The Unique Health Needs of Young Women
Application for Occupational Health Professionals

by Virginia A. Graves, RN, MS, CNP

Young women are at high risk for health problems, some of which are serious and have long-term consequences. Yet professionals, parents, and young women themselves are often not clear about how they can prevent these problems or how to intervene after injurious events.

This article presents some alternate views on how young women can maintain their health and some common threads that contribute to both simple and life-threatening illnesses in this population. Based on contemporary theories of young women, creative interventions are offered for the occupational health nurse to implement in addressing the unique health needs of young women and their families.

“Young women” in this article are women from approximately 11 to 25 years, an age group for which family members are most often concerned, and who may be workers themselves. These are the years when young women are at high risk for the illnesses described in this article. This time span starts when young girls begin to examine messages outside the home and ends during the years they have created an expanded group of relationships who are “like family.”

Occupational health nurses should be aware of interventions to use when interacting with young women in the workplace (including those who work during school holidays and summer break) and when counseling families (e.g., parents, grandparents, aunts) about adolescent girls’ issues and concerns. Gender-based issues are also discussed to stimulate thoughtful presentation of health information can also prepare compounding potential guilt commonly associated with health problems of young women.
been violated are at higher risk for depression, suicide, substance abuse, and eating disorders (Silverman et al., 2001). They are often first brought to a health care provider for one of these other concerns.

Today, girls are 15 times more likely to begin using alcohol and drugs by age 15 than their mothers were, and four times more likely to begin drinking by 16 (Jersild, 2002). Five percent of the American population is diagnosed with eating disorders. More than 80% of young women are dissatisfied with their bodies, and most young women in this country are trying to lose weight in unhealthy ways (CDC, 2001).

These health problems can interfere with young women successfully meeting their goals in life, and, at times, even threaten their lives. They affect young women’s performance at school and work, and may affect family relationships as well. Why are young women at such high risk for these problems? What can occupational health nurses do to improve the health and well being of young women? Answers to these questions may be found in contemporary developmental research and theories.

**CONTEMPORARY DEVELOPMENTAL THEORIES AND STUDIES**

Contemporary studies describe contrasting findings of what girls (and boys) need to successfully reach adulthood. Traditional studies indicate the primary task of adolescence is to separate, individuate and become autonomous (Spencer, 2000). Miller and Silver (1977) offered a paradigm shift using a new developmental model. The Relational Model proposed that growth-fostering relationships are central to healthy development into adulthood and that disconnections and separation are the source of psychological problems.

In contrast to traditional views that suggest development involves a process of separating from relationships...RCT proposes that healthy development occurs in and through growth-fostering relationships. (J.B. Miller, personal communication, February 13, 2003)

How contemporary theorists view the mother–daughter relationship is quite different as well. Traditional views start with the first task of development when the infant must separate from the “primary object,” a term most often meaning mother. Later, as the child grows, a pathological mother–child relationship, one that is too close or “fused,” must be avoided. Contemporary developmental theorists, in contrast, see this same mother–child relationship as protective in nature, demonstrating resiliency for healthy growth into adulthood. Extreme cases of pathologically fused relationships in families is possible. However, the fear of raising over-dependent girls in the average American family can create a distance that becomes a problem for young women rather than encouraging healthy development.

Current studies increasingly demonstrate the importance of healthy connections for safe passage into adulthood. Ideally these relationships are within the family, but they do not have to be. Resnick et al. (1997) studied more than 100 factors associated with young women who become healthy adults. A significant factor was having at least one caring connection—a parent, teacher, aunt, neighbor, or friend’s parent. Equally significant was a connection with a healthy group at school, at church, or within a youth organization.

Healthy relationships and attachments to community are important to health. Because society and culture can have a positive effect, they can have a negative effect as well. Occupational health nurses need to examine what cultural messages have a negative effect on young women to discover what factors are contributing to the etiology of young women’s current health problems.

**CULTURAL MESSAGES**

An example of cultural messages negatively affecting young women’s health is found in the history of defining the etiology of eating disorders. A few years ago, the predominant proposed etiology of eating disorders was “control issues” among individual young women. Later the proposed etiology shifted to a fused mother–daughter relationship or family problem. However, too often these etiologies did not fit or were found to be untrue. Now, the Harvard Eating Disorder Center posits eating disorders as a “culturally mediated” disease (Keel & Klump, 2003).

Perhaps many of the health problems affecting young women (e.g., STI, violations, depression, substance abuse, eating disorders) have a culturally mediated component. Individual and family issues can contribute to the problem, but health professionals may underestimate and thus not address the effect of culture on young women today.

A recent study of seventh and tenth graders revealed a decrease in body satisfaction and an increase in depression associated with viewing magazine images of idealized females (Durkin & Paxton, 2002). With all the effort that parents and professionals invest building self-esteem, it takes only that short time to adversely affect feelings of self-worth. Advertisers imply that their products will give girls what they really want. It is easy to identify economic reasons why advertisers want women to react this way.

When asked if commercials influence their decision-making, it is common for young women to deny it (Kilbourne, 2000), making statements such as, “I don’t even watch the commercials. That’s when I call my friends.” Yet advertisers target young people by displaying images in many different venues, causing a cumulative effect. For example, 88% of high school and college students who start smoking smoke one of the top three advertised brands (Kilbourne, 2000).

The images of what girls want and need as defined in advertisements, videos, and movies can be confusing to adults as well. For instance, a cultural message that negatively affects young women implores adults to keep adolescents at “arms’ length,” implying that adults should not interfere too much, give kids space, and let them make their own mistakes (Hughes, 2002). Hearing this, some parents and other caring adults might stand on the periphery hoping for the best, meanwhile young women need advice when moving into adulthood and becoming at risk for related health problems (Hughes, 2002).

The concept of peer education, although effective and an important component in decreasing health risks of this age group, can send a secondary message to adults that peers can communicate better than adults because they are on the same level. However, a study by Spencer, Jordan, and Sazama (2002) shows that young people:
unambiguously expressed both a need and desire for caring relationships with adults and a clear sense that adults who cared could offer safety and opportunities for growth that relationships with other young people could not provide. (p. 8)

Yet many young people reported that this desire for strong and confiding relationships with adults was beyond their reach, and some had simply “given up on trying to talk with the adults in their lives” (Spencer et al., 2002, p. 8).

It is important for occupational health nurses to understand how young women express their desire to talk to adults in general, and specifically to health care providers. The Commonwealth Fund’s Commission on Women’s Health report (1997) states that young women are aware of health-related risks, want to talk to their health care providers about their health, but are reluctant. Young women reported their physicians “appeared to stay with safer topics” (Commonwealth Fund, 1997, p. 6). For young women in the workplace, the occupational health nurse may be the first person with whom they feel comfortable sharing their health care concerns. When those concerns warrant referral (e.g., to an employee assistance program [EAP]), the nurse can act as the liaison to experts who can offer more specific help.

APPLICATION OF RELATIONAL THEORIES

Occupational health nurses can apply relational theories when working with young female workers or when counseling parents and other concerned family members. Application can extend outside the workplace as well.

Occupational health nurses can assess a young woman’s support system, including identifying healthy relationships among groups, friends, and family, and focusing on her closest circle and relationships within the household. The nurse may ask a young woman which adults she can talk to if she has a problem. Young women should be reminded that the occupational health nurse is one of the adults who cares about her.

Application of relational theory in the treatment plan is demonstrated with even common health problems such as mononucleosis. Social isolation during the course of mononucleosis can be reduced via e-mail, safe chat rooms, and the Internet. These technological methods connect the employee with growth-fostering relationships among friends, family, coworkers, and the community (Candib, 1995).

With more serious illnesses, such as eating disorders, assessing disconnections in a young woman’s life can offer insight into etiology. Assessing actual or potential growth-fostering connections with friends, family, and community organizations offers potentially effective interventions. For example, an out-of-state aunt who has been particularly supportive may be contacted and the relationship encouraged. If the young woman is part of a youth group at her church, the nurse can encourage her to attend the next gathering or call the youth leader. This might help at a time when she is lacking the energy or resources to implement a plan herself.

Health promotion for all young women should include skill development in establishing and maintaining healthy relationships. Healthy relationships will also help young women recognize unhealthy relationships more quickly and disengage promptly. Identifying healthy and unhealthy relationships is a topic that may be learned better in a group setting. Group work in itself is an effective application of relational theory. Group work is more complex than one-on-one, but is an efficient way to provide health information. It is also an effective venue for fostering relationships and mutual caring in the workplace for young women, parents, and families.

The planning phase of developing a group includes writing objectives, content, handouts, a presentation outline, and ample time for participant sharing. Preparing the room to welcome members, discussing ground rules and confidentiality, and member introductions all set a tone of trust. Starting and ending on time and guiding the discussion to include everyone communicates respect to participants. Experienced group leaders are aware that even benign discussions can trigger members’ past experiences. Including EAP providers in planning for this aspect is important. Part of each session may be a reminder about EAP services and other resources, as well as the facilitator being available for questions at the end (Graves, 2001).

As Resnick et al. (1997) found, a sense of caring and connectedness is a primary protective factor for young women. Identification and interaction within a group setting can lead to a sense of belonging. As participants discover they are not alone in their hopes, dreams, and mistakes, the sense of shame and self-blame associated with many health problems that young women experience may dissipate.

BECOMING MEDIA LITERATE

Occupational health nurses also can enhance the health of young women by being aware of media images that send unhealthy messages. The American Academy of Pediatrics documents the harmful effects of advertising on the health of children and encourages all health care professionals to become increasingly media literate and to incorporate “media education” into health care practice (Strasburger & Donnerstein, 1999). The rationale is that when children, or young women, begin to deconstruct messages, the negative effect is reduced.

Young women can be taught to deconstruct messages in a one-on-one lesson or in a group setting. Nurses can guide the deconstruction process by presenting young women with images from magazines, billboards, and commercials, and ask questions such as:

- “What is the underlying message?”
- “Who is being targeted?”
- “What healthy message is missing?”

By deconstructing media messages, nurses can explain how advertisers encourage girls to make unhealthy choices and omit the harmful consequences of certain actions. Nurses can help girls understand that advertisers are objectifying women when they only show parts of a woman’s body to display a product.

Many individuals read magazines and absorb these media messages in the health care provider’s waiting room. Occupational health nurses can examine what publications are in their own offices and eliminate those with unhealthy messages.
Counseling Families

Counseling families who are concerned about their daughters, granddaughters, or nieces is an important role for occupational health nurses. Families need to hear that it is not only acceptable, but essential to be connected to children and young adults. Studies show some recently immigrated groups have views on the developmental needs of adolescents that could be helpful. Erkut and Alarcon’s study (1999), Normative Study of Puerto Rican Adolescents, found that in this culture parents showed an increased protectiveness from early to middle adolescence, demonstrating an alternative pathway of attachment to adolescents. Teenagers do not loosen ties with parents, but spend more time with adults in their families, and view this bond as an honor. Youth were better adjusted, more attached to their families, and less prone to engage in risky behaviors than their peers from other backgrounds.

Occupational health nurses can help families provide reliable health information to young women in their lives. For example, young women look to adults for answers about menstruation, and consider their mothers their most important source of information (Koff, Rierdan & Jacobson, 1981 [as cited in Stubbs, 2000]). Yet parents are often reluctant to discuss this topic with their daughters. Occupational health nurses can provide resources to help adults talk to girls about issues that can affect their health (see Sidebar).

When it comes to serious health problems, young women (and men) would prefer to talk to a parent (51%) than anyone else (Wright, Lane, Gerstein, & Huang, 1997). High school women at Smith College’s summer program for girls’ health reported that they heard a lot about STIs and pregnancy, but they wanted to know more about what happens emotionally when one has sex, and what happens if someone has sex too soon and with the wrong person (Smith College Adolescent Panel, personal communication, July 2001). It could be a parent’s role to discuss these health issues and concerns, especially because health education in public schools has been diminishing yearly, and the curriculum does not always address a young woman’s immediate questions and concerns.

Occupational health nurses can offer families resources and information including handouts, a reference library, and parent groups. Families can learn that it is healthy to stay connected to the young women in their lives and encourage them to share ideas with young women, without being deterred by a lack of knowledge. Having “the talk” alone is inadequate to address most of the problems that can affect a young woman’s health, such as how to form lasting friendships, how to learn from mistakes, and how

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1-800-227-8922

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National Domestic Violence Hotline

1-800-799-SAFE (1-800-799-7233)

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Hearing Impaired 1-800-787-3224

Resources for Professionals, Parents, and Young Women

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to have intimacy rather than just sex. Most often girls want to hear messages of hope, and when families deliver this message, young women will listen.

Organizational Support of Young Women’s Health

Occupational health nurses are experts in workplace health and safety issues. Tracking young women’s patterns of injuries and ergonomic needs can present opportunities for education and demonstrate the company’s concern for the health and safety of young women employees. For example, when young women in the workplace are uncomfortable walking in a dark company parking lot, occupational health nurses can reinforce the importance of intuition when feeling afraid. One in four women are assaulted by age 20, and the nurse can share this information with the company and recommend the installation of additional lighting, hiring an extra security person for the area, and offering self-defense classes for employees.

By enforcing sexual harassment policies, companies show that they respect women. This is a healthy message. Unfortunately, many young women do not receive healthy messages in their homes, but research shows that even one caring adult, such as an occupational health nurse, or group (e.g., co-workers) can make a difference (Resnick et al., 1997).

STUDIES BY WOMEN RESEARCHERS

Current women researchers offer their views on various issues that may affect the health of young women in the workplace. Fletcher (1999) conducted research with female engineers. Fletcher observed relational behaviors performed by women (e.g., writing notes or building a new colleague’s confidence through effective teaching) were considered “a woman engineer being nice.” Also, Fletcher (1999) noted that women engineers made decisions “to preserve the life and well being of the project” (p. 49). In one instance, a female engineer gave her work to a male engineer to present. When questioned why she did, she answered that it was in the best interest of the project. Fletcher explains:

From the engineer’s perspective, sending notes of appreciation was motivated not by a desire to be thoughtful but by a desire to keep the project connected to the resources it needed to survive. Taking a back seat in a meeting was not an expression of powerlessness but an intentional strategy to give a problem visibility. (p. 104)

Many high-level skills demonstrated by these women were considered a weakness even when the performance helped the company meet its goals.

Women at Work, a research project funded by the American Association of University Women Educational Foundation (AAUW) (2003), examined current trends among women in the workplace. The study reviewed in what aspects women were doing well and where they were lagging behind. One outcome was the disparity between professional women and those in lower paying service occupations. The study also projected growth in lower-status women’s occupations including housekeeping, nurses’ aides, and others that command little pay.

AAUW developed five recommendations from the report, including challenging women to help close the economic gap between women at the top and those struggling in lower status positions. Closing this gap will be challeng-
Occupational health nurses can also make a difference for young women within their own communities. Whether taking social action in a town meeting, addressing media influences, writing a letter when offended, or supporting local and national girls’ organizations, nurses’ input is valuable. Interactions with girls outside the workplace are also important. Young women often consider relationships with the older women in their lives (e.g., mothers, aunts, parents for whom they babysit) to be among the most valuable. With cultural messages normalizing unhealthy behaviors and health consequences, young women can benefit greatly from their relationships with adult relatives and friends who care enough to stay connected.

REFERENCES

IN SUMMARY
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1 All girls are at risk for serious health problems. Adults in general and health care providers in particular do not fully understand the etiology, treatment, and prevention of health problems in this population.
2 Young women are aware they are at high risk for health problems and usually want to discuss health issues with adults they trust.
3 Contemporary theorists describe how connection in growth-fostering relationships is vital to safe and healthy passage into adulthood. This contradicts traditional views that separation and autonomy are important for young women.
4 Healthy relationships ideally begin with the family, although research indicates that another adult (e.g., relative, teacher, neighbor) or group (e.g., school, youth organization, coworkers) can also affect healthy transition into adulthood.