

# Gender, Location/Space, and Health Risk Perception

Exploring Diverse Topics

# Definitional Issues

- What does "gender" mean?

A stand in for "women?"

Identifier signaling focus on male/female difference?

Social construction of masculinity and femininity?

Women as Health Risk/Education Message  
Targets

Access to Women's Health Services

Gender Differences in Health Risk Perception

# Women as Health Risk/Education Message Targets

Singled out by health professionals and advocates as guardians of family's health

Women are valued health care consumers

"Women's diseases" receive greatest emphasis (breast cancer vs. heart disease)

# Location/Spatial Dimensions of Health Risk/Education Messages

Are messages tailored to specific populations/places? How/why?

Efforts to Alter Health Risk Perceptions and Behaviors:

Anti-smoking campaigns

Mammography campaigns

Anti-abortion and Breast Cancer Link campaigns

# Abortion-Breast Cancer Link

Publicized by U.S. anti-abortion advocates

Billboards on major highways (I-95 near Philadelphia)

Billboards near women's health clinics (North Dakota)

Bus sideboards in cities (Baltimore)

Subway stations (Phila, Baltimore, Washington DC)

# Access to Women's Health Services

## Abortion Services

In U.S., est. 43% of women will have at least one abortion by age 45 (AGI 1998)

38% of women 15-44 live in counties without an abortion provider

State laws differ on waiting periods

# Hospital Mergers/Takeovers and Managed Health Plans

Range of Sexual/Reproductive Health Services:  
ECs, tubal ligation, abortion

Catholic Healthcare West operates 41 hospitals in California, Arizona and Nevada.

Case of Santa Maria, Santa Barbara County:  
Marian Medical Center



# Gender Differences in Risk Perception

Some studies show women are more concerned than men about environmental risks

- Women feel more threatened individually
- Women more locally active/knowledgeable
- Women are more invested in “nurturing life”

Other studies show women and men in “stressed neighborhoods with multiple hazards” report similar risk perception

Stressed communities often disproportionately poor, yet warn not to assume class status is same for all households (Greenberg and Schneider 1995)

## Qualitative Studies Perspective Mandate:

Women's health risk perception and behavior must be analyzed in the context of relationships, community, race/ethnicity, class, sexuality, etc.

Further research needed to explore and understand the “geographies of women’s health”

. . .to borrow from Geographies of Women’s Health, eds. I Dyck, N Davis Lewis and S McLafferty (Routledge 2001)