Special Issue Editor’s Introduction

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This special issue of Women’s Health & Urban Life on ‘the health of girls and young women’ highlights the emerging worldwide acknowledgement of the need in this area for both interventions and research from multiple perspectives and disciplines. Traditional health research has been based on a male standard, with the consequence of either neglecting or pathologizing girls and women (Artz & Nicholson, 2002; Tipper, 1997, p. 15). As the notion of ‘social determinants of health’ has gradually emerged in health research and international and national political agendas, the focus has shifted to the role of ‘inequalities of power, prestige, income and wealth’ on health outcomes while emphasizing the ‘specific exposure to health-damaging factors suffered by women’ (WHO, 2005; also see Public Health Agency of Canada, 2006).

A truly comprehensive gendering of health research requires attention to the changing “life circumstances and environmental influences” throughout women’s life course (Tipper, 1997, p. 15), namely, attention to the specific health issues of females as children, adolescents, youth, middle-aged and elderly. Feminist researchers are increasingly documenting the many dimensions and manifestations of girls’ and young women’s physical and mental health that have their origins in a number of social determinants, rooted in gender inequality. One of the core research areas emerging from this wide project of gendering health research is “understanding the processes whereby social inequality is transformed into health risk” (Ballantyne, 1999, p. 291, emphasis in the original; also see Wuest et al., 2002). In other words, there is need to pay attention to the ways in which women’s social integration with family members, peers and the wider community, mediate their health outcomes. This explicitly acknowledges that all social institutions are gendered and that any analysis of health issues that ignores this is “inconclusive” at best (Ballantyne, 1999, p. 294). Notably, the approach goes beyond constructing lists of individual indicators of health—lifestyle choices—toward appreciating both the wide societal and everyday processes that influence the lives of women (Wuest et al., 2002). One conclusion from this kind of critical approach is that if access is denied to

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1 I thank the General Editor Aysan Sev’er for the opportunity to serve as guest editor of this issue of WH & UL. I also thank the many anonymous reviewers whose work made mine easier. Finally, I thank all of the authors herein, for their commitment to research on the health of girls and young women that is socially relevant and meaningful. Correspondence should be addressed to: Vappu Tyyskä, Associate Professor, Department of Sociology, Ryerson University, 350 Victoria St., Toronto, ON, M5B 2K3 (e-mail: vtyyska@ryerson.ca)
the social determinants of health for any vulnerable population, they are owed measures that restore their healthy functioning. This notion of ‘restorative health’ (Anderson & Jackson, 2004) stresses the wider social responsibility of communities and nations for the health of vulnerable categories, including girls and young women.

This focus on the social integration of girls and young women is the main foundation that unites the articles in this special issue, covering topics such as the politics of appearance, reproductive health, attitudinal and interpersonal violence and aggression. Some of the analyses herein emphasize wider social structural determinants of health, including general social forces, manifested in ideologies that are rooted in economic and gender-based power relations. At the same time, all authors pay attention to proximal relations with family and community—the immediate social context that shapes the lives of girls and young women. Regardless of the topic or emphasis, all articles either implicitly or explicitly refer to a collective responsibility over the health of girls and young women in its many expressions.

Additionally, these articles add to an emerging body of research that is based on listening to and giving voice to girls’ and young women’s own interpretations of their health situations. Thus, the lead article by Fiona Whittington-Walsh raises identity, self-image, compliance and resistance as main themes in her analysis of the contentious issue of attitudinal violence against women with facial differences. She situates the violence squarely in both the ideal of white beauty and the consumerism of western patriarchal capitalist societies. She paints a portrait of attempts in western history to correct perceived flaws in the human face, in order to attain a mythological, racialized standard of beauty. In doing this, she provides a provocative analysis of the social structural and ideological forces that compel girls and women to focus on appearances rather than on socially and politically meaningful pursuits. Through extensive life history interviews with Ani—a young woman with a port-stain mark on her face—Whittington-Walsh also delves into the meanings of living with a facial difference. She outlines Ani’s life-long quest to change her appearance, first through medical interventions that were based on labeling her as abnormal and hence in need of correcting and then through the use of cosmetics to camouflage her face. These physical experiences were accompanied with painful emotional and psychological components, against the medical gaze and the public gaze, both of which subjected her to a form of fascism, through attitudinal violence. These experiences molded Ani’s self-image and resulted in a combination of reactions ranging from shame, fear and sadness to anger and resistance. The article not only raises an important subject matter within the context of feminine health but also contributes to the feminist critique of research methodologies, in its life history approach and the
engagement of the researcher as an engaged and responsible participant.

The subjective dimensions of the health of girls and young women are also a part of the second article, on the topic of anger and aggression. Debra J. Pepler et al., explore the physical and mental health problems of 462 aggressive girls through the use of Latent Class Analysis. The authors found that aggressive girls are at high risk of a variety of physical and mental health problems, as well as problems with their parents. Notably, all girls—whether aggressive or not—who have high levels of conflict with their parents, are more at risk for health problems than those with good relationships with their parents. Importantly, the authors question the root causes of girls’ aggression, pointing to the very real possibility of violence in the family. The developmental contextual approach adapted by the authors shifts the discussion of interventions from the ‘individual pathology’ approach of the medical model, toward a public health model that acknowledges the importance of young girls’ social connectedness to schools, peers and parents. Significantly, the authors conclude with recommendations that range from supports in the school system, neighbourhoods, communities, families and a call for a change in social policies, toward a model in which relationships are acknowledged as a key determinant of health. This approach would go a long way toward preventing the types of general and reproductive health problems that other researchers have linked with aggression in girls.

The third article pursues the theme raised in the Pepler et al., of highlighting family relations in the shaping of young women’s health behaviours. Lari Warren-Jeanpiere’s concern is the influence of mothers on the reproductive health seeking behaviours of young African American women. Her study of communication in 17 mother/daughter dyads builds on other research that has examined the underutilization of sexual health services by African American women. The structural barriers in this area are linked to inequities in the American health care system, based on race and gender. However, Warren-Jeanpiere goes beyond this in her aim to shed light on the transmission of attitudes to young African American women in their families, through sexual socialization practices, in which their mothers have a central role. Indeed, Warren-Jeanpiere found that mothers’ advice was central in young women’s decisions about gynecological exams and pregnancy. However, many of the respondents reported problems with the quality of maternal communications, including secrecy, incomplete information and lack of openness. These had negative consequences for the young women in the areas of physician/patient communication and induced feelings of shame and embarrassment, which prevented some of these women from obtaining adequate reproductive health services. Warren-Jeanpiere’s article supports the general recommendations of the Pepler et al., article in reinforcing the importance of the social connections of young women,
with an added focus on the racialized and historically based aspects of social marginalization. Finally, Warren-Jeanpiere’s article is significant in that it affirms a need to examine intergenerational communication and the transmission of knowledge between women of different ages and generations. In this context, the significance of age is not in the actual socially defined years a person has lived, but in the position of each generation in their lineage, giving them different social definitions and meanings.

While the prospect of violence in the lives of girls and young women were raised in the articles by Whittington-Walsh and by Pepler et al., the final article in this collection, by Michelle Coghlan, Helene Hyman & Robin Mason, pays attention to additional aspects of attitudes and violence, in exploring the perceptions of intimate partner violence (IPV) among Canadian women in their late teens and early twenties. Violence against women continues to be a significant contributing factor to women’s poor physical and emotional health, extracting a high social and medical cost. Among young women, dating violence has been established as widely prevalent. The premise of the article by Coghlan et al. is that it is essential to document how young women understand IPV, their ability to name it and their contextual reactions to it, in order to fully understand and develop appropriate interventions. Their pilot study among university attending women 18-24 years of age found that public education on IPV seems to have increased young women’s ability to define IPV. However, these young women manifested problems in transferring this knowledge to their own relationships and were more likely to contextualize their experiences of IPV. With more research pending on the topic, the authors have opened up an important focus on the daily experiences and interpretations of IPV, as barriers to effective intervention among young women.

In summary, all of the articles in this issue shed light on the immediate social context and processes that influence health behaviours among girls and young women. They also stress that understanding girls’ and young women’s own interpretations of their daily lives, is a key to understanding their overall health. Finally, they call for a move away from the individual responsibility model of health toward a model that acknowledges the health of girls and young women as a collective responsibility.
REFERENCES


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