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Spatial Analysis and Health Risk Perception  
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Laury Oaks, précis

Spatial Analysis and the Gendered Dimensions of Health Risk Perception

My current research focuses on understanding varied social, cultural, and political dimensions of reproductive health risks, with particular attention to the gendered nature of health risks and health perceptions. I am primarily interested in how different constituencies perceive and represent health risks, and how health experts and advocates target specific populations with health risk messages.

In the past, I have conducted research comparing health experts' and pregnant women's perceptions of the fetal health risks of cigarette smoking during pregnancy, finding race, class, and generational differences in risk assessments. My work has also argued that the messages featured in some anti-smoking health risk warnings about fetal personhood parallel anti-abortion advocates' political goal of creating "the unborn" as a vulnerable population in need of state protection. Further, anti-smoking messages targeting pregnant and pre-pregnant women create specific ideals of motherhood that reinforce gendered assumptions about parental responsibilities.

Another research project similarly juxtaposes perceptions of risk, in this case focusing on health activists. Since the mid-1990s, anti-abortion advocates in the US have successfully lobbied in a number of states to pass women's "right to know" laws, which stipulate that a woman contemplating abortion must be counseled that abortion is linked with an increased breast cancer risk. The abortion-breast cancer risk campaign is analytically compelling because it brings together dissent over abortion and widespread fear about the causes of breast cancer. Breast cancer activists promote their own health risk messages, aimed at increasing research dollars and persuading women to seek early detection and intervention. An underlying theme of these and other health risk messages is that the appropriate and morally upstanding action that informed women must take is to avoid or decrease risk. Individual women's pregnancy decision-making, however, does not take only breast cancer risk into account. Indeed, taking into account the medical risks of pregnancy reveals an inadequate risk-benefit analysis as part of the anti-abortion logic that one should continue a pregnancy to reduce one's breast cancer risk.

I am currently pursuing research on another dimension of gender and health risk: the development and potential future marketing of new male hormonal contraceptives. Advocates of such contraceptives face two distinct markets: men in areas where "population control" is emphasized and areas where men's "reproductive choice" is emphasized. The marketing and distribution of male contraceptives will need to address health risks incurred by use of the "male pill" to both men and their women sexual, including the risk of unintended pregnancy and sexually transmitted infections. Depending on cultural contexts, the "male pill" also demands scrutiny regarding who is

targeted as a potential user (by class, race/ethnicity, religion, etc.) and, politically and demographically, why.

I would like to pose the question of how to apply spatial analysis to gendered dimensions of health risk perception. Specific questions include: a) Are there gender differences in perception of health risk that show spatial patterning (e.g., demographically, in terms of where people live, perhaps particularly regarding head of household, household make-up, and poverty)?; b) Does where the health risk statements are made affect gendered judgments about risk?; and c) Is gendered perception of risk that linked with gendered differences in health and/or health behaviors, and is there a spatial link to such differences?