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Understanding the Meaning of
Urban Spaces and Places to
Women:
Impact on Health and Well-being

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Perspective of Existential Phenomenology

- Experiences of Persons cannot be understood without taking their Worlds into Consideration
- Health researchers often neglect World in our focus on the Body or on psychological attributes

Person and World are figure/ground

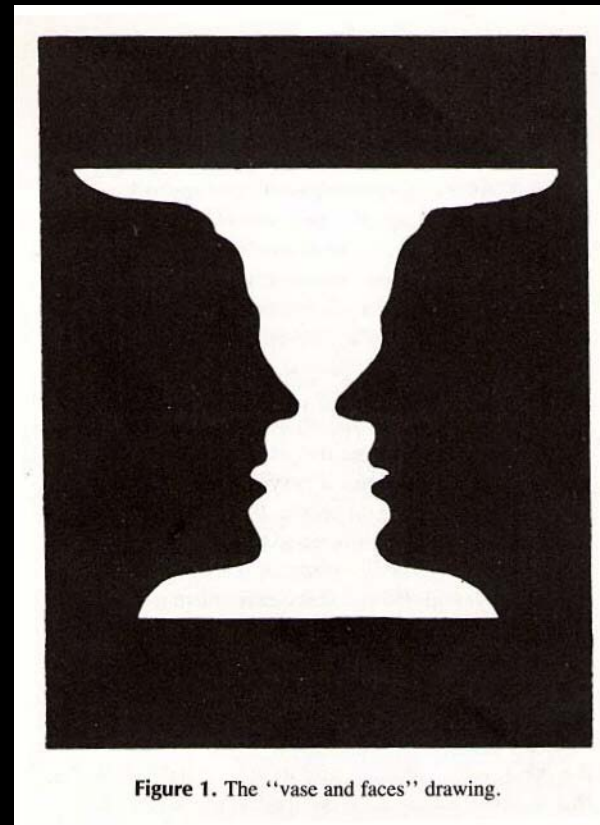


Figure 1. The "vase and faces" drawing.

From Merleau-Ponty:

“Scientific thinking...which looks on from above, and thinks of the object-in-general, must return to the “there is” which underlies it; to the site, the soil of the sensible and opened world such as it is in our life and for our body.”

Yi-Fu Tuan (1977) wrote a book about how humans understand the World... how we attach meaning to Space and Place.

Space is that which allows movement; Place is pause in movement.

From Tuan:

“Space...is to human beings...
a psychological need...even a
spiritual attribute...

The world feels spacious and friendly
when it accommodates our
desires, and cramped when it
frustrates them”

(Tuan, 1977, pp. 58 and 65)

From Tuan:

Places exist at different scales, from the favorite armchair at one extreme to the whole earth at the other extreme.

The city is a place, a center of meaning...and within the city are neighborhoods, the street where one lives, and the home, a place of nurture where needs are met.

Focus of this presentation: Neighborhoods and Women's Experiences of Them...

- The neighborhoods in which women live affect their daily lives, their mental and physical health, and their ability to engage in health-promoting behaviors
- We will examine exercise, nutrition, chronic stress/anxiety, smoking, and depression in urban women

- Although disadvantaged women experience greater barriers to enacting health-promoting lifestyles, this presentation is not solely concerned with disadvantaged women
- All women face challenges to health when living in cities

From Frye et al. (2008):

- Despite significant shifts in gender roles in the past 50 years, women and men still occupy different physical and social spaces in urban areas
- Feminist geographers have uncovered sex segregation in housing, work, education, and transportation

From Frye et al. (2008):

Although half the world's population will soon live in urban areas, and thousands of papers have been published in the last decade on urban health, the role of *gender* in urban health has received little attention

Gender is either not mentioned, or controlled for, in most studies

We already know that:

These 3: sedentary lifestyle
 unhealthy diet
 smoking

cause these 4: heart disease, cancer
respiratory disease, and diabetes

which cause:

50% of deaths worldwide

We also know:

Current interventions are not working
--because there are increases in:

- Sedentary lifestyle
 - Obesity
 - Diabetes
 - Lung cancer in women
- (not an exhaustive list)

Missing in the literature on health behavior of urban women is the phenomenological perspective: i.e., a concern with the meaning of a city's spaces and places to its residents. I argue here that we must understand the meaning before we can develop health-promoting tactics.

Let us listen to the voices of women--

- ...as they talk about their neighborhoods
- ...their perceptions and feelings about the places and spaces that constitute their world
- ...their difficulties in enacting healthy behaviors in their world

Voices of women have been excerpted from qualitative studies conducted by researchers in geography, health geography, education, psychology, nursing, and other health sciences

Participants in these studies resided in cities in Canada, Wales, Scotland, Finland, England, Australia, and the USA

Most studies were conducted in large cities, such as London, Atlanta, Toronto, New York City, and Helsinki



From research by Peacher (1996):

Places can:

- Strengthen our sense of self
- Provide connection to others
- Provide security and safety
- Provide possibilities for change and growth
- Provide experiences of beauty

From research by Cattell et al. (2008) on therapeutic value of urban places:

- Places can enable people to achieve solitude (secluded area in a peaceful park or cemetery)
- Places can enable people to find relief from stress (a busy market offers opportunities for greetings or smiles, casual banter, and other social interactions beneficial to health and well-being)

In contrast, neighborhoods of urban women may be:

Unsafe, polluted, noisy, crowded,
deteriorating, chronically stressful,
and/or devoid of sites for
recreation or respite (such as
parks)



Words of women:

- “My apartment’s so dark! Even if I open the blinds, I still turn around and it’s dark.”
 - “It’s as if you’re locked in.”
 - “I pray I can give this up [public housing]. I want to move out of the city.”
- Pierce,2007; Stead, et al.,2001; Timms, 2000

What we know about exercise-related issues:

Several studies show that physical inactivity is higher in females, and that obesity is a growing problem.

50% of American women must buy plus-size clothing.

Inactivity and obesity are not confined to *urban* women, but city living presents several challenges

Inhibitors of women's exercise in cities:

- Fear of mugging, sexual harassment, unleashed dogs
- Inability to afford or access gyms, health clubs, parks
- Lack of sidewalks, bicycle paths
- Aesthetic factors (looking at derelict buildings, smelling chemical plants, garbage, dog feces) —Krenichyn, 2006;

Wilbur et al., 2002

Fear of victimization:

- Women are more likely than men to refrain from walking in their neighborhood because of fear (Roman & Chaffin, 2008)
- Women are more likely than men to avoid walking after dark and to perceive danger in settings such as bus stations, parking structures, and alleys (Louikadou-Sideris & Eck, 2007)

Safety is a particular concern for minority women.

This is a barrier to physical activity for African American, Latina immigrants, and American Indians (Loukaitou-Sideris & Eck, 2007)

Words of women:

“I don’t do much walkin’ in [some] areas...

I don’t go nowhere that there’s not people flowin’...

I stay out in the open...never take a back cut, never take a side cut”

--Hemphill, 2005

Another factor:

- The greater the use of automobile transportation in a community, the higher the levels of obesity
- The greater the urban sprawl, the greater the dependence on the private automobile

--Ewing et al., 2003; Frank et al., '04

Facilitators of women's exercise:

- Beautiful scenery
- Varying terrain
- Social support (e.g., neighborhood walking groups, as in Fisher & Li, 2004)

Words of women:

“ Just being outside and being surrounded by trees. And the smell--the greenery and flowers...seeing the breeze move the trees around...All that stuff is so great compared to being...in this urban setting that we're in most of the time. You can actually pretend you're not in the city.”

Nutrition/Eating Behaviors

- Across all age groups, women are more obese than men
- Women eat more in response to mood states than men do
- Several factors create greater risk for poor nutrition in urban women, especially those in inner cities lacking supermarkets

Words of women:

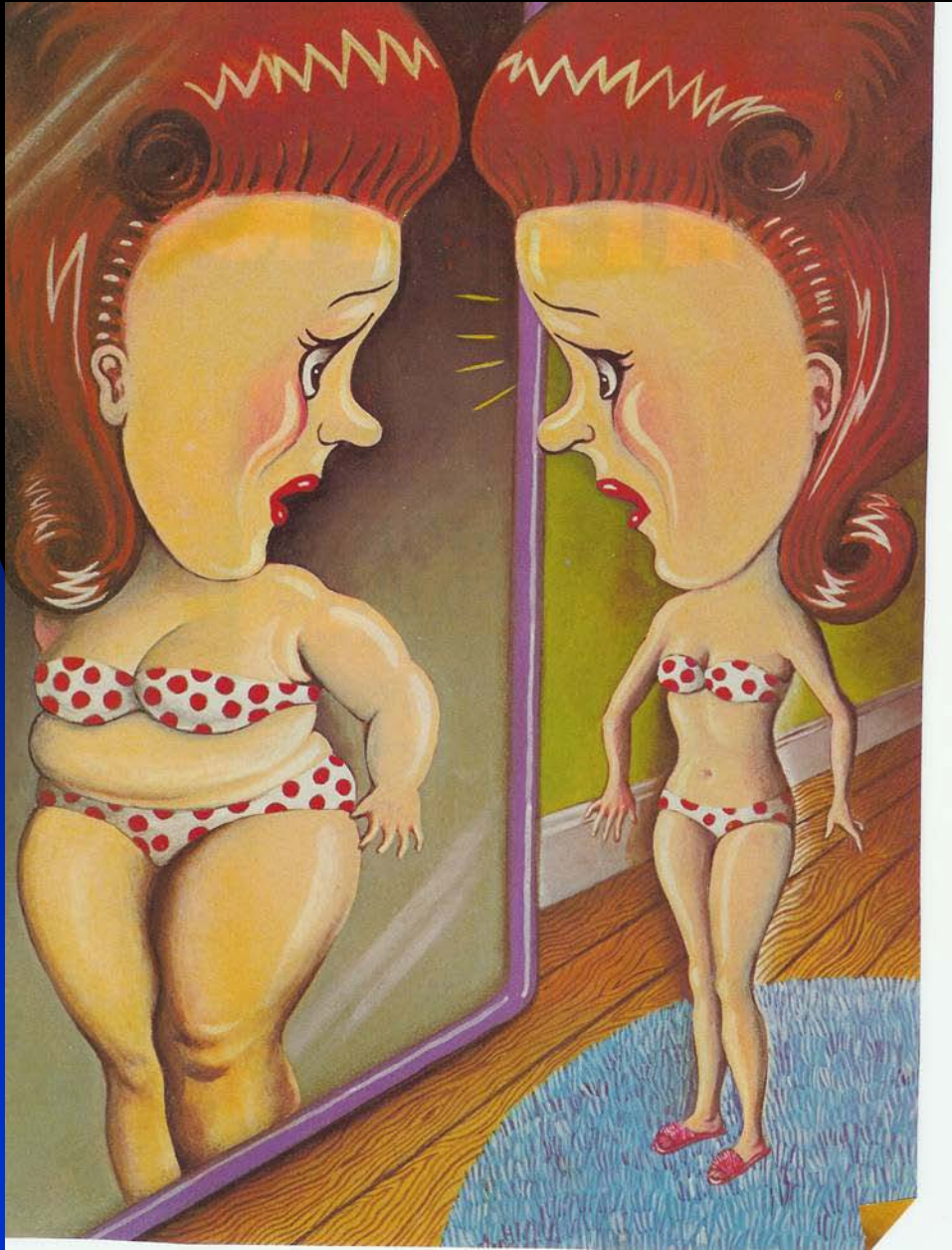
“Food is such a wonderful drug.

It’s so easily accessible. Nobody’s ever going to bust me for havin’ a burger and fries in the car.”

“Fat is really my drug of choice...I have eaten cheese a lot...When used as a drug, it’s just to numb my feelings” --Thomas, 2004

In urban neighborhoods:

- Fresh fruits and vegetables are less accessible, more expensive (“You cannot find tomatoes here in this area at the grocery stores. They’re just terrible” (Pierce, 2007))
- Fast food is convenient, appealing, outweighs concern for nutrition (60% of fast food users rate nutrition as unimportant)



One answer?

Converting vacant lots to community gardens, which could lead to:

Increased exercise

Better nutrition

Increased self-efficacy

Improved mood

--Pierce, 2007

Chronic Stress and Anxiety

- Chronic stress increases vulnerability to disease and accelerates the aging process
- Women are more chronically stressed than men
- Stress can undermine enactment of health-promoting behavior (e.g., people exercise less during times of stress—Stetson et al. 1997)

Women's stress can be overwhelming--



Environment is often overlooked in studies of women's stress

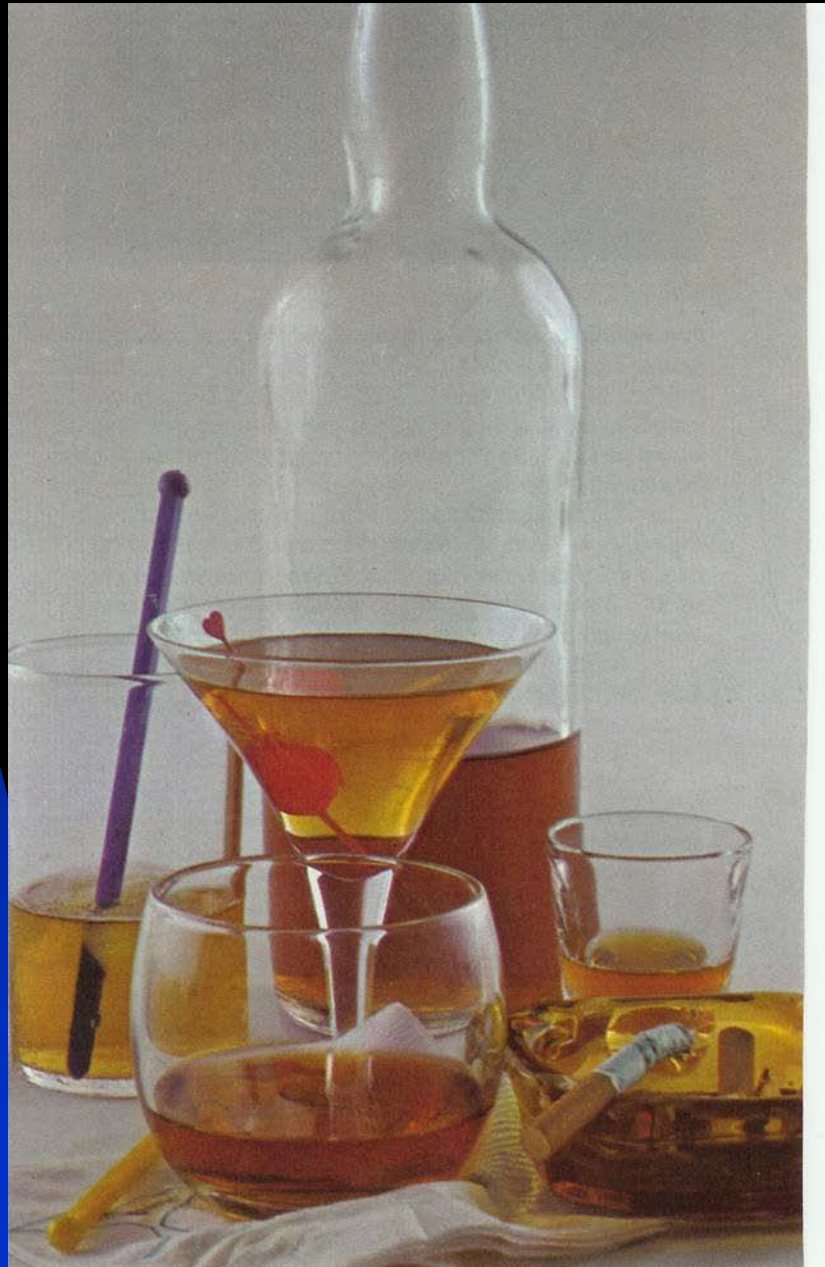
Even when environment is included, measurement is inadequate. One study measured environmental stress by only three items (friends a bad influence, neighborhood noisy or polluted, you would like to move but can't)

Words of women:

- “The kids can be destructive at times, like trying to break in and spraying graffiti”
- “They’re all shouting and screaming and when you’re getting older you cannot take it the same as you can when you’re younger”
- “I was a bundle of nerves and I could hardly sleep” --Airey, 2003

Words of women:

- “They [drug dealers] would hang around the front, and I didn’t like that...The police was getting their kick out if it too.” (Warren-Findlow)
- “Something could happen. I could take my eye off. These people could do something. You’ve got to be one step ahead of ‘em all the time.” (Porter & Lasiter, 2007)



What we know:

- Many people use nicotine to regulate negative moods
- Women are more resistant to quitting smoking than men, perhaps because it regulates moods
- Lung cancer has surpassed breast cancer as # 1 killer for women

While smoking has declined in the general population, it has not declined in disadvantaged neighborhoods

In disadvantaged neighborhoods, residents perceive that smoking helps them cope with living in an unsafe, unpleasant environment

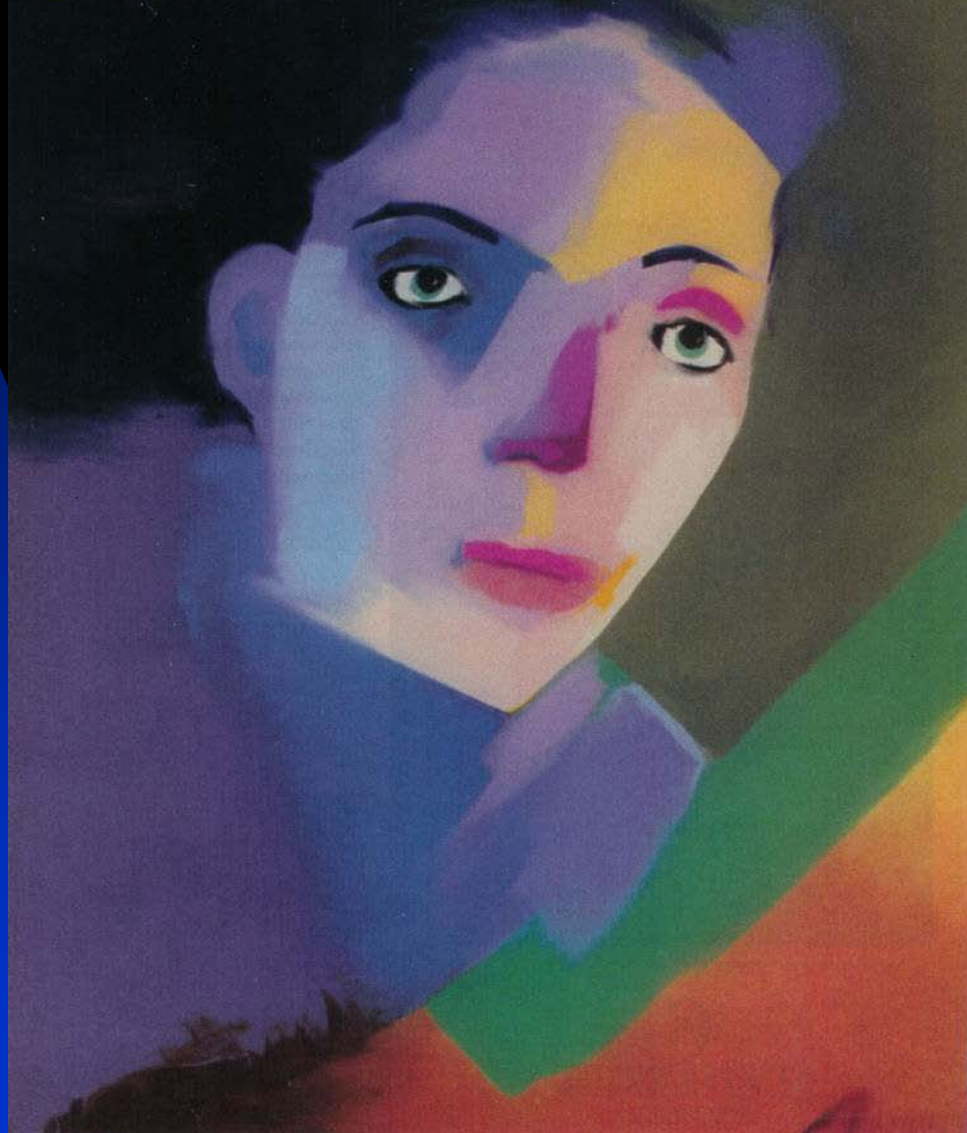
--Stead et al., 2001

Working class mothers studied by Graham smoked in full knowledge of the deleterious consequences because smoking is one of the few coping strategies available to them

Words of women:

- “Cigarettes are really good for stress. When you have one, I find it calms me down.”
--young urban mother quoted in
Lennon et al., 2005
- “It is my only pleasure”
--Stead et al., 2001

DEPRESSION



What we know:

- Depression is more common in women than in men, regardless of characteristics such as SES
- Researchers have begun to explore contextual factors, in addition to genetic, psychological
- People living in neighborhoods with poor quality environment are more likely to be depressed

Aspects of external environment:

- Buildings dilapidated, deteriorating
- External wall problems
- Window problems (missing, boarded up)
- Stairway problems
- Cleanliness of streets, sidewalks
- Frequency of fires

Aspects of internal environment:

- Toilet breakdowns
- Non-functioning kitchen facilities
- Heat breakdowns, water leaks
- Peeling plaster and/or paint

Galea et al., 2005:

People in NYC neighborhoods with poorer environmental features were 29% to 58% more likely to report depression within last 6 months, and 36% to 64% more likely to report lifetime depression than persons living in neighborhoods with better environmental features

Implications of this literature:

- This body of literature reveals therapeutic value of some urban places as well as aspects of the urban world that threaten well-being
- Healthcare providers and urban planners can use insights derived from this literature to help women identify spaces and places that provide restorative experiences

Implications for research:

In future research, it would be useful to employ new approaches such as the “go-along” qualitative interview, in which the researcher walks or rides with the interviewee through the neighborhood to explore implications of places and spaces for health (See Carpiano, 2008)



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