancer are double those seen in the EU-15. This disparity is a result of a lack of properly organised prevention programmes and allocation of financial resources. Prevention programmes, coupled with effective health education and outreach to the women concerned, have the potential to decrease the burden of cervical cancer and ensure more equitable healthcare for all women across the EU.

Preventing Cervical Cancer is within Reach—Today, European women have the unique opportunity to benefit from significant advances to tackle cervical cancer through a two-pronged strategy: organised population-based screening programmes for the early detection of cervical lesions and vaccination programmes for protecting adolescent girls against the Human Papillomavirus (HPV) prior to first HPV exposure.



EIWH roundtable hearing on preventing cervical cancer, 2012

Not all women across the EU-27 are benefiting from best practice, and this cancer remains a major cause of death for women in CEE countries Romania, Bulgaria, Hungary, and the Baltic States. Analysis of European cervical cancer data shows that the death rate was highest in Lithuania and lowest in Finland. We call on policy makers and politicians to act now and to implement organised population screening and affordable vaccination programmes to avoid needless suffering and death.

EIWH MEMBERSHIP



The European Institute of Women’s Health currently has a diverse membership spanning all twenty-seven EU Member States of over eighty individuals and organisations with expertise and interest in women’s health. The EIWH is actively working to support and expand its membership. For more information on becoming a member, please contact the EIWH at info@eurohealth.ie or visit the EIWH’s website <http://www.eurohealth.ie>.

MELANOMA: AN INCREASING RISK FOR YOUNG WOMEN

The incidence of Malignant Melanoma, the most dangerous form of skin cancer, is rising at an alarming rate, resulting in over 9,000 deaths annually in Europe (Boyle et al 2004). There were 643 new cases of Melanoma in Wales alone in 2009, more than double that of 1999, with a significant increase in mortality with 124 deaths (Wales Cancer Intelligence and Surveillance Unit 2011).

The rise in melanoma rates is higher in young females than males and is the commonest type of cancer in 15-34 year olds. Risk is strongly linked to intermittent exposure to ultraviolet light, especially in the first 20 years of life, and exposure to artificial UV light on sunbeds increasing the risk of melanoma by up to 87% (Cancer Research UK). A recent study estimated that there are 3,438 new cases of melanoma diagnosed each year in Western Europe related to sunbed use particularly among young adults (Boniol et al 2012). In addition a survey carried out by the Teenage Cancer Trust in July 2011, highlighted a continuing lack of concern for sun safety, with a third of teenagers never using sunscreen (Teenage Cancer Trust).

These factors are particularly relevant for young women who are more likely to seek a tan and use low SPF sunscreen. In order to reduce the risk of skin cancer developing in this group, it is crucial that the sun safety messages, included in Tenovus Sun Awareness Campaign, reach young women. At Tenovus we use our Sun Cream Van to reach communities in a fun, memorable and engaging way. For more information on Tenovus, please visit <http://www.tenovus.org.uk/>

WOMEN AND LUNG CANCER

Women are not aware that they are at risk of lung cancer and death if they smoke. In the past, this cancer has mostly affected men and was considered rare in women. Although more men than women are diagnosed with lung cancer, incidence is leveling off, even decreasing in men, but it is on the rise in women. In Europe, lung cancer is the third most common cancer among women. Lung cancer is increasing rapidly in European women, overtaking deaths from breast cancer in the UK, Ireland and Poland, while it is stabilising or declining among men.

Lung cancer is deadly, yet it is highly preventable. About 1/3 of EU citizens smoke; in some EU countries up to 50% of women smoke. Annually, 650,000 Europeans die prematurely. Generally, 90% of lung cancer in men is smoking-related; in women it is 80%. Despite lung cancer's strong association with tobacco use, one in five women who develops the disease has never smoked. Non-smoking women appear to be at two to three times greater risk for developing lung cancer, suggesting that other factors such as passive or environmental smoke play a role.

The gender gap in smoking rates is narrowing. In 14 out of 26 EU countries, girls out-smoke boys. Smoking has become more popular among younger women, which will have negative consequences for their future health.

The tobacco industry has long targeted young people in the promotion of their products. Their aggressive marketing strategies are increasingly aimed at young girls and women worldwide. The industry considers female consumers to be a lucrative, unexplored market. Creating women-only brands, which play on the appeal of glamorous images such as cigarettes as party accessories and sponsored events, like women's tennis games and dances. Female-targeted branding includes light or slim cigarettes, low prices and easy availability. The revision of the Tobacco Products Directive will provide Europe with an opportunity to curb these promotional activities through plain packaging. The recent affirmative ruling of the Australian High Court to make this legal should encourage positive action worldwide.

"The European Institute of Women's Health is campaigning to step up anti-smoking programmes targeted at young girls and women. Unless we can stop them smoking, we will face a lung cancer epidemic in women in the future," said Hildrun Sundseth, Board Member, EIWH.

Current tobacco control legislation implemented in many EU countries has raised the hope that the smoking tide can be stemmed, yet it will always remain a challenge to reach the private sphere of the home. Therefore, changes of behaviour must be encouraged and support provided to smokers rather than stigmatising them.

In 2012, the EIWH looks forward to the revision of the Tobacco Products Directive and encourages inclusion of plain packaging to help stop the targeting of products towards women and girls. *"Concerted efforts must be made by all stakeholders to make stopping women and young girls from smoking a priority and to secure the political will and the resources to act across Europe,"* said Peggy Maguire, Director General.

The current Tobacco Products Directive can be found online:

http://europa.eu/legislation_summaries/public_health/health_determinants_lifestyle/c11567_en.htm

EUROPEAN YOUTH HEALTH BEHAVIOURS

In the EU, the top four risk factors for ill health are tobacco, blood pressure, alcohol, and being overweight—accounting for the loss of over 22 million disability-free life years annually and rising (DG SANCO, 2009). Healthy lifestyles, as well as unhealthy behaviours, often start at a young age and continue throughout life. As a result, it is imperative to address these issues early to ensure that individuals can live healthy, productive lives (EIWH, 2012).

Smoking and young girls. The European Youth have the highest smoking rates in the world, with higher rates among lower socioeconomic groups and rising rates in female populations, especially young girls (Kaiser and Gommer, 2007). The tobacco industry targets young people in the promotion of tobacco products. The aggressive marketing strategies are increasingly aimed at young people, specifically young girls as the industry considers female consumers to be a lucrative unexplored market (UNOCD, 2011).

Youth Drinking. Rates of youth drinking and binge drinking, as well as acceptance of these trends, are increasing throughout the EU. Annually, more than 55,000 people between the ages of 15-29 in Europe die annually from alcohol-related road accidents, poisoning, suicide and murders (UNOCD, 2011). Easy access to alcohol, in conjunction with other factors, has led high rates of youth drinking. Teen binge drinking is at 60% in Denmark, 57% in Germany, 54% in the UK, 34% in Italy, and 28% in France (Join Together, 2005). Moreover, Eastern Europe and young women are seen by the alcohol industry as potential growth markets as well as pushing supposedly "healthy" alcohol products (European Alcohol Policy Alliance, 2009).

Youth Obesity. Studies show that rates of obesity among EU children have increased nearly 50% since the late 1990s to 2006 and nearly doubled from 2006 to 2010 to 6.4 million. By 2006, more than one million children had high blood pressure or high cholesterol levels, which increases risk of heart disease. Moreover, up to 1.4 million children could be at risk for early stages of liver disorder from overweight issues. Overeating has led to Type 2 diabetes in 20,000 children and impaired glucose tolerance in 400,000 children (Laurance, 2006).

HEALTH ISSUES FOR WOMEN AND YOUNG GIRLS

Discrimination against Women and Girls in the Health Sector
European Parliament (2007) by the European Institute of Women's Health



Self Esteem. Adolescence is a time when increasing health inequality becomes apparent. Girls begin to report multiple subjective health complaints more often than boys, with the levels rising with age. With the onset of puberty, girls begin to feel social pressure in areas relating to body image, relations with peers, and school. This process of socialisation can cause girls to be more aware of their physical and emotional state, and to develop a lower threshold for detecting and reporting health complaints. Boys may be less inclined to report health complaints, by wishing to appear 'tough'. This underreporting of health problems may, therefore, be influencing the increased gender differences observed during these years.

Academic achievement is seen to have an immediate effect on self-esteem and general well-being. Those who succeed academically tend to enjoy school, while those who fail tend to feel alienated from it. Low academic and social competence during childhood can affect both current and future health. Girls with negative school experiences report lower general life satisfaction and poorer health significantly more often than girls with positive experiences. The development of young people's self-esteem, self-perception, and health behaviour is heavily influenced by how they perceive their social support and achievement. Self-esteem plays a significant role in health outcomes and high esteem scores tend to predict favourable health outcomes and a lack of somatic and psychological symptoms. Girls with low scores report significantly higher levels of multiple recurrent subjective health complaints.

Eating Disorders. The main types of eating disorders are anorexia nervosa and bulimia. Eating disorders are amongst the most debilitating psychiatric disturbances that affect young girls and women and they are most common in cultures focused on weight loss and body image. There are many different theories regarding the causes of eating disorders. It is most likely causes are a combination of psychological, genetic, environmental and social factors.

The media can promote unrealistic role models for beauty and weight, which can have a strong influence on an individual with low self-esteem, leading to disordered thinking and behaviours. A young girl with a family history of mood disorders such as depression may be especially affected. Eating disorders are often associated with feelings of helplessness, sadness, anxiety, and the need to be perfect. They can cause a person to use dieting or weight loss to provide a sense of control or stability. It is thought that physical pubertal changes may be an important causal factor in eating disorders. Dealing with difficult transitions, loss, or teasing about weight from friends or family may also trigger eating disorders. Dieting and other weight control methods can be associated with negative physical and psychological outcomes. Those girls who diet are more prone to irritability, concentration problems, sleep disturbances, menstrual irregularities, growth retardation, delayed sexual maturation and nutritional deficiencies.

Gender differences are seen in the ways in which male and female adolescents evaluate their bodies. Girls tend to view their bodies primarily as a means of attracting others, while boys perceive their bodies as a means of operating effectively in the external environment. Adolescents often find it difficult to classify themselves appropriately in terms of weight. Girls often consider themselves overweight, while boys are more likely to perceive themselves as underweight and to engage in weight-gaining and muscle-enhancing activities.

The prevalence rates in western countries for anorexia nervosa in female subjects range from 0.1% to 5.7%, and for bulimia it ranges from 0.3% to 7.3% in women and from 0% to 2.1% in males (Makino et al.). According to Belgian experts, as many as 5 out of 100 women in Belgium have a bulimia problem and it has been noted that bulimia is 3 to 5 times more apparent in urban areas than in rural areas. However, there is some doubt about the reliability of data on eating disorders, particularly as research is often limited to the under-25s, with older women excluded because bulimia and anorexia nervosa are considered to be a 'young girls' condition.

2012-2013 POLICY BRIEFING SCHEDULE

Chronic disease is the top cause of illness and death in the EU. As a result, these diseases heavily burden EU citizens and their healthcare systems. The EIWH will generate a series of policy briefings/factsheets on a variety of chronic diseases beginning in the autumn of 2012, including one on lung cancer. By describing how gender impacts on various diseases, the EIWH aims to raise health literacy levels of policy makers, the general public and patients to increase awareness of how a life-span approach to prevention may decrease the chronic disease burden.

For more information, please visit: <http://eurohealth.ie/>

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Sexual Behaviour. Sexual behaviour is an important determinant of physical and mental well-being. Unsafe sex can have implications for unwanted teenage pregnancies, fertility, infectious diseases and other reproductive health problems.

Everywhere teenage pregnancy is on the rise. For example, in the past Bulgaria has for some years had one of the lowest birthrates in the world. Now, it has the highest rate in Europe for adolescent maternity, and a high proportion of low birth weight births. In Belgium in 2003 there was a 4% increase in teenage pregnancy rates compared to those of 2002 and it appears that between a quarter and a third of pregnant teenage girls had planned their pregnancy. 'Jeunesse et Sexualité' (Youth and Sexuality), a non-profit organisation, note that many of the girls becoming pregnant are having trouble in school or at home and view their pregnancy as a part of growing up or as a way to start a new life for themselves.

There are great differences between ages of first sexual intercourse in the Member States. Early first intercourse is thought to be linked to unplanned, unprotected sex and therefore to a greater risk of unintended pregnancy and STIs. In Mediterranean States, men start their sex lives well before marriage. In Northern countries men and women have their first sexual intercourse at about the same age. Belgium and Germany are characterised by a comparatively late sexual initiation for both sexes. These patterns and trends are important when planning health promotion initiatives and school sex education programmes.

Sexually Transmitted Infections. Adolescents tend to underestimate, downplay or deny their risks of HIV infection. Feelings of invincibility, combined with the lack of awareness of the consequences of risky behaviour, may make them less likely to take precautions to protect their health and their lives. Sexually transmitted infections are an important health problem for young girls because of the risk of infertility, ectopic pregnancy, pelvic inflammatory disease, and chronic pelvic pain.

The face of AIDS is changing and increasingly women are becoming infected at significantly younger ages than men. Young girls are particularly vulnerable to the sexual transmission of HIV for both biological and social reasons. While both young girls and boys engage in consensual sex, girls are more likely than boys to be uninformed about HIV, to be coerced or raped, or enticed into sex by someone older, stronger, or richer. Increased incidence of HIV/AIDS in young women has also led to an increase in transmission of the virus from mother to child. Today, UNAIDS calculates that more than 50 percent of all new HIV infections around the world occur in children and young people between 10 years and 24 years old. The dramatic spread of HIV/AIDS, particularly in Eastern Europe, means that in Europe as a whole, 30–40% of all reported HIV/AIDS cases are among those under 25 years of age. Therefore, reaching young people before they become sexually active is key to fighting the epidemic.

Young girls who are well prepared to make healthy lifestyle choices related to nutrition, exercise, tobacco, alcohol and drug use, and sexuality, will have enhanced physical and mental health and will reduce or avoid major diseases later in life.

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<http://www.europarl.europa.eu/committees/en/femm/studiesdownload.html?languageDocument=EN&file=27954>

For more information on the Day of the Girl, please visit:

- European Institute of Women's Health, Website: <http://eurohealth.ie/>
- Day of the Girl Website: <http://dayofthegirl.org/>
- European Parliament, Declaration in Support of Day of the Girl:
<http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//NONSGML+WDECL+P7-DCL-2011-0039+0+DOC+PDF+V0//EN&language=EN>
- United Nations General Assembly, Resolution to declare October 11 as the International Day of the Girl Child, <http://www.un.org/News/Press/docs/2011/ga11198.doc.htm>