

APPEARANCE MATTERS

'Optimizing the outcomes for vocational guidance counselling and vocational training'



Lifelong
Learning
Programme

LLP PROJECT

APPEARANCE MATTERS

NATIONAL REPORT

NORWAY

April 2013

By

Rogaland School and Business Development Foundation

COUNTRY SPECIFIC BACKGROUND

NORWAY

- Size - 385 252 km²
- Population – 5 033 675 inhabitants
- Average income – 4846 Euro per month average

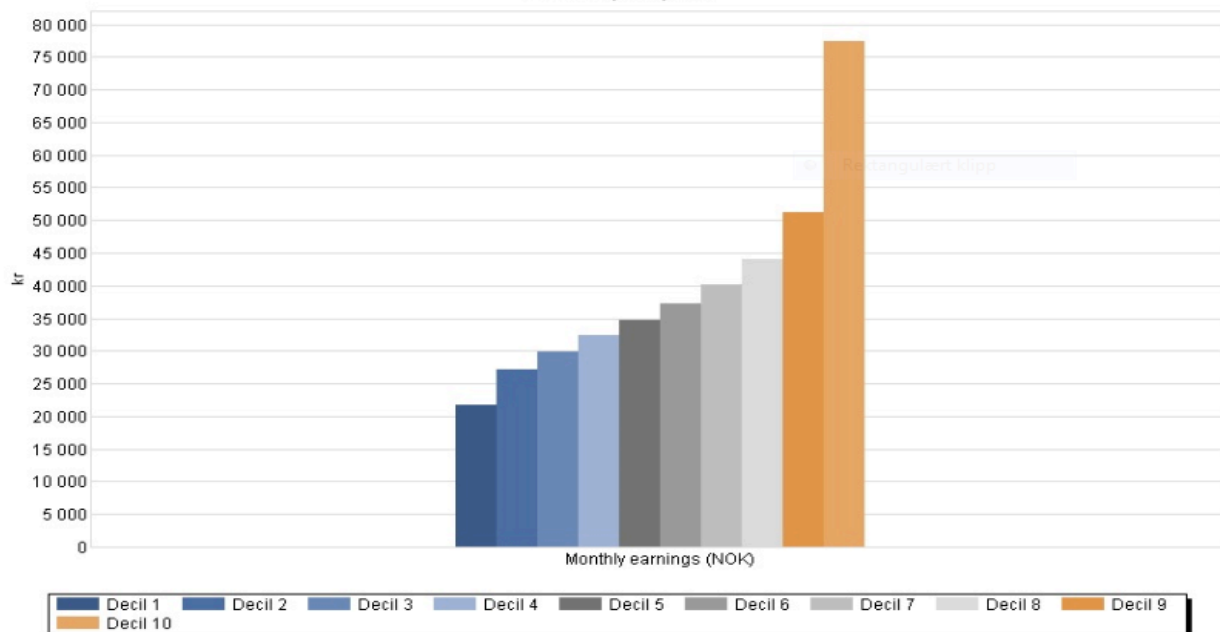
Mean, median and quartile monthly earnings for full-time employees, by sex, industry (SIC2007), time and contents

	2012			
	Lower quartile (NOK)	Median (NOK)	Mean (NOK)	Upper quartile (NOK)
Both sexes				
A-U Total	30 800	36 800	41 000	45 600

Footnote(s):

Monthly earnings include basic salaries, variable additional allowances, bonuses, excluding payment for overtime work. Standard Industrial Classification. Central government exclusive hospitals.

Average monthly earnings for full-time equivalents by decil group and contents. Both sexes, Total, 2012.



Source: Statistics Norway

(10000 NOK = 1260 Euro, 80000NOK = 10060 Euro, June 2013)

Education % of population at different educational level

Primary education (6-15 years)	12,21 %
Upper secondary (15-21 years)	4,61 %
Tertiary (21+ years)	4,98 %
Adult education	9,35 %

(Information found at Statistisk sentralbyrå, web site statistics, ssb.no, data from 2012. Accessed 12/02/2013)

Unemployment By age

- 19 years	2,7 %
20 – 24 years	1,8 %
25 – 29 years	4,7 %
30 – 39 years	4,4 %
40 – 49 years	3,3 %
50 – 59 years	2,3 %
60- years	1,5 %

(The Norwegian Public Labour and Welfare Service,
<http://www.nav.no/English/The+Norwegian+Labour+and+Welfare+Administration/Statistics>, Accessed
27/01/2013)

Unemployment: 2,7 %
% of people receiving social benefits: 2,34 %

How is health care funded in Norway?

In Norway, the financing and provision of hospital services is mainly the responsibility of the national government, financed by income and wealth taxation. But one can also find a growing private contribution in terms of both financing and provision. The major elements in the financing of the RHA are:

Activity-based financing; In-patient and out-patient's payment schemes. Block grants (needs-equalization grants) distributed among the RHAs according to socio-demographic characteristics (e.g. age-composition) of the population. Different ear-marked grants. There is also out-of-pocket payment (user fees) for out-patient hospital services (but these finance less than 2 % of total costs). No out-of-pocket payments for inpatient hospital services. RHAs are free to choose their own system to finance their hospitals. Most RHAs have chosen to "copy" the national model combining population-based grants with activity-based financing

(The Norwegian Health Care System, presentation by Maggi Brigham, SINTEF Health Research, Dep. of Health Services Research, Trondheim, Norway, 2012)

How is health care provided?

The responsibility of providing hospital services is delegated to four geographically based Regional Health Authorities (RHA), which are organized as national governmentally-owned enterprises. The RHA exercise state ownership, and has the responsibility for providing services to the population in the health region, within the framework stated by the overall health political goals. The responsibilities also cover specialized mental-health services and hospital services to persons with drug-related health problems. The production of hospital services is performed mainly by local Health Authorities (HA) owned by the RHAs or with private, non-profit, hospitals that have a provisional agreement with the RHA. The local HA consists of one or more hospitals. The RHA supplements its own production with purchases from private, for-profit, providers

How is education funded in Norway?

Education is controlled and funded by the central government. Government regulations cover such issues as class size, length of school year, teaching obligations, and minimum number of lessons offered. Even teacher salaries are controlled by the central government as teachers are civil servants and, as such, must lobby public employee salary regulations to impact their pay.

At what age does compulsory education (school attendance) end?

At the age of 15

What is the drop out rate in Norway

Country drop out: 9,5 %
Compulsory: no statistics available- no official dropouts in compulsory education
Upper secondary 9,5 %
(Sveinung Valen, Gjennomføringsbarometeret 2012:1, Stavanger, Rogaland County, 2013)

Our region Rogaland Fylke (the area the participants come from)

(Information found at Statistisk sentralbyrå, web site statistics, ssb.no, data from 2012. Accessed 12/02/2013)

- Size – 9375,93 km²
- Population -450 176 people
- average income 38 666 Euro per year

Education % of population (16 years and over) by highest completed educational level

	Norway	Rogaland	Stavanger
Primary education (6-15 years)	28,2 %	27,3 %	23,1 %
Upper secondary (15-21 years)	42,0 %	43,4 %	37,1 %
Tertiary (21+ years)	29,8 %	29,3 %	39,8 %

(Information found at Statistisk sentralbyrå, web site statistics, ssb.no, data from 2012. Accessed 12/02/2013)
<http://www.ssb.no/utniv> <http://www.ssb.no/116239/population-16-years-and-over-by-time-level-of-education-and-municipality-of-residence-1.october.absolute-figures-and-per-cent>

Compulsory drop out rate	<i>no statistics available- no dropouts</i>		
Upper secondary drop out rate	7,5 %	<i>(Sveinung Valen, Gjennomføringsbarometeret 2012:1, Stavanger, Rogaland County, 2013)</i>	
Unemployment	- 1,7 %		
% of people receiving social benefits	2,34 %	56 % men, 44 % women, 33 % immigrants	<i>(Statistisk sentralbyrå, web site statistics, ssb.no, data from 2012. Accessed 12/02/2013)</i>

VOCATIONAL TRAINING AND GUIDANCE

Describe the vocational training and vocational guidance in your country;

How is it provided?

The training: 2 years at school and 2 years apprenticeship is the standard model. Exceptions do exist.

The guidance counseling: The VET schools get a certain percent of guidance counselor time per student enrolled. For 1000 students it releases a staff size of 193 % guidance counselor resource. This would be equivalent to 2 full time positions. Guidance counseling is per definition divided into social pedagogical counseling and career counseling.

How many people receive/complete vocational training in your country each year?

119323 students per year as of 2012

(Statistisk sentralbyrå, web site statistics, ssb.no, data from 2012. Accessed 12/02/2013)

Describe the vocational training and vocational guidance in your organization

How is it provided?

The training is provided by cooperation with a number of education providers in our county who specialize in the needed VET fields. The training in our organization is mainly done through short courses or on individual basis, either in the office or through internet based programs.

The guidance counseling: It is an individual counseling where socio pedagogical issues and career related issues are handled by the same person.

How many people participate in vocational training and receive guidance counseling?

250 receive training. No statistics for guidance.

What is the demographic profile of participants?

(n/a)

Type of courses provided and to what level

Not applicable since we do not offer a specific type of courses but arrange what is needed.

APPEARANCE

These questions should be answered a combination of published research/statistics/websites and discussions from your strategic work group

General appearance issues in your country and your region (if possible or applicable)

Is appearance an important (socially salient) issue in your country? Is there a difference in ethnicity and age?

The issue is very important to young adolescents. Studies focus mostly on ethnic Norwegians and we have not found any studies that take ethnicity into consideration. See reference section for the relevant research articles on the topic. Most research in Norway has been done within the Anorexia spectra.

Is there any data/evidence on the level of satisfaction or dissatisfaction with appearance in your country?

SEE FIGURE BELOW. (A cross-sectional study of changes in Norwegian adolescents' body image from 1992 to 2002, Elisabet E. Storvoll, Ase Strandbu, Lars Wichstrøm), *Body Image 2* (2005) pp. 5–18

Table 1

Changes in the proportions of girls and boys who are extremely dissatisfied and extremely satisfied with face, lower torso, mid torso, upper torso, muscle tone, weight, and height from 1992 to 2002

		Extremely dissatisfied			Extremely satisfied		
		Girls	Boys	Gender difference (χ^2)	Girls	Boys	Gender difference (χ^2)
Face	1992	2.8	1.6	16.87**	3.9	7.5	60.10**
	2002	8.0	4.8	45.00**	7.6	15.8	175.18**
	Change (χ^2)	139.13**	84.01**		66.80**	174.06**	
Lower torso	1992	10.5	2.0	318.15**	3.9	9.2	120.69**
	2002	17.3	5.1	391.43**	6.0	17.9	363.52**
	Change (χ^2)	101.46**	71.52**		26.55**	164.71**	
Mid torso	1992	13.1	4.0	273.69**	5.7	11.5	108.87**
	2002	19.4	7.0	353.12**	7.8	17.9	244.42**
	Change (χ^2)	78.26**	44.95**		18.32**	83.15**	
Upper torso	1992	8.9	3.1	156.52**	3.6	10.9	204.65**
	2002	14.4	5.8	213.68**	6.9	17.5	282.15**
	Change (χ^2)	78.33**	46.09**		58.88**	91.12**	
Muscle tone	1992	7.2	2.6	113.97**	4.7	13.2	233.21**
	2002	10.0	5.8	63.74**	6.2	18.6	386.10**
	Change (χ^2)	27.55**	64.86**		11.99*	54.66**	
Weight	1992	13.4	4.0	286.55**	7.1	12.1	76.14**
	2002	20.5	6.9	415.75**	6.9	18.4	328.00**
	Change (χ^2)	97.67**	41.57**		0.16 ^{ns}	78.65**	
Height	1992	5.0	2.2	59.39**	15.0	17.5	12.34**
	2002	8.6	5.0	53.63**	14.7	24.3	159.53**
	Change (χ^2)	53.53**	58.80**		0.21 ^{ns}	71.37**	

ns, not significant.

* $p < .01$.

** $p < .001$.

Is appearance and body image often covered or represented in the media in your country?

The issue is often covered in the media, both TV and in print. The media tends to portray the issue as if everyone should be thin, healthy and with an athletic figure. VET sector is not targeted in particular, but youth in general and VET education is targeted. The angle is often the problem people face when being overweight or skinny. Food, exercise, healthy lifestyle is the main topics in connection with the issue. Through international TV channels we are exposed to the makeover TV, the health & lifestyle programs and documentaries. Our national channels have very little of this at all.

How much is spent (amount in euros) in your country, per year, on:

Cosmetics and beauty products?	1743 NOK per person per year <i>which is 232 EURO as an average, was used by a representative group of people in Norway in 2011</i>	<i>(http://www.aftenposten.no/okonomi/Shopperkosmetikk-for-milliarder-6664698.html)</i>
Advertising cosmetics and beauty products?	n/a	
Gym and health club membership?	1 million people are members	<i>(Treningscenterbransjen, report made by Kvarud Analyse for Virke Trening - November 2011)</i>
Advertising gyms and health clubs?	n/a	
Buying diet foods?	161411333 EURO in 2007	<i>(Statistisk sentralbyrå, web site statistics, ssb.no, data from 2012. Accessed 12/02/2013)</i>

Cosmetic Surgery

(Statistisk sentralbyrå, web site statistics, ssb.no, data from 2012. Accessed 12/02/2013)

<http://www.ssb.no/helse/artikler-og-publikasjoner/5-prosent-har-lagt-seg-under-kniven>

How accessible is cosmetic surgery in your country?

Easily accessible from private clinics- many also travel abroad to do the surgeries.

How many cosmetic procedures are conducted each year in your country?

5 % of the population-7% women and 3 % men- between 18-65 years had in 2008 gone through a cosmetic surgery.

What are the 5 most commonly performed cosmetic procedures in your country?

Warts, eye lid, fat removal, nose corrections and breast operations.

How many of each is carried out each year?

In 2008 the following numbers of operations were done; Warts (20), eye lid (44), fat removal (48), nose corrections (18) and breast operations (60).

Health statistics

Prevalence and incidence in your country of:

Appearance/body image concerns. See figure 1 above.

Eating disorders	120 000 people	<i>(www.iks.no, accessed 03/03/2013)</i>
Depression	34 % during their lifetime	<i>(Outcomes of Depression International Network (ODIN). Background, methods and field trials. ODIN Group. C Dowrick, P Casey, O Dalgard, C Hosman, V Lehtinen, J L Vazquez-Barquero and G Wilkinson, British Journal of Psychiatry. 1998 Apr;172:359-63.</i>
Anxiety	10 %	<i>(“Psykisk helse i Norge. Tilstandsrapport med internasjonale sammenligninger”, report from Norwegian Institute of public health, 2008)</i>

Disorders that results in disfigurement such as:

Burns	707 incidents in 1999	No national data later (http://tidsskriftet.no/article/1059617/ , accessed 24/02/2013)
Trauma	n/a	
Cancer	2249 persons	(such as head and neck cancer or other cancer types that results in deformity and scarring due to treatment/surgery) (http://www.kreftregisteret.no/no/Registrene/Krefistatistikk/ , accessed 24/02/2013)
Congenital anomalies	n/a	

Impact of appearance issues in relation to vocational training and guidance *Please answer the following questions based upon your discussions with in your strategic work group and if there is any available data (reports, research, statistics and so forth). If there is no data, which is an outcome as well, please describe how you conducted your search.*

Disfigurement

From trainers and guidance counselors perspective (discussions, interviews at workplace)
Do you think that individuals who have a visible disfigurement are stigmatized or excluded from society? Especially when it comes to training and/or obtaining employment.

Yes we think so. When we talk to people we tend to notice small defects in face or hands and focus on these things. We are not sure they are necessarily excluded from society, but stigmatized is a more covering word. Tolerance level is in general high in Norway.

Do you feel that you have enough knowledge to work with this target group?

In general yes and no, because we have sufficient education in psychological health as guidance counselors, but no from the perspective of the appearance concern angle in particular. If you have not had any such issues it is often difficult to fully take the student's perspective.

Do you think socially excluded individuals (for example; unemployed, ethnic minorities) that also have a disfigurement are even more socially excluded and stigmatized?

We agree with this statement since we tend to add the many "negative" factors when we judge persons and put them in categories.

Do you think that an individual with disfigurement can have difficulties in completing their training/education due to their situation?

Yes, especially if they have complex psychological problems like social anxiety etc coming from this.

Please provide examples of why or why not.

Often social anxiety, fear of what other students say or think- often expressing some negative comments on social media- will be one of the factors why adolescents choose to stay home in stead of going to the school.

Are you aware of any psychological or social support you can access in order to help your participant? For example, is there face-to-face support from psychologists or guidance counselors? Are there any support organizations or charities specifically to support people affected by disfigurement? If so, please describe.

We have a special communal service of nurses, psychologists and doctors that are ready to help students up to 23 years with their problems. They can be contacted directly by the youth themselves or the contact goes through the school counselor.

Body image

From trainers and guidance counselors perspective:

Do you think that individuals who have a negative body image may have a harder time to adhere to the vocational training/education and guidance?

Yes and no. The yes is especially connected with their mental health state, support from friends, support from family, the inclusive environment at school. These factors will be crucial to their success at school.

Do you feel that you have enough knowledge to work with this target group.

In general yes and no, because we have sufficient education in psychological health as guidance counselors, but no from the perspective of the appearance concern angle in particular. If you have not had any such issues it is often difficult to fully take the student's perspective.

Do you think socially excluded individuals (for example; unemployed, ethnic minorities) that also has a negative body image are even more likely to be socially excluded and stigmatized?

We are uncertain since it is not always easy to see that something is wrong with their body, since it could be just something they feel themselves and no one else sees. But in some cases it is quite obvious and then they could be more socially excluded.

Are you aware of any psychological or social support you can access in order to help your participant?

We have a special communal service of nurses, psychologists and doctors that are ready to help students up to 23 years with their problems. They can be contacted directly by the youth themselves or the contact goes through the school counselor.

Health compromising behaviors

Give example of the influence of health-compromising behaviors (dieting, no eating enough, smoking, over training and so forth) and how that can influence the educational outcomes for the individuals that engage in these behaviors.

- weakened concentration during lessons
- students fall asleep during lessons
- their problems are of such complex nature that they are not able to focus on the task of studying

How do vocational trainers and guidance counselors deal or identify appearance issues currently at your organization?

We do not have any such routines or plans. If students talk about their concerns to counselors, they offer the range of help available in our region.

How do these issues manifest themselves for migrants or other people changing cultural contexts, based on your experience?

We have no experience with this.

Do you think these issues can result in negative health consequences such as depression, anxiety?

Yes, we believe they are closely connected.

Any other examples of how health compromising behaviors can impact the outcome of vocational training and guidance

- The individuals health and well being (lack of vitamins and minerals influence the energy level)
- Gaining employment (the job interview will often uncover issues with the job seekers, and the employer will be suspicious, ending up with not hiring the person)
- Participant's motivation (not able to focus on the main task of studying, too many other problems to solve and put the energy into)

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a) Division of Mental Health, Norwegian Institute of Public Health, Oslo, Norway

b) Department of Health and Social Sciences, Lillehammer U. College, Lillehammer, Norway

c) Regional Centre for Eating Disorders, Oslo University Hospital, Oslo, Norway

d) Eating Disorders Program, St. Paul's Hospital, Vancouver, Canada

e) Institute of Psychiatry, University of British Columbia, Vancouver, Canada

f) Department of Behavioral Sciences in Medicine, University of Oslo, Oslo, Norway

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Elisabet E. Storvoll a,*, A° se Strandbu b, Lars Wichstrøm c, *Body Image* 2 (2005) pp. 5–18

a Norwegian Institute for Alcohol and Drug Research, P.O. Box 565 Sentrum, 0105 Oslo, Norway

b NOVA — Norwegian Social Research, Norway

c Norwegian University of Science and Technology, Norway

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