General Editor’s Introduction

I would like to start my introductory comments by welcoming all of you to the second issue of the Women’s Health and Urban Life journal. I also want to thank all those who sent their congratulations and constructive comments about the inaugural issue of the Women’s Health & Urban Life. In its second issue, the journal again presents four insightful analyses of women’s health and well-being in urban or urbanizing areas of the world. Although the authors of the present issue focus the lens of their social analysis on very different parts of the world (Canada, China, New Zealand (NZ) and the U.S.), what closely binds all these articles together is the link between women’s health and well-being and the structural conditions of their lives. Moreover, and in different ways, the four articles also highlight how women’s well-being effects and in turn, gets affected by the economic circumstances and the mental or physical health of those who surround them.

In Maureen Baker’s article, the above mentioned connections are perhaps the easiest to see. Baker sets out to explore the impact of welfare reforms that are introduced by neo-liberal governments, on a particularly vulnerable population: lone-mothers and their children. Although her analysis is exclusively on NZ, her in-depth review of the literature clearly shows that most developed societies, even those with a tradition of generous social safety/social welfare systems (such as Canada), seem to be moving toward more stringent/restricted/punitive eligibility rules for qualifying for social relief. Baker’s analysis is about the plight of lone-mothers and their children, who suffer from multiple disadvantages. The disadvantages include trouble with finding quality accommodation, difficulties in paying for heat/food/transportation and lack of access to quality child-care. As if these troubles were not enough, but more likely, as a result of these economically/structurally based woes, women’s and their children’s health seems to fall through the cracks. Moreover, women are increasingly cajoled (even forced) to work or work for longer hours. If they refuse, they may face discontinuation of their welfare benefits. By using long and insightful quotes from her respondents, Baker eloquently shows how the new, neo-liberal world order with its ever increasing emphasis on individual responsibility rather a social one, shortchanges the health, well-being and even the very basic needs of lone-mothers.

Walter DeKeseredy & Martin Schwartz theorize about the link between public housing and the social and interpersonal ills that await women. Although their work is not directly linked to women’s health per se, it is about a dark side of urbanization. They propose reasons for women’s
subjection to heightened levels of violence in these less than desirable accommodations. The conditions are a serious health and well-being hazard. What the authors highlight are global changes (dislocation and disappearance of jobs, neo-liberalistic shifts to individual responsibility models, heightened urbanization and the social problems it creates) have disenfranchised and continue to disenfranchise large segments of North American populations. One result is congestion of people (mostly women and their children) in mass public housing complexes, and isolation of individuals (mostly women) in these less than adequate living conditions (transportation difficulties, hyper patriarchal male-peer groups etc.). Another result is negative stereotypes and degradation these people (mostly women) have to endure. These adverse conditions turn much more dangerous when co-residing or visiting men who are ensnarled within patriarchal male-support groups, find themselves unable to fulfill their bread-winning roles and lash out under stress. What we find in DeKeseredy & Schwartz’s model is the toxic alchemy for physical or psychological violence against women.

Claire Renzetti & Shana Maier’s study almost starts from where DeKeseredy & Schwartz’s conceptual model ends, and adds observational support to the conceptual categories. Indeed, Renzetti & Maier, after a careful review of the literature about socioeconomic deprivation and fear and experience of violence by women, report findings from 36 women residing in Camden’s public housing projects. What their respondents report are elevated levels of fear of victimization, especially by strangers, and ironically, just as elevated rates of victimization, especially at the hands of their intimate partners or acquaintances. Renzetti & Maier’s study also shows how deprived the social networks of these women are, adding to the stresses and strains of their other disadvantages. These women are fearful of their neighbours, are suspicious of their surroundings (i.e., try to avoid elevators), constantly monitor their behaviour (i.e., try to avoid going out at night), and distrust the police. They cannot even trust their family (i.e., son’s involvement in drug-gangs). Although some of these avoidance strategies may protect them from falling victim to stranger violence, they do not protect them from assaults by men they know or live with. Again, in these concentrated pockets of urban despair, women’s health is equally threatened by chronic stresses and physical or sexual violence which eat at their bodies and souls.

In a totally different context, Quanyi Wang & Ge Lin’s work also centers on women’s health and socioeconomic deprivation. Wang & Lin focus their attention on women heroin users in China, and how they may serve
as knowing or unknowing agents in the acceleration of HIV/AIDS rates in China. The authors acknowledge the fact that so far, HIV infection rates are relatively low in China. However, they immediately caution that given the extremely large population coupled with women heroin user’s sexual risk behaviours, the world may be facing a sleeping health-monster that may soon be awakened. Although the paper is more about the sexual risk-taking behaviours and attitudes of women, the role poverty plays in these women’s lives is just beneath the surface. The authors inform us that where the average monthly income is only $60.00 US., most female heroin users feel compelled to sell their bodies to support their drug dependence. The authors also inform us that these women have absolutely no way of purchasing either health-care or health-counselling, other than through different levels of government intervention (or intrusion, such as incarceration) in their lives. To break the cycle of low education, low income, drug dependencies and sexual risk-taking behaviour, the authors urge free, accessible and universal health-care and education programs for these women.

In sum, in very different ways, the current issue turns the spot light on poor women’s increased levels of vulnerability to their general surroundings as well as their vulnerability to the men who occupy the same surroundings and/or share their lives. Another aspect which also comes into focus is that whatever happens to these women happens many fold to the children in their care. Breaking the vicious cycles of poverty and risk is ultimately contingent upon macro initiatives, whether they be in terms of an investment in education, housing, employment, general healthcare or rehabilitation. The sad reality in Canada (DeKeseredy & Schwartz), in China (Wang & Lin), in the U.S. (Renzetti & Maier) and in NZ (Baker) is a move toward more punitive measures and governments’ increased shrugging off their much needed social responsibility toward the most vulnerable people in their midst (women, children, minorities and drug dependent people vulnerable to HIV/AIDS).

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