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## In the Journals, October 2015 - Part II

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By Sultana Banulescu

This month's "In the Journals..." brings us a body of articles discussing pregnancy, childbirth, nursing, female anatomy, substance abuse, and addiction, with a focus on risk, secrecy, stigma, and strategies of coping and self-preservation.

### Critical Public Health

[What's the story on addiction? Popular myths in the USA and Finland](#)

*Matilda Hellman & Robin Room*

The study inquires into popular myths on addiction in two countries: Finland and the USA. It provides evidence of the manners in which the typical media narratives incorporate basic value traits from their context of origin. We distinguish some main features in the narrative set-ups that support different solution repertoires for dealing with addiction. Belief and hope are crucial story elements associated with the US emphasis on group formation and local empowerment. The individual is assigned obligations and can be morally condemned. In the Finnish journalistic prose, there seems to be an inherent belief that the agenda-setting in itself will propel the question into the institutionalised welfare state solution machinery. The occurrence of a story resolution was customary in the US stories, whereas the Finnish stories were typically left pending. The evidence produced has implications for the ongoing debate regarding the mainstreaming of both definitions of and solutions to addiction problems.

[Low income, high risk: the overlapping stigmas of food allergy and poverty](#)

*Leia M. Minaker, Susan J. Elliott & Ann Clarke*

The aim of this study was to explore experiences and coping strategies of low-income families affected by food allergies. Of particular interest were experiences of allergy-related stigma within the context of poverty stigma. A secondary objective was to offer suggestions for refining a conceptual model of disease stigma. In-depth interviews with 23 individuals (10 key informants and 13 low-income adults affected by food allergies in southwestern Ontario, Canada) were conducted in 2012–2013.

Participants reported feeling forced to adopt income-related stigmatized behaviors to obtain food and perceived difficulty in obtaining medication. Participants adopted cognitive distancing strategies to separate themselves from other low-income families affected by food allergies. Key informants frequently perceived low-income allergic individuals to be less vigilant than higher income individuals and attributed higher rates of allergy among higher income individuals to fewer unhygienic exposures and infections in early childhood. Both low-income participants and key informants perceived that inadequate education was a barrier to allergy management: key informants perceived a lack of education as an individual-level failure, while low-income participants perceived the lack of education as a system-level failure. Our findings revealed intersections between allergy stigma and poverty stigma. Results can be used to suggest additions to a conceptual model of disease stigma. Differing perspectives between key informants and low-income individuals have implications for strategies to improve access to education, safe food, and medication for low-income families affected by food allergies.

### **Health, Risk & Society**

['I think it's self-preservation': risk perception and secrecy in early pregnancy](#)

*Emily Jane Ross*

Withholding news of a pregnancy from wider family and friends for the first 12 weeks of gestation is a familiar aspect of the contemporary experience of pregnancy in Britain. In this article, I explore this convention, drawing on interviews conducted in Scotland between 2012 and 2013, with 15 women experiencing a full-term pregnancy for the first time. For the participants in this research, the maintenance of secrecy was a response to their understanding that the risk of a pregnancy loss was at its highest during this stage of gestation. Respondents often articulated their interpretation of this risk in terms of statistics, derived from medical sources. These were substantiated by knowledge of pregnancy losses amongst family and friends, but also by their own ambiguous embodied experiences at this time. Accounts of early gestation resonated with Rothman's notion of the 'tentative pregnancy', a concept rarely invoked outside discussions of prenatal testing. In line with efforts not to get 'too excited', demonstrating emotion work, women delayed the announcement of their pregnancy until they perceived the risk of a pregnancy loss to have decreased. During the first 12 weeks of gestation, participants' accounts demonstrated multiple influences on their understanding of their pregnancy as at risk. Further, their experiences more often resonated with the management of uncertainty than risk per se, and thus offer new perspectives to the study of pregnancy within the social sciences.

[Pluralist risk cultures: the sociology of childbirth in Vanuatu](#)

*Karen Lane*

Western medical approaches to childbirth typically locate risk in women's bodies, making it axiomatic that 'good' maternity care is associated with medically trained attendants. This logic has been extrapolated to developing societies, like Vanuatu, an Island state in the Pacific, struggling to provide good maternity care in line with the World Health Organization's Millennium Development Goals. These goals include the reduction of maternal mortality by two-thirds by 2015, but Vanuatu must overcome challenging hurdles – medical, social and environmental – to achieve this goal. Vanuatu is a hybridised society: one where the pre-modern and modern coincide in parallel institutions, processes and practices. In 2010, I undertook an inductive study of 30 respondents from four main subcultures – women living in outer rural communities with limited access to Western-trained health workers; women from inner urban communities with ease of access to medical clinics; traditional birth attendants who are formally untrained but highly specialised and practised mainly in remote communities; and Western-trained medical clinicians (obstetricians and midwives). I invited all the participants to comment on what constituted a 'good birth'. In this article, I show that participants interpreted this variously according to how they believed the uncertainties of childbirth could be managed. Objectivist approaches that define risk as an objective reality amenable to quantifiable measurement are thus rendered inadequate. Interpretivist approaches better explain the reality that social actors not only find risk in different sites but gravitate towards different practices, discourses and individuals they can trust especially those with whom they feel a strong sense of community. Strategies are, therefore, formed less through scientific rationality but according to feelings and emotions and the lived experience. The concept of risk cultures conveys this complexity; they are formed around *values* rather than calculable rationalities. Risk cultures form self-reflexively to manage contingent circumstances.

## **Health & Place**

[Social network and census tract-level influences on substance use among emerging adult males: An activity spaces approach](#)

*Crystal Gibson, Lauren Perley, Jonathan Bailey, Russell Barbour & Trace Kershaw*

Social network and area level characteristics have been linked to substance use. We used snowball sampling to recruit 90 predominantly African American emerging adult men who provided typical locations

visited ( $n=510$ ). We used generalized estimating equations to examine social network and area level predictors of substance use. Lower social network quality was associated with days of marijuana use ( $B=-0.0037$ ,  $p$