



Editorial

Emerging new research in the geography of health and impairment

Discussions on developments in the geography of health subdiscipline over the past decade have consistently suggested that there has been a major change in the nature of research undertaken by geographers with an interest in health. Kearns (1993) initiated the discussion by attempting to position health geography within the wider theoretical debates. This helped the subdiscipline evolve from one dominated by a focus on disease and disease services towards a greater focus on well-being and wider social models of health and health care (Kearns and Moon, 2002). This is apparent from the common themes in progress reports (e.g. Jones and Moon, 1992; Kearns, 1995; Kearns, 1996; Kearns, 1997), books (e.g. Curtis and Taket, 1996; Gatrell, 2002) and conference introductions (e.g. Moon et al., 1998; Cummins and Milligan, 2000; Earickson, 2000) over the past decade. This process has not only successfully relabelled the interests of a community of scholars but also opened medical/health geographers' eyes to otherwise neglected, but important, areas of research. Furthermore, it has been argued that this has helped to place the subdiscipline back within mainstream geography by reconnecting with theoretical developments in the social theory used within geography (Brown and Duncan, 2000).

More recently, Kearns and Moon (2002) argue that there are now three themes that characterise contemporary health geography. These can be summarised as social constructions of place, the utility and greater awareness of socio-cultural theory and the evolution of a critical geography of health. These are themes that were apparent in the diverse set of papers that were presented at the eighth Emerging New Research on the Geography of Health and Impairment (ENRGHI) conference held in St Andrews, Scotland in June 2001. This annual conference is aimed at postgraduate students and new researchers in the health and impairment field, giving them an opportunity to present their work and discuss ideas in a friendly environment. Twenty papers were presented over two days, demonstrating not only the diversity of topics being addressed by health geographers, but also the range of qualitative and quantitative methods that successfully compliment rather than compete with each other. This was reflected in the nature of the sessions which were entitled 'Health

Behaviours and Experiences', 'Geographies of Impairment', 'Health Service Provision and Utilisation', 'Changing Discourses of Health' and 'Health Inequalities'. A collection of six papers from the ENRGHI 2001 conference is published here which together reflect the themes that were highlighted by Kearns and Moon.

The first paper examines how socio-cultural factors influence the provision of HIV and sexual health services to South Asians in London. Weston discusses how social control within South Asian communities is exerted by communally held concepts of honour and shame that have implications for the transmission of HIV/AIDS. By using the Naz Project London as a case study, the paper considers how ethnically specific and generic service providers can provide culturally sensitive services to 'black and minority ethnic' communities. Furthermore, the paper suggests an agenda for future research into the sexual health service provision for black and minority ethnic groups.

Similar issues are raised in the next paper which discusses the results of a qualitative study in two primary schools that examines 'cultures of (dis)ability'. Holt argues that despite attempts to create heterogeneous whole-school institutional cultures of 'inclusion' that reflect national policy concerns, whole-school cultures are not reproduced equally throughout the school. Instead, social practice in all school micro-spaces can create 'enabling cultures of ability' or 'disabling cultures of disability' around impaired bodies or learning-impaired minds, which reproduce or subvert the desired culture of inclusion. The author identifies the teachers as dominant social actors as being active in creating, maintaining and reproducing these cultures which are aided by external factors such as the curriculum, SATs and league tables. Furthermore, the paper suggests that children as social actors are able to reproduce, contest or resist localised micro-cultures through their own social practice by creating their own 'spaces of resistance'.

Airey considers how the contextual and compositional features of place may interact to influence women's sense of well-being in a relatively deprived neighbourhood in Edinburgh, Scotland. More particularly, individual biographies show that the women's perception of neighbourhood incivilities impact upon their sense of

well-being. The paper suggests that some women engage in ‘distancing strategies’, which may be a way of resisting the potentially harmful effects of ‘psycho-social’ incivilities upon well-being.

Pearce et al. take an alternative approach to address the context-composition debate. They use multilevel models to interpret the key factors that influence smoking behaviour for different age–sex groups in small areas across Scotland. Using individual-level data collected for the Scottish Household Survey, the authors identify the variables for output areas from the 1991 Scottish census that best explain the observed variations in smoking behaviour. The parameters from the resulting model are used to estimate smoking behaviour for different age–sex groups in all output areas in Scotland. This is the first time that smoking behaviour has been calculated for such geographically detailed areas.

In the penultimate paper, Wainwright considers the female-dominated jute industry in Dundee around the turn of the 20th century. The paper relates the literature on infant mortality and the body and impairment to the ‘dynamics of industrialisation, social reform and struggles over women’s bodies’. In the context of a broader discourse of social improvement that sought to produce a healthier population, the rate of infant mortality became important in assessing working women’s role and care of self. The paper focuses on the forms of knowledge and systems of knowledge production that characterised the reforms that ‘tracked, monitored and disciplined’ these working women and their ‘reproductive bodies’. The author suggests that the conjunctures between power and knowledge transformed women’s social and physical place in Dundee.

The final paper highlights gene mapping as a new and emerging topic that health geographers are beginning to engage with. The paper explores the spatialisation of the genetic material of the body that is transformed into a ‘knowable and manipulable entity’. Hall suggests that the spatial transformation of the body’s materiality can be interpreted in three ways: Foucaultian construction of medical knowledge, the deconstruction of geographical maps and Haraway’s fetishised conception of the gene map. The author contests this dominant discourse and suggests an alternative spatialisation of the body that ‘places’ the gene in a socially embedded body and health.

The content and methodologies of the papers that are presented here not only reflect what is new about the geography of health but also support the notion that all medical and health geographers have benefited from the enhanced visibility that the articulation of new geographies of health has brought. The types of studies and

methodologies are diverse but each one contributes toward the new geographies of health. This set of papers goes a little way to reinforcing this message and contributes to the reinvention of the subdiscipline that is helping to place the geography of health centrally within mainstream geography.

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