General Editor’s Introduction

During the final weeks of the preparations for the third issue of the *Women’s Health & Urban Life* journal, a portion of the world which has served as a cradle for many historical civilizations has again been plunged into a destructive war. As the bombs which the world has never seen the likes of before fell night after night upon historical cities and on the people who now inhabit them, the eyes, ears and the minds of the world tuned into debates about political power, military might, public polls about the justice of waging war and not necessarily resolved issues about this particular incursion’s moral underpinnings. What was almost never discussed was the gendered implications, costs and the consequences of basically an unprecedentedly masculanized war. In the adrenalin rush of the socially constructed dichotomies of “good vs evil,” “coalition vs enemy,” “military superiority vs terrorist activities,” “heroes vs collateral damage” and “you are either with us or with the terrorists,” what the invading powers craftily shielded from view was the fact that women and their innocent children were also amongst the countless war casualties. In addition, aside from the likelihood of losing their fathers, husbands, brothers and adult sons, a future that awaits women involves continued suffering from the after-effects of this war, even long after the bunker-buster bombs stop falling from the occupied skies. Women who may have survived themselves are most likely to continue to lose their sons and daughters to the artifacts of war. They may continue to bear children burdened by mutilations or show many health problems due to malnutrition, polluted air, soil water and the remnants of depleted uranium and other manmade (sic) evils. In turbulent times of hyper-superpower-militarization, issues about women in general and women’s health in particular are often pushed to the backstage. There was only very muted outrage expressed for women who got caught up in earlier wars in Bosnia, Somalia, Rwanda, Kosova and Afganistan. I fear that the suffering of the Iraqis women will be no exception. However, women’s health and well-being, as citizens, politicians, mothers, workers, soldiers and as victims remain central for a world which must struggle to remain more human and humane. In an upcoming issue, the *Women’s Health & Urban Life* intends to address issues pertaining to women’s health in war-torn societies. Please submit your work in any aspect of war and women’s physical, mental or reproductive well-being to our journal.

In the mean time, in the current (third) issue of the *Women’s Health & Urban Life*, we present four interesting articles, ranging from macro to micro analysis and from abstract theoretical coverage to empirical observations. Despite the apparent differences in the topics and orientations of the enclosed articles, all four have at least two very important things in common: First, all authors critically evaluate the *status quo* in one or more dimensions that relate to women’s health. Second, all authors introduce a fresh way of approaching the topic of their study and suggest alternate ways to address the traditionally ignored problems.

The McDaniel article is about demography’s approach to women and women’s reproductive health. Traditionally, McDaniel argues, demography has objectified women in various ways. One way was by seeing them as categories, another way was seeing women as reproductive bodies. Perhaps equally disturbing, demography has also shown the propensity to exploit women by attempting to manoeuvre their reproductive powers at the service of state or international level decision makers far removed from them. State or international agendas might
have awkwardly intersected or even openly colluded with what women themselves needed or wanted. This collusion course, McDaniel reasons, is partly the result of the close link between demography and policy. Partly, it is the result of a traditional self-importance attributed to demography’s ability to generate knowledge and its expected subservience from those (women in matters of fertility issues and reproductive matters) who ought to help in the generation of such knowledge. However, McDaniels’s analysis informs us, there are changes (leaks) occurring in the objectifying fire-wall of traditional demography, changes that are opening up to represent and allow measures of women’s own agency. After all, women are not just objects/bodies to be counted, classified, formulated into trends and projections. Women’s choices, beliefs, feelings, reasons, wants are also crucial in determining what these trends, projections will look like and why. Yet, McDaniel’s paper cannot inform us about the strength of the “leaks” that are developing in demography and whether or not these leaks are capable of irrigating the field in order to produce a fresh crop of feminist or pro-feminist demographers. Let us hope that will be the case.

The Toepell article also deals with a traditional model (Health Belief Model or HBM) that is in use since the mid 1970s. HBM attempts to predict people’s risk-taking behaviours on the basis of their expectancies/knowledge on seven social-psychological variables. Toepell applies this model to the sexual behaviour intentions of incarcerated men. Their avoidance of sexually transmitted diseases (condom use) on the basis of knowledge and perceptions are measured. The results show that the model does not work very well in its original formulation. Indeed, almost all the variables of the model fail to predict condom use on their own, but become significant only through interactions with a robust variable (type of partner) that falls outside of the original model. This work has numerous and strong implications for women’s health, that the traditional model cannot deal with. As Toepell’s work clearly shows, incarcerated men are not particularly keen on avoiding risky sexual behaviours. More interestingly, even when they do engage in safe-sex (condom use), this is to protect themselves from possible infection from multiple or unknown partners. No where in this equation, do men show a sensitivity about how their female partners can/should protect themselves from the past risky behaviours of the incarcerated men. Toepell also draws our attention to the “social vulnerability” of women who are likely to engage in sexual behaviour with incarcerated men, as in their powerlessness, stigma, discrimination, poverty and lack of access to information and services. New variations of the models, it is suggested, not only must be reflexive enough to reflect changing social realities, but also must address women’s social vulnerabilities.

The Waldron article on African American women’s conceptualizations of health takes on a feminist, anti-racist, interactionist and post modernist stance of mental health and the delivery of mental health care. First, different conceptualizations of the issues in women’s mental health are explored. The dominant, Eurocentric definitions of health, Waldron argues, separates the mind from the body and spirituality/soul from the mind. In that sense, the dominant and hegemonic conceptualizations of mental health sometimes are ignorant of or insensitive to alternate, culturally based approaches. The latter insists on the powerful role of spirituality and self-awareness. According to Waldron, race, culture, gender and social class permeate how people see and evaluate their own health and how they (knowingly or reflexively) take measures to heal themselves. However, Western approaches to health is often segmented and medicalized
and they look down upon the myriad of alternate possibilities of achieving well-being. In other words, Western approaches to health and health delivery patterns are hegemonic, especially when mental health is concerned. Women from African or Caribbean origins may feel particularly marginalized within the Western views about mental health which segments rather than unifies the mind/soul and which shuns rather than appreciates individuals’ attempts to heal themselves (diets, rituals, social support seeking, prayer, etc.). It is argued that to go beyond Western dichotomies, to give legitimacy to alternate routes to health care, to acknowledge the interdependence amongst body, soul and spirit and women’s own intimate knowledge of their bodies/minds will go a long way in providing an all inclusive approach to health care.

Bağli and Sev’er also set out to explore a crucial issue in women’s health and well-being, or more precisely, when such well-being collapses. Their topic is the anomaly of higher suicide rates for girls/women in Batman, Turkey. Batman is an isolated, impoverished region situated in southeastern Turkey bordering on Iraq, Iran and Syria. Especially since the 1990s (first Gulf War), this region has been an arena for violence, ethnic strife and ultrareligious turbulence. In addition, small oil reserves found in the region has led to an unprecedented pattern of migration to the city, crushing down its immature infrastructure and exhausting its modest social safety networks, educational and health care systems. Bağli and Sev’er argue that these are text-book case examples of Durkheim’s classic theory of “anomie” and the hopelessness, powerlessness and the normlessness that concept implies. Yet, Batman men’s suicides have remained at less than half the rate of female suicides. This observation leads the authors to search for the roots of female desperation in the existing patriarchal grip on the region’s women. Indeed, through interviews with the surviving guardians of the suicide victims, Bağli and Sev’er find many intolerable conditions in women’s lives such as congested and substandard living arrangements, lack of choices, lack of opportunities and barriers against personal freedoms. They propose that traditional and androcentric theories of suicide need substantial reformulation if they are to explain the complex and gendered factors in why women kill themselves. Gendered theories of suicide may also be more capable of suggesting what needs to change in order to combat the extreme manifestations of female desperation.

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