Report

Women's Health

A long-held symposium and a new EHPS special Interest Group

Irina Todorova
Northeastern University, Boston US
Efrat Neter
Ruppin Academic Cente, Israel

Women's health topics transpire in most domains of health psychology and hence in many European Health Psychology Society's (EHPS) conferences issues related to women's health are presented. The topics span health and illness, physical and psychological well-being of women and their determinants - be they sociocultural, lifestyle, or environmental; the implications span prevention, early detection and treatment, coping, limitation of disability, and rehabilitation.

A long-held symposium on Women's Health

Sessions focused specifically on women's health have been organized in many EHPS conferences starting at Lisbon in 2002. In the past five years, we have been convening an annual symposium, with the aim of highlighting unique questions relevant to women and their health in the local social contexts in which they live. This is because of the unique ways in which gender, womanhood, motherhood and similar concepts are entwined with women's rights and choices as related to their bodies and life decisions, and with how women are positioned within the healthcare system.

The striking theme that emerges most years of the symposium is women's health as anchored in their relationships across the lifespan – as would-be mothers, as mothers and grandmothers, as partners and friends, as caregivers to their parents, children, and spouses. The roles themselves are shaped by cultural expectations, thus the roles and the relationships can show similarities, as well as differences across cultures and countries.

At the 33rd EHPS Conference 2019, in Dubrovnik, Croatia, we organized a symposium on the topic of *Women's health issues across the lifespan*: *Identifying risks and opportunities for change*. Presentations came from Israel, Romania, Poland, and the United States (Baban, Ciuc , Moldovan, & Pintea, 2019; Benyamini & Abramov, 2019; Boberska et al., 2019; Neter & Baganz, 2019; Rini, Lewis, Butterfield, Souris, & Powell, 2019). The symposium was chaired by Efrat Neter and the discussant was Irina Todorova.

Some common themes that can be identified across these talks, which are also key to discussions on women's health more broadly, have to do with:

-The importance of relationships and the specific meaning and role they have in women's lives and health.

-The medicalization of women's bodies, including the increasing role of technological innovations/interventions and how these intersect with gender, as well as their ethical considerations.

-The importance of hearing women and understanding the perspectives and logic behind their choices and behaviors. Although in some cases their choices and behaviors might increase health risk, they can also make sense when we consider them in women's local contexts.

The importance of relationships was addressed

explicitly or implicitly in all the presentations. These play a key role in supporting health-promoting behaviors and avoiding health risk behaviors. Boberska et al. (2019) in their presentation *Sedentary behaviors and behavior-specific social support in mother-child and female partner-patient dyads*, highlighted the role of social support as well as its source and type in supporting physical activity, as well as the distinction between social support and collaborative social control. Their analysis brought forth the importance of family environment for behavior change. Their sophisticated analysis delineated dyadic dynamics – between the female partner of patients making health behavior changes; and those in mother-child dyads. The presentation underscored not only the key role of such dyadic interactions, but also the uniqueness of the two types of relationships that were explored. For mothers and child there were no dyadic effects and received social support as perceived by children predicted their active breaks; on the other hand, received social support as perceived by the woman was related to more active breaks for the partner/patient she was caring for and at the same time, a higher level of patients' sedentary behaviors (Boberska et al., 2019).

A key role for relationships was also identified by Baban et al. (2019) for preventive behaviors for Romanian women. For example, colonoscopy can be an effective screening approach which allows early detection and can save lives. Our discussion revealed that national policies differ in terms of colonoscopy guidelines and recommendations (Ebell, Thai, & Royalty, 2018). In some countries, such guidelines do not exist (Romania) while in others, colonoscopies are recommended only when fecal occult blood testing (FOBT) has indicated a need. In any case, colonoscopy is often avoided by women and local national policies, as well as cultural meanings are relevant to colonoscopy attitudes and uptake.

It was surprising to see the absence of a predictive effect of 'barriers' toward screening, since in other studies in Romania and Bulgaria on cervical cancer screening structural barriers were particularly central (mediated by SES)(Todorova, Baban, Alexandrova-Karamanova, & Bradley, 2009). The limited impact of barriers highlights even more the importance of relational dimensions, particularly with the provider – the predictive relational variables were *discussion probability, discussion confidence, previous recommendations by the provider* (Baban et al., 2019); we can assume these are also related to trust and the quality of the relationship with provider.

The talk *Persevering in fertility* treatments despite repeated failures is in a way an illustration of the impact of an absent relationship with a child and the suffering it could entail for some women. However, we also see how women's social context more broadly is key to understanding women's experiences and the phenomenon of "the never-ending-cycle" of infertility treatment. Benyamini and Abramov (2019) illustrated how perseverance in fertility treatment manifests in the local context of Israel and Israeli national pronatalist policies. They emphasized the communication with health care providers, and what information they give women about the odds of treatment success (which is interpreted by the women with unrealistic optimism), as well as the importance of including in the future the relationship with the partner. The unrealistic optimism allows women to maintain hope and well-being; the authors conclude that "In light of the illegitimacy of childlessness in Israel, [women's] seemingly irrational ways of coping with their situation are logical and rational" (Benyamini & Abramov, 2019). Other work in a similarly pronatalist context has shown the role of the community of women created in on-line forums. We observed the duality of these relationships between women - the supportive interactions, as well as the way in which these same interactions in a way "forbid" women to discontinue treatment with encouragements to go on (Kotzeva, Todorova, &

Panayotova, 2018).

Dualities were evident in other dimensions of women's health topics covered. We see the complexity of both empowering and potentially controlling meanings of treatments and behaviors, entwined with the image of "the good woman/ mother" and what she is expected to be doing. The presented studies touched on the theme of the medicalization (and monitoring) of women's (and their children's) health and bodies and the role of new technologies.

Coming back to the topic of infertility treatment, it brings us to other dualities – those embodied by the medical/technological procedures employed. The access to in-vitro technologies is empowering, since it increases options for women; on the other hand, Benyamini and Abramov's (2019) study shows that in reality, choice barely exists. Through the ever-evolving IVF technologies, women are swept up by the motherhood mandate and its expectations for endless in-vitro attempts at pregnancy. Consideration of discontinuing treatment (or choosing other forms of motherhood) were low, (unrealistic) optimism for success was high. While the stigmatization of women who are not mothers is evident in many societies, the Israeli context is interesting example due to its strong pronatalist social beliefs as well as policies which eliminate any financial barriers to infertility treatments with IVF. Clearly such stigmatization and expectations from women can have consequences for women's health through not understanding their distress, as well as through driving them (directly or indirectly) to undergo multiple cycles of fertility treatments which we now know have diminishing success rates and could ultimately endanger their health.

Further illuminating the complex role of new medical technologies, Rini at al. (2019) presented *Women's decisions about next-generation sequencing for newborn screening*, starting with the question of whether we should offer this type of screening. Genomic sequencing for newborns is now being conducted for many medical conditions. Rini at al. (2019) discussed potential benefits and risks of offering this sequencing – particularly the risk of increasing maternal pregnancy-specific anxiety when it is offered to women during pregnancy to give them time to make an informed decision. The investigators did observe that pregnancy-related anxiety increased in a substantial minority of women; increased anxiety was not related to knowledge about genetic screening but to higher perceived risk of a genetic problem for the child. Aspects of medicalization could be noted in the sense that a version of this screening panel may someday be more widely available, although recommendations about what to do with the screening findings are limited. Rini and colleagues bring up the issue of inequalities in health risks of new technologies – in this case, of lower education associated with higher probability of increasing pregnancy-specific anxiety. These are nuances in the impact of new technologies that studies in women's health need to further identify and understand, given indications that introducing new medical technologies can actually increase health disparities (Glied & Lleras-Muney, 2008).

Neter and Baganz in *Compensatory health beliefs on breastfeeding varying by breastfeeding status* (Neter & Baganz, 2019) discussed the current prevalent discourse of "exclusive breastfeeding" and the exclusively positive framing of breastfeeding for the health of the child and mother. They also draw attention to the duality of breastfeeding – as both empowering and potentially controlling. While undoubtedly beneficial to health, breastfeeding has taken on a mandate similar to the motherhood mandate and integrated into the definition of "the good mother". Clearly, breastfeeding is not a smooth experience for all women, and barriers (such as pain, illness, time limitations) are often overlooked by this mandate. Structural conditions and inequalities add to the dilemmas and the ambivalence experienced by some women – single

mothers who have limited childcare and breastfeeding options, women who must go back to work at one or two jobs soon after giving birth, absent spaces for breastfeeding in the workplace. National policies greatly vary in terms of paid maternal (or paternal) leave after the birth of a child – ranging from 86 weeks in Estonia to no federal legislated requirement for employers to offer paid maternity leave in the United States (it provides only for 12 weeks unpaid leave)[1]. There is another duality women face – evident health benefits of breastfeeding on one side, contributing to the idealization of breastfeeding and to viewing it as the "right" of the child, and on the other hand the stigmatization/sexualization of breastfeeding, particularly in public. Neter and Baganz illustrate the role of compensatory health beliefs (CHBs) (higher in those who were not breastfeeding) to make sense of these dilemmas. CHBs allow people to maintain unhealthy behaviors (in this case, not breastfeeding) through reducing the negative feelings associated with knowing it is highly recommended to breastfeed. Neter and Baganz also make the important point that all women's voices need to be heard and understood, as their positions (even if seemingly illogical) can make sense in the local and personal contexts in which they are situated.

Conclusion: *The symposium on Women's Health at the 33rd Conference of EHPS* illustrated how the specific contexts, cultural norms, relationships and meanings of health and womanhood are embodied and manifested in health consequences and behaviors. For the future, we can continue to expand the health topics and diversity of social roles of women in their personal, family and professional lives, which are addressed in research and presented at EHPS forums. We would also highlight the social and health disparities that different contexts could produce and reproduce.

[1]https://www.bbc.com/worklife/article/20190615-parental-leave-how-rich-countries-compare

The establishment of a Special Interest Group at the EHPS on Women's health would support the further development of these research directions.

A Special Interest Group has been established

Presenters in the symposium and colleagues applied to the EHPS call for Special Interests Groups, and recently were informed that the SIG on Women's Health has been approved. We would like to invite the attendants of previous symposia and all EHPS members interested in the topic to join the proposed SIG. We envision holding more than one symposium on the topic in the coming years, anchored in preferences for additional activities elicited from prospective SIG members. Interested members not identified through the attendance lists can contact Efrat Neter (neter@ruppin.ac.il) for joining the SIG.

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Irina Todorova
Health Psychology Research Center, Sofia, Bulgaria and Northeastern University, Boston US
Irina.todorova@comcast.net

Efrat Neter
Behavioral Sciences Department, Ruppin Academic Center, Emeq Hefer, Israel
neter@ruppin.ac.il