

 **cost**  
EUROPEAN COOPERATION  
IN SCIENCE AND TECHNOLOGY

 **APPEARANCEMATTERS**

# Social disadvantaged groups

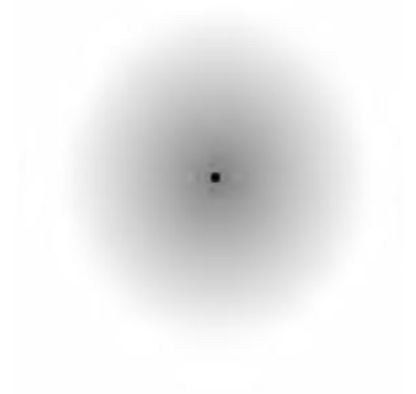
 **EUROPEAN  
SCIENCE  
FOUNDATION**





What do you see?




Keep staring at the black dot. After a while the gray haze around it will appear to shrink.





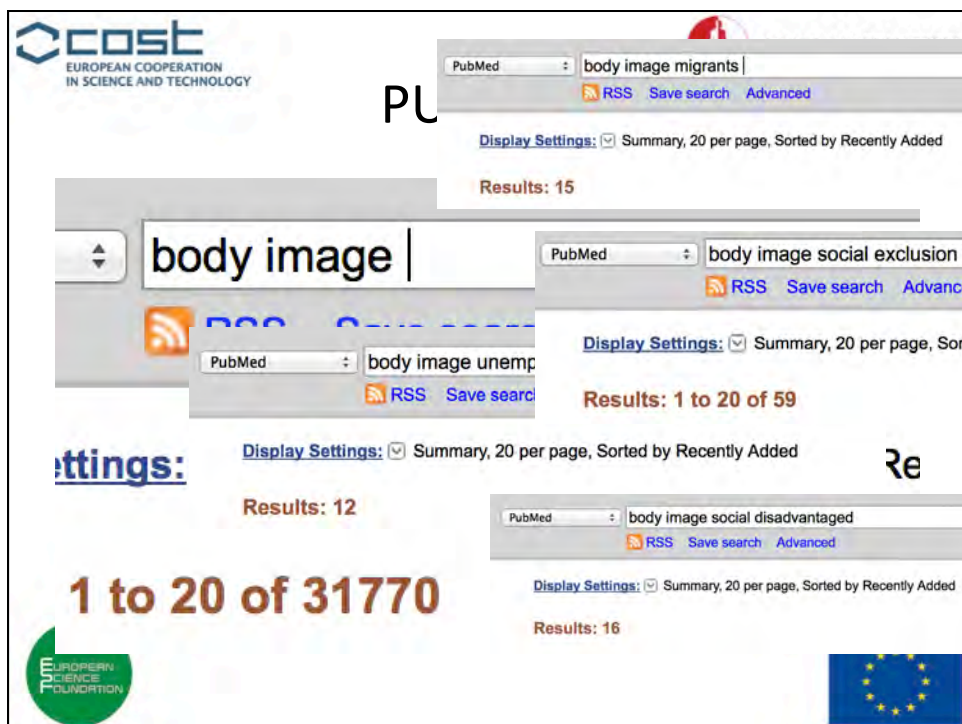


## Structure

- Social disadvantaged groups
- Culture
- Impact
- How do we measure or collect data?









## SOCIALLY DISADVANTAGED GROUPS

- People who are unemployed
- Immigrants; people from ethnic minorities
- People with physical disabilities
- People with poor mental health
- People from backgrounds with low socio-economic status
- People with low educational attainment

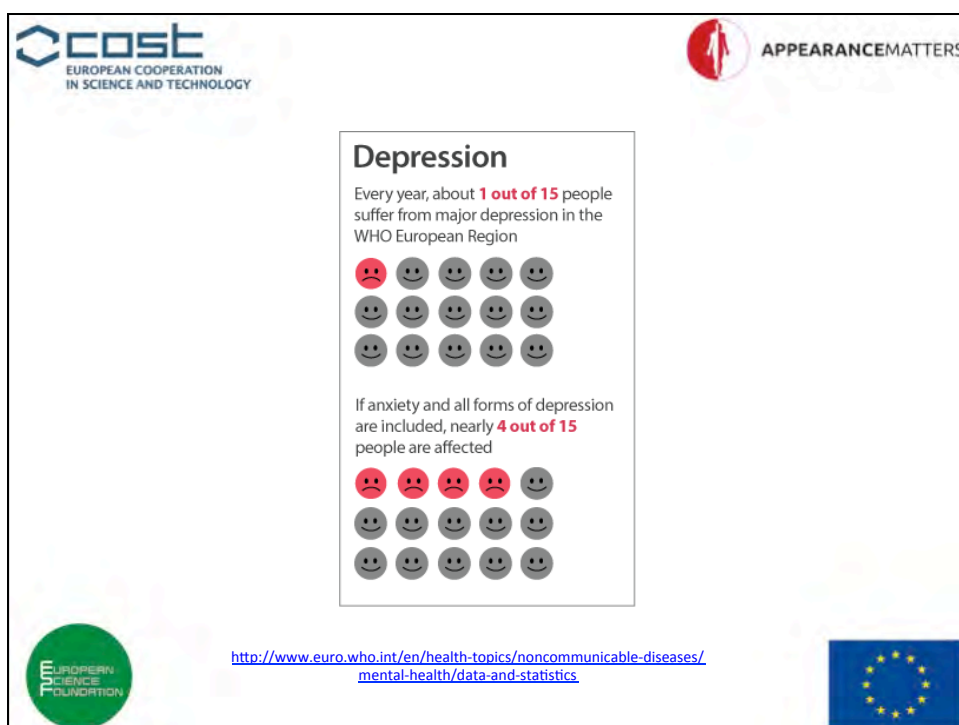


## ROF 1 NI 5 SNAEPORUE, ETH DLROW SI DRAH OT DAER







MISCONCEPTIONS	THE FACTS
'Low literacy is something that happens in developing countries, surely not in Europe!'	One in five European 15-year-olds and almost one in five adults lack the literacy skills required to successfully function in a modern society.
'Low literacy is a problem imported by migrants, not for those born and bred in European countries.'	The vast majority of children and adults with poor literacy skills were born and raised in the country they live in, and speak its language of instruction as their mother tongue.
'Poor literacy only affects those on the margins of society.'	One in five adults in Europe lack sufficient literacy skills and most of them are employed.







  
 EUROPEAN COOPERATION  
 IN SCIENCE AND TECHNOLOGY


  
 APPEARANCEMATTERS


## Prevalence

- Systematic review of data and statistics from community studies in the European Union as well as Iceland, Norway and Switzerland, it is estimated **that 27% of the adult population** (18 – 65 years of age) has experienced at least one serious mental disorder in the past year.

World Health Organisation. Mental Health: Data and statistics  
<http://www.euro.who.int/en/health-topics/noncommunicable-diseases/mental-health/data-and-statistics> 2015





  
 EUROPEAN COOPERATION  
 IN SCIENCE AND TECHNOLOGY

  
 APPEARANCEMATTERS



## Prevalence

- Mental health difficulties are common worldwide, with up to one in four families including at least one member with a behavioural or mental disorder.



Picture: epSos.de

World Health Organisation. The World Health Report 2001 Mental Health: New Understanding, New Hope Geneva: World Health Organisation, 2001.

**cost**  
EUROPEAN COOPERATION  
IN SCIENCE AND TECHNOLOGY

**APPEARANCEMATTERS**

These figures represent an enormous human toll of ill health, with an estimated **83 million** people being affected. Yet even these figures are likely to **underestimate the scale of the problem**, as only a limited number of disorders were included and it did not collect data on those aged over 65, a group that is at particular risk.

<http://www.euro.who.int/en/health-topics/noncommunicable-diseases/mental-health/data-and-statistics>

**cost**  
EUROPEAN COOPERATION  
IN SCIENCE AND TECHNOLOGY

**APPEARANCEMATTERS**

- Neuropsychiatric disorders are the second cause of disability-adjusted life years (DALYs) in Europe and account for 19%, with only 4% after cardiovascular disorders.



**DALY**  
Disability Adjusted Life Years is a measure of overall disease burden, expressed as the cumulative number of years lost due to ill-health, disability or early death

$$= \text{YLD} + \text{YLL}$$

$$\text{Years Lived with Disability} + \text{Years of Life Lost}$$

<http://www.euro.who.int/en/health-topics/noncommunicable-diseases/mental-health/data-and-statistics>










The 2007 National Survey of Mental Health and Wellbeing found that nearly half (45.5%) of the Australian population aged 16-85 years had experienced an anxiety, affective or substance use disorder at some stage in their lifetime (Table 2-1). This is equivalent to almost 7.3 million people.

**Table 2-1: Prevalence of lifetime and 12-month mental disorders**

	Lifetime prevalence		12-month prevalence	
	(%)	Population estimate	(%)	Population estimate
Affective disorders	15.0	2,405,000	6.2	996,000
Anxiety disorders	26.3	4,205,000	14.4	2,303,000
Substance use disorders	24.7	3,960,000	5.1	820,000
<b>Any mental disorder</b>	<b>45.5</b>	<b>7,287,000</b>	<b>20.0</b>	<b>3,198,000</b>

Note: Totals are lower than the sum of disorders as people may have had more than one class of mental disorder in the 12 months.









## Prevalence – Children & Adolescents

- Psychiatric disorders in children and adolescents of 10-25%, with approximately 20% of children experiencing a mental health problem in any given year and about 10% at any one time


Goodman R, Scott S, Goodman R. Child and adolescent psychiatry. 3rd ed. Chichester: Wiley-Blackwell; 2012. xii, 387 p. p.

St John T, Leon L, McCulloch A, Association of the British Pharmaceutical Industry. Office of Health Economics, Mental Health Foundation. Lifetime impacts : childhood and adolescent mental health - understanding the lifetime impacts. Report of a seminar organised by the Office of Health Economics and the Mental Health Foundation, April 2004. London: Mental Health Foundation; 2005. 28 p. p.



**cost**  
EUROPEAN COOPERATION  
IN SCIENCE AND TECHNOLOGY






**APPEARANCEMATTERS**

## Prevalence


- Although only approximately half of people with common mental health problems are affected for periods of longer than 18 months

Singleton N, Bumpstead R, O'Brien M, Lee A, Meltzer H. Psychiatric Morbidity Among Adults Living In Private Households, 2000. London: The Stationery Office, 2001



**cost**  
EUROPEAN COOPERATION  
IN SCIENCE AND TECHNOLOGY







**APPEARANCEMATTERS**

## Prevalence

- The risk for more chronic episodes of poor mental health are increased in certain segments of the population
  - lower socio-economic status
  - long-term ill health
  - unemployment


Singleton N, Bumpstead R, O'Brien M, Lee A, Meltzer H. Psychiatric Morbidity Among Adults Living In Private Households, 2000. London: The Stationery Office, 2001





## Incidence

- The incidence rates of mental health difficulties has increased over time
- In teenagers, the rates of depression and anxiety have increased by 70% in the past 25 years



St John T, Leon L, McCulloch A, Association of the British Pharmaceutical Industry. Office of Health Economics, Mental Health Foundation. Lifetime impacts : childhood and adolescent mental health - understanding the lifetime impacts. Report of a seminar organised by the Office of Health Economics and the Mental Health Foundation, April 2004. London: Mental Health Foundation; 2005. 28 p. p.








## Gender

- Some gender differences have been identified in relation to both the incidence and treatment of mental health conditions.







## Gender

- Depression is more commonly diagnosed in women versus men and one in four women will require treatment for depression at some time, compared with one in 10 men



Singleton N, Bumpstead R, O'Brien M, Lee A, Meltzer H. Psychiatric Morbidity Among Adults Living In Private Households, 2000. London: The Stationery Office, 2001



## Gender

- Women are twice as likely to experience anxiety as men and 60% of people with phobias or obsessive-compulsive disorder are female.

Singleton N, Bumpstead R, O'Brien M, Lee A, Meltzer H. Psychiatric Morbidity Among Adults Living In Private Households, 2000. London: The Stationery Office, 2001








## Gender

- The reasons for these differences are unclear, but they may result from differences in social and biological factors as well as gender differences in acknowledging and reporting a mental health difficulty




National Institute for Health and Clinical Excellence. Depression, NICE Guideline, Second Consultation. London: NHS, 2003.








## Gender

- Research has shown that women (29%) are more likely to have been treated for mental health problems than men (17%).



Singleton N, Lewis G, Great Britain. Office for National Statistics. Better or worse : a longitudinal study of the mental health of adults living in private households in Great Britain. London: TSO; 2003. xx, 170 p p.








## Gender

- Gender stereotypes may also lead doctors to treat depression more readily in women than men even when they present with identical symptoms.




National Institute for Health and Clinical Excellence. Depression, NICE Guideline, Second Consultation. London: NHS, 2003.




## Gender and children



- The prevalence in Mental Health for boys aged 5 to 10 years the rate has been estimated as 10.4% compared with a rate of 5.9% for girls.



Mental Health Foundation. Mental Health Statistics: Children & Young People <http://www.mentalhealth.org.uk/help-information/mental-health-statistics/children-young-people/2005> [cited 2015 9 June].












## Gender and young people

- For young people aged 11 to 15 the prevalence increases to 12.8% for males compared with 9.65% for females




Mental Health Foundation. Mental Health Statistics: Children & Young People  
<http://www.mentalhealth.org.uk/help-information/mental-health-statistics/children-young-people/2005> [cited 2015 9 June].







## Gender

- While epidemiological studies do not show gender differences in overall rates of diagnosable psychiatric disorder.
- These studies also indicate males are more likely to have a disorder before puberty, while females are more likely to have be diagnosed after puberty




Goodman R, Scott S, Goodman R. Child and adolescent psychiatry. 3rd ed. Chichester: Wiley-Blackwell; 2012. xii, 387 p. p









## Gender and risk factors

- Men are more likely than women to engage in substance abuse, for example, alcohol and drugs, about 5.6% of males have substance use disorders in comparison to females 1.3%.




The WHO Regional Office for Europe. The European Mental Health Action Plan 2013–2020. 2015.








## Gender and risk factors

- Seventy five percent of those with a dependence on cannabis and 69% of those with an addiction to other illegal drugs are male




Singleton N, Bumpstead R, O'Brien M, Lee A, Meltzer H. Psychiatric Morbidity Among Adults Living In Private Households, 2000. London: The Stationery Office, 2001.







## Ethnicity

- In the UK some studies have shown that ethnic minority groups have higher rates of depression in comparison to the white population




National Health Service. Mental Health:National Service Frameworks  
London: NHS, 1999.



## Ethnicity

- One comparing young people from British Indian and British White backgrounds between the ages of 5 to 16 years old, showed that the British Indians had less than half the rate of psychiatric disorders of the White British population



Goodman R, Scott S, Goodman R. Child and adolescent psychiatry. 3rd ed. Chichester: Wiley-Blackwell; 2012. xii, 387 p. p.








## Ethnicity

- In relation to treatment, it has been reported that minority ethnicity groups are less likely to have their mental health problems detected by a general practitioner




National Institute for Mental Health In England. Inside Outside: Improving Mental Health Services for Black and Minority Ethnic Communities in England. Leeds: NIMHE, 2003.







## Ethnicity

- Patients from these groups are less likely to be offered counselling or psychotherapy, instead to have a greater likelihood of being prescribed medication and often with higher doses as compared to the White population



Sainsbury Centre for Mental Health. Breaking the circles of fear : a review of the relationship between mental health services and African and Caribbean communities. London: Sainsbury Centre for Mental Health; 2002. 102 p. p.








## Social groupings

- Some social groupings have been identified to be at higher risk for mental health difficulties
- When in a new country they can also experience social isolation, language difficulties and/or discrimination that increase their risk of poor psychological outcomes




Burnett A, Peel M. Health needs of asylum seekers and refugees. *BMJ*. 2001;322(7285):544-7.  
 Vostanis P. Meeting the mental health needs of refugees and asylum seekers. *Br J Psychiatry*. 2014;204(3):176-7.






## Social groupings

- Greater risk of mental health difficulties in comparison to the general population include those providing substantial amounts of care to relatives.



Stansfeld S, Smuk M, Onwumere J, Clark C, Pike C, McManus S, et al. Stressors and common mental disorder in informal carers--an analysis of the English Adult Psychiatric Morbidity Survey 2007. *Soc Sci Med*. 2014;120:190-8. June].









**Social groupings**

- Individuals with physical disabilities.
  - Approximately 25% of people with hearing impairments complex mental health needs
  - 25 to 40% of people with learning disabilities estimated to experience significant mental health difficulties



 Fellinger J, Holzinger D, Pollard R. Mental health of deaf people. Lancet. 2012;379(9820):1037-44.  
Giraud-Saunders A. Mental health in people with learning disabilities [http://www.mentalhealth.org.uk/content/policy-archive/Mental\\_health\\_in\\_people\\_with\\_learning\\_disabilities.pdf](http://www.mentalhealth.org.uk/content/policy-archive/Mental_health_in_people_with_learning_disabilities.pdf); Mental Health Foundation 2011 [cited 2015 9]



**IMPACT ON FAMILIES**









## Impact on Families


- Families are completely unprepared to have psychological problems/mental illness - the topic alone is loaded – stigma, blame and shame.
- The path from onset to acceptance that their child might have a problem can be long and difficult.
- The diagnosis impacts the whole family.








## Impact on Families

The impact of undiagnosed and untreated Mental illness:

- Symptoms cause poor functioning at a critical developmental time (in school, with friends and at home);
- Children often fail to develop the social, functional and academic skills they need to succeed in life;
- Behaviors are often unpleasant and irritating; and
- Ultimately, children with Mental Health problems are robbed of their childhood.







## Impact on Families



Accessing services:



- Families tries to seek services from multiple systems, often unsuccessfully;
- Workforce shortage and wait lists lead to lag time in getting a child services and support; and
- A full array of effective services are rarely available and are often targeted at the child and not at the whole family.

## Impact on Families





- Parents often miss or leave work – get called to come and pick up their child.
- Families face challenges in finding resources to help them cope.
- Families are often isolated and feel very alone when their child is diagnosed with a Mental Illness or Mental Health Problems.

## Workforce Issues

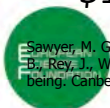

- Insufficient numbers of child MH specialists, especially, child psychiatrists and providers of services to young children
- Little support for prevention or services to children with emerging or mild/moderate conditions
- Pediatric workforce faces many challenges








## The mental health of young Australians

- There is a higher prevalence of child and adolescent mental health problems among those living in **low-income, step/blended and sole-parent families.**
- Mental health problems were experienced by 21.1% of males and 22.1% of females with weekly household incomes of less than \$580, compared to 8.9% of males and 9.1% of females living in households with a weekly income of more than \$1,030.

Sawyer, M. G., Arney, F. M., Baghurst, P. A., Clark, J. J., Graetz, B. W., Kosky, R. J., Nurcombe, B., Patton, G. C., Prior, M. R., Raphael, B., Rey, J., Whaites, L. C., & Zubrick, S. R. (2000). Child and adolescent component of the National survey of Mental Health and Well-being. Canberra, ACT: Mental Health and Special Programs Branch of the Commonwealth Department of Health and Aged Care.





## The mental health of young Australians

- Only one out of every four young persons with mental health problems had received professional health care.
- Even among young people with the **most severe mental health problems**, only 50% receive professional help. Parents reported that help was too expensive or they didn't know where to get it, and that they thought they could manage on their own

Sawyer, M. G., Arney, F. M., Baghurst, P. A., Clark, J. J., Graetz, B. W., Kosky, R. J., Nurcombe, B., Patton, G. C., Prior, M. R., Raphael, B., Rey, J., Whaites, L. C., & Zubrick, S. R. (2000). Child and adolescent component of the National survey of Mental Health and Well-being. Canberra, ACT: Mental Health and Special Programs Branch of the Commonwealth Department of Health and Aged Care







## Mental health service

- The combined rate of psychiatric beds per 100 000 population in community psychiatric inpatient units, units in district general hospitals and mental hospitals ranges from 185 in **Malta** to 8 in **Italy**, with a median rate of 72.


<http://www.euro.who.int/en/health-topics/noncommunicable-diseases/mental-health/data-and-statistics>









## Mental health service

- The rate of visits to all outpatient facilities per 100 000 population (varies from 28 200 in **Slovakia** and 26 077 in **Finland** to 1083 in **Albania** and 1066 in the **United Kingdom (Scotland)**). The median rate is 6596.



<http://www.euro.who.int/en/health-topics/noncommunicable-diseases/mental-health/data-and-statistics>

## Mental health service

- The number of psychiatrists per 100 000 population ranges vary widely: from 30 per 100 000 in **Switzerland** and 26 in **Finland** to 3 in **Albania** and 1 in **Turkey**. The median rate of psychiatrists per 100 000 in the 41 countries that provided information is 9.



<http://www.euro.who.int/en/health-topics/noncommunicable-diseases/mental-health/data-and-statistics>





APPEARANCEMATTERS

## Mental health service

- The rate of nurses working in mental health care varies from 163 in **Finland** to 4 per 100 000 population in **Bosnia and Herzegovina (Republika Srpska)** and 3 in **Greece**. The median rate of nurses per 100 000 population is 21.7, more than twice the median rate of psychiatrists.




<http://www.euro.who.int/en/health-topics/noncommunicable-diseases/mental-health/data-and-statistics>



APPEARANCEMATTERS

## Education & Work












- Educational attainment is becoming increasingly important, relative to other factors, in shaping people's life chances (OECD, 2005; 2007, 2010).



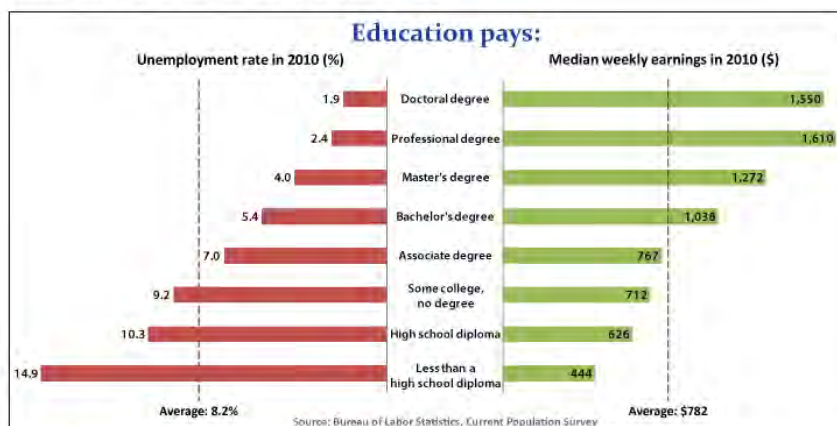




## Education and earnings

Education pays ...

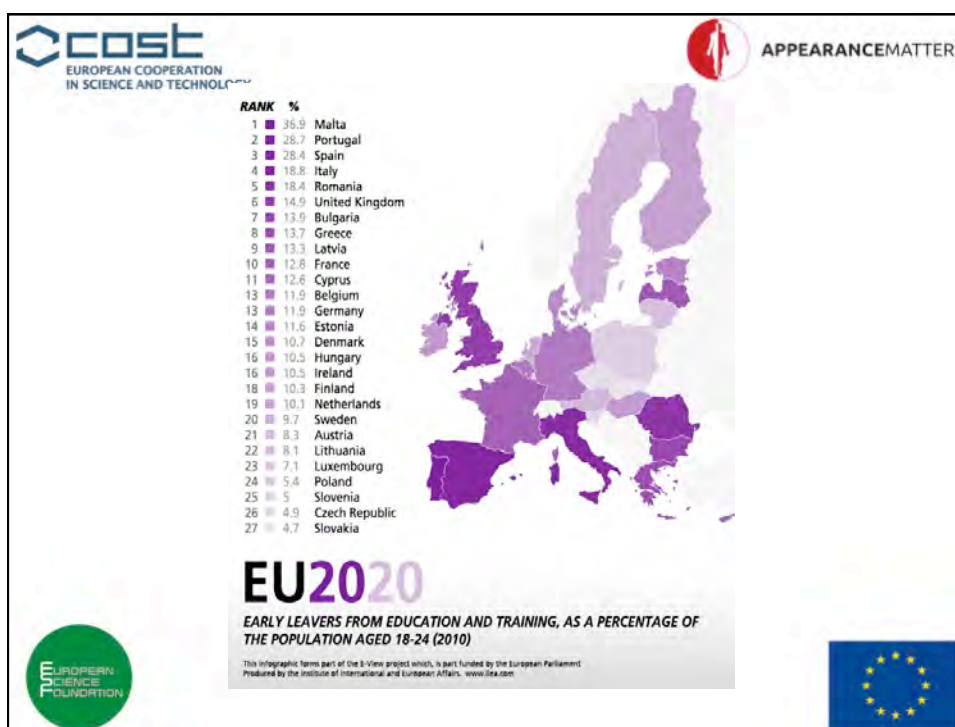
Education pays in higher earnings and lower unemployment rates



[Chart data—TXT]

Note: Data are 2010 annual averages for persons age 25 and over; Earnings are for full-time wage and salary workers.

Source: Bureau of Labor Statistics, Current Population Survey.





**cost**  
EUROPEAN COOPERATION  
IN SCIENCE AND TECHNOLOGY

**APPEARANCEMATTERS**



- Lovegrove & Rumsey (2005) found that 31% of UK teenagers avoid engaging in classroom debate for fear of drawing attention to their appearance, and 20% report staying away from school on days when they lack confidence about their appearance.
- Girls from lower performing schools place more importance on being attractive compared with girls from higher performing schools.

**EUROPEAN SCIENCE FOUNDATION**

APPEARANCEMATTERS

- A survey of 3500 women worldwide found that 7% of Italian women and 14% of German women reported that they avoided going to school and university because of feeling bad about how they looked (Etcoff et al, 2004).
- In a study of 1500 university students in the US, those with lower grades were more likely to report that body image concerns interfered with their ability to perform academically (Yanover & Thompson, 2008).



APPEARANCEMATTERS







EUROPEAN COOPERATION  
IN SCIENCE AND TECHNOLOGY

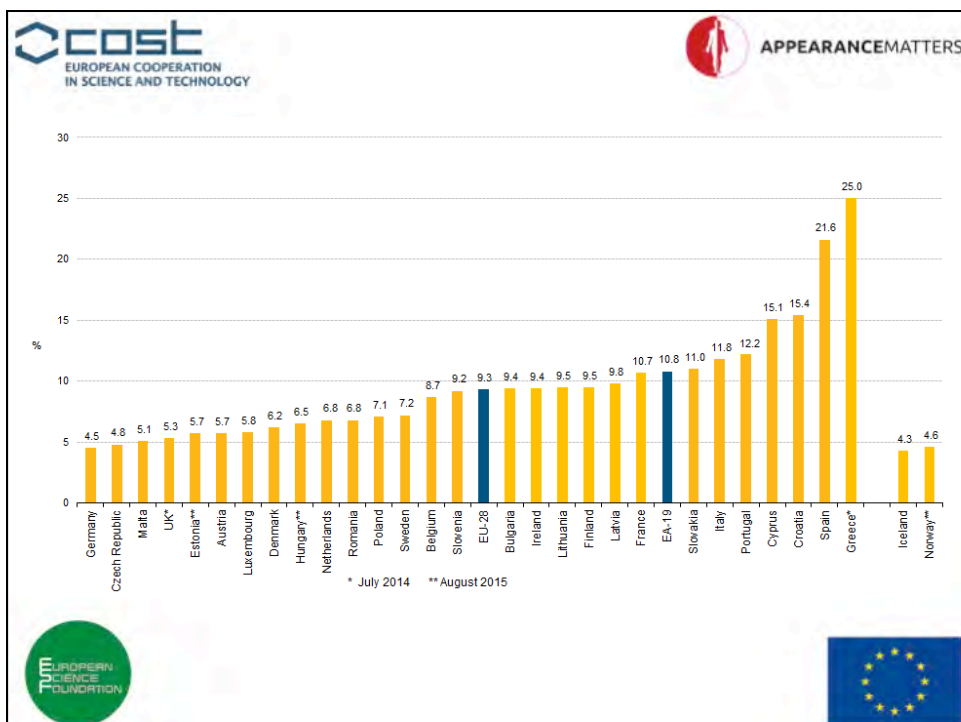


APPEARANCEMATTERS

## Unemployment

- An unemployed person is defined by [Eurostat, according to the guidelines of the International Labour Organization, as:](#)
  - someone aged 15 to 74 (in Italy, Spain, the United Kingdom, Iceland, Norway: 16 to 74 years);
  - without work during the reference week;
  - available to start work within the next two weeks (or has already found a job to start within the next three months);
  - actively having sought employment at some time during the last four weeks.
- The unemployment rate is the number of people unemployed as a percentage of the [labour force](#).





**cost**  
EUROPEAN COOPERATION  
IN SCIENCE AND TECHNOLOGY

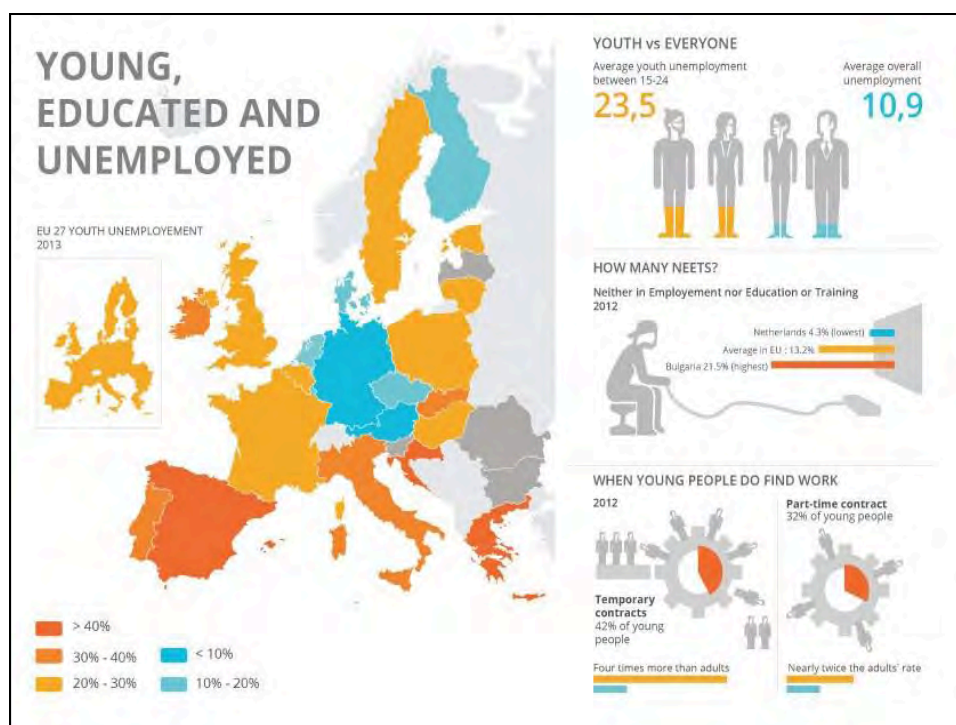


**APPEARANCEMATTERS**

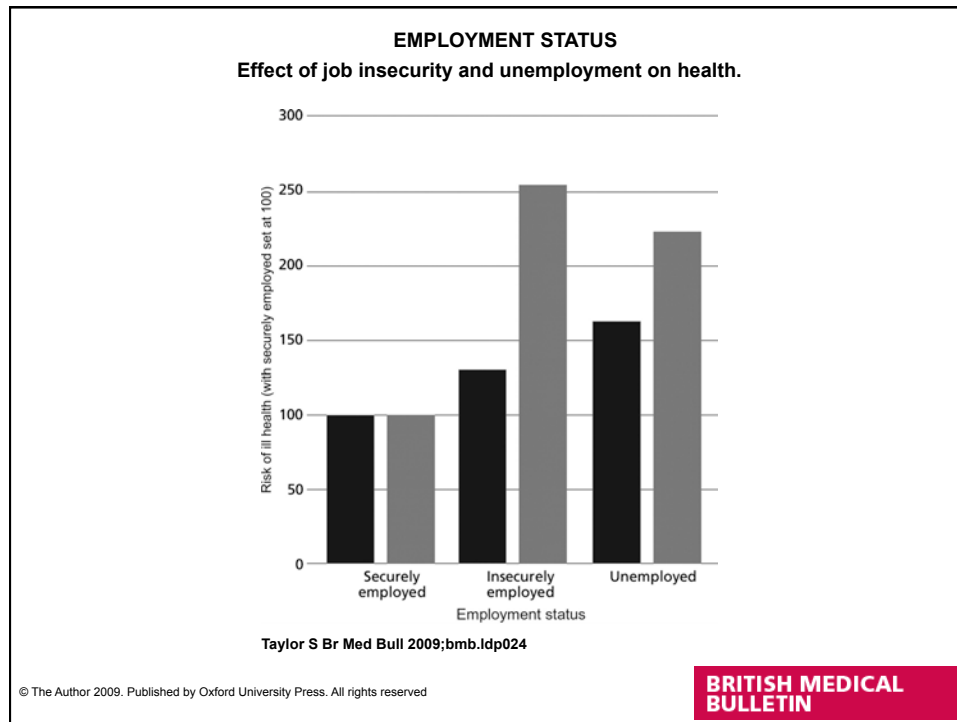
- Unemployment and social exclusion are affecting disadvantaged, vulnerable groups deeply as families with children and a low income struggle with a lack of affordable childcare and migrants experience unprecedented exclusion from the job market.

















  
EUROPEAN COOPERATION  
IN SCIENCE AND TECHNOLOGY


  
APPEARANCEMATTERS


## SOCIAL CIRCUMSTANCES

- Social deprivation/lower income may result in
  - Greater risk of obesity
  - Greater risk of acquiring a disfigurement
    - Burns
    - Trauma
    - Physical disability
  - Inability to match appearance ideals
    - Clothing

All of these may lead to stigmatisation and/or shame....







  
EUROPEAN COOPERATION  
IN SCIENCE AND TECHNOLOGY

  
APPEARANCEMATTERS

## Stigma and/or Shame

- For example, obesity, physical signs of eating disorders, visible differences (scars, congenital anomalies), physical manifestations of disease or ill health (leprosy), or of a physical disability or social disability,







- Social and economic inequality and exclusion are both a cause and a consequence of mental health problems &
- Poor Quality of Life





## Social determinants





EUROPEAN COOPERATION  
IN SCIENCE AND TECHNOLOGY

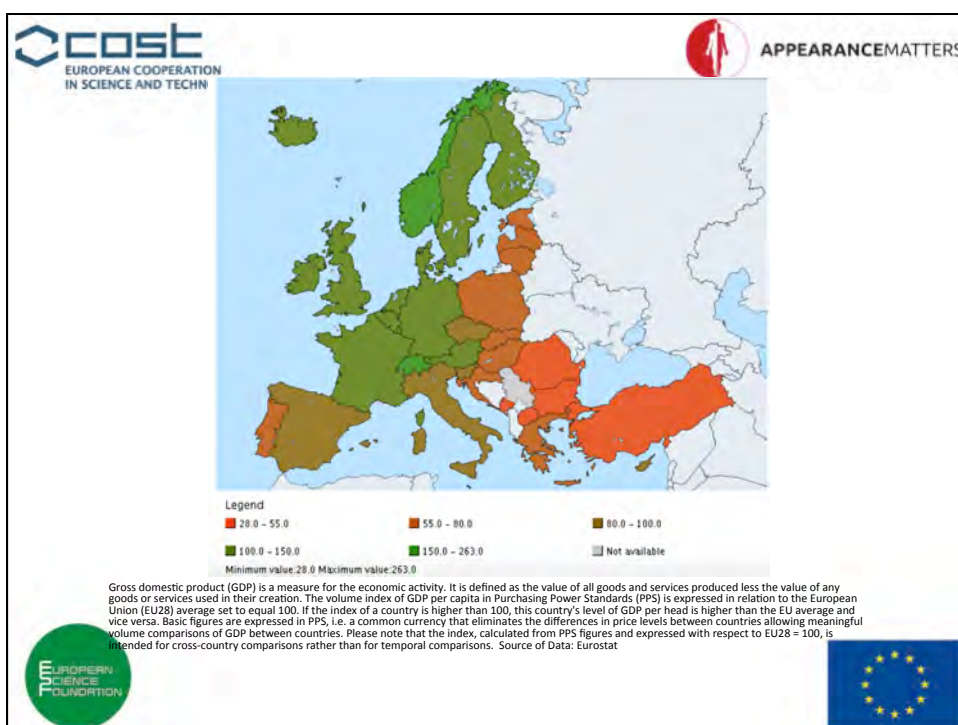


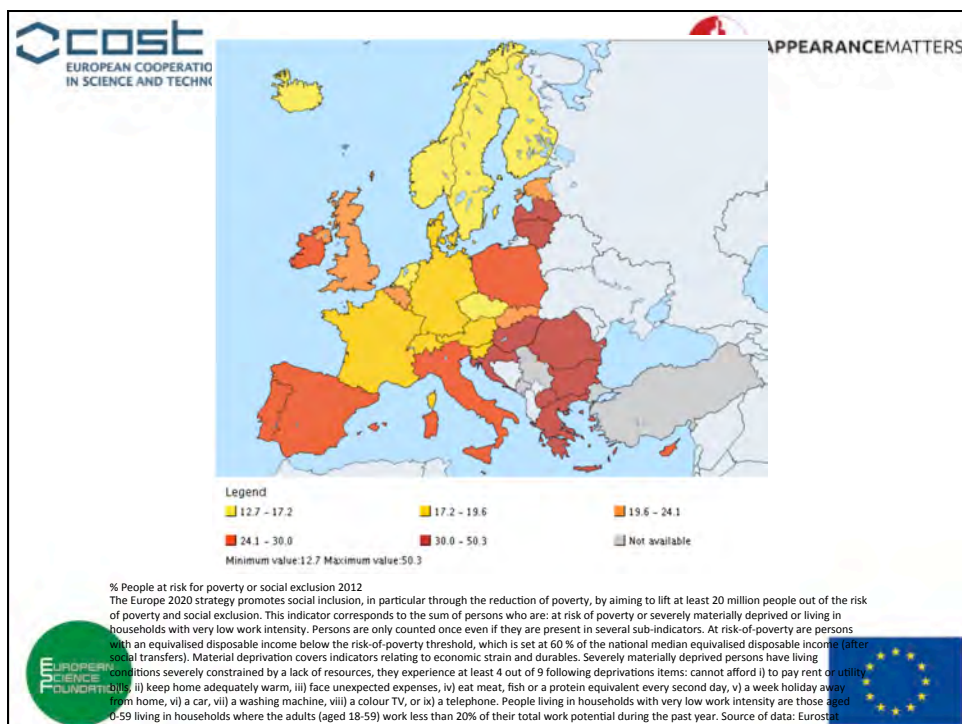
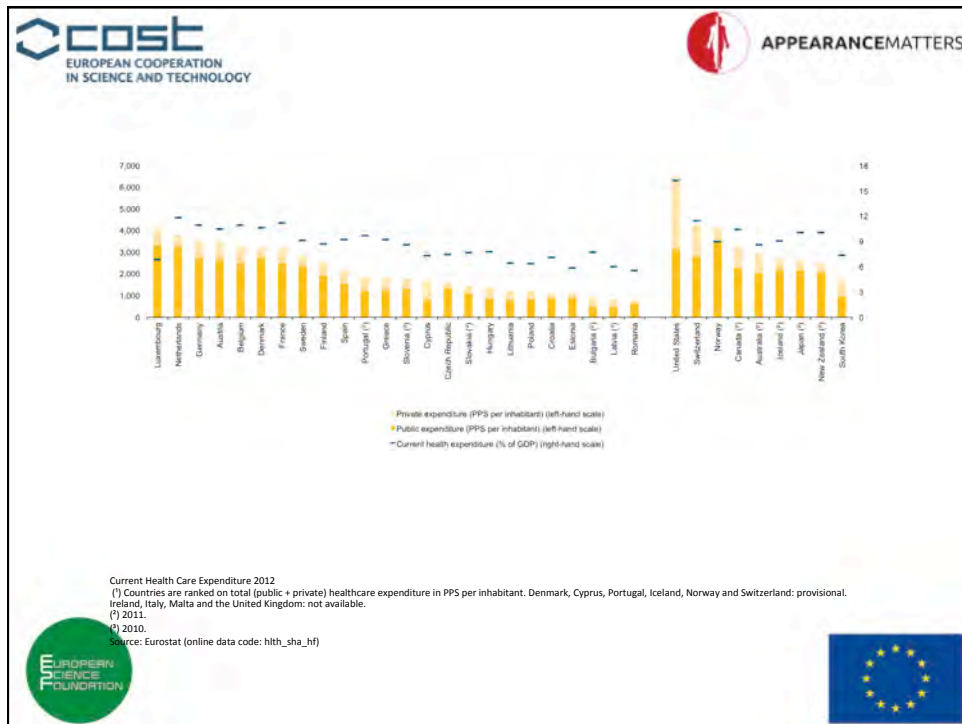
APPEARANCEMATTERS



## European perspective

- It is clearly established that social inequalities are linked to increased risk of poor mental health and from a European perspective, we can see that there is a great variation in resources between countries.
















## Example of impact



- In an analysis of 26 European countries in the period of 1970 – 2007 indicated that for every 1% increase in unemployment was associated with a 0.79% increase in suicide in the age group below 65 years of age



## Example of impact


- There is however protective factors on country level, for example a comparison between Spain and Sweden in the period of 1980 - 2005 displayed the following in relation to unemployment and suicide. For Spain, as unemployment increased so did a short term increase in suicide, while in Sweden this effect was not present.




## Example of impact


- The authors believes this was due to the different social spending on active labour markets; in Sweden average labour market protection were \$362 per individual while in Spain it was \$88 per individual








## Variables for Social Determinants





- It is important for health care professionals to be aware of those variables
  - Poor material factors (poor housing, material deprivation, poor neighborhood)
  - Negative psychosocial aspects
  - Negative sociodemographic factors
- All independently are associated with poor positive mental health





**Socioeconomic status**



- Therefore, when health care professionals address the psychological care of a family that has a child with visible differences it is crucial at the same time to collect some basic variables about their socioeconomic status (SES).



**Socioeconomic status**

- These basic variables should at a minimum include the “big 3”
  1. Family income,
  2. Parental educational attainment,
  3. Parental occupational status







APPEARANCEMATTERS

## Material deprivation

- The definition of material deprivation is based on the inability to afford a selection of items that are considered to be necessary or desirable
- The material deprivation rate is defined as the proportion of persons who cannot afford to pay for at **least three out of the nine items**, while those who are unable to afford **four or more items** are considered to be severely materially deprived.



APPEARANCEMATTERS

## Material deprivation

1. Having debts on mortgage or rent payments, utility bills, hire purchase installments or other loan payments;
2. Not being able to afford one week's annual holiday away from home;
3. Not being able to face unexpected financial expenses;







APPEARANCEMATTERS

## Material deprivation

- 4. Not being able to buy a telephone (including mobile phone);
- 5. Not being able to buy a colour television;
- 6. Not being able to buy a washing machine;

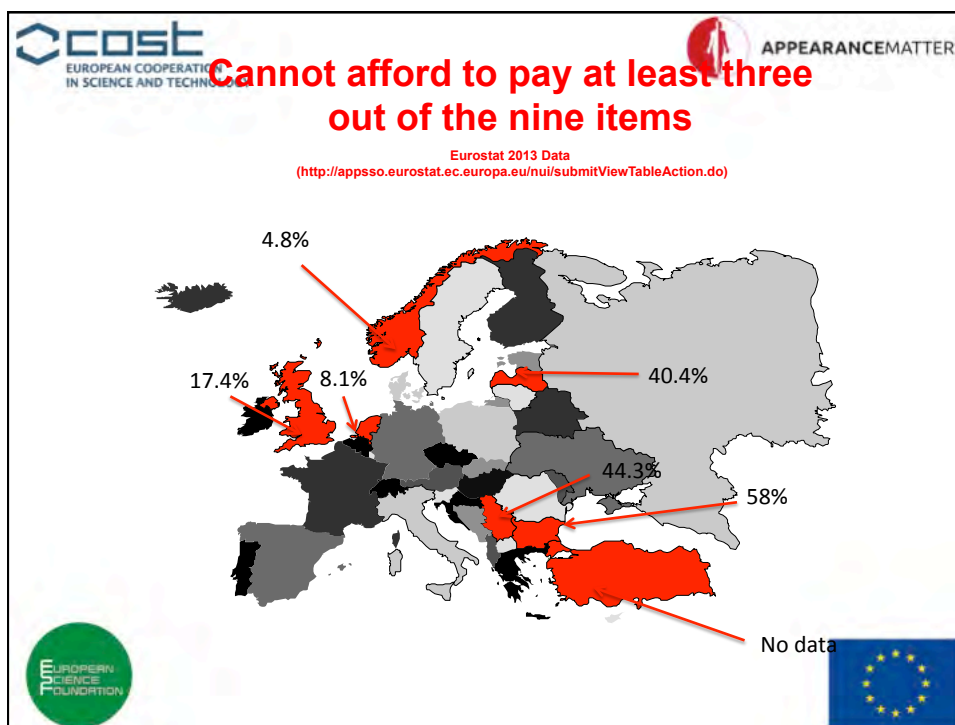


APPEARANCEMATTERS

## Material deprivation

- 7. Not being able to afford a meal with meat, chicken, fish (or vegetarian equivalent) every second day;
- 8. Not being able to buy a car;
- 9. Not being able to afford heating to keep the house warm.





**cost**  
EUROPEAN COOPERATION  
IN SCIENCE AND TECHNOLOGY



**APPEARANCEMATTERS**

## Consequences

- There are clear evidence that for adults with a low income, unemployment, poor housing and low educational levels are all factors associated with a greater risk of experiencing mental health difficulties.





**APPEARANCEMATTERS**

**EUROPEAN SCIENCE FOUNDATION**





**Consequences**



- Evidence also shows that depression and anxiety are more frequent in individuals that experience economic disadvantage.
- Those that are disadvantaged and poor suffer disproportionately from common mental disorders and their negative consequences



**Consequences**



- Therefore, financial difficulties can be both a cause and the consequence of mental health problems.
- Consequently, if the parents of a child have low SES and/or poor mental health this can have a negative influence on the child's development.





**Consequences for childhood**



- Early childhood (the period between prenatal development to 8 years) is a particularly crucial development period as the foundations of a person's physical and mental capacities are laid and shaped at this stage.
- It is also the period in the life course often considered the most sensitive to external influences



**Consequences for childhood**


- A recent high quality systematic review of 201 studies from 32 European countries examined the factors of external influences and the impact they have on early childhood.






**Consequences for childhood**



- The review provided strong evidence for the independent association of several factors with a wide range of a diverse health and developmental outcomes in early childhood



**Consequences for childhood**

- Some examples of these factors are:
  - Neighbourhood deprivation
  - Lower parental income/wealth
  - Lower parental educational attainment
  - Lower the occupational social class
  - Parental unemployment







APPEARANCEMATTERS

## Health care perspective

- Specific studies have illustrated that children and adolescents living in deprived households are 2.5 – 3 times as likely to have mental health problems in comparison to children and adolescents living in financially solvent households
- More likely to experience conditions that prevents optimal development





APPEARANCEMATTERS

## Health care perspective



- The family constellation also plays an important part in wellbeing. There is evidence for example, that children of single parent families are twice as likely to have mental health problems as children of two parent families.



## Health care perspective

- For children with parents experiencing mental health conditions are at more risk. A study showed that children whose mother experience mental illness are 5 times more likely to have a mental disorder
- Another study indicated that children of parents diagnosed with depression have a 50% risk of developing depression themselves before the age of 20.



## Health care perspective

- In the adolescent years there is an increase in risk behaviors, including substance abuse.
  - For example, 41% of British 11 to 15 year olds who smoke regularly also have a mental health disorder, as do 24% of those who consume alcohol at least once a week and 49% of those who use cannabis at least once a month.






APPEARANCEMATTERS

## Health care perspective

- In relation to educational outcomes for adolescents and young adults, those that are affected by poor mental health are at a higher risk for educational underachievement and unemployment




APPEARANCEMATTERS


## CULTURE IN RELATION TO APPEARANCE







**cost**  
EUROPEAN COOPERATION  
IN SCIENCE AND TECHNOLOGY





**APPEARANCEMATTERS**

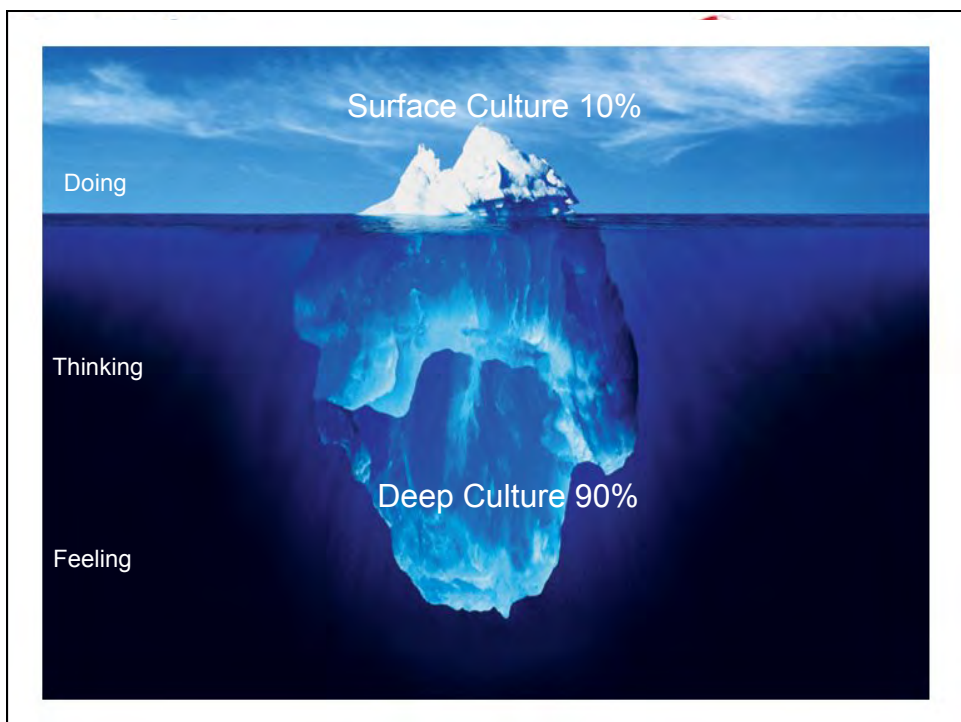
## CULTURAL NORMS & BELIEFS

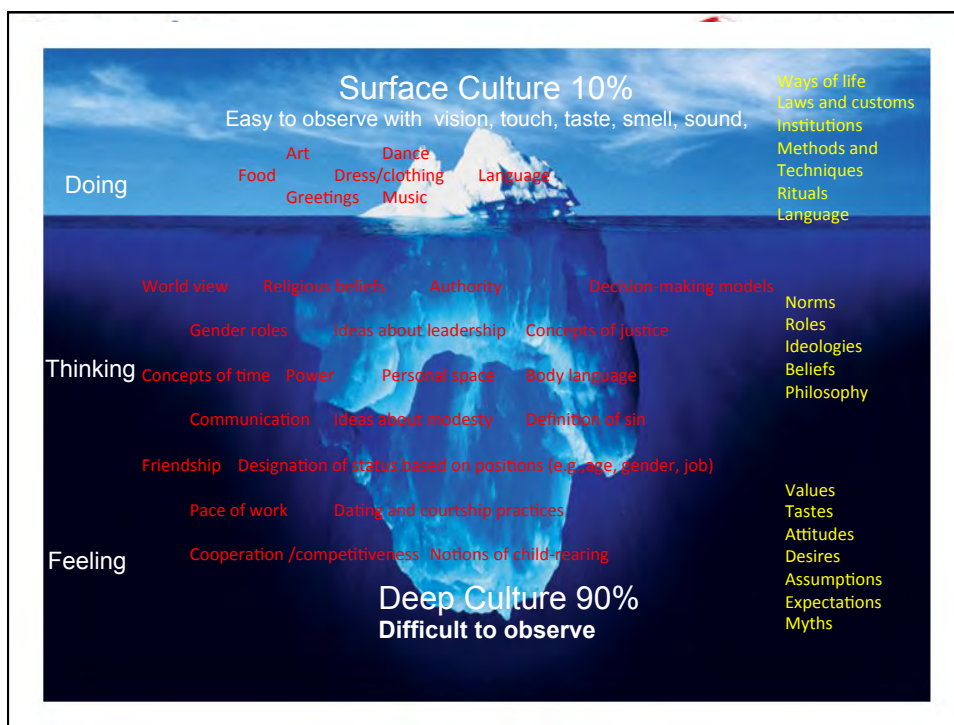
**ACTIVITY:**

How might cultural and/or religious beliefs impact on how someone feel about or behave in relation to

1. Their own appearance
2. The appearance of others







**cost**  
EUROPEAN COOPERATION  
IN SCIENCE AND TECHNOLOGY





**APPEARANCEMATTERS**

## Potential Impacts of Cultural Norms & Beliefs



- Cultural, religious and social beliefs relating to appearance can affect behavioural norms, assumptions, rules and relationships (Adamson and Doud Galli, 2009)
- May affect choices made re appearance & clothing
  - Appearance ideals may differ from those in their 'host' country
- May affect their judgements of them by others on the basis of their appearance, e.g, in relation to
  - Socially acceptable codes of dress in host country or in a new social group
  - Beliefs about the causes of disfigurement




## Examples: Cultural Differences

- Immersion in a culture with a significant emphasis on appearance may be problematic for some migrants....
  - Although the thin ideal is present in various cultures and is commonly adopted by adolescent girls, it is not a universal phenomenon
  - For example, in cultures based on the Confucian value of internal goodness (such as China), less importance may be placed on external beauty (Chiu and Babcock, 2002).








## Beliefs Attributed to Skin Colour

Skin colour can be significant marker of social and cultural distinction between and within ethnic groups


- In Japan, some associate lighter skin with greater femininity & moral virtue
- In Korea & the Indian sub-continent, some associate lighter skin with higher social status, privilege & respect
- In China, a lighter skin is a signifier of health






EUROPEAN COOPERATION  
IN SCIENCE AND TECHNOLOGY




APPEARANCEMATTERS

## Values Attributed to Ethnic Physical Characteristics

- For some, ethnic physical characteristics can be a source of identity and pride....but
- In many resource-rich countries, cultural, social and economic perceptions of appearance have led many to undergo cosmetic surgery to diminish or eradicate ethnic origins that mark them as different from the majority population:
  - For Jewish people: noses
  - For South East Asians: eyes
  - For Africans: noses and lips





 **cost**  
EUROPEAN COOPERATION  
IN SCIENCE AND TECHNOLOGY

 **APPEARANCEMATTERS**

## Mideast men go under knife for manly mustaches



 **EUROPEAN  
SCIENCE  
FOUNDATION**



 **cost**  
EUROPEAN COOPERATION  
IN SCIENCE AND TECHNOLOGY

 **APPEARANCEMATTERS**



## Having a mustache was always a big thing, ever since the Ottoman time ... I think culturally it suggests masculinity, wisdom and experience

- Andrew Hammond, Arab popular culture commentator

 **EUROPEAN  
SCIENCE  
FOUNDATION**









APPEARANCEMATTERS




- Turkish plastic surgeon Selahattin Tulunay says the number of mustache implants he performs has boomed in the last few years. He now performs 50-60 of the procedures a month, on patients who hail mostly from the Middle East and travel to Turkey as medical tourists.
- "They think it is prestigious."








APPEARANCEMATTERS

## "Curse be upon your mustache!"

in the lead up to the Second Gulf War, Izzat Ibrahim al-Douri -- a senior aide to Hussein at a Kuwaiti counterpart at an emergency summit of Islamic states









## Example: Beliefs re Disfigurement



Religious beliefs:

- Karma - the belief that one's actions have consequences requiring atonement
  - a person 'deserves' or is responsible for acquiring a disfigurement, or
  - a mother's immoral or deviant actions from the past or present have resulted in her bearing a child with a visible difference

## Examples: Religious & Cultural Beliefs

- Asian sub-continent: The occurrence of a visible difference is the will of the creator – any such characteristic should be accepted & 'borne' (Hughes et al, 2009)
- Iran: Those who have sustained a burn injury are assumed to be infertile

**cost**  
EUROPEAN COOPERATION  
IN SCIENCE AND TECHNOLOGY

**APPEARANCEMATTERS**

## Disfigurement: Cultural Myths

In different cultures, a cleft lip is thought to have been caused by

- engagement in sexual activity during pregnancy
- seeing a rabbit when pregnant (hare lip)
- becoming pregnant during a lunar eclipse
- having been insensitive (in a current or former life) to those that have a visible difference



**EUROPEAN SCIENCE FUNDATION**




**cost**  
EUROPEAN COOPERATION  
IN SCIENCE AND TECHNOLOGY

**APPEARANCEMATTERS**

## Disfigurement: Gendered Beliefs

- Some cultures have a greater tolerance towards males with disfiguring conditions, especially if they are capable of earning a living
- *“The disfigured female in the family is terribly embarrassing”* (female elder of the Bangladeshi community living in the UK; Hughes et al, 2009).
- The loss of reproductive organs such as the breast (for example, through cancer) is seen in some societies as destroying a woman’s identity and femininity (Ashing-Giwa et al, 2006).

**EUROPEAN SCIENCE FUNDATION**










APPEARANCEMATTERS

- Research has shown that between 33-50% of people with disfiguring conditions experience significant levels of distress, with many more experiencing more transitory episodes of anxiety, depression, lowered self and social confidence and social anxiety.






APPEARANCEMATTERS

## Identity & Appearance



- Identity is derived in part from appearance – appearance norms relate to shared customs, practices and cultural values that are based on nationality and ancestry, ethnicity & religion
- People experience pressure to conform to socially defined norms of appearance to facilitate group membership or convey status




APPEARANCEMATTERS

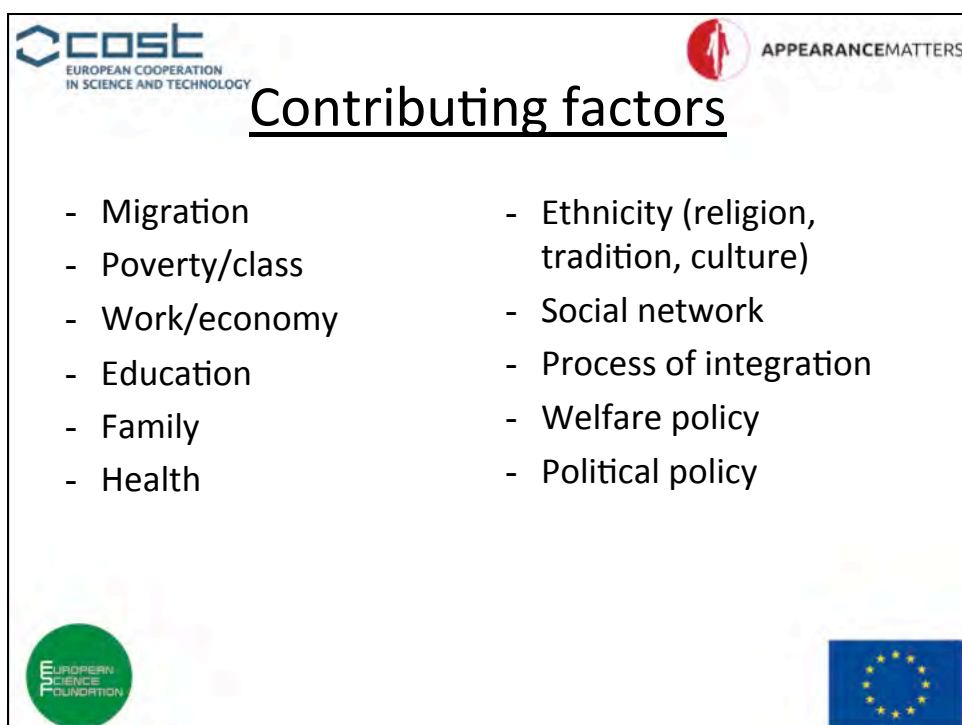
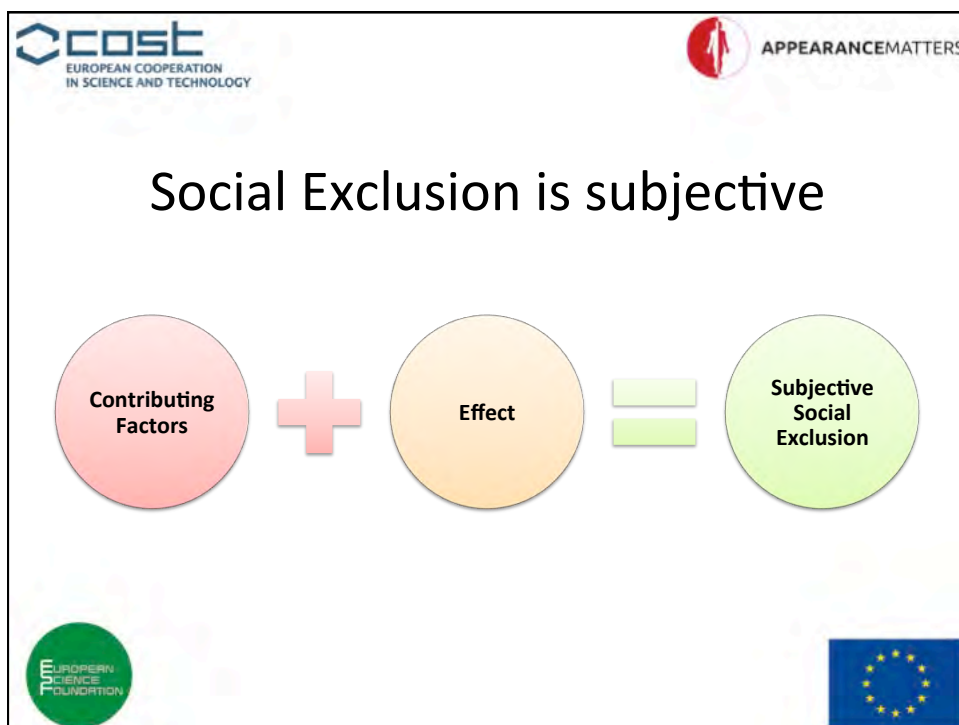
- Appearance issues may be particularly challenging for new migrants and those changing cultural contexts, as an appearance which is perceived to be (by the person themselves, or by others) as 'different' in some way, may contribute to social exclusion.





APPEARANCEMATTERS

# IMPACT









## Effect



- Poverty
- Negative impact on health issues
- Insecurity
- Discontent of politicians
- Isolation/excluded
- Segregation
- Spatial environments
- Racism
- Penalized
- Power
- Violence
- Creation of different hierarchies
- No knowledge of the "silent knowledge"
- Neglect of resources








## Stigma

*"Stigmatization can be overt. It can manifest as aversion to interaction, avoidance, social rejection, discounting, discrediting, dehumanization, and depersonalization of others into stereotypic caricatures. Stigma can also be subtle. For example, stigma can arise as nonverbal expressions of discomfort (e.g., a lack of eye contact) that result in tense social interactions between stigmatized and nonstigmatized individuals."*





Arjan E. R. Bos, John B. Pryor, Glenn D. Reeder & Sarah E. Stutterheim (2013): Stigma: Advances in Theory and Research, Basic and Applied Social Psychology, 35:1, 1-9


# Stigma

- Social stigmas can occur in many different forms. The most common deals with:
  - Culture
  - Appearance
  - Gender
  - Illness and disease
- Can occur in:
  - School or workplace
  - Health care, criminal system or other institutions
  - Friends or family








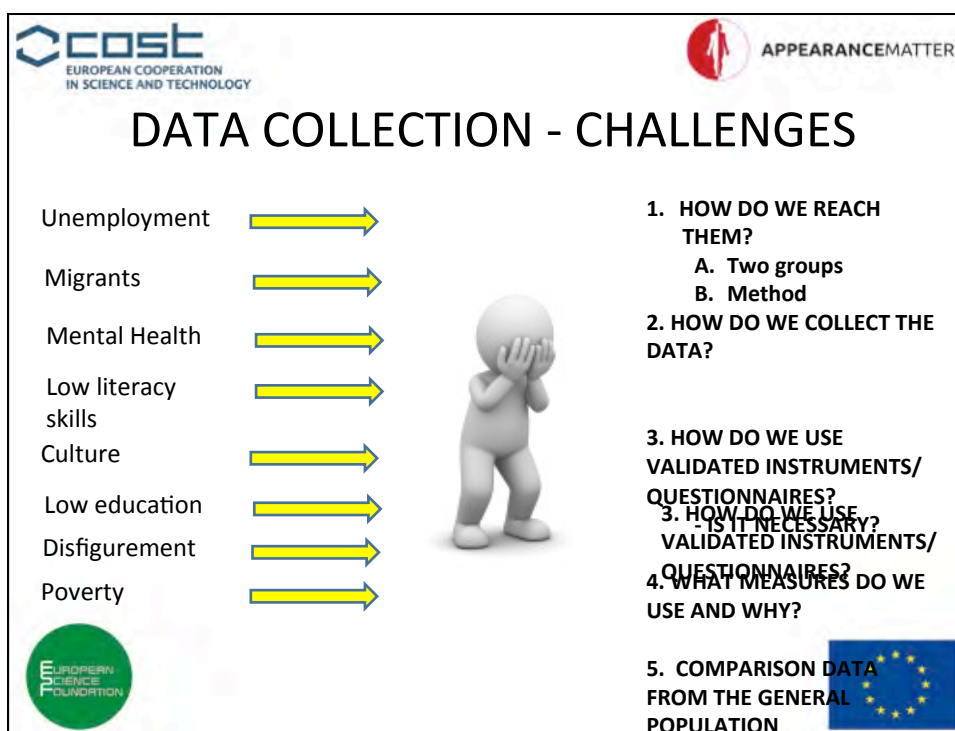
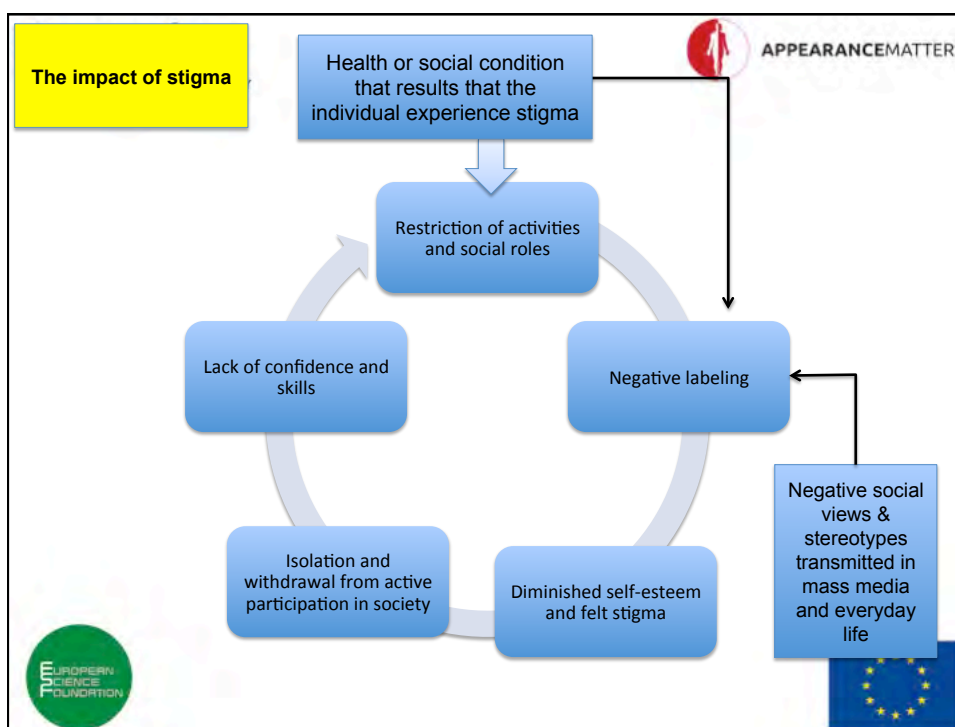
# Stigma



- The parents of heavyweight women, for example, are less likely to pay for their daughter's college education than are the parents of average-weight women



Crandall CS. 1995. Do parents discriminate against their heavyweight daughters? Personal. Soc. Psychol. Bull. 21:724–35





## Assignment

**1. HOW DO WE REACH THEM?**  
A. Two groups  
B. Methods

**2. HOW DO WE COLLECT THE DATA?**

**3. HOW DO WE USE VALIDATED INSTRUMENTS/QUESTIONNAIRES?**  
- IS IT NECESSARY?

**4. WHAT MEASURES DO WE USE AND WHY?**

**5. COMPARISON DATA FROM THE GENERAL POPULATION**

- Part of a selected public health group
- Tasked with obtaining data from social disadvantaged groups (n=300) about their body image
- Use quantitative and qualitative approaches

