Social attitudes that influence health

Indicator overview

VicHealth Indicators are used to measure community wellbeing with a focus on social determinants of health.

Survey topic areas include: wellbeing, healthy eating and sedentary behaviour, use of green space and safety, smoking policy, alcohol, using of social networking, participation in arts activities and the community, social attitudes, and work, life and time.

Introduction

There are a number of social attitudes that are known to influence health. They operate at two levels: the societal and the individual. At a societal level, people's health can be affected by policy and legislation, the distribution of power and resources, social structures and institutions, and social and cultural beliefs. At an individual level, health can be influenced by gender, available facilities and amenities, living and working conditions, opportunities for community participation, social networks and family structures, as all these factors can affect people's capacity to access the resources they need to be healthy (VicHealth 2009).

Within the VicHealth Indicators dataset, there are two indicators of social attitudes that influence health:

• Prepared to intervene in a situation of domestic violence
• Community acceptance of diverse cultures

Prepared to intervene in a situation of domestic violence

Violence against women is widely recognised as a global health issue (WHO 2005). It includes causing physical, sexual and psychological harm or suffering to women. Violence against women is one of the least visible, yet most common forms of violence. Research has shown that one in three women has experienced physical assault and one in five has experienced sexual assault or violence since the age of 15 (National Council to Reduce Violence against Women and their Children 2009). In Victoria, intimate partner violence (acts of violence that occur within intimate relationships and take place in domestic settings, including physical, sexual, emotional and psychological abuse) has been found to be the leading contributor to death, disability and illness for women aged between 15 and 44 years (VicHealth 2004).

Attitudes and beliefs about gender and intimate partner violence influence the way family members, acquaintances and bystanders respond to women who experience violence (Heise 1998). As most women who experience violence will seek the help of family and friends first in preference to other professional services or police (ABS 2005), their attitudes and knowledge towards getting involved are critical. Research has shown that people who make negative attributions to victims of intimate partner violence (for example, thinking "she deserved it") are also less likely to say that they would report violence to the police and more likely to recommend lenient or no penalties for the offender (Pavlou and Knowles 2001).

VicHealth

Find out more

The National Plan to Reduce Violence against Women and their Children.
www.fahcsia.gov.au/our-responsibilities/women/programs-services/reducing-violence/the-national-plan-to-reduce-violence-against-women-and-their-children

VicHealth Preventing Violence Against Women program.
www.vichealth.vic.gov.au/Programs-and-Projects/Freedom-from-violence.aspx

Community acceptance of diverse cultures

Victoria has a strong Aboriginal community and a long history of supporting ethnic, cultural, religious and racial diversity (referred to herein as cultural diversity). More than 43% of Victorians were born overseas or have at least one parent born overseas (Victorian Multicultural Commission 2006).

Accepting and valuing cultural diversity are important for the health of individuals and the community. Generally, people from Aboriginal and culturally and linguistically diverse (CALD) backgrounds are more likely to enjoy good mental health by maintaining aspects of their cultural identity and connections to their cultural communities whilst also having opportunities to integrate into mainstream society (Sonn and Chiodo, in press). A positive cultural identity and support from one's cultural community can act as 'buffers' against stress (Sonn and Chiodo, in press). This makes acceptance of diversity by the mainstream community especially important for vulnerable groups such as recent arrivals from refugee backgrounds, and Aboriginal children and young people. Respect for diversity also contributes to good intercultural relations and community cohesion, both of which help people build social connections that are important for everyone's health (VicHealth 2010).

Race-based discrimination is defined as the behaviours and practices that result in avoidable and unfair inequalities across groups in society based on race, ethnicity, culture or religion (Paradies et al. 2009). It covers both interpersonal discrimination (occurring between individuals) and systemic discrimination (occurring as a result of practices, policies or cultures within organisations). This definition of discrimination is broad and is distinguished from a legal definition, which includes only those discriminatory acts that are against the law. More than a legal issue, race-based discrimination is a human rights violation.

In Australia, race-based discrimination affects three in four Aboriginal people (Paradies et al. 2008) and nearly half of all people from culturally diverse backgrounds in their lifetimes (Markus & Dharmalingam 2007).

Health consequences

People who are subjected to race-based discrimination may experience a variety of negative impacts on health and wellbeing including poor mental health, anxiety and depression (Paradies 2006, Pascoe and Smart Richman 2009). Race-based discrimination has also been linked to chronic health problems such as diabetes, hypertension and cancer, and is a potential risk factor for obesity, alcohol and substance abuse and smoking (Paradies 2006).

Find out more

Preventing discrimination, Victorian Health Promotion Foundation.
www.vichealth.vic.gov.au/Programs-and-Projects/Freedom-from-discrimination.aspx

Canadian Race Relations Foundation.
www.crr.ca/

Face the facts: some questions and answers about Indigenous peoples, migrants and refugees and asylum seekers, Australian Human Rights Commission.
www.humanrights.gov.au/racial_discrimination/face_facts

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Pascoe, E & Smart Richman, L 2009, 'Perceived discrimination and health: a meta-analytic review', *Psychological Bulletin*, vol. 135(4), pp. 531-554.

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