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LIFECOURSE OF PLACE, AND INTERGENERATIONAL TRANSMISSION OF HEALTH DETERMINANTS: A LONG-TERM VIEW OF FACTORS AFFECTING HEALTH IN TWO DEPRIVED AREAS IN MALTA

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Using an approach framed by health geography perspectives (including the idea of 'lifecourse of place' as a health determinant), this study explores how the wellbeing of residents interviewed in two parts of Malta between 2013–2015 were found to be influenced by the physical, economic and social aspects of their place of residence, which had been generated over the long-term life-course of the place. Both study areas are relatively deprived, compared with the country of Malta as a whole, for reasons which we show to be partly associated with long term political and economic processes influencing the 'lifecourse of place' in these neighbourhoods. However, we also demonstrate how historically determined processes such as development of the built structure of neighbourhoods, political events, development of labour markets and employment practices, together with evolution of cultural norms, social processes and features of social capital have developed in rather different ways in the two study areas. We argue that this helps to explain why the contemporary local conditions that are seen by local residents to be important for their health and wellbeing also differ in some ways between the two places. This study therefore emphasises how and why historic development of conditions in places matter for the contemporary determinants of health and wellbeing.

Keywords: health and wellbeing, Valletta, Cottonera, Malta, social capital, geography, history, mixed method approach.

Introduction

Research in health geography shows that places are connected in complex ways to a person's health and wellbeing, with the physical, socio-economic and cultural environments all impacting on the health of residents. Also, individuals' circumstances change over time, and they may move between places, while places also change (Andrews 2017; Crooks *et al*. 2018; Bailey 2009; Pearce 2015; Pearce 2018; Schwanen *et al*. 2012). This perspective frames the research reported here which involves a qualitative case study comparing the experiences of residents in two localities in Malta and shows how local geographies were important for their sense of health and wellbeing.

The design of the research reported here also responds to a comment by Chitewere *et al*. (2017: 122) that '*history is often overlooked when considering neighbourhood influence on health*'. In framing the design of this research, the authors took into account international literature that considers how historical circumstances have shaped socio-geographical determinants of health and wellbeing in the present day (Lekkas *et al*. 2017).

Elder (1994) explains that the lifecourse perspective can be depicted according to various different perspectives. These include studies focussed on how the *lifecourse of place*, influenced by historical, cultural and socio-economic process at the scale of communities impacts on experiences of individual residents (e.g.: Cummins *et al*. 2007; Pearce 2015; Pearce 2018; Robert *et al*. 2010).

Some published research on this question (e.g. Curtis *et al*. 2004; Curtis *et al*. 2019; 2021) has used statistical methods carried out in countries with large populations where there are longitudinal data for large samples of individuals, recording, over time, their health, their personal circumstances, the socio-economic conditions in their geographical location and their residential mobility. Other studies make use of qualitative longitudinal research methods capturing more personal experiences of places, over time and at critical historical moments (Flowerdew and Neale 2003; Neale 2008; Neale *et al*. 2012; Neale, 2021). Other research, using methods based in historical and cultural geography, has also presented local area case studies, using archival records to show how population health in particular settings has varied over time in relation to historical events (e.g. Andrews and Kearns 2005). These methods are more feasible in settings where the resident population is relatively small and the availability of detailed statistical data over time and space is limited.

Here we consider the potential to examine the question of how 'life course of place' relates to qualitative information about individuals' perceptions of the present-day conditions where they live and how these conditions affect their health. The study draws on findings from qualitative interviews conducted among residents of Valletta and Cottonera, the two study areas in Malta where this research was carried out.

Conceptual framework of processes contributing to links between lifecourse of places and health

The choice of study areas and interpretation of individual perceptions of residents in these two localities were also conceptualised in terms of causal processes that have been identified in other streams of research in geographies of health as relevant to local variation in health and wellbeing. These include:

deindustrialisation and trends in employment levels;
housing conditions and the local physical environment;
and the social processes (such as gender norms) prevailing in the study area.

These aspects of our interpretation draw, for example, on the following research literature.

Deindustrialisation: Deindustrialisation is considered as one of the major determining factors of poverty and deprivation in disadvantaged areas over the long term, and the international research literature suggests that this is likely to have created contemporary conditions which residents in our study areas perceive as important for their wellbeing. Tomlinson (2016: 77) refers to deindustrialisation in Britain, stating that it is '*so significant in its effects, economic, social and political, that it should be central to our narrative*'. Several developed countries such as the United States in the late 1960s and 1970s also experienced massive structural changes that transformed the social demographic and economic composition of central cities (Kain 1968; Wilson 1987).

Wilson (1987), argues that the decrease of manufacturing jobs, together with changes to housing and transport policies, created selective out-migration, leaving neighbourhoods with socially isolated and racially segregated inhabitants. These localities became characterised by concentration of poverty (Massey and Denton 1993; Massey and Fischer 2000). Sampson *et al*. (1999) and Morenoff *et al*. (2001) argue that deindustrialization also deprived communities of public and private institutions which are important for the economy. In some regional economies the effect of deindustrialisation has been long lasting, and many inhabitants in these areas have been dependent on welfare benefits over the long term (Turok and Edge 1999; Webster 2006; Theodore 2007). The unemployment, low income and poor living conditions that are often associated with deindustrialisation (Gallie *et al*. 2003; Jin *et al*. 1995; Bambra 2011) are likely to be significant for wellbeing of the populations affected. Unemployment following deindustrialisation may also cause stigma which produces stresses and impacts on one's sense of self esteem and wellbeing (Lennon and Limonic 1999). Moreover, individuals who are unemployed for extended periods of time are more likely to be at risk of unhealthy coping behaviours (Dooley *et al*. 1996).

However, there is also evidence that social cohesion in more deprived areas can be relatively strong, which may offset some of the economic disadvantages. For example, in a neighbourhood with a high concentration of poor residents, the social stigma associated with receipt of welfare benefits lessened (Moffitt 1983; Rank and Hirschal 1988). Moreover, Kissane (2003) points out that in poor neighbourhoods individuals learn from those around them to navigate the welfare benefits system, learning the rules of eligibility and ways to increase the odds of receiving benefits.

Housing and physical environment: Previous studies have demonstrated a close connection between the physical layout of a neighbourhood, determined by an urban environment planned in the past, and people's health and wellbeing (e.g. Lund 2002 and Leyden 2003).

There are a number of ill-health effects associated with material conditions in a deprived, urban neighbourhood. These include lack of green space, dense housing conditions, lack of amenities, heavy pollution, structural problems leading to dampness and draughts and excessive indoor humidity (Powell *et al*. 2001; Thomson and Petticrew 2005; Dorling *et al*. 2007; Thomson *et al*. 2009; Gibson *et al*. 2011). Moreover, inadequate housing conditions may contribute to the risk of communicable diseases and respiratory problems (Marmot and Wilkinson 2001, Larcombe *et al*. 2022). Among populations exposed to these risk factors for lengthy periods, there are higher rates of depression, anxiety, asthma, coronary problems and low levels of physical activity which may be bad for health (Ellaway and Macintyre 1998; Keall *et al*. 2012).

Deprived families may be more likely to live in high rise apartments, which present risks to health. (Dorling *et al*. 2007), associated in particular with three types of problems that are typical of high-rise apartments in deprived areas (Kearns *et al*. 2008): the built form (poor construction, poor insulation, poor sound insulation, lack of privacy); demographic context (large resident populations, high turnover of neighbours); capacity to manage social needs (high concentration of poverty, and multiple social problems). Moreover, the apartments tend to be mostly small in size associated with lack of storage,

overcrowding and lack of privacy. The movement of the residents in and out of their apartment may be inconvenienced due to the need to use stairways and elevators (Reay and Lucey 2000; Appold and Yuen 2007; Gifford 2007). Inhabitants who live in houses rather than apartments have been found to enjoy a better sense of autonomy and other psychosocial benefits (Kearns *et al*. 2000; Hiscock *et al*. 2003; Gibson *et al*. 2011).

Housing tenure status of family members across generations are related to the housing system in the area where they live (Manzo *et al*. 2018). Also, individual differences in position within the housing market are transmitted across generations. Bayrakdar *et al*. (2019) analysed a longitudinal data set to show that parental socio-economic position measured in terms of employment, education and social class predicted whether their children would subsequently become homeowners. Similarly Green (2017) explain that parental socioeconomic advantage is likely to enable their children to own a home. In contrast, children of parents who rent their household are more likely to be privately renting their household at the age of thirty (Coulter 2018).

Social processes and norms: Within a Mediterranean context, the concepts of social norms and the idea of honour and shame are frequently linked to gender (Satariano and Curtis, 2018). These also contribute to social inequality in health; the differences between men and women can systematically empower one group (men) to the detriment of the other (women) (Borrell *et al*. 2014). If one fails to act according to these social norms and values, one is shamed and at risk of public disgrace. Dyck (2003) explains that feminist studies provide examples of political and cultural marginalisation which show that women's health issues are variably prioritised across different places. Gendered identities are constructed according to particular settings, spaces and networks within a locality (Laurie *et al*. 1999). Within Southern European Mediterranean countries both Bambra *et al*. (2009) and Borrell *et al*. (2014) found that there is a high level of gender inequality in health, where women in these countries are more prone to certain psychological aspects of ill-health such as depression (Van de Velde *et al*. 2010). Siegrist and Marmot (2004) argue that exposures to adverse psychosocial environments produce sustained stress which results in long term negative health consequences.

Historical and archival evidence regarding lifecourse of place in the two study areas

The two study areas were purposively selected, partly on the basis of the research literature and theories summarised above relating to the relevance for health of the lifecourse of place and associated wider determinants of health in localities. Historical information drawn from census data and other archival sources, such as research papers, books and newspaper articles were also used to frame our interpretation of how historical differences in the lifecourse of place in Valletta and Cottonera had contributed to present day living conditions. This helped to build an understanding of the development of demography, socio-economic conditions, architecture, employment and cultural norms and traditions of the neighbourhoods under study.

We used data from several population censuses across the twentieth and twenty-first century, providing observations of demographic and socio-economic conditions and trends. These census data show the significant changes that were occurring across time,

in Valletta and Cottonera and in Malta as a whole, and help to explain some present neighbourhood processes. The census data, sourced from the National Archives and the National Statistics Office of Malta were available as paper documents. The census years considered were: 1901, 1911, 1921, 1931, 1948, 1957, 1967, 1985, 1995, 2005, 2010. We searched particularly for data on population trends relating to demography, employment and housing conditions. However, this analysis required variables that were reported in consistent categories, comparable across census years, which limited the analyses that were feasible. The following findings were significant for the conceptual framing of this study.

Following the great siege of Malta against the Ottoman Empire in 1565, the construction of Valletta was initiated by Jean Parisot de Valette (the Grandmaster of the Order of St John; a medieval and early modern Catholic military order). As protection against further military attack, it was built in a fortified manner on a peninsula which rises steeply from two deep harbours, with a street plan that follows a grid pattern (Borg 1986). Due to the high density of housing construction, the middle class mingled with ordinary people and majestic buildings for the rich were built close to other, very small, ill-ventilated residences housing the poor, such as one room cellars (Mallia Millanes 1993). The original urban design was not successfully enforced so that open spaces which had been intended as green areas, were eventually developed, mostly into slums (Blouet 1981). The population of Cottonera also started to grow when the Order of St John came to Malta, in 1530, since its position near the Grand Harbour, made it an ideal base for the Order's naval fleet and as a base to carry out maritime activities (Blouet 1981). During the period of British rule, the building of large, modern dockyards for ship building and repair attracted workers to live in Cottonera (King 1978). As a result of these historical processes, the population density reported in census data (Table 1) for Cottonera and Valletta, is much higher than in Malta as a whole and ranks among the most densely populated areas in Europe (Cutajar and Vella 2018).

Table 1. Population Density of Valletta and Cottonera (Source: Source, Census reports, National Archives and National Statistics Office, Malta).

Population/km^2	Valletta	Cottonera	Maltese Islands
Population density 1995	8636	7926	1200
Population density 2005	7492	7145	1285

Both Valletta and Cottonera grew up as fortified settlements flanking the Grand Harbour of Malta (a major port, strategically placed in the Mediterranean Sea). While under British rule (1800–1964), and prior to the Second World War (WWII; 1939–1945) both districts enjoyed employment opportunities related to the presence of government functions and the British naval base. Valletta grew as a centre for entertainment and as an administrative centre, while Cottonera developed a ship building industry. Severe bomb damage during WWII, associated with mass evacuation of these areas (Boswell 1994), and the subsequent closure of the British naval base in Malta and withdrawal of British rule had major impacts on the demography and local economy of these two localities,

with associated changes in their population size and employment of the remaining population.

The census data in Table 2 show that more than a century ago (1901) the combined population of Valletta and Cottonera comprised over 25% of the population of the Maltese Islands. However, the relative size of the population of Valletta and Cottonera declined during the subsequent period up to 1948 (especially between 1931 and 1948, around the time of the Second World War (WWII). In Valletta, following the end of British rule, resident population recorded in the 1967 census, had continued to decline. In Cottonera, (by 1957), the relative population size started to increase slightly due to employment opportunities related to post-war reconstruction of the dockyard after WWII. However, due to deindustrialisation in the 1980s and 1990s, the population decreased again substantially.

Table 2. The population of Valletta and of Cottonera as a percentage of the total population of Malta as recorded in census records between 1901 and 2005. (Source: Source, Census reports, National Archives and National Statistics Office, Malta Census).

Year of census record	1901	1911	1921	1931	1948	1957	1967	1985	1995	2005
Valletta's population as a percentage of the total population of Malta	12.32	10.88	10.55	9.43	6.10	5.69	4.80	2.70	1.92	1.56
Cottonera's population as a percentage of the total population of Malta	14.25	12.55	11.86	10.94	3.71	5.70	5.88	4.47	3.35	2.82
Total population of Malta	184,742	202,695	212,258	241,621	305,991	319,620	314,216	345,418	378,132	404,962

The socio-economic composition of the resident populations in the two study areas also showed distinct trends over time. Figure 1 shows that before the second world war, Cottonera, like Valletta, was regarded as a prestigious residential locality on the island, as reflected in the relatively high proportion of male residents who were working in more advantaged, professional occupations. However, during WWII the relative size of the

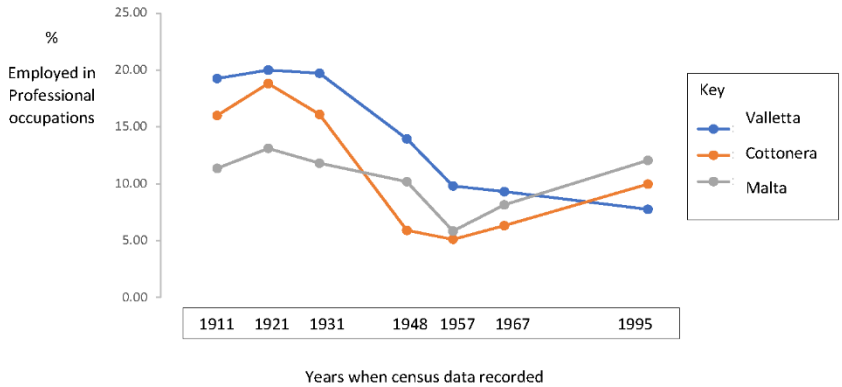

Figure 1. *Males in professional occupations as a percentage of the total number of males employed in the area: trends between 1911 and 1995 in Valletta, Cottonera and the whole of Malta. (Source, Census reports, National Archives and National Statistics Office, Malta).*

professional cadre fell in Valletta, and declined even more in Cottonera. Post WWII the main growth in professional employment in Malta as a whole, seems to have been outside Valletta and Cottonera, although Valletta maintained a relatively large professional cadre of workers until the 1960s.

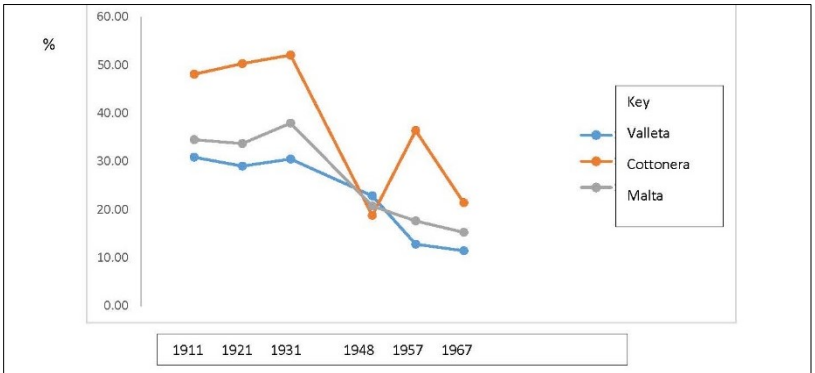

Figure 2. *Percentage of employed males resident in Valetta, Cottonera and Malta who were employed in the industrial sector in census years 1911-1967.*
(Source, Census reports, National Archives and National Statistics Office, Malta).

As seen in Figure 2, Cottonera always had a relatively high percentage of male employees working in industrial activities such as metal manufacture and repair work, woodwork and industrial jobs related to ship building and repairs. Following a decline in these sectors by 1948, associated with WWII, Cottonera saw some regrowth of industrial jobs (Briguglio 1988). The majority of the labourers in the dockyard lived in Cottonera, where a major educational programme was provided, enabling boys as young as 14 to be employed in the dockyard.

We also considered that Valletta and Cottonera were suitable localities to study and compare, since today they are both considered deprived and identified by the national government as having relatively high need of services to improve health and wellbeing. In contrast to other European countries Malta did not enforce policy changes, following the 2008 global recession, that caused austerity measures. Therefore, these neighbourhoods are interesting from a lifecourse of place approach, since some residents' experiences might be related to critical events in past decades, rather than being mainly influenced by recent policy decisions. As shown above there are differences between these communities, in terms of their socio-economic histories, so they are considered good cases studies of how the socio-economic life course of places can contribute in different ways to experiences of health and wellbeing of their respective populations.

Census data shown in Table 3 indicate that the majority of the inhabitants of Valletta are living in buildings constructed before the 1920s, during the interwar period, or soon after WWII. Cottonera suffered great destruction during WWII, due to air raid attacks on the dockyard, causing huge displacement of residents. Almost half of the residents today are living in housing that was built in the period of post-war reconstruction, 1945–1960. In contrast, the data for the Maltese Islands considered together shows that more than half the population of Malta live in homes built after the 1960s.

Table 3. Data by census years for Valletta, Cottonera and Malta as a whole, showing the distribution of resident populations according to the date of construction of the building where they lived. (Source: Census reports, National Archives and National Statistics Office, Malta; Census 1995).

Year when the residential housing unit is built	Percentage of people in Valletta, 1995	Percentage of people in Cottonera, 1995	Percentage of people in Malta, 1995
1920 and before	52.11	17.65	17.35
1921-1945	12.12	20.85	13.26
1946-1960	20.85	46.74	12.33
1961-1970	2.98	3.83	11.17
1971-1980	5.57	7.83	15.91
1981-1985	0.65	1.26	10.58
1986-1990	2.84	1.15	10.46
1991-1995	2.87	0.68	8.92
Total population on which percentage is based on	7,262	12,682	378,132

Thus, especially in Valetta, inhabitants are likely to live in old and inadequate housing that is poorly maintained. Table 4 shows that until recently, overcrowded housing conditions were more common in Cottonera and Valletta than in Malta generally.

Table 4. Percentage of inhabitants in each census year (1911–1995) living in shared rooms of sub-standard conditions. (Source: Census reports, National Archives and National Statistics Office, Malta).

Year	Percentage of inhabitants living in shared rooms in Valletta	Total population of Valletta	Percentage of inhabitants living in shared rooms in Cottonera	Total population of Cottonera	Percentage of inhabitants living in shared rooms in Maltese Islands	Total population of the Maltese Islands
1911	22.81	24,445	9.76	27,847	9.40	202,695
1921	24.03	22,392	8.75	25,770	6.98	212,258
1931	19.14	22,779	6.84	27,045	6.13	241,621
1948	63.32	18,666	13.05	11,394	11.02	305,991
1958	52.83	18,202	4.15	18,402	5.84	319,620
1967	29.38	15,279	3.05	17,889	5.01	314,216
1995	4.11	7,262	0.83	12,682	0.63	378,132

Survey Methodology*:* Interviews with residents in Valletta and Cottonera

Qualitative surveys of individual residents were carried out in Valletta and Cottonera, which had been purposively selected, partly on the basis of the conceptual and historical

information summarised above. The interviews explored how participants explained what is important for their health and wellbeing.

Interviews were conducted in 2013–2015 with twenty families (53 participants) exploring the lived experiences of older people, adults and children (aged 5–16). Table 5 summarises the list of participants' age, place of residence, how individuals are related and if the family was re-interviewed in the course of follow-up from the first round of interviews. The participants were chosen on the criteria of having been resident in the neighbourhood since they were born, experiencing socio-economic problems and who were representative of different forms of family structures in the population, since they self-identified as belonging to families of either married parents, single parents or cohabiting partners.

Table 5. List of interviewees, general information.

Location	Pseudonym of parent/s/ grandparent/s, (Age)	Pseudonym of their child/ren interviewed, (Age group)	Re-interviewed
Valletta	Maria (early 30s)	Isaac (adolescent)	✓
Valletta	Sunta (late 40s)	Raisa (middle childhood)	
Valletta	Tony (late 50s) & Shania (early 30s)	Shanon (adolescent)	
Valletta	Tracey (late 30s)	Daniel (middle childhood)	
Valletta	Tania (early 40s)	Luca (adolescent)	
Valletta	Jane (late 40s)	Shyesidin (adolescent)	✓
Valletta	Miriam (late 30s)	Kayden (middle childhood)	
Valletta	Nadia (late 30s)	Marlon (middle childhood)	✓
Valletta	Pauline (late 60s)	Iona (adolescent)	✓
Valletta	Nathalie (early 40s)	John (adolescent)	
Valletta	Marouska (early 30s)	Peter (child) and Carlo (child)	
Cottonera	Rose (early 40s)	Gillmor (adolescent), Kimberly (adolescent), Paul, (middle childhood)	✓
Cottonera	Margaret (early 40s)	Islem (middle childhood)	✓
Cottonera	Rodianne (early 30s)	Fiorella (child)	
Cottonera	Paul (70s) Patricia (late 30s)	Megan (child)	
Cottonera	Ruth (late 40s)	Kevin (adolescent), Charmaine (adolescent)	
Cottonera	Georgina (early 70s)	Jose (adolescent)	✓
Cottonera	Monica (40s)	Roberto (child), Rosalba (child)	

Location	Pseudonym of parent/s/ grandparent/s, (Age)	Pseudonym of their child/ren interviewed, (Age group)	Re-interviewed
Cottonera	Catherine (late 40s)	Amanda (late adolescent), Derek (adolescent) Victoria (middle childhood),	✓
Cottonera	Priscilla (early 40s)	Gary (child) Daniela (adolescent), Josef (middle childhood),	
Cottonera	Michelle (early 30s)	Kieran (child)	✓

Qualitative interviews conducted with the research participants followed a 'tree and branch' design. A number of open-ended and trigger questions (Baxter, 2018) were asked, relating to topics including the neighbourhood and household environment, familial experiences, social norms, health and wellbeing. From preliminary analysis, ideas about these were later followed up with the participants who agreed to be re-interviewed. To protect the identity of the respondents, their names are replaced by pseudonyms and responses which might have been disclosive of identity, were deleted. Ethical approval was granted by the researcher's institution. The interviews, lasting between one and three hours, were first held with the parents, and then with their children. Sometimes the grandparents were present during the interviews and, with their permission, their responses were recorded as well. Consent was obtained from parents to interview each child and from the children themselves. Because interviewees included people of different generations, it was possible to study how experience of neighbourhoods may vary across different age groups. All interviews were conducted in Maltese and were digitally recorded. Using NVivo9, the verbatim transcripts were analysed using an open coding approach (Allsop *et al*. 2022).

The research employed a grounded theory approach, therefore the process of interpretation was on-going from the beginning of the research and continued throughout the writing stage (Rubin and Rubin 2005). Furthermore this study made use of a constant comparative approach to explore how social processes differed across neighbourhoods and to also point out the nuances and dynamism that occur within different local areas.

The in-depth interviews of present-day inhabitants of Valletta and Cottonera provided narratives illustrating how the lifecourse of the place still impacts on the health and wellbeing of the residents today. Although the respondents were not asked specifically about the history and the lifecourse of their neighbourhood, many of them referred to these aspects of their community as important for their health and wellbeing. Using a Qualitative Longitudinal approach (Neale *et al*. 2012) these aspects of interviewees' perceptions of their neighbourhoods were considered in light of the other, independently collected information about the socio-economic development of their places of residence summarised above.

Findings

By combining historical reports, census data, and qualitative interview data the research produced findings relating to the development over time of employment, housing conditions, social relations and culture in the neighbourhoods under study and their relevance for the health and wellbeing of residents today.

The diverse trends in the demographic and socio-economic histories of Valletta and Cottonera are reflected in the perceptions of the interviewees. Among older people interviewed in Cottonera, the dockyard generates nostalgic memories for those who were employed there, reflecting their sense of identity and attachment to this place of work:

> *The dockyard is in our blood, the people around here were all employed in the dockyard. We all depended on it. It was our life! (Paul*).

This comment illustrates how nostalgia is significant for health and wellbeing, as it is likely to preserve memories that support positive wellbeing. This is also emphasised by Wood et al. (2015), and by Cattell (2012) in her study on the East London dock workers resonate with the experiences of some of the residents of Cottonera. She states that:

> '*Localized work was clearly the bedrock of the community and a pivotal factor in facilitating the development of a neighbourhood culture of social capital. As well as a key source of social contact, it helped encourage residential stability and intergenerational continuity*' (Cattell 2012: 61).

However, Figure 2 also shows that by 1967 there were already indications of decline in industrial employment (especially at the dockyard) (Briguglio 1988; Schembri et al. 2020), associated with deindustrialisation following the end of British rule in Malta. During this period, the dockyard was managed in a manner that was partisan (King 1978) and unproductive (Bossevain 1986). This mismanagement caused the breakdown of the dockyard. Many employees were offered an early retirement scheme and consequently lost respect in wider Maltese society and were labelled as lazy and welfare dependent. This stigma is now being experienced by inhabitants such as Patricia, who feels that her application for work as a cleaner in a home for the elderly was rejected because she is from Cottonera.

> *I think I was not chosen because they* [Maltese society/ employers] *think that we are all lazy and that we will not turn up to work ... It is quite unfair because we are not all like that!*

Younger and middle-aged men from Cottonera also felt stigmatized because of economic decline of their neighbourhood. They rated themselves as incapable and helpless, since their skills, linked to the defunct dockyard, were no longer valued.

> *During the first three months after he [referring to her ex-husband] lost his job he started to look for another job but it was all in vain. Men here are rarely re-employed. He lost all hope and started frequenting a bar close by. (Priscilla)*

These findings support Rohe and Basalo's (1997) argument that economic decay creates 'reflected appraisals', by which inhabitants like those of Cottonera, adjust their self-esteem based on the perceived disinvestment and feel lack of self-worth since their skills are no longer valued. This also matches with the argument made by Pearce (2018) who explains that inhabitants of deprived areas may be affected by conditions that occurred in the neighbourhood at certain 'critical' time periods, or by prolonged exposure to economic and social disadvantage.

The employment scenario is different in Valletta today as being the capital city, it provides varied job opportunities. Commercial and office-based activity, the heritage value of Valletta and the development of the cruise liner industry create employment

opportunities for the residents. Although some jobs are low-skilled and unqualified, there are opportunities for employment through social 'bridging' contacts with resource-rich individuals who act as 'gatekeepers' to thriving economic sectors. This contrasts with experiences of residents of Cottonera, who cannot form 'bridging ties' with potential gatekeepers, and live at a distance from agencies in Valletta offering work in the service sectors. They find it hard to access information on employment opportunities which other authors have identified as important for socio-economic advance (Lin 2001).

These differences in the labour markets of the study areas also influenced socially defined, gendered roles in relation to employment in the two communities. Historically, the entertainment industry provided diverse employment opportunities for women in Valletta. For decades, the area which generated an economic lifeline in Valletta was Strait Street which was established as Malta's main 'Red Light' district. Bars and music halls used to be filled with female courtesans together with bar tenders and musicians. This business was very profitable; a musician earned seven times as much as a civil clerk (Zammit 2017). The proportion of women of working age in Malta working in jobs defined in the census as 'professional' has historically been low (not exceeding 6% nationally throughout the twentieth Century) (Figure 3). However, for women of working age living in Valetta the percentage (ranging between about 2 and 4% over the period) was higher than the national average before WWII and was always higher than among those in Cottonera (less than 2%). Nathalie emphasises the level of autonomy her grandmother enjoyed while working and living in Valletta:

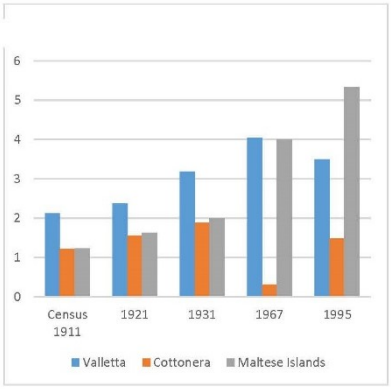

Figure 3. *The proportion of women of working age working in jobs defined in the census as 'professional' in Valletta, Cottonera and Malta.*

'Women from Valletta were always independent. My grandma was a dancer and used to buy golden bangles with the money earned. If my grandfather died she could have sold the golden bangles and have enough money to take care of her children.'

In Cottonera, women could not be employed in the dockyard and had few alternative employment opportunities.

This historical contrast in local traditions of women's work outside the home may relate to contemporary attitudes of women towards the labour market. Thus, mothers interviewed in Valletta, within their rooted culture of female employment, experience

positive wellbeing associated with their work. Some commented that, besides being a source of income, work boosts their self-esteem, helps them make friends and relieves their stress and depression.

> *Thank god I'm employed, because when I go to work I talk to my colleagues and for a while I forget my problems. (Miriam)*

In contrast, women interviewed in Cottonera explained that a lack of access to transport limits their employment opportunities, and expressed a reluctance to go against the gendered norms of the neighbourhood where it is expected that a woman's place is at home.

> *To tell you the truth I do not go to work because women here do not typically work. I do not want the people to say that I neglected my youngest son. I would not be able to take care of him when I return home from work! (Margaret)*

The physical neighbourhood environment, housing conditions and wellbeing

In the two areas studied, the historical development of the street layout, housing conditions and availability of urban green space still influence health determinants at the present day.

Streets are often narrow or stepped and inaccessible for motor vehicles. For some interviewees from both Cottonera and Valletta this was a disadvantage, due to the lack of accessibility, as reported by Ruth.

> *It is so distressing when you return home from the supermarket with heavy shopping bags, but you cannot park your car anywhere in the vicinity of the house …In summer time the frozen foods start thawing while walking home.* Similarly, Miriam recounts the uncomfortable situation of her street, '*I either have to lift up the baby from the pram, even in cold weather, or wait for a passer-by who can help me with the pram up the stepped street.'*

The narrow, stepped streets are also a limitation for refurbishment or maintenance. Since Valletta is a UNESCO heritage site and Cottonera has historic buildings, tenants and owners of properties face regulations restricting reconstruction (Chapman 2006). As a result, some buildings are vacant and dilapidated (Boswell 1994).

The inadequate housing conditions, recorded over time in census data for both Valletta and Cottonera, shown in table 4, are affecting the wellbeing of present day residents. As stated in by Harrison and Hubbard (1945), it was difficult, '*to modify a City [built to]serve the simple needs of the sixteenth century so that it may satisfactorily serve the complex needs of today'* (1945: 64). Tony from Valletta explains:

> *We are a family of six and live in a two roomed home. Due to the limited space when my sons wake up they go outside to play. Otherwise we start bumping into each other and we start fighting*.

Other accounts of interviewees in this study show that living in buildings that were built centuries ago and passed from one generation to another, lack accessibility, comfort, light, proper water, sanitary conditions or safe electrical system thus endangering the inhabitants' health and wellbeing. This dilapidated environment is affecting the inhabitants' morale and self-esteem, since the physical environment is perceived as ugly and inadequate. For example, Michelle explains, '*There are many houses like mine in an*

urgent state of disrepair We have drainage problems, rusted water pipes, faulty electricity, and mouldy humid rooms… a whole list.'

Tracey's house, being situated in front of the bastions in Valletta, has limited direct sunlight entering the building and severe problems of damp:

> *There is so much damp in my house that when I buy a loaf of bread, it turns green by the next day and within a week the sugar turns into liquid form. Apart from the aches and pains that I feel in my bones. (Tracey).*

Other respondents complained that their houses consist of single rooms built on top of each other, with many flights of stairs within the same household, rendering the dwelling very uncomfortable.

> *I live in a house with three storeys … Very often I have to go up four flights of stairs … often I say "Oh dear it is so tiring going up and down". (Nathalie)*

Daniel comments about his neighbourhood environment in Valletta:

> *Many buildings have become shabby, dirty and unattractive. Some residents are stopped by the planning authority from renovating the façade, some do not have the money and some cannot use suitable cranes in our narrow streets. (Daniel)*

Another typical feature of poorly maintained areas is the accumulation of litter and waste. Since many of the streets are narrow and inaccessible for refuse lorries, garbage cannot be collected, so skips are provided. However they often overfill, leaving dirt and a foul odour nearby.

> *Last summer when we went to bin the garbage, a mosquito bit my daughter's face and her face got swollen. She ran a fever and had to take antibiotics. We sometimes see rats coming out of the skips (Pauline).*

As noted above, Valletta and Cottonera were built on restricted land areas, lacking green, open spaces. The few conspicuous open spaces are their main squares, built in front of a church, and a few public gardens, some of which are built on the thick walls of the bastions. For the adults interviewed, this was not seen as a disadvantage, since they feel that the pathways, streets and corners enable social interaction. However, the adolescents and children reacted differently as their neighbourhood lacks suitable open spaces to meet friends and to spend free time practising outdoor sports activities. Jose argues:

> *What do you expect me to do, a 13-year-old teenager, to play in a small garden with two swings and a seesaw? There is nowhere to go around here for children of our age!... So we can only ride the bicycle in the streets. I've been hit twice by a car while doing so!*

Furthermore, the children and adolescents of Valletta and Cottonera feel disadvantaged regarding the lack of clean, blue spaces, as the sea in these areas is polluted due to the maritime industries and ports. *We have nowhere to play … and we can only swim at the sharp end of the port as the coastline is full of oil slick and boats. (Shyesidin)*

This exacerbates the feelings of inequality that children and adolescents in Valletta and Cottonera experience when compared to those of other parts of Malta. It also emerged that this lack of open spaces limits opportunities for healthy outdoor activities and as a

result young people are likely to take up unhealthy activity in their free time. *As these youths have nowhere to go, they start frequenting bars and lead disorderly lives. (Monica)*

Despite all these deficiencies in housing conditions and urban infrastructure, most of the residents are not opting to move elsewhere. The interviews suggest that this may be because they feel rooted to their childhood neighbourhood and to the community spirit that prevails, as discussed below.

Social cohesion, family stability, trust, attachment to place and intergenerational transmission of cultural participation

The aspects of economic context and urban infrastructure considered above, that have developed over lifecourse of place in Valletta and Cottonera, were perceived by interviewees as detrimental to health and wellbeing. However, they reported more beneficial effects associated with aspects of social cohesion and trust, family stability, attachment to place and participation in socio-cultural traditions built-up over generations, which have protective effects on people's health and wellbeing. These were manifested in similar ways in both Valletta and Cottonera, even though the historic foundations for these socio-cultural traditions were not exactly the same in both places.

Since over time, there has been little inward migration from other localities to Valletta and Cottonera, the inhabitants have often known each other since childhood. They live in close geographic proximity to each other and are frequently in contact, forming 'close knit' communities (Bott 1957). The neighbourhood environment is more than the physical environment. Neighbourhoods are places where '*sociability and face to face interaction' occur'* (Young 1990 *cited in* Cattell et al. 2008: 544). Living in densely built historic neighbourhoods like Valletta and Cottonera means the residents are close to local shops and they tend to move around the city on foot. This promotes social interaction, fostering local social capital (Leyden 2003; Lund 2003). *In Valletta, whenever you go outside and walk in the streets, you will always meet someone else doing similar errands…here everyone goes around on foot. (Nadia)*

This continuous social interaction in Valletta and Cottonera reinforces inclusive networks, based on kinship, bonding ties, reciprocity and norms of cooperation, a sense of obligation and confidence in return for assistance. These conditions build cognitive social capital (Cattell 2001, Satariano & Curtis 2018), and reassurance and trust amongst residents (Putnam 1995). *You can trust the people here because we grew up together and we know each other well! (Nathalie)*.

In Valletta and Cottonera, the level of bonding and reciprocity is especially ingrained in the families that have resided in the neighbourhood for generations. Nathalie from Valletta is happy that she resides in the very same street where she was born and bred and the extended family members consistently provide social, financial and instrumental support to each other. *Practically, my neighbourhood is my family, my mother and my in-laws and aunts! We juggle things together and help each other! (Nathalie)* Priscilla from Cottonera too explains that the people around her are always available and ready to give a helping hand, *'my family and my neighbours are often a godsend'*.

These positive social aspects motivate some residents to continue living in houses inherited from their grandparents and great-grandparents.

Even though it is not in its best condition I will not trade this house with any other. This was my grand parents' house and my great grandparents lived here as well (Margaret).

Respondents see the neighbourhood environment as part of their identity. *I seem to be obsessed with my native city. I feel proud that I have been born here. (Tania).*

These accounts match findings reported by Egolf *et al.* (1992) in their study of the American town of 'Roseto' where the community was stable and homogeneous due to strong family ties, with strong cohesive and supportive community relationships.

The intergenerational transmission of cultural traditions in Valletta and Cottonera also reinforce social cohesion and trust in the neighbourhood through networks of social participation. Throughout history, Malta has always sustained traditional Roman Catholic values (Castillo 1993). The fact that the Knights of St John were based in both Cottonera and Valletta left a strong cultural legacy (Buhagiar 2000) and a tradition of religious celebrations. In Valletta there are five parishes and 25 churches or chapels and in Cottonera there are 4 parishes and 11 churches (Thake 1995), where feasts are celebrated throughout the year. The majority of the parishioners contribute actively to the success of their feast, indicating the deep connection the inhabitants have with religious practices.

> *Summer brings along our parish feast where the whole community is involved. We start early... while the men install lighting in the streets and on the façade of the church. We* [the women] *clean the church and polish the silver.… This is not something new, but has been going on for centuries. (Jane)*.

In addition to religious feasts, *Carnival* in Valletta and the *Regatta* in Cottonera are socially significant. Under the Knights of St John, carnival was popularised and became ingrained in Maltese culture. In 1721 Grand Master Zondardi introduced the 'kukkanja' in Valletta where boys and men would climb a post with meat, ham, cheese and other edibles hung at the top (Zarb Dimech 2017). Although the 'kukkanja' is not practiced today, *Carnival* is still celebrated in Valletta, with parades, dances and floats exhibited along the streets. Throughout the year the residents of Valletta contribute to the preparation and participate in these annual celebrations. This corresponds with the suggestion by Lekkas *et al.* (2017) that, over time, aspects of place can get 'under the skin' of inhabitants, so that past experiences of places have continuing effects on individuals' health, and certain health determinants may be transmitted across generations. Indeed Sunta explains that during *Carnival* the community of Valletta interacts and feels united and proud.

> *We sew elaborate carnival costumes, teach the participants new dances and help to build up a float.... We feel so happy and united when we win* [in the competition for the best carnival float] *(Sunta).*

For the residents of Cottonera, the national Regatta is of equal importance. This is a rowing competition held in the Grand Harbour twice a year on two national holidays related to past jubilant historical events. The Regatta also started being celebrated every year in the Grand Harbour under the rule of the Knights of St John. The first Regatta was probably enacted around 1625, by the sea farers of Senglea in Cottonera (Serracino 2013, Serracino 2016). From 1822 the Regatta has been held on the 8th September, the feast of the birth of the Virgin Mary, celebrated in one of the parishes in Cottonera and the feast

of the victory against the Ottoman Empire in 1565 (Serracino 2013). Residents in Cottonera strive to keep this tradition alive by involving youngsters in this competition and passing on to them skills of boat building and rowing which this race involves. The celebrations held when winning this race encourage the young to continue participating.

> *On this day all of us residents of Senglea line up on the quay to cheer the rowers. We drape the bastions with red and yellow banners. Last year we won the shield. We were so thrilled! (Patricia).*

These traditional cultural events create opportunities for participation, creating opportunities to learn skills, and conferring a sense of attachment to one's community (Berkman & Glass 2000). The fact that parish feasts and Carnival and Regatta events have been held every year since the sixteenth and seventeenth centuries, underlines Tuan's (1974) argument that an awareness of the past is an important element of one's love of place. The experiences of these respondents gathering in places in their neighbourhood where intergenerational transmissions of skills are passed during social participation are contributing to their cultural determinants of health (Kingsley *et al*. 2018). These traditions therefore support wellbeing through three layers of social ties explained by Lin *et al*. (1999) as the 'belongingness-bonding-binding' continuum.

Limitations

We acknowledge some limitations encountered during this study, which may affect our findings and conclusions.

The census data reported above provided some useful contextual information about the socioeconomic lifecourse of the places under study during the twentieth century and how they related to Malta as a whole. However, the census data available had a number of limitations. Census report formats changed across the period studied, responding to government requirements to measure different population attributes at different time points. For example, the 1948 Maltese census focused on the displacement of people across the Maltese Islands due to the second world war, while it did not report data on female employment. Also, the classification of some employment sectors changed across time. For example, the 'professional' employment category remained constant, but the definition of the 'industrial' sector of employment varied between censuses, making it impossible to make comparisons between 1995 and earlier census years. The 1985 census was never completely published, thus lacking data on aspects of deindustrialisation and housing tenure. Due to more recent data protection restrictions, the 2005 and 2010 census data do not report statistics by locality so information for those years on the two neighbourhoods under study could not be ascertained.

Another limitation in this study is the fact that the findings reported in this paper focus on the health and wellbeing determinants selectively mentioned by the survey participants and not on all factors that may impact on health and wellbeing of the inhabitants in the study areas

Furthermore the survey work was undertaken using purposive sampling. We note that the respondents therefore do not represent the overall composition and distribution of the resident populations in the areas of Malta that were studied. However they are illustrative of the various aspects of the local population and neighbourhoods considered theoretically important for this study.

Conclusion

This study contributes to the relatively small body of research that has examined how varying socio-economic histories of different communities within the same country generate both diversity and convergence in the relationship between 'lifecourse of place' and wellbeing of current inhabitants. By focussing on two localities in Malta (which to our knowledge has not been previously studied from this perspective), our findings make an original contribution to knowledge, showing how the lifecourses of the two study areas within this Mediterranean context showed similarities and differences in terms of the evolution of their local economic functions and the resulting patterns of disadvantage affecting residents' wellbeing today. We would also argue that this paper makes an original contribution to the literature in the way that it relates individual qualitative interview data to information in statistical records describing places. This responds to the argument put forward by Desjardins *et al*. (2023: 3) that:

> *Overall, there is a case to be made for developing stronger connections between quantitative and qualitative longitudinal research in geographies of health ... to generate knowledge rooted in personal accounts of relevant experiences of diverse spaces, as well as statistical data on individuals and places.*

The inhabitants interviewed demonstrated temporal understandings of the impact of their neighbourhood on their health and wellbeing as they reflected on the contemporary and also the historical determinants ranging from distant past and recent changes over time. This highlights that inhabitants have a deep understanding of how the lifecourse of their place of residence can have distinct and variable effects on their health and wellbeing. We have exemplified how at local scale, historical events, intergenerational community histories, and long-established cultural traditions, that are specific to each place, can contribute to resilience of communities faced with environmental and economic disadvantages. These also need to be viewed within a global historical context: the strategic location of Malta in relation to Mediterranean maritime traffic has meant that communities within Malta have been significantly affected by historical processes at a wider (global) scale, notably the lasting impacts of the second world war and other international conflicts, and the influence of British Imperialism. We have also emphasised how these associations are 'relational'; for example, women and men, and individuals at different life stages respond variably to the conditions in their neighbourhood and differ in their perceptions of the significance of the history of their communities. We have shown how the historical lifecourse of a place can generate aspects of inequalities that may be related to deindustrialisation and disinvestment, and to social norms relating to gender inequalities that can continue to be experienced across generations of inhabitants. These findings highlight the complex relationships operating over time between the material, social, political and economic determinants impacting on health and wellbeing of the population of particular places. Thus this paper supports the case to extend local qualitative, as well as quantitative research in diverse settings in order to expand our understanding of how the lifecourse of both people and places relate to health and wellbeing. This has potential to inform more effective policy investment in the people and places in order to promote health and wellbeing.

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