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## **Abstract**

### **Places, People and Health: A socio-geographical perspective on wellbeing of mothers and their children in deprived neighbourhoods of Malta**

**Bernadine Satariano**

This study explores socio-geographical processes influencing health and wellbeing in deprived Maltese neighbourhoods, contributing new knowledge on how these compare with those reported in research on Anglo-American cultures.

This qualitative research obtained data from three deprived neighbourhoods in Malta through in-depth interviews with 31 mothers (of diverse marital status) and their children. Some of these families were followed across a period of time thus obtaining longitudinal data. The research employed a grounded theory approach, and constant comparative approach was used to explore how social processes differed across neighbourhoods.

Familial and neighbourhood ties, networks and other aspects of social capital emerge as highly significant, and often beneficial for health and wellbeing. However, divisive processes in these social networks also had negative impacts, less often reported in other research. This thesis emphasises that there is a strong connection between material neighbourhood factors and social relations, as the physical built environment, housing conditions, service provision, welfare benefits, and employment opportunities influence social processes and impact on health and wellbeing in diverse ways.

The history of the place, as well as individual life histories, together with a cross-generational and longitudinal approach the significance of the 'time' dimension, thus contributing to the complexities of health and wellbeing in neighbourhoods.

This study adds to literature on social determinants of health operating in a Maltese, Mediterranean context. It emphasises that there are traditional norms that still determine the health and wellbeing of inhabitants in their neighbourhoods, however, social and economic changes are also transforming these neighbourhoods. It further reveals how individual agency interacts with the social and material environment to affect wellbeing outcomes, albeit within limits on individuals' power and resources. The findings therefore highlight the importance of a relational approach in order to understand the connection between people, place and health.

**Places, People and Health: A socio-  
geographical perspective on wellbeing of  
mothers and their children in deprived  
neighbourhoods of Malta**

A thesis submitted for the degree of Doctor of Philosophy

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Department of Geography

Durham University

2016

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## **List of abbreviations**

**NGO:** Non-governmental organisation

**NSO:** National Statistics Office (Malta)

**ONS:** Office of National Statistics (United Kingdom)

**UNESCO:** The United Nations Educational, Scientific and Cultural Organization

**UNICEF:** The United Nations Children's Emergency Fund

**WHO:** World Health Organisation

## **Declaration**

I declare that this is my own work and has not been submitted for the award of a higher degree anywhere else.

## **Statement of Copyright**

The copyright of this thesis rests with the author. No quotation from it should be published without prior written consent and information derived from it should be acknowledged.

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# CHAPTER 1

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## INTRODUCTION



*Figure 1.1: 'Places, people and health'. The feast of the patron saint is an occasion where the inhabitants enjoy wellbeing in their neighbourhood*

*Photo by Adam Scab, 2011*

This thesis examines how mothers and their children in three deprived neighbourhoods in Malta negotiate their way through the social and material living conditions that they are experiencing and how this relates to their wellbeing and that of their children.

This study focuses on the research participants' behaviours, choices, decisions and adjustments made within their neighbourhood context. These are strongly determined by the level and type of familial and neighbourhood support, together with neighbourhood characteristics, resources and opportunities within the wider neighbourhood environment. The health and wellbeing of these inhabitants are also shaped by the history, traditions, culture, and the economic circumstances of the place where they live, as well as by their individual social status and gender. Moreover, the combinations of these features may not remain static but may change across time, as the way they are transmitted from the older to the younger generations, may alter the future neighbourhood characteristics. This thesis investigates relational processes in the lived experiences of mothers and their children living in deprived neighbourhoods in Malta, through a qualitative study, using a constructivist grounded theory approach. This approach was used since I was interested in finding whether there are processes operating in the Maltese context that are not fully explained by existing theoretical models. Focusing on the processes that mothers and their children in these neighbourhoods are experiencing and by using intensive, qualitative research methods, I was able to address the three following objectives of this thesis:

- Explore, document and compare the experiences of mothers and children within their neighbourhood social environment in order to understand the nature of social capital and its significance for their health and wellbeing.
- Explore and compare how the mothers in this study are experiencing material conditions in the context of their neighbourhood and how these contribute to the social determinants of their health and wellbeing.
- Explore how far the place based social determinants of health for respondents are being transmitted across generations within families, or are being experienced differently by parents and their children.

Therefore, this research contributes to the international literature on associations between social capital, health and wellbeing. This thesis argues that neighbourhood processes are

dynamic as they are influenced by individual agency and the individual's capacity to negotiate challenging conditions.

My interest in this research study arose when, as a Gozitan resident, I started teaching children living in deprived neighbourhoods in Malta. Growing up on the small island of Gozo (sister island of Malta) which is subject to multiple insularities, I was unfamiliar to the contrasting experiences of other Maltese inhabitants. Teaching these children became an exploratory experience for me as they demonstrated features which I had not observed in other school children who I had previously taught. My interest was further heightened when I met the parents of these students during various parent/teacher meetings, who gave me a better picture of aspects in their neighbourhood context and composition which are diverse, complex and thus worth studying.

### **1.1. Rationale**

This thesis will be contributing to knowledge by exploring and emphasising that there are specific societies, like those in Malta, where the experiences of neighbourhood and wellbeing are different from those in countries where most of the research on this topic is conducted, such as Britain and America. Malta has a traditional, Mediterranean, Roman Catholic culture with close knit family ties and social relations, and has evolved differently from other countries where social capital is mostly researched, thus making it an interesting case study to discover which aspects may be similar to those reported in existing international research and which others are distinct.

Malta is the tenth smallest country in the world and is one of the most densely populated. This makes it a country where levels of social interaction are high and where many residents are acquainted with each other. Malta has always been a country of traditional Roman Catholic values, thus family as an institution always played an important role in society. According to Mizzi (1981, 1994) and Azzopardi (2007) the influence of the Catholic church and members of the older generation, trying to restrain their children from adopting European norms, have restricted the rate of social change, which has been slower than elsewhere. For example, separated and divorced persons in 2010 represented only 3.7 per cent of the population, while 59.5 per cent were living in a married family (NSO, 2010). This can be compared to the statistics for England and Wales; the ONS



(2013) stated that 42% of marriages end in divorce and that there is a 34% chance of a marriage ending in divorce by the 20<sup>th</sup> wedding anniversary. This clearly differs from Malta and underlines how in Malta, the value of marriage is very important. In spite of all this, most recently the rate of social change in attitudes to marriage has accelerated. A new divorce legislation came into effect following a referendum held on the 28th May 2011. Another aspect of change away from the dominant traditional Maltese family, towards a more complex pattern of family structures, is the increase in numbers of unmarried mothers, and the number of births outside marriage have doubled over the last five years. The Maltese family is currently going through such rapid change that barely had two years passed since the introduction of legalised divorce (Divorce Act, 2011) that in September 2013 the civil union bill was also passed, permitting gay marriage. In January 2015, a service of *in vitro* fertilization (IVF) started being provided free of charge to married couples at the national hospital as well. Lately, the issues of abortion and surrogate motherhood are also being promoted by local activists. These legislative changes affecting the institution of the family are being debated in the public domain at a national and local level, with questions over what family means. This shows that family life in Malta is experiencing a shift reflected by these legislative measures.

According to Briguglio and Bugeja (2011), Maltese society could be defined as falling under different welfare regimes, in fact they argue that Malta has a hybrid model. Since Malta was a British colony, some features of the welfare system are similar to the Liberal model and the Social Democratic system. However in some respects Malta is typical of the Southern welfare system (Ferrara, 1996; Banoli, 1997; Leibfried, 1992) which is considered 'rudimentary' as it is characterised by a fragmented welfare provision, ranging from meagre to generous benefits (Bambra, 2011a) and gives predominance to the role of the family and the voluntary sector as sources of support and agents of wellbeing for its members (Navarro et al., 2003, 2006; Bambra, 2011a). The present day changes in Malta are thus putting in question whether the role of the family within the neighbourhood environment still contributes to wellbeing in the same ways as in the past.

These features make Malta, a Mediterranean Island state, an interesting case study through which to explore the life experiences within an environment of social change and analyse the dynamic processes occurring within deprived neighbourhoods in Malta, and how they are impacting on the health and wellbeing of mothers and children. Moreover,

Malta lacks both statistical surveys and qualitative research focusing on neighbourhood effects on wellbeing. In fact, to my knowledge, this thesis is the first comparative neighbourhood study in Malta in relation to the wellbeing of mothers and children.

## **1.2. Debating the relationships between people, places and health**

### ***Health and wellbeing***

This section introduces the key terms and general concepts that will be used throughout this research. It is deemed important to trace the development of key terms in this study as they are of central interest, influence, understanding and conceptualisation. This section will start by explaining why health and wellbeing are important for human beings by examining how they are variously defined. Moreover, this thesis also emphasises the importance of place and its effects on the individual's wellbeing and thus this section defines the relationship between place and health and wellbeing.

The WHO (1948) defined health as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'. Although 'wellbeing' in itself was not defined, it was the starting point for focusing on the positive attributes of good health. This definition suggests that health and wellbeing involve both individual and social dimensions. However, many writers such as Aggleton (1990) and Dubos (1987) have challenged the definition by the WHO. Some critics argue that this definition excludes the emotional and spiritual dimensions of health and wellbeing. Others are against the reference to health as a stagnant state or an end product. Laverack (2004) explains that researchers should view health as a dynamic relationship of interacting factors, a process, a potential to aspire and to realise aspirations and a capacity to cope and contribute to society. Gatrell (2002) argues that the WHO concept is too idealistic and if taken literally it would be unattainable. He explains that good health is contingent on the availability of personal and societal resources which would help the individual achieve his/her personal potential.

This links to other definitions of wellbeing which can be described as a positive feeling about life, most particularly in relation to self-evaluation and the main motivation for

living (Cummins, 2010). Andrews et al. explain wellbeing as: *healthy and successful individual functioning (involving physiological, psychological and behavioural levels of organisation), positive social relationships (with family members, peers, adult caregivers, and community and societal institutions, for instance, school, religious and civic organisations), and a social ecology that provides safety (e.g., freedom from interpersonal violence, war and crime), human and civil rights, social justice and participation in civil society* (2002, p.103).

Bornstein et al. (2003) suggest that *'well-being is a state of successful performance throughout the life course, integrating physical, cognitive and socio-emotional function that results in productive activities deemed significant by one's cultural community, fulfilling social relationships and the ability to transcend moderate psychosocial and environmental problems'* (Bornstein et al., 2003, p.14).

Wellbeing is a complex construct that concerns optimal psychological experience and functioning. Research on wellbeing has been derived from several theories. The *Hedonic* approach which focuses on happiness and the avoidance of pain (Ryan and Deci, 2001) conceptualises wellbeing in terms of pleasurable attainment. Although pleasure and happiness may be related to well-functioning human beings, pleasure and happiness may also be experienced whilst participating in suboptimal, dysfunctional or even damaging patterns of behaviour (Conradson, 2011). Therefore pleasure may not always be a good indicator of wellbeing.

Another theoretical approach is *Eudaimonism* (Waterman, 1993) which explains that wellbeing is more than just happiness; it focuses on human potential. Waterman (1993) stated that whereas happiness can be hedonic, the *eudaimonic* conception of wellbeing refers to a situation in which people live in conformity with their *daimon*, or true self. Therefore Eudaimonia occurs when people's lives are in harmony with their deeply held values. The *eudaimonic* approach emphasizes meaning and self-realization as well as the extent to which a person is fully functioning (Curtis, 2004). Therefore a person may experience hardship and suffering but still have a high score of subjective wellbeing (Conradson, 2011). These theories are in tension as Haybron (2001) states that happiness does not necessarily derive from pleasure and that it does not depend on experiences at a given point in time (Curtis, 2004).

Moreover, a further distinction can be made between objective (externally evaluated) measures of wellbeing and self-realization (e.g. successful educational attainment or a good medical diagnosis) and subjective (self-reported) measures of wellbeing. Subjective wellbeing is a personal evaluation (e.g. satisfaction with one's marriage or work, or the presence of positive emotions (Conradson, 2011)). Likewise, Milo (1984) argues that health is an individual's ability to stay in tune with his/her internal biology and his/her external social environment. There are unavoidable factors that affect 'objectively measured' physical health, such as age and gender. However, perceptions of what comprises a healthy state may also vary with age and gender. For example older people may define health as wholeness, ability to cope and inner strength (Williams, 1983) while young people consider health as strength, energy and fitness (Blaxter, 1990). Moreover, women may rate their health according to their ability to carry out their daily chores and not being ill, while men describe health as being fit (Blaxter, 1990). This begins to illustrate how much health is defined subjectively by the individual and his/her capability to thrive (Mansfield, 1977). Therefore, health may be measured according to the ability of the individual to function in a way that is acceptable to him/her and the neighbourhood community he/she partakes in (DuBois, 1997).

Since the Black Report (1980), theories of health inequality have developed to include cultural-behavioural, materialist, psychosocial and life course theories (Bartley et al., 2004; Bambra, 2011a). The cultural behavioural approach explains that there is a link between socio-economic class and health. It is argued that health promoting or health damaging behaviours are likely to be transmitted through social norms and cultural traditions. The materialist approach focuses on the fact that the provision of income enables access to services and goods such as transport, educational opportunities, health care and opportunities for social participation (Bambra, 2011a). The psychosocial approach analyses how health and stress levels are affected due to feelings of subordination and inferiority because of social inequality. The life course model explains that health is influenced by complex circumstances that may happen throughout the life course of an individual and that disadvantages which occurred in the past may still exert impact on the present.

A related strand of literature argues that relative inequality in the wealth of the community can also determine health and wellbeing. Wilkinson and Pickett (2009) in their study of

the 'spirit level', present evidence that several developed countries such as the UK and the US are above the absolute poverty threshold but are also countries with unequal societies and therefore the inhabitants of these type of countries suffer worse health conditions than those who live in more equal countries. This shows that good health is not determined according to wealth but according to the level of equality. In unequal societies, the relative social status exerts a significant impact on health through feelings of inferiority, anxiety, shame, and worthlessness, which all can lead to ill-health (Wilkinson, 1996). The theory suggests that social status and social affiliations are related to psychosocial risk factors that affect health outcomes, especially in developed countries where the general standard of living is such that most people are not exposed to 'absolute' poverty and extreme material deprivation (Wilkinson, 1999; Wilkinson, 2005; Wilkinson and Pickett, 2006). Wilkinson and Pickett (2009) reviewed a significant body of evidence to support their hypothesis, but questions about the mechanisms through which such relative experiences in life affect health, remain to be fully answered.

It is argued that in developed countries, although the average health of populations may have improved, the health of materially deprived groups has either improved at a much slower rate or in some cases it has even worsened (Hanlon et al., 2006). This underlines how health inequality is defined as '*the differences found in various aspects of health between different groups in society*' (Blamey et al., 2002, p.5). Research in economically disadvantaged neighbourhoods has showed that there are various dimensions of socio-economic inequalities that are associated with health inequality and which contribute to vulnerability to health related problems such as: cardiovascular disease (Diez-Roux et al., 1997; Diez-Roux, 2001); asthma (Cagney and Browning, 2004); poor physical functioning (Feldman and Steptoe, 2004); tobacco consumption (Duncan et al., 1996); smoking initiation (Frohlich et al., 2002) and mortality risk (Martikainen et al., 2003; Wight et al., 2010). This work suggests that more deprived neighbourhoods are linked to worse ill-health outcomes (Twigg, 2014). Several researchers such as Wilson (1987), Furstenberg et al. (1999) and Judge et al. (2006), have demonstrated that social groups suffering from low levels of health are often clustered in certain localities and neighbourhoods which socially and geographically reinforce their isolation from resources. This argument suggests that inequality not only impinges on physical health and mortality but also on a range of inter-related socio-economic factors. A general conclusion from work of this type is that poor health is related not only to material poverty

(Ewles, 2005; WHO, 2008), but also to social class (Marmot and Brunner, 2005), education (Erikson, 2001; Suhrcke and de Paz Nieves, 2011), employment (Marmot and Wilkinson, 1999; Bartley et al., 2004), social networks (Putnam, 1995; Marmot and Wilkinson, 1999; Almedom and Glandon, 2008; Fowler and Christakis, 2008; WHO, 2009) and culture (Burch, 2008; WHO, 2009).

The argument is that those who live in isolated and resource-deficient neighbourhoods for a long period of time are trapped by the accumulation of poverty and poverty associated behaviours across generations, creating an inter-generational transmission of poverty (Wilson, 1987). Moreover there are others factors that are not related solely to economic status; such as gender differences (Bartley et al., 2000) or ethnicity (Karlsen and Nazroo, 2002), which can also create inequalities. Thus, contemporary research on health inequalities has shifted from a focus on material deprivation to capture a wider range of factors, recognizing that health inequalities arise not only from lack of income and material disadvantage, but also from a combination of linked social factors.

### ***Health and Place***

Over the past decades researchers in various countries have thoroughly investigated how much the local neighbourhood environment in which we live relates to our health and wellbeing. Gatrell links geography and health by saying that: *“health” is something that we all have or have had. At the same time we all live somewhere on the earth’s surface... we occupy locations... we all have our own “geographies” as well as our biographies’* (2002, p.3).

For the purpose of this research ‘place’ is the local neighbourhood environment where the inhabitant respondents live. It is noted that the definitions of a neighbourhood are complex and what precisely constitutes as a neighbourhood remains ambiguous (Aber and Nieto, 2000; Jenks and Dempsey, 2007; Lewicka, 2010). Due to the general interpretation of the neighbourhood (Kearns and Parkinson, 2001), research that analyses outcomes and perceptions of a neighbourhood may utilise multiple ways of measuring and examining a concept (Leventhal and Brooks-Gunn, 2000). The same geographical neighbourhood area may be analysed through large epidemiological approaches using large datasets to measure overall patterns or through smaller sociological approaches

which may use qualitative interviews to understand the lived experiences in the same neighbourhood. Neighbourhoods are mostly defined by natural borders such as parks and roads, no matter what the population size is (Sykes and Musterd, 2011). This neighbourhood approach which is mainly adopted to analyse the spatial or geographical concentration of deprivation and the effect on health, was found difficult to conduct in Malta due to the limited data sets available. However, it was felt, that understanding the social context of the neighbourhood, which focuses on the networks and connections that the inhabitants utilise in their everyday lives within this timely opportunity of social change, would contribute more to the literature of neighbourhood and health. Therefore in this dissertation the neighbourhood's boundaries are considered as fluid and dynamic and highly dependent on the perception and experience of the respondents (Massey, 2005; Cummins et al., 2007; Sullivan and Taylor, 2007; Leverentz, 2010). Moreover, the inhabitants may be connected to different social networks (family, neighbourhood, church, school, work, etc.), meaning that these networks will overlap within the neighbourhood space. Therefore the inhabitants, rather than being passive agents in the neighbourhood, can influence and be influenced by the processes occurring in their neighbourhood (Manzo, 2003; Cummins et al., 2007).

An important aspect that considers the idea of interaction between people and place is how and why *context* and *composition* are important for people's health and wellbeing. The area of residence may have significant influences on health and wellbeing, over and above the effects of individual characteristics (Macintyre et al., 1993; Jones and Moon, 1993; Pickett and Pearl, 2001; Curtis, 2010; Twigg, 2014; Gattrell and Elliot, 2015). However, if we observe differences in health population between places, these could be because of differences in the kind of people who live in these places (compositional explanation) or because of differences between the places (a contextual explanation). Who you are explains a lot of geographical variation in health outcomes, however there is also an effect of where you are. The composition of a geographically defined population results from the extent to which people with similar socio-economic status or educational level tend to congregate within certain areas, either because they share a common culture or because they are attracted to the area due to lack of personal resources, money or other (Harvey, 1973; De Koninck and Pampalon, 2007). Contextual attributes of places are connected to various aspects of the environment which affect the health of whole groups, over and above the contribution of aggregate individual characteristics

(Duncan et al., 1993; Macintyre and Ellaway, 2000; Macintyre, Ellaway et al., 2002). Smith and Easterlow (2005) explain that there has been a period of neo-conservatism where the variations of health were interpreted as being due to personal lifestyles or individual behaviours. This was followed by a perspective that assigns responsibilities to governments and collectives, placing emphasis on the material conditions of place rather than on the people and their subcultural explanations. However, at the same time there are strands of literature that contradict each other. Sloggett and Joshi (1994), in a longitudinal study of 300,000 people, concluded that a greater focus should be given to people rather than places if research is to produce efficient health policies. This argument was also supported by Jen et al. (2009) who argued that once individual factors are taken into account, contextual effects become insignificant. By contrast, the idea that context matters for individual health is not new and has its roots in traditional medicine (Cummins et al., 2007), based on the argument that there are contextual processes operating at the scale of whole communities or geographical areas which are important for health and health inequalities (Macintyre et al., 1993). A number of studies have demonstrated the importance of contextual effects in relation to a range of health outcomes, including self-reported health (Cummins et al., 2005), mortality (Waitzman and Smith, 1998; Yen and Kaplan, 1998) and morbidity (Shouls et al., 1996; DiezRoux et al., 1997; Sundquist et al., 1999), and to health behaviours, such as smoking (Duncan et al., 1999; Frohlich et al., 2002). However most of the time 'contextual' factors may be more 'distal' in their effects on the health determinants which in turn influence individual health determinants and thus indirectly influence health. This may partly explain why in research referred to by Jen (2009), the more proximal individual determinants seem more predictive of health inequality.

Moreover, Macintyre et al. (1997) discuss how what they term 'collective' factors can contribute to explanations of observed geographical variations in health outcomes. Attending to collective factors means examining the significance of shared norms, traditions and values, and as such, recognising the importance of those socio-cultural and historical features that may be shared within any given community (Macintyre et al., 2002). By including collective factors in an analysis of geographical variation of health outcomes and behaviours, further supports the argument that context and composition should be engaged through a multi-faceted approach. The role of collective factors in local variations of health outcomes and behaviours are important for this research study.



Furthermore, in order to understand health outcomes in a community, one has to analyse both the context and the composition of place (Bernard et al., 2007).

Thus, health and place '*are inextricably inter-connected*' (Bambra, 2012 *in* Atkinson et al., 2012, p. xix). Indeed place constitutes as well as contains social relations that are relevant for health and wellbeing (Jones and Moon, 1987; Kearns, 1993; Macintyre et al., 1993; Curtis and Jones, 1998; Macintyre, et al., 2002; Curtis, 2004). Places may vary, in the extent that they create opportunities and resources and /or constraints for healthy living. Thus place has come to be viewed as a structural determinant of health (Frohlich and Potvin, 2008).

The concept of 'therapeutic landscapes' is widely used in geographical research on factors that are important for wellbeing. Tuan (1974) had proposed the term '*topophilia*' to explain the affective bonds that individuals may feel towards certain places. The idea was elaborated further by Gesler (2003) who interprets a 'therapeutic landscape' as a 'healthy place' that is '*conducive to physical, mental, spiritual, emotional and social healing*' (2003, p.1). There are four 'dimensions' of environments that make up therapeutic landscapes as put forward by Gesler; the natural, the built, the social and the symbolic. The conceptual framework of 'therapeutic landscapes' incorporates ideas about how the material landscape including the natural surroundings and the built environment can have 'healing' attributes. The social environment and the symbolic significance of the place are also associated as being health promoting. What is important for therapeutic landscapes is the role of place in connection to social relations. It is argued that places can act as 'containers' of certain social processes, while geographers emphasise that places can also be active contributors of the social processes occurring within that same place. Therefore, places may constrain social processes or produce and reinforce social structures (Curtis, 2004).

One reason for this contingency between individuals' characteristics and their interaction in their environment is that people find different ways to negotiate within it and exercise individual agency. The relationship between health and human agency is important as variations in health outcomes may be the result of people's actions and experiences. It is also supported that societal structures can both enable as well as constrain human agency. However, individuals are free to make their choices within these societal structures and

can even change these structures (Giddens, 1984). This aspect of ‘negotiations’ is highlighted by social feminist geographers in research related to childcare, work and gendered power relations in urban or regional scales (Milligan and Wiles, 2010). There are different meanings to the term ‘negotiations’. In this research study, ‘negotiations’ is understood as a term expressing how people balance the different factors affecting their wellbeing according to where they live, and how they may find a path through, and deal successfully with an obstacle or challenge. Negotiation is also to do with the ways that solutions are sought through interaction with other people. The point about these forms of negotiation is that they all represent subtly different forms of active agency by the individual, and that some compromises and difficulties are often involved for the person who is actively negotiating, as well as for others with whom they confer in the negotiation process. Another form of active agency also related to ‘negotiations’ termed as ‘trade-offs’, is when individuals have to decide what is the best way to balance or choose between alternative strategies. Sometimes this requires compromises, so sacrifices have to be done for everyone’s best interests or preferences, in order to find what is seen to be an acceptable balance.

This overview of the general aspects related to health, people and place is beneficial as it will help in the understanding of the major themes explored in this study.

### **1.3. Content and structure of this thesis**

This thesis is divided into seven chapters. Chapter 2 presents the general literature which is related to the major findings of this research study and will provide a backdrop for the rest of the thesis. This chapter starts by discussing the social determinants of health models. This chapter analyses the theories of social capital, since they are very central to this research study. The features and properties of social capital are reviewed in detail, pointing out the positive and negative effects of social capital on health and wellbeing. In this section certain social factors which are regarded as valid for the research study area of Malta within a Mediterranean culture are reviewed. The literature also reviews theories about the relationship of the material environment (including the built environment as well as the local economic situation) and the social processes which affect health and wellbeing. This chapter also considers the literature on intergenerational

transmissions and what is important for the wellbeing of children and adolescents, creating either social mobility or intergenerational transmissions of poverty. Lastly, this chapter sets the agenda of how the overarching themes will be analysed in this thesis.

Chapter 3 is comprised of two parts. The first section outlines the methodological approach used in this research study, utilising a qualitative methodology of semi-structured in-depth interviews with 31 mothers and 53 children. It analyses the ethical issues within this research and the limitations encountered. Lastly, this section focuses on my positionality in this research study, where the researcher-researched relationship is discussed. The second section surveys the historical and demographical background of the study areas, explaining how and why the three case study areas were chosen.

Chapter 4 discusses my research findings concerned with how the social experiences in traditional and modern neighbourhoods impact on the respondents' wellbeing. The empirical findings are related to theories about the different aspects of social capital such as bonding, bridging, reciprocity ties and trust. It also examines the community dynamics through social participation and social networks. This chapter also analyses the 'dark side' of social capital which is detrimental to health and wellbeing, through a discussion of the links between the processes of social capital and the local norms related to familial and religious attitudes.

Chapter 5 examines the extent to which two important wider determinants of health, namely housing and employment, are important in explaining the ways that social processes linked to social capital are occurring in these neighbourhoods. This chapter is divided into two main sections. The first section explores the physical built environment and how it influences the social interaction and affects the inhabitants' wellbeing. It also examines how the quality of public spaces and housing conditions influence social processes and affect wellbeing. The second section investigates the past and present employment opportunities and how they vary across neighbourhoods. It analyses how the localised provision of employment creates different welfare dependency patterns and also gendered processes.

Chapter 6 examines how the social and material neighbourhood processes experienced by the parent/s are affecting the next generation. Firstly it analyses how the children in different neighbourhoods may respond differently to their mother's marital status,

depending on the varying ways that marital status is interpreted in local contexts. Next this chapter looks at how the gendered expectations for behaviour and career aspirations are being transmitted from one generation to the other. It also examines how the mothers' decisions on the neighbourhood they live in, or the education the children receive will affect the ways of bonding that children can form in their neighbourhood, that form the basis for social relations and social capital to be built up during childhood. More generally it will consider whether institutional and social processes may continue or discontinue the vicious cycle of deprivation across generations. This will be done by analysing which priorities the adults are transmitting to their children through their choices and strategies, and how these are influencing the health and wellbeing of future generations.

Chapter 7 is a discussion and a concluding chapter which draws together the arguments in the preceding chapters to show how this research study is contributing to the research in this field. Whilst this thesis does not aim to generalise, some of the conclusions may reflect on other inhabitants' experiences. The thesis concludes with a discussion of future policy implications, together with possible avenues for further research in Malta and future agenda for health geography.

## CHAPTER 2

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# HEALTH INEQUALITIES, SOCIAL RELATIONSHIPS AND SOCIAL DETERMINANTS OF HEALTH: REVIEW OF RELEVANT LITERATURE



*Figure 2.1: Living in a densely built-up neighbourhood, where women hang their clothes outside and children play in narrow winding streets: Cottonera*

This chapter presents the general debates in the international literature relating to the themes that emerged from my fieldwork and which are considered important for this thesis. Since this thesis takes a grounded theory approach, it was not designed to test a specific theory. This literature review chapter was undertaken in light of the topics raised by respondents, and aimed to review literature which would help to elucidate the themes emerging from the field work. It seemed important to make a review of the relevant international literature in order to see how existing theories may relate to this case study of Malta. It starts by setting the scene regarding the social determinants of health and presents a conceptual framework drawn from the important emergent themes of this research study in deprived neighbourhoods in Malta.

The following section focuses on theories of social capital and other related social processes together with the literature analysing the effects of social norms on health and wellbeing. The study of social neighbourhood processes should not be divorced from the consideration of how material characteristics of neighbourhoods may affect health. I go on to consider research on selected physical and economic characteristics of neighbourhoods that can generate distinct social processes, which in turn, can affect the health and wellbeing of inhabitants in different ways. Moreover, since this thesis will explore several intergenerational processes, it includes the experiences of adolescents and children as well as adults. Therefore it is important to review the literature on the nature of intergenerational transmissions in deprived neighbourhoods, and the effects of this on the health and wellbeing of children and adolescents.

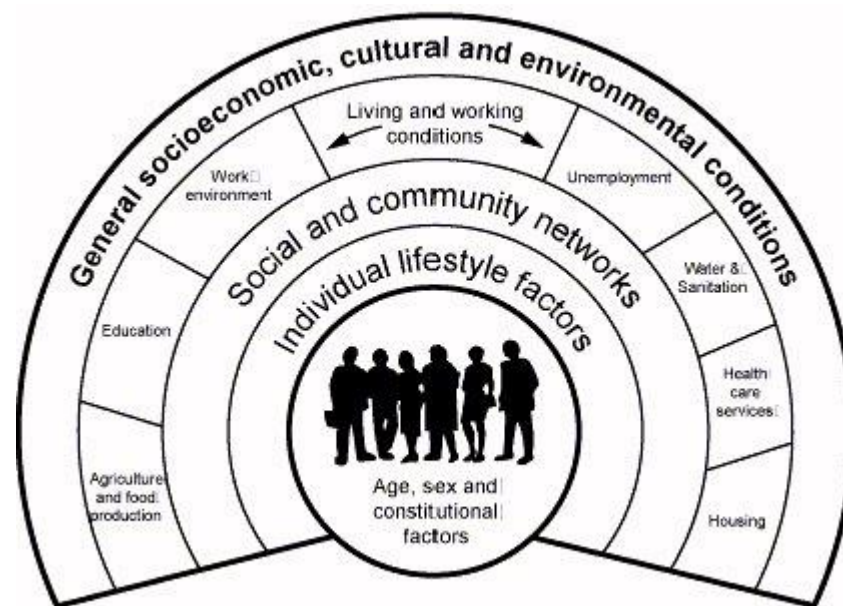
## **2.1 Social Determinants of Health**

To set the scene for this research it is first necessary to consider the social determinants of health model.

Epidemiological research, has led to a better understanding of what creates and destroys good health. '*The determinants of health*' which impact on health-related outcomes are multiple and interwoven and can impact on the individual's health at any stage in life. Such determinants are typically classified economically, politically and socially and they are often beyond the individual's control (Mc Keown, 1979; Evans et al., 1994; Marmot and Wilkinson, 2006). They also include the physical environment, social environment,

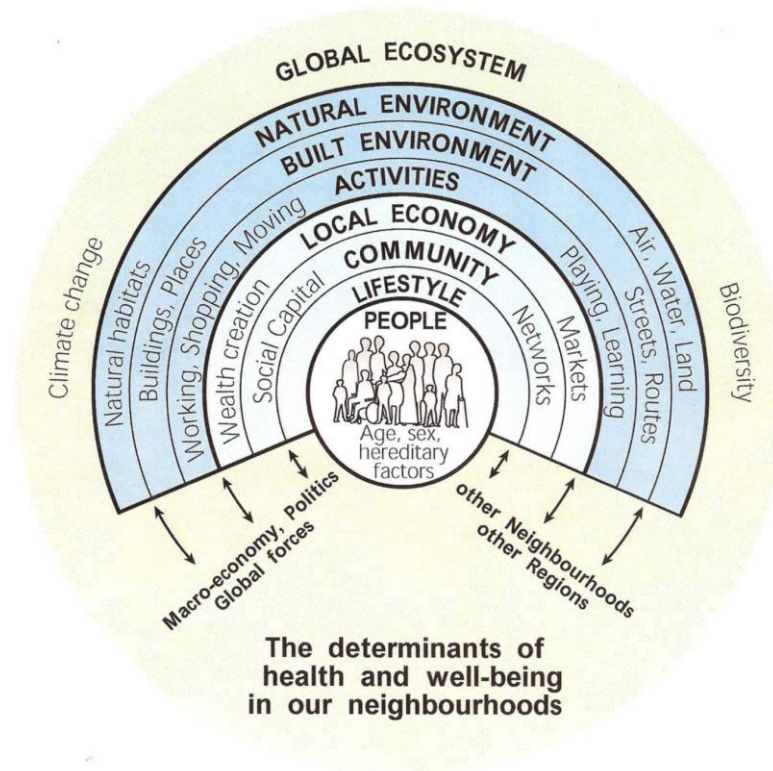
socio-economic circumstances such as income, social support and education, employment and working conditions, health and social services, biology and genetics, early childhood development, coping skills, gender and culture (Wilkinson and Marmot, 2003; Raphael, 2004; Marmot and Wilkinson, 2006).

Dahlgren and Whitehead (1991) developed the most well-known model for the WHO (figure 2.2). The developed figure consists of five layers focusing specifically on the determinants of health and wellbeing.



*Figure 2.2: Dahlgren and Whitehead's determinants of health model (1991, p.11)*

This model was then modified by Barton and Grant (2006) (figure 2.3) to include national and international processes as well as determinants at neighbourhood level. The inner layers of this model, (similar to Dahlgren and Whitehead's model) represent the qualities of the individual; being age, gender and other genetic factors. This model also represents the interaction of the individual with friends, family and others in the local community, such as the generation of social capital. Social connectedness is linked to identity and individual empowerment, which in turn can be related to economic structures and to wider, political and global forces. This model also shows the wider influences on health. These are related to living and working conditions together with services and facilities. The physical built-up neighbourhood environment itself exerts a significant influence on health, including housing conditions and street layout which help or hinder connections.



*Figure 2.3: Determinants of health and wellbeing at the level of the neighbourhood (Barton and Grant, 2006)*

***The relational approach***

Cummins et al. (2007) summarise the relational view of space, discussing the importance of revising the ‘conventional’ ways that we perceive space and place. They point out that like other geographers (e.g. Massey, 1999; Graham and Healy, 1999; Watts, 1999, 2000 and Castree, 2004) places should be viewed more ‘as nodes in networks than as discrete and autonomous bounded spatial units’ (Cummins et al., 2007, p.1827). Geographers have adopted a relational understanding of place and social context to better understand variations in health outcomes and behaviours (Cummins et al., 2007; Curtis and Riva, 2010). A relational theory thus acknowledges and combines a spatial dimension of place together with various social, cultural and affective aspects experienced in a place (Duff, 2011). Therefore, space is unstructured, unbounded, freely connected and complex sets of nodes in networks are not static according to Euclidean distance but are fluid and dynamic, and subject to multiple interpretations by different people at different points in time. Curtis (2010) emphasises that there are socially constructed definitions of space pointing out that even if these places are close together in Euclidean space they may be distant in terms of social relations. The identity of place is formed ‘from within’



according to the options and characteristics of the local residents and ‘from without’ by the perceptions of people who may have never been physically present in these spaces but based their idea of a healthy or unhealthy place from public discourses or the media.

In order to better understand how physical and social factors interact to influence and affect health, geographers have interrogated the relational nature that exists between people and places (Kaplan and Kaplan, 1989; Gesler, 1992; Conradson, 2005; Frumkin, 2005). Moreover, Conradson (2005) further emphasises that processes in the environment can act differently on the health of different people, thus being contingent on the characteristics of the person as well as on the characteristics of the place.

These socially constructed characteristics of places are neither socially or politically neutral nor universal but reflect the social relationships between more or less powerful groups in society. Cummins et al. (2007) point out how Murdoch (1998) emphasises the difference between ‘spaces of prescription’ which are formal and have stranded access to resources and ‘spaces of negotiation’ which are fluid. Thus, spaces of negotiation are where the characteristics of the place and of its inhabitants are dynamic in time and in space (Cummins et al 2007). Therefore, the relational space emphasises the temporal perspective of how individuals are continuously moving through space on different trajectories and that spaces are continuously evolving.

Indeed Massey (2005, p.9) emphasises the dynamism of space as ‘*always in the process of being made. It is never finished, never closed*’. Curtis (2010) summarises that geographers were considering the temporal and spatial dimension together with the complex approach to scale, however there is scope for further research on processes relating to human health which emphasise experiences over the life course, the trajectories of various health determinants, including processes in physical and social environments.

The relational interpretation of space draws on the interdisciplinary literature on actor network theories (for example Murdoch, 1998) and complexity theory (as discussed, for example, by Curtis and Riva, 2010a, 2009b). More recently these ideas have also been further developed using ideas of assemblage. Anderson and McFarlane (2011) define assemblages as being formed from heterogeneous elements being human and non-human, organic and inorganic as well as technical and natural. Therefore, the idea of assemblage, building on the relational approach reconstructs the social environment that blurs the

separation of social and material, near and far, and structure and agency (De Landa, 2006). In this research, places are seen as comprised of intimate webs of processes, associations and transactions that connect inhabitants with their neighbourhoods. These webs link together the material, the social, the emotional, and the symbolic elements merging them in neighbourhoods whose characteristics are not only dynamic in space but also in time (Cummins et al., 2007). The interpretation of the findings of this thesis will make use of these aspects of relational theory as it will facilitate the understanding of the dynamic processes that occur between health and place.

## **2.2 Social capital and social norms**

This section, will synthesise the literature on the theories related to social processes. It will review theories about social capital as it relates to health, which emerged as being central to this dissertation. This is followed by an analysis of the literature on traditional social norms and their effects on health and wellbeing within ‘Mediterranean’ social settings. Lastly, the review will indicate that traditional norms may not be static and may be subject to change.

An important set of theories for this thesis concern the relationship between health and social capital, which explain how social networks and cooperation in the community relate to trust and stronger social cohesion (Putnam, 2000). Social capital has been represented in several fields of study in the twentieth century, where it has been claimed that it improves the health of individuals and communities (Twigg and Mohan, 2009). People who have stronger connections to others have repeatedly reported better physical and mental health, and are likely to live longer than their lonely counterparts (Kawachi et al., 1997; Putnam, 2000). Fowler and Christakis (2008) explain that people’s wellbeing and other health-related factors are linked to the wellbeing of the people they are connected to, which also emphasises the importance of social ties.

Definitions of social capital have been debated and refined by social scientists from various disciplines, with major contributions coming from sociology (Bourdieu, 1986; Coleman, 1990), and economic and political sciences (Fukuyama, 1999; Putnam, 2000). Bourdieu (1986) classifies capital in three forms: economic capital, cultural capital and social capital. He explains that individuals or groups operate within the ‘field’

(geographical, ideological setting) and are conditioned by the ‘habitus’ (the agent’s beliefs and disposition). Bourdieu defines resource-based social capital as:

*The aggregate of the actual or potential resources which are linked to possessions of a durable network of more or less institutionalized relationships of mutual acquaintance and recognition—or in other words, to membership in a group—which provides each of its members with the backing of the collectively-owned capital, a credential which entitles them to credit, in the various senses of the word (Bourdieu, 1986, p.248-249).*

Furthermore, Bourdieu (1986) argues that there are elements of inequality in the social system and that class determines an unequal power relationship between various social groups, claiming that the more advantaged groups may be using social capital to their benefit while limiting access to resources for other groups. Bourdieu also argues that these processes tend to reinforce social differences through the influence of differences in social norms between social groups.

Coleman (1990) defines social capital with reference to ‘rational choice theory’. Sociologists and political scientists explain this theory by stating that all actions of individuals are fundamentally ‘rational’ and that people calculate the likely costs and benefits of any action before deciding what best to do (Scott, 2000). It is argued that rational individuals choose the alternative that would be most likely to give the greatest satisfaction (Heath, 1976). In contrast to the dominance of social structure in Bourdieu’s analysis, Coleman gives importance to human agency rather than to the pre-determinism of structure. He argues that social capital involves an expectation of reciprocity within networks, characterised by high degrees of trust and shared values (Uphoff et al., 2013). According to Coleman, social capital constitutes a public good, benefiting all those who are part of a community and, as such, it is a potential asset for the underprivileged and not just an instrument of privilege. Thus, Coleman explains that trust is no longer the repeated interaction between two individuals but is diffused across relationships within a multiple social system. Trust becomes a central principle in Coleman’s handling of the rational choice theory. Trust fosters social interaction, and interaction enables people to build communities. Trust fosters a sense of belonging and leads to a greater sharing of values, and a more consistent performance of obligations and expectations (Fukuyama, 1999; Cote and Healy, 2001). Trust is an important concept which is variously positioned

as either an outcome of social capital (Woolcock, 2001) or an influence that can strengthen the shared values which define social capital. In fact, Cote and Healy (2001) claim that trust can both be a causative agent and a result of social capital.

There are several studies debating whether social capital is a property of groups of people (ecological construct) or whether it is the property of individuals and their social relationships (Kawachi et al., 2004). Most network analysts do not assess social capital at both an individual and collective level concurrently, but they tend to measure either one or the other (Kawachi et al., 2010). In real life an individual may feel both individual aspects as well as collective feelings of social capital. At an individual level the processes that affect health and wellbeing are operating on a one to one basis, such as in terms of family and household conditions. At a collective level there is the expectation of trust in the community in general and it involves ideas about social resources, social efficacy, social networks and social support (Curtis, 2010).

Social capital at individual level can counteract the negative effects of stress and improve one's ability to cope with stress by enhancing emotional or financial support. A healthier way of coping with stress may mean that people are less likely to smoke, drink or indulge in comfort eating as coping mechanisms. Individual social capital occurs when individuals can access valued resources through their social networks. These resources may be accessed through several domains such as life and work, the provision of material goods such as money and the symbolic features such as prestige.

Machinko and Starfield (2001) point out that social capital is a resource of a group of people who work together and achieve collective goals which otherwise could not have been accomplished by the individuals themselves. However, not all researchers agree that social capital is a collective resource benefitting everyone in society equally. It can also be the case that there are individuals in the community who do not personally invest in the social structure they belong to, but benefit just the same (Coleman, 1988). Moreover, there are other debates such as those put forward by Bourdieu that question how far certain types of social capital can be universal, benefiting the whole community. In contrast, they can be selective and may even contribute to social inequality.

However, at a community level (at least for some groups in the local population), the influence of social networks and norms could have an additional beneficial effect on

health, apart from that provided by individual social capital. Social space (rather than individual space) is the reservoir of social capital. Examples of mechanisms are the presence of health related social norms, collective efficacy, social cohesion amongst neighbours and willingness to intervene for the common good. This promotes reciprocity ties, the diffusion of health related information as well as reduced violence. Several studies such as Kawachi and Berkman (2000) viewed social capital more as a collective feature and a public good. They clearly distinguished social capital from the research field of social networks. However, in later writings such as Kawachi et al. (2008) and Kawachi et al. (2010) they acknowledged that social capital is both a collective as well as an individual attribute.

Putnam regards social capital above all as a 'normative' attribute of society, implying that all those in a society recognize and share the benefits of social networks and the norms of reciprocity and trustworthiness that arise from them (Putnam, 1996; Putnam, 2000). For Putnam social capital is the '*networks, norms, and trust that enable participants to act together more effectively to pursue shared objectives*' (Putnam, 1995, p.664-665). Putnam (2000) argues that social capital in America is decreasing due to a decline in participation in politics, civic groups, informal socializing, religious organisations, trade unions and professional organisations. Putnam (2000), through the idea of 'bowling alone' claims that Americans started giving importance to solitary, indoor leisure activity rather than socialisation outside; women who previously helped in the formation of local communities have become employed in the labour market; greater social mobility; and generational changes in values associated with civic engagement. Putnam (2000) emphasizes that networks provide two types of social capital. *Bonding* social capital, comprises close connections among homogenous groups such as family members and close friends, gang members, ethnic and religious groups help for 'getting by' in life. Bonding is also very much related to trust, as a close-knit bonded community instils among its members feelings of trust and security and therefore the level of trust is strong and personal. *Bridging* ties are less strong than bonded ties and therefore the level of trust they generate may be fragile (Halpern, 2001). Such connections between people are more distant and characterised by weaker, cross-cutting ties between acquaintances and friends from different social and ethnic groups. These are helpful for 'getting ahead' in life. Bridging social capital overlaps with the idea of *linking* social capital, as it connects with people in positions of power within a hierarchy where individuals and groups in different

social strata can promote networks and share resources due to their access to power, social status and wealth (Cote and Healy, 2001).

*Reciprocity* is a feature of social capital which is experienced in societies in the presence of positive social norms. Taylor (1982) rationalises that,

*[E]ach individual act in a system of reciprocity is usually characterised by a combination of what one might call short-term altruism and long-term self-interest. I help you now in the expectation that you will help me out in the future. Reciprocity is made up of a series of acts, each of which in the short run are altruistic, but which together typically make every participant better off.* (Taylor, 1982, in Putnam, 2000, p.134).

Moreover, reciprocity ties form different networks and an individual can belong to more than one network at once, such as familial, religious or cultural networks. Close knit networks such as extended families and homogeneous neighbours tend to be dense and are associated with features of high reciprocal aid. When people within the network are heterogeneous and have weak ties between them, the networks may be sparse. However, networks that are either dense or sparse (Putnam 1993, 1995 and 2000), may create cohesion and stability in the neighbourhood. Moreover, Li et al. (2005) explain that in the presence of strong social networks and participation in the neighbourhood, attachment to place is likely to develop. Strong social networks as analysed by social network analysts such as Granovetter (1973) form, due to geographic proximity, frequency of contact and dense networks (Cattell, 2012). In the language of social capital theories, these are referred to as ‘bonding’ or ‘thick’ forms of trust. Meanwhile, bridging or ‘weak’ ties connect individuals from different groups (Granovetter, 1973; Putnam, 2000). The work of Granovetter (1973) is important as it theorizes an understanding of how ties develop within communities. It is argued that weak ties between relatively separate ‘strong tie’ groups are important since these networks allow people to get to know each other even if they do not have strong ties between them (Unger and Wandersman, 1985), so they enable norms of neighbourliness and attachment to develop across whole neighbourhoods.

Cattell (2012) further subdivides neighbourhood social networks into a larger number of categories. The approach taken by Cattell is valid and interesting as she analyses diverse processes going on within the neighbourhood environment. She goes into specific detail to explain the complex processes that may occur together, within the same neighbourhood environment. In Cattell's study of an East London community, resident's networks corresponded broadly to five models labelled as: socially excluded, parochial, traditional, pluralistic and solidaristic. This network classification is considered for its relevance to the networks that are examined in the three neighbourhoods under study in Malta. Table 2.1 below outlines their structural elements.

<b>Socially excluded network</b>	Is typified by a small number of membership groups, each limited in size. Examples of residents with these networks include newcomers, unemployed people, women in difficult relationships, isolated older people, single parents whose families do not live locally, carers, a refugee and a woman who immigrated on marriage.
<b>Parochial network</b>	Consists of a small number of membership groups, but in some cases there are extensive contacts within them. The network is generally comprised of a local extended family, plus a smaller number of local friends or neighbours. The structure is dense (most individuals within the network know one another) and the ties are homogeneous.
<b>Traditional network</b>	Includes a larger number of membership groups relative to the Parochial group. It is made up of family, neighbours, ex-workmates, old school, youth/social/sports clubs friends. The structure is dense and tight knit. Examples are mainly long term residents, predominantly older people and a smaller number of younger people working locally, involved in trade unions or social clubs.
<b>Pluralistic network</b>	Is an open network consisting of a relatively large number of membership groups. Generally the network is loose knit: friends and family are less likely to know each other than in the other models. Principal examples refer to people active in voluntary organisations and who frequently were not born and raised locally.
<b>Solidaristic network</b>	Refers to a network pattern which consists of wide range of membership groups, is made up of both similar and dissimilar people and has a network structure with both dense and loose elements. These networks share some characteristics of both the Traditional and the Pluralistic models: strong local ties plus looser, weaker contacts derived from involvement in organisations and community initiatives. Individuals whose networks correspond to this model also typically have a wider range of positive reference groups than those whose network characteristics are consistent with the other four models.

*Table 2.1: Network classification [Adapted from Cattell, 2012, p.123.]*

This classification compiled by Cattell points out the differences between networks; whilst some are closed and tight knit, others are open and loose knit (somewhat consistent with the arguments of other authors like Li and Granovetter considered above).

This informal neighbouring behaviour can be defined as assistance and support that may exist within a community. Reciprocity ties are likely to be reinforced through social networks. Indeed Putnam explains that, *'An effective norm of generalised reciprocity is bolstered by dense networks of social exchange. If two would-be collaborators are members of a tightly knit community, they are likely to encounter one another in the future or to hear about one another through the grapevine. Thus they have reputations at stake that are almost surely worth more than the gains from momentary treachery. In that sense, honesty is encouraged by dense social networks'* (Putnam, 2000, p.136).

Kawachi et al. (1999) publishing a study on reciprocity and its relationship to health with a large US dataset accounted for effects of individual confounders such as income and education. This study showed correlations between trust, reciprocity, group membership and self-rated health. Wilkinson and Marmot (2003) also explain that these aspects of social capital influence inequalities in health at multiple levels. At a personal level, social capital can buffer the effects of stress through emotional or material support. It has been argued that unfortunate events in one's life may not be perceived as less stressful when one feels supported. This further backs the argument that the negative health effects arising from poverty may be reduced by the positive effects of social networks. Reciprocal social connections that one forms may induce a healthier coping mechanism if one is undergoing difficult experiences.

Social capital is a complicated idea, as apart from the multiple interpretations given, there are also different arguments regarding the benefits of social capital. It has been argued that certain components of social capital can provide a buffer against stress and other negative influences on health and wellbeing. In areas of high ethnic density, the social networks serve as a social barrier against the negative impacts of discrimination and stigmatization on health (Pickett and Wilkinson, 2008). Several researchers (e.g. Pearson et al., 2011, Sun et al., 2009) back this argument and state that when people enjoy strong bonding and high levels of social capital they would generally be healthier than expected even if they have low socio-economic status. However, Bourdieu argues that although less advantaged groups may gain some benefits from a sense of belonging to their social



group, this positive effect may not offset the sense of inequality that these economically deprived groups experience when compared to other more advantaged groups. Moreover, it may also be argued that social capital might not be available or beneficial to everyone living in the same place, but there can be mechanisms of social control and social pressure which can cause social exclusion. Therefore, social capital might be a benefit to one group but not to all (Uphoff et al., 2013).

Several research studies in relation to social capital and materially deprived neighbourhoods have highlighted diverse arguments. Two case studies indicated by Egolf et al. (1992) and Gans (1962) pointed out that in multi-cultural societies there are culturally specific sets of social norms and behaviours, originating from other societies that buffer ill-health effects caused by poverty and deprivation. Both these studies highlight Italian, Mediterranean familial roots which foster features of social capital such as social cohesion and social support. Indeed the Italian migrants in the American village of Roseto were resilient to ill-health effects, typical to materially deprived neighbourhoods, due to their culture of familial close knit ties. This study reported the low rate of myocardial infarction amongst Roseto residents, almost all of whom were of Italian origin, compared with the rate amongst those living in neighbouring towns. The significant difference in incidence was attributed to the social dynamics and strong bonds between community members, after the researchers ruled out dietary factors and other confounders. Although Lynch et al. (2003) later debated whether the difference in rate of myocardial infarction was as great as suggested, follow-up research showed that since younger generations reduced their activity in local social clubs and outgrew the traditional family lifestyle of their Italian ancestors, the rate of heart attacks had begun to rise, to the point that the residents of Roseto no longer showed notable differences in rates from those living in other towns and cities in the same area. Gans (1962) studied a disadvantaged neighbourhood in Boston which at that time showed signs of dilapidation, litter and disrepair, and found that the residents, nevertheless retained their Italian culture and enjoyed strong bonds and social structure. Thus, beneath the image of disorganisation, there can operate a network of social capital which encourages individual and collective survival (Gilliom, 2001).

In fact Li et al. (2005), note that the type of social capital varies across different social groups. They explain that advantaged groups are more likely to draw on social capital

from formal engagements while disadvantaged social groups are more likely to obtain social capital from neighbourhood relations. However, there is also a common argument in the literature that claims that deprived neighbourhoods are also related to higher levels of social disorganisation which may lower the levels of trust and result in low bonding and reciprocity ties (Kawachi et al., 1999). The discussion below reports on findings that contribute further to knowledge of which processes in a materially deprived neighbourhood create high levels of bonding and reciprocity ties and which other processes would weaken them.

Although, as previously discussed, social capital has many beneficial features, commentators have also pointed out that there is also a 'darker side' of social capital. The adverse effects of social capital have not been given sufficient attention in the work of the main theorists of social capital (Cox and Caldwell, 2000) and especially in the work of Putnam, whose proposition is that all members of society benefit through strong social capital (Tarrow, 1996; Putzel, 1997; Portes, 1998; Halpern, 1999; Durlauf, 1999). Putnam's work emphasises that 'normative' social capital generates networks of trust and voluntary associations forming relationships where everyone involved benefits (Davis, 1991; Durlauf, 1999; DeFilippis, 2001; Fine, 2001, 2002). However, some early critics have also insisted that the properties of social networks are not necessarily always good for a community (Portes and Landolt, 1996) or for all of its members (Muntaner and Lynch, 1999). In fact individual inhabitants may be subordinated while outsiders may find it difficult to form part of the group and gain access (Twigg and Mohan, 2009). High levels of bonding and trust among some groups in a community can create the possibility of excluding and segregating others (Stole, 1998). This will result in social cohesion being achieved only at a micro level and not across the wider society. There may also be mechanisms of social control that exclude those that are not adhering to the social norms of the majority (Arneil, 2006). Thus, an argument that social capital can also have negative impacts has been established (Kawachi and Berkman, 2001). Indeed, Putnam (2007) later acknowledges that there are potentially "negative" forms of social capital.

Although these various theories take different perspectives on social capital, they all have focused attention away from 'individual' health determinants towards 'collective' processes and from 'economic' to 'social' paradigms in order to emphasise the role of social relationships in the production of variation in health and wellbeing. They all invoke

the need to balance these social processes against monetarist interpretations of social change and social policy (Foley and Edwards, 1998; Gittel and Vidal, 1998). Indeed Portes argues:

*Whereas economic capital is in people's bank accounts and human capital is inside their heads, social capital inheres in the structure of their relationships. To possess social capital, a person must be related to others, and it is these others, not himself, who are the actual source of his or her advantage (Portes, 1998, p.7).*

Moreover, Robison et al. (2002) listed the properties of capital, as: transformation capacity; durability; flexibility; substitutability; reliability and ability to create one capital form from another as positive properties. While on the other hand decay; opportunities for (dis)investment; and alienability as negative ones. When these are applied to social capital it is possible to see inputs transformed into outputs. This also explains the idea that individuals within their communities are able to exercise individual agency in order to build or even destroy social capital. For example when providing emotional support one receives reciprocal feelings of love and value. Also social capital has durability, though to a varying extent. Some connections between people may last a lifetime, while others may be temporary (Robison et al., 2002). Another similarity to economic capital is that social capital is subject to decay. Indeed, when relationships are not sustained or even harmed, social capital can lose its value. Social capital also conforms to the idea that a requirement of capital is reliability, and the strong bonds between family and friends are the most reliable. Another characteristic of social capital is the potential to create more capital of different forms (Robison et al., 2002). Social capital can be transformed into economic capital because professional networks increase employment opportunities and social mobility. Consequently, social capital is a tool to understand how social structure is both maintained and modified by the rational choices of individuals and how economic activity and community life can be dependent upon operative trust levels and shared norms.

Several studies suggest that there are a number of pathways by which different aspects of social capital can be beneficial or possibly detrimental for health. Berkman and Glass (2000) in their study describing the linkage between social integration, social networks, social support and health theorise the causal pathways linking these features of social

capital with better psychological and physical health outcomes. These latter factors (of social integration, social networks and social support) influence psychosocial processes that are important for health together with access to material means such as housing, better access to employment, adequate income and institutional contacts. All these factors affect the psychological outcomes via pathways of better self-esteem, self-efficacy and capacity to cope with stress (Curtis, 2010).

Kim et al. (2010) in their systematic review on social capital and physical health analyse the relationship between social capital and mortality. Social cohesion proved to be protective against mortality in several regions and countries (such as the US, Russia and Hungary). Moreover, another group of studies analyse the relationship between social capital and cardiovascular diseases (e.g. Blakely et al., 2006; Sundquist et al., 2006); social capital and cancer (e.g. Lynch et al., 2006; Blakely et al., 2006) as well as social capital and social obesity and diabetes (e.g. Holtgrave and Crosby, 2006, Poortiga et al., 2006, Stafford et al., 2007). It was found that there is a consistent association between trust as an indicator of social cohesion and better physical health. Associational membership as an indicator of social cohesion is also associated with better rated health at an individual level, however at area level the evidence was found to be weak.

There are a number of pathways and mechanisms through which social capital can improve health, such as the diffusion of knowledge about health related behaviours, the maintenance of healthy behavioural norms through informal social control, the promotion of access to local services and amenities and the psychosocial processes which provide affective support and mutual respect (Kawachi and Berkman, 2000).

Furthermore, social capital can also affect the behaviours of individuals. In regions where higher levels of social capital exist, there is more engagement in physical exercise and healthy behaviour amongst residents, and greater diffusion of knowledge and the adoption of healthy lifestyles that improve health. However, conversely, a number of behavioural risk factors that can cause ill-health may also be linked to community cohesion, such as dietary intakes, smoking, alcohol consumption and physical inactivity. These can lead to cardiovascular disease, selected cancers and diabetes. Psychosocial factors such as stress or low self-esteem may also affect the risk of other diseases either through direct pathways or indirect ones (Kim et al., 2010).

The literature analysed above relates to contemporary debates about the value of social capital and its role to target health inequality. However, the relations of social capital and health have a longer history. It was being analysed in 1897 by the French sociologist Émile Durkheim. According to Durkheim, the tight-knit Catholic communities in Europe were associated with reduced suicide rates in comparison to the more loosely connected Protestant communities. Although Durkheim's study has been criticised on methodological grounds, it clearly shows the importance of social influences (in this case, the sociality associated with different expressions of Christian practice) on health. The findings highlighted by Durkheim explain that social capital is contingent upon the type of norms and networks present in the neighbourhood. Social norms are generally accepted behaviours, recognized by common customs, procedures and rules as 'a bank of good practice' and the assessor of social relations (Baron, 2004). These norms are sometimes considered as unwritten rules of respect, honesty, etiquette and tolerance, and they may be controlled by ethnicity and religious beliefs. Hechter and Opp (2004) state that norms enable interaction and exchange to take place between strangers, while Horne (2004) suggests that norms help to enforce and condemn deviant behaviour. The enforcement of norms occurs through psychological mechanisms, such as guilt, or social penalties leading to shame, exclusion and punishment, and again the validity of norms is reinforced by the social networks to which people belong (Foley and Edwards, 1998; Leavitt and Saegert, 1990; Hammond and Axelrod, 2006).

Therefore there is a strong relationship between religious institutions, norms, health and social capital. In their analysis Putnam, Bourdieu and Durkheim showed the importance of religion for social capital. Research on religion and health have examined behavioural (attendance and participation), subjective (identity and commitment) and functional (social support) aspects of religion in connection with health (Kim and Sobal, 2004). Religion also imposes social sanctions on smoking and drinking (Ellison and Levine, 1998) while it promotes healthy eating and physical activity (Kim et al., 2008; Kim and Sobal, 2004). Religion aligns with social capital since it increases the opportunities for *participation* in social activities fostering social networks and enhancing civic engagement. Religious institutions can also contribute to the material means for social capital to be built and maintained. For example, Zimmerman (2000) found that deprived neighbourhoods are likely to have fewer local social groups, partly due to the resource requirements in terms of facilities, skills, and money. Deprivation is also likely to be

negatively associated with participation since deprived neighbourhoods tend to be highly unstable and thus social networks are unlikely to form (Sampson et al., 2002). However, when adherents are in difficulties, the church helps them cope with stress, offering support that provides a buffer against the negative feelings and stress (Yeary et al., 2012). In fact, Maselko et al. (2011) defines 'religious social capital' as a social resource available to those individuals and groups which are connected within the religious community.

A less extensively explored area is the negative aspect of social processes that religious institutions may produce on the community (Smilde and May, 2010). It is found that religious organizations may be highly segregated, conservative and even racist. Researchers in America have also pointed out that religious adherents are less tolerant of others with different beliefs (Putnam and Campbell, 2010; Reimer and Park, 2001; Wilcox and Jelen, 1990). Moreover, though many agree that social participation is positive for individuals and communities, others such as Fiorina (1999) highlight that social participation can be used towards negative ends.

More generally, a negative aspect of social norms is that normative behaviour in closed social and cultural groups (not only restricted to religious cults) can be associated with deviant activities, such as norms of honour killing (Fukuyama, 1999; Adler and Kwon, 2000). Patillo (1998) in her study on African American neighbourhoods stated that the networks that produce beneficial outcomes are often those same networks that can hold back community development. Rubio (1997) refers to this as 'perverse social capital' since it can produce access to resources, social integration and enforce social norms as well as impede upward social mobility (Portes and Landolt, 1996). Furthermore, according to Loury (1977) although the networks that are developed protect people from adverse effects such as absolute poverty, they become disconnected from the mainstream networks, which prohibits them of access to resources necessary to get ahead. Therefore members of these gangs find it difficult to be socially, politically and economically mobile.

This element is so strong that qualitative studies of resilient African American mothers in Washington DC suggest that the only way to increase the likelihood of socioeconomic success for their children is to isolate them from local community networks (Brodsky, 1996). Brooks-Gunn et al. (1993) and Caughy et al. (2003) hypothesise that some children may benefit when parents have weak attachment to their neighbourhood, as

observed by Patillo (1998), since knowing neighbours was also associated with children's behavioural problems. This analysis of social capital in deprived neighbourhoods further illustrates the complexity of social capital and that high levels of social capital are not uniformly beneficial to individuals.

As we have seen above most of the literature that analyses the relationship between social capital, place and health is from an Anglo-American perspective, however it is questionable how far these theories and findings can be applied across cultures. Research on social capital and health in the Mediterranean region is quite scarce. Indeed, Fiorillo and Sabatini (2015) in their research paper assessing the relationship between social capital and individual health, explain that such research has rarely been conducted in the Mediterranean region. This argues that there is the need to extend research on the cultural differences that produce diverse social processes affecting the health and wellbeing of individuals, and whether within a European Mediterranean context the patterns of social capital are the same as those in an Anglo-Saxon and American setting. In their quantitative research study measuring social capital in Italy, Fiorillo and Sabatini (2015) distinguish patterns of three types of networks: strong family ties; strong and weak ties connecting friends; and weak ties connecting people belonging to different socio-economic backgrounds. They point out that being involved in wider social networks related to politics and public affairs may harm strongly bonding family ties. In their study they also include the role of religion in relation to social capital and health by measuring social participation through mass attendance since this provides social interaction. They found that greater religious participation is related to bonded communities, however those with low levels of religious social participation are more likely to enjoy bridging and linking ties. Although Fiorillo and Sabatini's research emphasises points that are important for inhabitants in the Maltese neighbourhoods under study here, it does not analyse how these features (for example family, religious faith) are affecting the health and wellbeing of the inhabitants, as my research is exploring.

Other researchers have emphasised that the social life in the Mediterranean region differs substantially from that of Northern Europe (Viazzo, 2003). It is found that Mediterranean communities tend to give more importance to the institution of the family (Kalmijn and Saraceno, 2008) and adult children too tend to provide more support to parents than those living in Northern Europe (Daatland and Herlofson, 2003). In spite of this, in their study

van Tilburg et al. (1998) found that Italians feel lonelier than the Dutch. This might be explained by the higher expectations for social contact, and if these expectations are not fulfilled, the familial members feel disappointed. In fact, Litwin (2009) explains that although older women in the Mediterranean are more likely to report loneliness it does not correspond with poor mental health.

### **2.3 Social norms in the Mediterranean context**

Since this study considers Malta as a case study of the Mediterranean cultural context, it is important to review the social norms of this context which may differ from those of Northern European and American cultures.

Studies of Mediterranean societies clearly show that wealth alone is not enough to be positioned in the highest social rank. Instead, a combination of different factors such as age, gender, sexuality (especially the control of women's sexuality by men), kinship, religious learning, educational attainment and moral respectability can strongly determine an individual's reputation and social honour in the eyes of others (Campbell, 1966; Peristiany, 1966; Pitt-Rivers, 1966; Stirling, 1966; Davis, 1969; Cutileiro, 1971). Pitt-Rivers studied honour during his ethnographic study in a Spanish village. He defined honour in the Mediterranean society as:

*...the value of a person in his eyes, but also in the eyes of his society. It is the estimation of his own worth, his claim to pride, but it is also the acknowledgment of that claim, his excellence recognized by society, his right to pride (1966, p. 21).*

What Pitt-Rivers (1966) in the above quote reinforces is that honour is measured in the eyes of the individual's society where their worth is measured. Moreover it is also interesting to note in this quotation that the individual is referred to as a male figure, indicating that the language used by Pitt-Rivers (in the 1960s) reflects the predominantly male focus of this idea of honour. Therefore one's honour is contextual and is measured within the community context one lives in and belongs to. This relates to the argument put forward by Peristiany (1966):



*Honour and shame are the constant preoccupation of individuals in small scale, exclusive societies where face to face, personal, as opposed to anonymous, relations are of paramount importance and where the social personality of the actor is as significant as his office (1966, p.11).*

Rodriguez Mosquera et al. (2002) in their study analysing honour, investigate whether the idea of honour studied in anthropological research in the 1950s and 1960s in the Mediterranean is still valid and if these experiences in the Mediterranean context may also be valid within a Northern European context. In their study they compared Spain with the Netherlands. It was found that the Spanish participants gave much more importance to values such as the family, honour, humility, respect for parents, respect for traditions, social power and social recognition. In contrast, the Dutch rated ambition, capability, freedom, independence, moderation, self-discipline and self-respect as important values in their community. This shows that the values of the family, honour and shame in the community within a Mediterranean context are still valid and are stronger than those experienced in Northern European countries.

The importance of honour in Mediterranean culture is an assessment of individual self-worth based on criteria which differ from socio-economic wealth, or even relative socioeconomic advantage, often emphasised in the British and US literature. In the Mediterranean region, honour and shame determine the hierarchical order and less importance is given to other social classifications. Consequently, society is divided into those endowed with honour and those shamed without it (Peristiany, 1966), which explains that social prestige is achieved only with honour (Campbell, 1966). Thus, the idea of honour is socially constructed and those following the socially constructed norms earn, or are bestowed with honour in the community. This means that because of perceived inequalities and comparisons made with others in society (especially those within the group to which one seems to belong), stigma is felt between the 'haves' and 'have nots' (Wilkinson, 2005). Therefore stigma experienced by unhealthy social comparisons may be associated with perceived failure to achieve the community standards which one belongs to. Thus stigma may be felt by those with a high level of 'absolute' standard of living but who lack other attributes relative to their group, or the group to which they aspire to belong. Major and O'Brien's (2005) review, which examined the effects of stigma, found that it harms mental health, causing anxiety and

depression and has effects on physical health such as coronary heart disease and stroke. Goffman (1963) moreover, argues that society is divided into two main categories: those deemed to be 'normal' and the 'deviants'. He defines stigma as a deeply discrediting characteristic that reduces the individual '*from a whole and usual person to a tainted, discounted one*' (Goffman, 1963, p.3). Indeed he argues that stigma can reduce the 'life chances' of people through discrimination followed by feelings of shame. Psychosocial risks such as stigma, failure to meet social expectations of what is deemed 'honourable', are of particular interest to this study.

The concepts of honour and shame broaden the social and cultural perspective of social dynamics in the neighbourhood where issues related to gender, aggressive pride, self-esteem and public reputation should not be disregarded. This clearly indicates the neighbourhood psychosocial risk factors that are more dominant in Mediterranean societies than in Northern European or American societies.

Additionally, the concepts of honour and shame are frequently linked to gender. Men claim honour by developing an attitude of aggressive *machismo*, while women submit to male control with quiet modesty. More generally, other aspects of social norms associated with gender contribute in other ways 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. This cultural idea of gendered behavioural norms is also frequently reported in research studies in Latin America and is related to the Roman Catholic faith. The role of religion is important in developing the notions of appropriate femininity. The male culture of '*machismo*' is complemented by the idea of '*marianismo*', drawn from the idea of Mary, the virgin mother of Jesus, as an ideal of female moral behaviour. Gil and Inoa Vazquez (1997) explain that '*marianismo*' is about sacred duty, self-sacrifice and chastity. This idea suggests the importance of maternal values and the idea of honour and shame in relation to chastity, modesty and self-sacrifice as the ideal feminine traits (Stevens, 1973; Fisher, 1993).

Although most research on health inequality includes differences by sex, not all studies examine gender as a socially constructed determinant of health and wellbeing. However, research studies by feminist geographers have pointed out how ideas about gender are

shaped in different ways in different times and different places. Feminist work was highly influential in the development of health geographies and through people's life stories, within the spaces of everyday life, they introduced ideas of gender in health geography (Kearns, 1995, 1997). They pointed out how much femininities are moulded differently within different countries, regions and local contexts and also in turn, femininities are part of how places are shaped (Massey and Jess, 1995). Feminist geographers have worked to highlight and challenge the negative consequences of gendered expectations in the everyday lives of women. Dyck (2003) explains that feminist studies provide examples of political and cultural marginalisation which show that women's health issues are distinct in different geographical places. They pointed to the fact that gendered identities are constructed according to particular sites, spaces and networks within the locality (Laurie et al., 1999). There is a growing evidence base showing that gender inequalities are for the most part socially produced and they can be ameliorated through changes in the gender order (Annandale and Hunt, 2000). Moreover, there are gender inequalities associated between health and inequalities in income (MacIntyre and Hunt, 1997; Moss, 2002) while gender differences in the causes of health and sickness amongst men and women in different neighbourhoods (Stafford et al., 2005; Matheson et al., 2006) as well as in social capital (Ferlander and Makinen, 2009; Griffin et al., 2002). 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. Also, as del Mar Garcia-Calvente et al. (2012) explain, given the close link between biological and psychosocial aspects of health (Lock, 2001), it emerges that gender is a structural cause and an intermediate factor in the causal pathways producing social inequalities in health within a given context (Sen and Ostlin, 2007).

However, norms may not remain static ubiquitously but may adapt and change. In fact change is constant in our lives and as the ancient Greek philosopher Heraclitus stated, 'nothing endures but change'. There are changes that we welcome and others we fear. We have limited control over change as it is bounded by time. Since the Industrial Revolution, several key social structures, essential for the processes of social capital

discussed above, have changed. For example, extended and patriarchal family structures have drastically changed. According to Hernandez (1993) with the changes in the new economic order it is more useful to have a breadwinner in every nuclear family than a breadwinner for all the extended family. Furthermore, as children became a cost rather than an economic benefit, smaller families became more efficient (Livi Bacci, 1997).

Apart from social changes, the definition of family is also changing. Although, the nuclear family is still perceived as a married husband and wife (Ermish and Francesconi, 2000; Haskey, 2001), it is becoming more common that children experience various family living arrangements over their life course, even if born to married parents (Haskey, 1997). The rates of divorce in both Europe and America have increased (Bumpass, 1984) and it is accepted that there is a high probability that children will grow up in separated families. However, divorce is not the only change to the definition of the family. Lone parenting, gay families and cohabitation are new social trends to the concept of the family. Although Burgess (1948) saw changes in the family types as something positive, evolving and adapting as part of wider social change after the social disruptions of World Wars I & II, several public debates see the changes in the family structure as negative. According to Bernardes and Smith (1993), the traditional, nuclear family is perceived as the most powerful while other family structures are considered problematic. It is due to these family changes that there is an increase in illegitimacy according to Murray et al. (1994). They go on to explain that this collapse of the family is creating a new underclass of criminal and promiscuous adolescents who have been neglected and not given the necessary attention by their family. They propose that there should be more measures instilling family responsibilities that reinforce the concept of marriage. Fevre (2000) explains that social breakdown is increasing as families might not be transmitting good values of love and responsibility to their children but cultivating a culture of choice and freedom.

On the other hand, Giddens (1991) highlights the idealised image of the traditional family which on the other hand can also create features of inequalities in the daily lives of women and children who have suffered during marriage. Moreover, it is found that individualism, often stated to be the reason for family breakdown, may be overstated. Bengtson (2001) found that inter-generational bonds may have increased since the older generations are enjoying longer years of life. He argues that some of these bonds may be

more or less evident due to geographical distance. However, it is found that when in need, the older generations are there to provide support (Bengtson, 2001). Indeed Grundy (2005) found that rather than being a burden to their children, the elderly are providing help to their children and grandchildren and fostering relationships of family ties across generations.

Overall, through the arguments reviewed above, we see that social capital is generally defined as a subject of relationships, as a collective property of groups rather than the assets of individuals, as an expression of networks and relationships. The social norms that generate these relationships imply that trust is good for social cohesion and for economic success (Narayan and Pritchett, 1997; Lochner et al., 1999). However, the literature also shows that social capital has its drawbacks; strong ties can also be dysfunctional, excluding information and reducing the capacity for innovation (Granovetter, 1973). Furthermore, the processes contributing to social capital are highly variable and contingent on the operation of social structures and institutions that differ from one society to another and are subject to significant change over time.

## **2.4 The relationship between the material environment, social processes and wellbeing**

The material environment as a determinant of health and wellbeing is also important for this research study. This section will first consider some of the material aspects of poverty that are associated with direct impacts on health such as poor housing, unemployment and welfare dependency. This section will also analyse how this material neighbourhood environment exerts effects on some social processes which are important for this research. Northridge et al. (2003) propose three pathways through which physical neighbourhood features can affect health and wellbeing. These include environmental stressors (e.g. housing conditions), neighbourhood health behaviours (e.g. the availability of outdoor physical space for activities) and neighbourhood opportunities for social interactions. This section reviews, in particular, the literature on how health may be affected by the housing conditions in deprived areas and by the ways that the neighbourhood environment and its physical space enables social interactions.

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). 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 further add health risk factors (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); estate context (high number of residents, high turnover of neighbours); management (high concentration of poverty, households with multiple social needs). 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).

On the other hand, relating to the review of social capital above, it is also important to consider that in some cases the built environment enables social interaction and other features of social capital to protect health and wellbeing. The built environment is the part of the physical environment '*that is made by people for people*' (Bernard et al., 2007 p.1844). It includes land use and transportation, street design, public spaces (Diez-Roux and Mair, 2010), street connectivity and the aesthetic quality of the area (Bernard et al., 2007; Jones et al., 2007). Some studies explain that the built neighbourhood design is related to how the inhabitants interact, travel or practise physical activity (Corburn, 2004; Hoehner et al., 2005; Whitacre et al., 2010). Leyden (2003) claims that certain neighbourhood designs are more likely to promote and foster social capital than others.

He labels neighbourhoods whose design enables features of social capital to occur as 'traditional' or 'complete' and observes that these are typically found in old cities or old rural towns (Duany et al., 2000). These neighbourhoods function well mainly because they are walkable and therefore facilitate daily interactions during shopping, walking children to school and so forth, all of which facilitate the formation of social ties (Lund, 2003). Thus there is a higher chance of interaction and conversation, familiarity and trust in traditionally designed neighbourhoods since social capital stems largely from social interactions which take place in city streets (Jacobs, 1961). By contrast, modern neighbourhoods are planned for vehicular accessibility so that the inhabitants of these neighbourhoods can carry out their daily activities by using their car. This decreases the chances of mixing with the neighbours in ways that build social cohesion.

Wood et al. (2012) empirically tested the hypotheses of Lund (2003) and Leyden (2003) outlined above. Perhaps surprisingly, they found that residents living in modern neighbourhoods (low connectivity and a number of cul-de-sacs) enjoyed high levels of social capital. At the same time, traditional neighbourhoods did enjoy higher levels of social capital than hybrid ones (characterised by complex street networks, few proximate destinations). However, they explain that the traditional neighbourhoods they studied were mostly characterised by apartments and this might have affected the results since they had expected that traditional neighbourhoods are mostly structured to facilitate high levels of social capital.

### ***Unemployment and welfare benefits***

Another major material determinant of health in a neighbourhood is the access to sources of income and other resources through employment opportunities in the area, which may also have effects on the health and wellbeing of the inhabitants. Deprived neighbourhoods are characterised by high levels of unemployment or a high level of employees in low paid jobs (Bambra et al., 2009). Several developed countries such as the U.S. in the late 1960s and 1970s experienced massive structural changes that transformed the social demographic and economic composition of central cities (Kain, 1968; Wilson, 1987). According to Wilson (1987), it is argued that the decrease of manufacturing jobs together with changes to housing and transport policies created

selective out-migration and the formation of neighbourhood socially isolated and racially segregated inhabitants characterised by concentration of poverty (Massey and Denton, 1993; Massey and Fischer, 2000). Sampson et al. (1999) and Morenoff et al. (2001) further explain that this brought about a progressive ‘deindustrialization’ of poor communities depriving them of public and private institutions which are important for the economy. When one is unemployed, one is at a high risk of living in deprivation (Gallie et al., 2003) and experiencing adverse outcomes (Jin et al., 1995). The loss of income and benefits are the first cause of poverty (Bambra, 2011b), however, unemployment may also cause stigma which produces stresses and impacts on one’s self esteem (Lennon and Limonic, 1999). Moreover, when one becomes unemployed and remains so for a number of years, one is more likely to be at risk of unhealthy coping behaviours (Dooley et al., 1996). In turn, the psychological distress that one develops when remaining in unemployment may result in a lack of effort to re-enter the employment market (Dooley, 2003). The literature has explained that neighbourhood socio-economic conditions are hypothesised to affect the inclination to make use of welfare benefits or to find employment. When residing in a neighbourhood with a high concentration of poor residents, the social stigma relating to receipt of welfare benefits is lessened (Moffitt, 1983; Rank and Hirschal, 1988; Hirlisch and Rank, 1991). Moreover, Kissane (2003) points out that these 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. Another small body of literature explains that the effects of unemployment may be differentially experienced, because inhabitants are mostly concerned about their relative social standing according to their neighbourhood predominant norms and behaviours. In geographical areas of high unemployment, the psychosocial effects of stigma due to unemployment may be less pronounced than in areas where relatively few residents are unemployed (Schwarz, 2012). Moreover, Schwarz (2012) and Senik (2010) explain that in areas of unemployment it might be more possible for the inhabitants to interact and keep contact with the inhabitants and thus unemployment might share characteristics of social interactions and social connections. Furthermore Clark (2003) found that in regions of high unemployment, the employed enjoy low levels of happiness. Also, Clark and Senik (2010) explain that in unemployed areas the gap in life satisfaction between the employed and the unemployed is very small which may indicate that unemployment as a social norm may have developed amongst



the unemployed while Luechinger et al. (2010) also point that negative externalities may also be exerted on those inhabitants who are employed.

O' Campo et al. (2015) explain that when state unemployment benefits are generous in terms of wage replacement, duration of coverage and flexibility around eligibility and maintenance of benefits, there is a lower chance of falling into poverty and material hardship. However, according to Vodopivec et al. (2003) generous unemployment insurance may be a disincentive to find new employment and thus may increase hardships rather than decrease them. Vodopivec et al. (2003), in their study on several Eastern European countries and Matoba et al. (2003), in their study of unemployed men and women in Japan found that they looked for employment when the benefits were about to run out. However, Vodopivec et al. (2003) point out that one should also consider the job market and job opportunities. If jobs are scarce, unemployment benefits act as a buffer against poverty. In fact it has been argued that regional differences in employment rates conceal forms of 'hidden unemployment' (Beatty et al., 2000). For example it is suggested that some regional economies have not fully recovered from the fallout of deindustrialisation and therefore inhabitants in these areas are dependent on welfare benefits (Turok and Edge, 1999; Webster, 2006; Theodore, 2007). Therefore it is reasoned that if the labour demands in the area are high, the percentage of people who are welfare dependent will be reduced, as many would be employed (Alcock et al., 2003). This shows that there are diverse arguments stating that welfare benefits help the unemployed to find jobs while other literature states that welfare benefits may make people become reliant on benefits rather than look for jobs. These two arguments may be both valid within different contexts; however, the decisive factor that mostly determines whether people look for jobs and re-enter the employment sector is probably the availability of employment opportunities available to the inhabitants of the area.

Due to varying administrative, social and ideological principles there have been several classifications of the different welfare systems across Europe. Esping-Andersen (1990) presented *The Three Worlds of Welfare Capitalism* typology based on three dimensions: the liberal, the conservative and social democratic regime. This typology focuses on de-commodification features which enable individuals to maintain a normal, socially acceptable standard of living without being reliant on wages and thus receive cash benefits through access to welfare benefits (Bambra, 2011a). Esping-Andersen has made

a major contribution in the field of comparative macro social policy, however he was criticised that his original typology was limited to only a few countries (Van de Velde et al., 2014). Several other typologies have since been developed. Banoli (1997), Ferrara (1996) and Leibfried (1992) have explained that when the Southern European countries are added into the analysis, a fourth Southern welfare regime emerges (Bambra, 2011a). However, none of the welfare regimes are ideal and every country experiences variations in internal policies between different countries of the same welfare regime such as health care provision in liberal welfare states (Bambra, 2005, Bambra, 2011a).

Ferrara's (1996) classification within the parameters of a Southern welfare state is strongly linked to the Mediterranean culture which ranges from meagre help in some aspects to generous provision in others. The Southern welfare regime has a strong reliance on the family, due to its central role and its charitable sector (Tavora, 2012). In comparison to other welfare systems such as that of Nordic countries, the State covers only the social risks which the family cannot protect itself from, being death or losing a steady job (Trifiletti, 1999). In the Southern welfare system, the extended, rather than the nuclear family, fills the gaps of the welfare system (Trifiletti, 1999). In fact, care work is taken for granted and female employment is low (Lewis et al., 2008). This difference in the way that welfare regimes operate in different countries and the diverse available economic and local market opportunities impact variably on the health and wellbeing of individuals.

Single mothers (who are a particular focus of this research) have been found to be disproportionately represented amongst the poor and amongst those highly dependent on welfare benefits (Benzeval, 1998; Sainsbury, 1999; Kilkey and Bradshaw, 1999; Targosz et al., 2003; Crosier et al., 2007; Van de Velde et al., 2014). These single mothers are at risk of being without work due to the demands of their children's needs which limit their working hours. They are unlikely to work full-time and may often work in casual, low paid informal work (Kilkey, 2000; Gibson et al., 2012). Moreover, their wages are also low since the majority do not enjoy good educational opportunities and are thus the group of residents mostly at risk of poverty (Benzeval, 1998; Kilkey and Bradshaw, 1999). For example, in the UK 40 per cent of lone mothers are living in poverty compared to 14 percent of the national population who are living in poverty (LIS, 2000). The dual responsibility of providing both income and care for the family, results in stress that

damages health (Netemeyer et al., 1996; Bambra et al., 2008). However, according to Kilkey and Bradshaw (1999), the welfare regime may assist lone mothers with independent income. This has been provided in response to evidence that if women are not provided this independent income, they remain dependant on men as providers (even if the relationship is not healthy) (Van de Velde et al., 2014).

This section has shown, through the literature, how much health and wellbeing depend significantly on the socioeconomic and material conditions of neighbourhoods. Moreover, it highlights research that shows the important relationship between social and material characteristics of geographic life environments and their effects on health and wellbeing (Jones and Moon, 1993; Kearns, 1993; Macintyre et al., 1993; Kawachi and Berkman, 2000). Lastly it suggests that neighbourhoods are complex entities and that the findings of different research studies may be relative and subjective to the particular neighbourhoods where the research is carried out.

## **2.5 Neighbourhood intergenerational transmissions of familial and neighbourhood processes**

Although there have been numerous studies exploring the effects of neighbourhood characteristics on health, the life course dimension of the effects of neighbourhood characteristics has been largely neglected (Quillian, 2003; Sharkey and Elwert, 2011; Musterd et al., 2012). This section will review the effects on health and wellbeing of inhabitants living in materially deprived neighbourhoods (Briggs and Keys, 2009) at different stages in their life course and the main determinants of intergenerational transmission or social mobility (Jencks and Mayer, 1990; Vartanian et al., 2007; van Ham et al., 2012) from one generation to the next (Bisin and Verdier, 1998).

Research has shown that there are important contexts within which children and adolescents are socialised into certain values, opinions and attitudes in their everyday lives. These include the physical contexts (such as residential, public spaces), institutional contexts (youth clubs, sports clubs, and school), as well as social contexts (family, peers, teachers, and friendly adults in the neighbourhood) (Abbott-Chapman and Robertson, 1999; Duncan and Raudenbush, 1999; Leventhal and Brooks-Gunn, 2000;

Bowen and Richman, 2002; Blum and Nelson-Mmari, 2004; Irwin, 2009; Wen et al., 2009; Theron et al., 2011).

A number of studies have examined the health and developmental effects for children and adolescents living in deprived neighbourhoods. Studies have reported negative effects on health status (Phuong Do, 2009), cognitive aptitude (Sharkey and Elwert, 2011) and the verbal ability of children (Sampson et al., 2008) which indicate potential pathways through which this transmission of deprivation occurs from one generation to the next. Thus members of the younger generation may experience processes of relative deprivation similar to those of the older generation, so that disadvantage is 'transmitted' across generations. However, there may also be the possibility that members of the younger generation experience processes which are different from those undergone by family members in the older generation, either through their own agency or the influence of parents who aspire to a better future for their children. High school attainment and earnings (Galster et al., 2007) as well as adult individual income (Musterd et al., 2012) are of particular significance as indicators of the outcomes of these intergenerational processes, as they indicate the long-term impacts of childhood experience and its significance for deprivation in adulthood.

Many studies have demonstrated that when people grow up in extremely poor neighbourhood conditions, they rarely move upwards in the social hierarchy and thus remain in the poorest neighbourhoods (see for example, van Ham et al., 2012). This may reflect a range of processes, some of which indicate an inter-generational transfer of deprivation through impacts on health and development. There is a lack of consensus about whether and to what extent neighbourhood characteristics themselves have an effect in this process (Oreopoulos, 2003; Bolster et al., 2007; van Ham and Manley, 2010). This is in part related to a lack of studies drawing on the neighbourhood histories of people. Conceptual work has been undertaken in relation to this. Galster (2012) has classified the mechanisms in the neighbourhood environment and how they are likely to affect individual outcomes. The first category, being the social-interactive mechanisms, analyses the typical neighbourhood social processes which are perceived as the core of the neighbourhood effects. It focuses on features of social capital and parental mediation. However, it is argued that if the social norms in the neighbourhood do not give importance to employment, this would lead to dominant features of unemployment and lack of

income in the neighbourhood community. The second category focuses on the environmental mechanisms. These mechanisms operate through the natural and man-made features in the neighbourhood such as the physical surroundings or even toxic exposure. There are also the geographical mechanisms that focus on the effects created by the relative location of the neighbourhood such as provision of employment and availability of services. Lastly, there are the institutional mechanisms affecting the decisions of actors, which are external to the neighbourhood, thus controlling the availability of resources and the accessibility of housing, services and markets. This can also harm the neighbourhood reputation and create stigma to the neighbourhood. Growing up in this type of neighbourhood can have lasting effects as it influences the income availability, the type of schooling, the type of peer support which can have long lasting negative effects that would limit social mobility. As adults they would end up living in such a neighbourhood (Jencks and Mayer, 1990; Galster and Killen, 1995; Sampson and Wilson, 1995; Duncan & Raudenbush, 2001; Vartanian et al., 2007; van Ham et al., 2012). Therefore, Galster (2012) points to two factors that are important for this study and which will be discussed further below, namely familial factors as well as neighbourhood material and social resources which (sometime indirectly) influence how socio-economic conditions are transmitted across generations.

When parents permit and encourage feelings of neighbourhood participation in their children, young people are able to interact in public places in the neighbourhood and can start benefitting from bonding social capital with their peers and from place attachment (Schaefer-McDaniel, 2004). A sense of belonging is related to positive relationships with people as well as with physical spaces (Morrow, 2001), so positive interactions in neighbourhood spaces would result in children and adolescents feeling more positive about their neighbourhood area (Reay, 2004; Weller and Bruegel, 2009).

Vartanian et al. (2007) investigate the intergenerational transmission of neighbourhood type and claim that there are a number of cultural reasons why the type of neighbourhood in which one lives is important for health and wellbeing. The local transmission of social norms through childhood socialisation, constitutes an important part of how neighbourhood characteristics and processes of daily life are reproduced. Nonetheless, such social norms are likely to shift throughout a life course as they respond to the number and nature of contacts both within and out with the neighbourhood environment,

including through media and other forms of communication as well as modes of interaction between these different forms of contact. The neighbourhood that the child grows in would shape and determine the future of the inhabitants and the likely future neighbourhood processes. This is determined to a large degree by parental choices such as with whom their children should socialise in order to acquire their cultural traits. Therefore children, apart from acquiring the norms of their parents, are also being influenced by their peers in the immediate social environment, and may be exposed to other neighbourhood environments through schooling or other activities which may transmit diverse social norms. This shows that as they grow up children learn through interaction and observation and start deciding which traits to adopt. Children may adopt the typical social norms of the neighbourhood environment or/and those they were exposed to in other environments. This may also determine in which neighbourhoods they would like to live when they grow up (Bisin and Verdier, 1998). Indeed Bohn and Richter (2011) showed that in addition to the family, the school and the neighbourhood are important sources of social capital in early adolescence. Relationships developed during childhood form the basis for social networks later in life.

Studies of risk factors and health behaviours have highlighted the role of certain family structures which Coleman described as '*structural deficiencies*' (Coleman, 1988 p.111). He claims that children and adolescents coming from single-parent families, from families where both parents work and from families who have one or more siblings, are at risk of poor social capital. This theory is highly criticised as being ethno-centric as little attention was paid to the diversity of family structures or kinship obligations that exist in different minority groups (Morrow, 1999). In line with Coleman (1988), Elliot et al. (2006) argued that families, where children have more than one sibling, might dilute the resources and attention given to the child and therefore have a negative effect on development. However, other research has highlighted that siblings may in fact increase resources and social capital available within the family (Edwards et al., 2003). Older siblings may also be a source of security (Gillies and Lucey, 2006; Lucey, 2010), cultural information (e.g. about current trends), or even a source of bridging social capital when their younger siblings move from primary to secondary school (Holland et al., 2007). Lucey (2010) describes siblings as playing an important role, as the older sibling may act as a role model yet might also introduce and transmit acceptance of risky behaviours such as alcohol and smoking (Gossrau-Breen et al., 2010).

Leventhal and Brooks-Gunn (2000), in their review of neighbourhood effects on children and adolescents explained that neighbourhood resources affect children and adolescents both directly and indirectly, through family income and through parents acting as “*advocates or brokers for their children’s receipt of community resources*” (Leventhal and Brooks-Gunn, 2000, p.332). This resonates with Coleman’s (1988) discussion of the role of parents in enabling and sharing social capital with their children, and Bourdieu’s positioning of children as inheritors of familial, cultural capital established through parental practices (Morrow, 1999).

Leventhal and Brooks-Gunn (2000), Katz et al. (2001) and Galster (2012) highlight that children living in deprived neighbourhoods are prone to being exposed to antisocial behaviour amongst peers’ which may impact on their wellbeing (Galster, 2012; Lorenc et al., 2012), their academic performance (Lord and Mahoney, 2007; Galster, 2012) and increased aggressive behaviours (Guerra et al., 2003). If young people notice that the majority of their peers engage in certain health risk behaviours, there is a higher probability that they engage in this behaviour, as it is perceived as normal (Olds and Thombs, 2001; Rimal and Real, 2003; Baker et al., 2003). On the other hand, socialising with a peer group with positive health behaviours may increase their insight that positive health behaviours are the norm. Similar to the processes that occur amongst adults, social support amongst peers can also be linked to positive wellbeing, by providing buffering effects against difficult circumstances (Rigby, 2000). Lorenc et al. (2012) add that there may also be other physical factors which may lead to anti-social behaviour. These are linked to the ‘broken window theory’. This theory posits that where there is inadequate street lighting, poor visibility, signs of neglect and environmental damage in the area, there is a level of fear of crime. In turn this has a negative effect on individuals’ willingness to socialise with others in the neighbourhood or to engage with outside activities (such as walking or running) (Lorenc et al., 2012). Therefore children and adolescents in areas like these are deprived from forming features of social capital in their neighbourhood.

The school is the other environmental setting that influences the intergenerational transmission of health determinants and social mobility. It has also been argued that the resources available in the neighbourhood are reflected in aspects of the school environment, including the quality of schooling, the organisational climate and the school

culture (Arum, 2000; Brännström, 2008; Sykes and Musterd, 2011). Therefore a school environment in a deprived neighbourhood reinforces the wider neighbourhood deprivation. It is also suggested that schools in deprived areas suffer from lack of investment, have large class sizes, less individual attention, more disruptions and students' low expectations of reaching university (Thrupp et al., 2002; Sykes and Musterd, 2011). The school reputation can also further hinder the children and adolescents' aspirations to succeed (Archer and Yamashita, 2003; Archer et al., 2010).

The arguments in the previous paragraph may apply quite widely, but not universally; some schools in poor areas may provide effective education and aspirational environments. Also, some children and adolescents from poor areas may attend schools outside their neighbourhood environment and thus the school environment can be different from that of their neighbourhood environment (Hess and Torney, 1967; Jennings and Niemi, 1968; Jennings and Niemi, 1974; Jennings and Niemi, 1981; Campbell, 2006). These schools may have a different school ethos which instils different norms and attitudes to the pupils from those of their neighbourhood.

Parental decisions define where the child can interact and participate and thus have influencing effects on the child's future behaviours and attitudes. Kirlin (2003) points out that it is the involvement in extracurricular activities during childhood and adolescence that determines adult political and civic behaviours. Moreover, Stolle and Hooghe (2004) also emphasise that active engagement in youth is strongly related to participation in adulthood. Thus it is not only the children who mimic their parents who have positive interpersonal trust and neighbourhood attachment since they participate in the neighbourhood (Rosenstone and Hansen, 1993), but also those who participate during childhood and adolescence, who are most likely to participate when adults. Parents however, have a huge influence on the social development of their children in more direct ways such as choosing which schools their children attend and which early friendships they develop.

In their study of intergenerational transmission, van Ham et al. (2012) call for studies rooted in neighbourhood based life-course histories of individuals which would help in better understanding both segregation and residential mobility processes. They argue that although several studies of residential mobility use the life course thinking to analyse longitudinal data, few are the studies which investigate true life courses empirically.



Making use of a life course approach helps the researcher to examine the life happenings within their long-term individual biography and also consider the macro-context within which the neighbourhood is situated (Aisenbrey and Fasang, 2010).

This section has analysed the temporal dimension and how both the neighbourhood and the family environment equally help in shaping up the development, the opportunities and aspirations of children and adolescents, and the paths that they are likely to take within the circumstances of their family and neighbourhood environment. This is important as studies which analyse processes across generations will further point out the complexities that are present within and across neighbourhoods. Research studies that look at how neighbourhood social and material processes are being transmitted across generations are limited. These questions about how, across generations, family members tend to be 'trapped' in certain neighbourhood conditions, will be explored in chapter 6 of this dissertation.

## **2.6 Conclusion: the research agenda for this thesis**

This chapter has explored a number of concepts and theories related to health geography from an international perspective. While the literature reviewed above helps to put the themes which arose in conversation with the participants in this research in international context, the findings reported below will also be seen to address some 'gaps' in the existing literature. For example, there is little emphasis in other studies on how processes of social capital may not always be beneficial, but may even be detrimental for health and wellbeing. There is also a gap in terms of what constitute the social determinants of health in the Mediterranean Maltese context, and how they are being experienced by residents in deprived parts of Maltese cities. Moreover, there is little research which emphasises the connection between material and social neighbourhood processes and how in combination these affect health and wellbeing. There is also a relative lack of research on how processes in the neighbourhoods can be dynamic over time. The findings in the following chapters will address these relatively under-researched topics as well as some other themes for which there is a larger international literature.

The classical model of the social determinants of health is often referred to as a 'deterministic' model and little importance is given in research on how people interact with each other and with the environment while exercising individual agency. By

exploring different domains of the determinants of health, this thesis aims to understand how these determinants are being experienced and addresses the need to view these determinants from a more dynamic and interactive perspective.

In the first section of this chapter social capital and social norms were analysed. The majority of researchers have focused on the beneficial effects of social capital on wellbeing, while only a small group of studies highlighted the possible negative effects of social capital on wellbeing. This will be a topic of interest here, as the relationships of social capital with wellbeing are variable, and on different combinations of neighbour characteristics and individual attributes. Therefore this research will ask; what are the positive and negative aspects of social capital that people experience and how does this experience vary for different individuals?

Other neighbourhood social processes relating to social capital, which are of particular importance to this study, include Mediterranean social norms. The literature does not always analyse the significance of culturally constructed processes such as honour, religion and gendered norms which are strong features of Mediterranean cultures. Thus it is interesting to analyse in what ways the Maltese, Mediterranean neighbourhood social norms affect the health and wellbeing of the inhabitants.

However, the effect of the neighbourhood environment on health and wellbeing is not only determined by the social processes but also by the material environment. In fact another section in this chapter analyses the material aspects of a neighbourhood. The literature refers extensively to the relationship of aspects of urban built environments (being densely built up or open) and health. What is more intriguing to examine is the relationship between features of social capital and the processes within specific built environments. Also linked with issues related to the material environment, the literature on employment opportunities and welfare systems is also analysed in this chapter. In order to understand better how these important determinants operate in a neighbourhood, one may ask; how do mothers make use of neighbourhood social processes and exercise active agency to improve their economic situation? This question on the material aspects of the neighbourhood is taken up in chapter 5.

The existing literature involves some discussion of a 'dynamic' perspective, which is taken up in this thesis, involving consideration of how these processes operate throughout

personal life course trajectories within the context of an evolving social and material neighbourhood environment. This thesis will contribute to the literature by exploring how intergenerational experiences and relationships are relevant and how these processes can change from one generation to the other.

In order to address these aspects of the social determinants of health, which have received relatively little attention in the literature, Malta is a good case study that can offer new cultural neighbourhood perspectives on how neighbourhood social processes may operate. Moreover, Malta is also presently an interesting case study, demonstrating how social processes are evolving due to several national social changes taking place.

## CHAPTER 3

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### METHODOLOGY



*Figure 3.1: Residents spending long hours outside in the streets of their neighbourhood: Valletta*

## Methodological Approach

This chapter provides an account of the research design and methods employed in this study to address the research aim and objectives. In order to address these objectives and the research agenda indicated in the conclusion of chapter 2, I have used a constructivist grounded theory approach. By using this methodological approach I let the respondents talk freely about their experiences regarding the determinants of health and from their narratives I elicited what is most important from their perspective. Through intensive, qualitative research methods this study addressed the following research objectives, introduced earlier in the thesis.

- Explore, document and compare the experiences of mothers and children within their neighbourhood social environment in order to understand the nature of social capital and its significance for their health and wellbeing.
- Explore and compare how the mothers in this study are experiencing material conditions in the context of their neighbourhood and how these contribute to the social determinants of their health and wellbeing.
- Explore how far the place based social determinants of health for respondents are being transmitted across generations within families, or are being experienced differently by parents and their children.

This chapter will explain how as a researcher, I aimed to explore the lived experiences of mothers and children belonging to families which varied in terms of parental, marital status and family composition, and who were living in deprived neighbourhoods. I aimed to reveal the nuanced relationships that may affect experiences in diverse neighbourhood contexts. Moreover in this study I also aimed to explore more deeply the intergenerational processes affecting families in this study. This is why the interviews were conducted to both the parents and their children.

The approach used was designed to achieve these objectives by capturing rich descriptive qualitative data, generated through semi-structured, in-depth interviews (Herbert, 2010). A '*truly human*' geographer (Tuan, 1977, p. 201) is compelled to understand the emotional, psychological and existential attachments that persons have with their living environment (Limb and Dwyer, 2001). Social geographers try to interpret the life

experiences within the wider social and spatial setting (Jackson and Smith, 1984; Smith, 1984; Pile, 1991). Moreover, feminist geographers point out that it is important to make use of collaborative and non-exploitative methodological approaches such as in-depth interviews. These approaches enable the ‘informants’ in research to have more influence over the content of the research findings, so that the power relationship between researcher and researched is less unequal and also form empathetic research encounters (McDowell, 1992).

In this chapter I discuss the methodological approach, based on grounded theory and a case study strategy. I will also discuss details of the methods used including the purposive selection of case study areas and of informants, the design of the study in terms of collection and interpretation of information, and the ethical issues addressed through the method used. It also includes my positionality and reflections as a researcher and certain limitations encountered during and after the fieldwork. This chapter also includes a section which focuses on the demography, the history and the characteristics of the case study sites, to explain why they were chosen.

### **3.1 Methodology: an approach drawing on grounded theory**

Although there is already a body of existent theory explaining the neighbourhood processes that affect health and wellbeing, the previous chapter has shown that much of this derives from research in North America and Northern Europe and there is scope to develop original theory that explores these questions in a European, Mediterranean, Maltese context. Therefore, this study did not concentrate on testing existing theories. Instead a grounded theory approach was felt to be a useful inductive method with the possibility of building new theory.

Therefore the research design and data collection is built on elements of a grounded theory approach (Glaser and Strauss, 1967); an important approach in the history of qualitative research because this approach enables the researcher to generate theory, understand processes, understand people’s experiences and conduct good science based on rich empirical detail. Grounded theory allows the researcher to focus on the ways that meaning is negotiated and understood through social relations and interactions between individuals in their environment (Dey, 1969; Blumer, 1986). It is understood that social

processes occur in diverse ways because of the different structures, norms and procedures that the environmental context defines and thus may unfold differently, according to the meaning and value that the contextual social group gives it. Through grounded theory, researchers develop explanations of key social processes that become apparent in empirical data (Hutchinson, 2001). Grounded theory looks systematically at qualitative data with the aim of generating theory by analysing relevant patterns of behaviours. This inductive approach, therefore, enabled me, as a researcher, to build theory in ways that are helpful in situations such as this study, where existent theory may not be sufficient or relevant to the phenomenon being studied. This study also made use of aspects of ethnographic techniques, (i.e. engaging with people on a frequent basis and collecting information on their experiences, viewed from their perspective) in order to develop new theories. Furthermore, unlike quantitative inquiry approaches which tend to take an approach based on deductive reasoning and compare empirical findings to existing theoretical hypotheses, grounded theory does not begin with an existing theory about the phenomena of interest.

Grounded theory seeks to understand the experiences of participants in a rigorous manner (Denzin and Lincoln, 2000) and develops a theory that explains the basic social processes within the environment where they take place (Glaser and Strauss 1967; Glaser, 1978; Glaser, 1992). In order to ensure rigour in the research when using a grounded theory approach, I adopted a strategy of ‘co-production’ of the research agenda, encouraging the participants to help in shaping up the inquiry process with their responses. I also cross checked the emerging concepts with what the participants mean in their narrative, I used the participants’ quotations to build theory and I also kept a field diary as a self-monitoring tool (Chiovitti and Piran, 2003).

Strauss and Corbin (1998) explain that through grounded theory one finds the ‘six Cs’ of social processes: causes, contexts, contingencies, consequences, co-variances and conditions. The collection and analysis of data in the thesis takes these six elements as a framework through which to understand social processes in the three selected Maltese neighbourhoods. More specifically, the research gives primary attention to individual life stories and interpretations as the data source from which to draw out the complexities of such social processes (Stern, 1994).

Grounded theory, as originally proposed by Glaser and Strauss (1967), has at times been criticised and has been variably interpreted. This is partly because the two original authors developed different aims, principles and procedures regarding the implementation of the method. As a result, grounded theory split into two camps where Glaser emphasises the interpretive, contextual and emergent nature of the theory while Strauss emphasises the principles of highly complex systematic coding techniques (Goulding, 1999) given the recent growth of interest in qualitative and inductive research in geography, grounded theory is being utilised more often amongst geographers. The current practice in human geography is often influenced by a ‘constructivist’ approach to grounded theory where *‘social realities and meanings are perpetually socially constructed, lived within and against, and reconstructed’* (Cope, 2009, p. 647). The approach is ideal for this research study since it is understood as appropriate for research which is qualitative, exploratory, studies human interaction and focuses on the participants’ viewpoints (Denscombe, 2003). Utilising grounded theory enabled me, as a researcher, to remain open-minded and flexible about the primary themes and conceptual framings of the study. As Cope (2009) explains it also offered a way to help me to reflect on, and understand the mutual and contingent actions that occur within specific contexts. When using a grounded theory approach, the theoretical framework of the study is built up from the data produced and analysed from the life stories. Charmaz, points out that, *‘grounded theory methods consist of systematic, inductive guidelines for collecting and analysing data to build middle range, theoretical frameworks that explain the collected data’* (2003, p. 253). The approach enables researchers to produce theoretical interpretations of observations in particular settings by collating, coding and categorizing the data and presenting qualitative information that forms abstract constructs (Goede and Villiers, 2003).

Drawing on these ideas from grounded theory, an important point for the researcher to keep in mind when conducting qualitative research is not to start with an assumption that social conditions are fixed and predictable, but to look at the social space as something dynamic and changing, always being reconstructed through the altering economic, social, cultural and political processes taking place (Limb and Dwyer, 2001). An emergent process of theory-building is to be able to better understand the dynamic lived experiences and interpret the inhabitants’ everyday life experiences, than one based on a stable and fixed theoretical framework. As such, qualitative grounded research aims to create an in-



depth data-set that can explore the subjective understanding of the inhabitants, rather than produce generalised relationships or predictions.

### **3.2 Applying the methodology to key questions in this research**

Much of the qualitative research in geography tries to understand the relationships between the characteristics of place and situated social action. Often, place is treated as a backdrop and the relationship as uni-directional, where the characteristics of a place influence social action without considering that there is also a relationship in the opposite direction (Smith and Easterlow, 2005). Qualitative research in geography points out that what is considered socially acceptable may vary from place to place and that the established role of a place can only be investigated through the personal experiences of people who may also be influenced by the social processes that operate in the neighbourhood. Therefore, there is the need to analyse the relationship between place and people by having frequent interactions and close contacts with them within their environment to understand relationships which may be difficult to comprehend using data from broad surveys (Herbert, 2010).

Moreover, geographical research has also demonstrated the importance of attention to the histories of different places in shaping the current relations and trajectories (Basso, 1984; DeLyser, 1999; Forest and Johnson, 2002; Till, 2005; Warren and Garthwaite, 2014). Places have meanings related to their past, yet that past is still shaping the present life experiences (Herbert, 2010). In this study, the histories of the three research areas are very different. Although Valletta and Cottonera have different economic histories they both have much longer histories of settlement, with old built environments, whilst St. Paul's Bay is a much more recent residential area.

Until recently, children have been excluded from research about their wellbeing (Reynolds, 1989; Miller, 1997; Cousins, 1999; Alderson, 2000; Clark et al., 2003; Mortimer, 2004; Clark 2005; Clark and Stratham, 2005; Lancaster, 2006). Moreover, there has been a tendency amongst adult researchers to assume that young children cannot be reliable sources of data and that caregivers 'know best' and thus can speak on behalf of young people (Boyden and Ennew, 1997). However, there is a growing recognition that children have their own unique views and a right to express them on matters that

affect them (UNICEF, 2007) and are now taken more seriously as providers of data. Several studies have voiced children's concerns on aspects in their daily lives related to health, education, family, friends and their environment (Morrow and Richards, 1996; Harden et al., 2000; Christensen and Prout, 2002; Christensen, 2004; Morrow, 2008; Skelton, 2008; Beazley et al., 2009). However, this acknowledgement of young people as active agents in their own life has only developed lately (Valentine, 1999; Christensen and Prout, 2002; Hill, 2006; Heath et al., 2007). The ratification of the United Nations Convention for Rights of the Child (UNCRC) has promoted the role of children and adolescents in decisions that influence their lives and wellbeing. Involving children affirms their competency as social actors and 'experts in their own lives', thus providing a valid source of data (Langsted, 1994). Research has demonstrated that when children are given an opportunity as contributors in research, they are often more imaginative than adults as well as capable of contributing qualitatively like adults (Darbyshire, 2005).

Major interests in this research study include how familial relationships interact with their neighbourhood environment and the ways that family and neighbourhood processes are transmitted to children. This helps in exploring the dominant social processes in the neighbourhood and their likely involvement in the future. It was felt that the life stories of children and adolescents are as important and valid as those of adults. Children and adolescents are likely to engage with the spaces, places and resources of their everyday lives in different ways to adults. Children and adolescents were therefore interviewed in order to better understand their experiences of the same neighbourhood environment and how the same place can have different effects on the wellbeing of different respondents (Reay and Lucey, 2000; Elliott et al., 2006; Popkin et al., 2010; McPherson et al., 2013). The aim was to understand the multiple interactions that occur in the neighbourhood context and the ways individuals of different ages experience this context. Moreover, one could see how these neighbourhood processes are shaping the children's aspirations, wellbeing and identity (Abbott-Chapman and Robertson, 2001; Worth, 2009; Hollingworth and Archer, 2010; Bannister et al., 2012). Nevertheless, although the responses of children and adolescents will be given their deserved weight, it is felt that their problems cannot be divorced from the family context and therefore they will be compared with the opinions of their parents and those of other adults in the neighbourhood to observe the different negotiations and the nuances that occur across different age groups.

### 3.3 Choice of case study areas

This research will make use of a case study approach, since one of its strengths is its capacity to enable the researcher to emphasise the dynamic and the specific. It assists the researcher to conduct a study where the participants are free to tell their story in their own way. Undertaking case studies through the grounded approach focuses on the subjective real life experiences of the interviewed inhabitants in the neighbourhood:

*The real business of case study is particularisation, not generalisation. We take a particular case and come to know it well, not primarily as to how it is different from others but what it is, [and] what it does. There is emphasis on uniqueness, and that implies knowledge of others from which the case is different, but the first emphasis is on understanding the case itself.* (Stake, 1995, p.8).

Case studies empower the researcher to take an exploratory approach (Gerring, 2004), which helps the researcher in understanding ‘*complex social phenomena... [and] retain the holistic and meaningful characteristics of real-life events*’ (Yin, 2009, p.4). Moreover, case studies, ‘*enable you to make comparisons and build explanations in a distinctive way*’ (Mason, 2002, p.166).

The case study approach facilitates familiarity with the area at a deep level. It also allows flexibility to respond to situations and explore them even as they change. As suggested by Ragin, ‘*this feature explains why small-N qualitative research is most often at the forefront of theoretical development. When N's are large, there are few opportunities for revising a case*’ (1992, p.5).

According to Herbert, there are three strategies for case selection. Firstly, one case study can represent a sample of a larger class. Secondly, more than one case study can be used to compare with another. Thirdly, a case is chosen that is different from the typical case studies, offering the insights of the ‘*anomalous case*’ (Herbert, 2010). This research will make use of a comparative case study approach.

Although the majority of qualitative research studies focus on one single representative case and because of the intensity and time consuming nature of the study, I felt that the use of multiple comparative case study areas in my research design would result in a

stronger research study, allowing me to understand the variability in local area conditions, which are all deprived but have different social and material profiles and thus determine the health and wellbeing of mothers and children differently. Indeed, Ragin (1987) explains that when contrasting multiple case study sites, one is able to establish better insight of the factors that create similarities and differences across sites. Through this exercise, the researcher can also highlight anomalous cases or processes which are diverse. However, this approach may be demanding in time as it requires the researchers to familiarise themselves not only with one area but, in my case, with three distinct areas. This is why this approach is not frequently used in spite of its advantages.

In order to address my research objectives, I have chosen three localities in Malta, identified by the national government as being the most in need of the social services offered by *Access*, since people who are suffering from poor health and lack of wellbeing are more concentrated in deprived areas (Congdon, 1996; Whitley et al., 1999; Curtis et al., 2000; Pampalon and Raymond, 2000; Martinez et al., 2003; Weich et al., 2003; Pampalon et al., 2008; Curtis et al., 2009). '*Access*' is a local government agency responsible for social welfare services, child care services, youth centres, employment and training services, local housing authority services and an adult training centre. The aim of *Access* is that with the help of several professionals, it tries to help people in need and provide services to the local communities.

The research areas chosen for this study are: the capital city Valletta; Cottonera (Birgu, Isla and Bormla) which is near the harbour area; and St Paul's Bay which is situated in the northern region of the island (refer to figure 3.2). They are all 'deprived' neighbourhoods and as shown in Table 3.1 the residents living in these areas are more frequently dependent on social benefits when compared to populations of other localities in Malta also justifying the choice of these three case study areas.

	<b>Valletta</b>	<b>Cottonera</b>			<b>St. Paul's Bay</b>	<b>Malta</b>
		<b>Birgu</b>	<b>Isla</b>	<b>Bormla</b>		
<b>Supplementary Assistance (%)</b>	21.99	14.26	17.58	18.30	5.36	7.45
<b>Unemployment Assistance (%)</b>	7.01	4.35	5.60	6.69	2.22	1.89
<b>Social Assistance for Single Unmarried Parents (%)</b>	2.51	1.85	2.63	2.69	0.97	0.67
<b>Social Assistance (%)</b>	5.61	3.30	4.61	6.85	3.62	1.92
<b>Special Unemployment Benefits (%)</b>	4.12	6.74	4.67	9.02	3.41	2.32

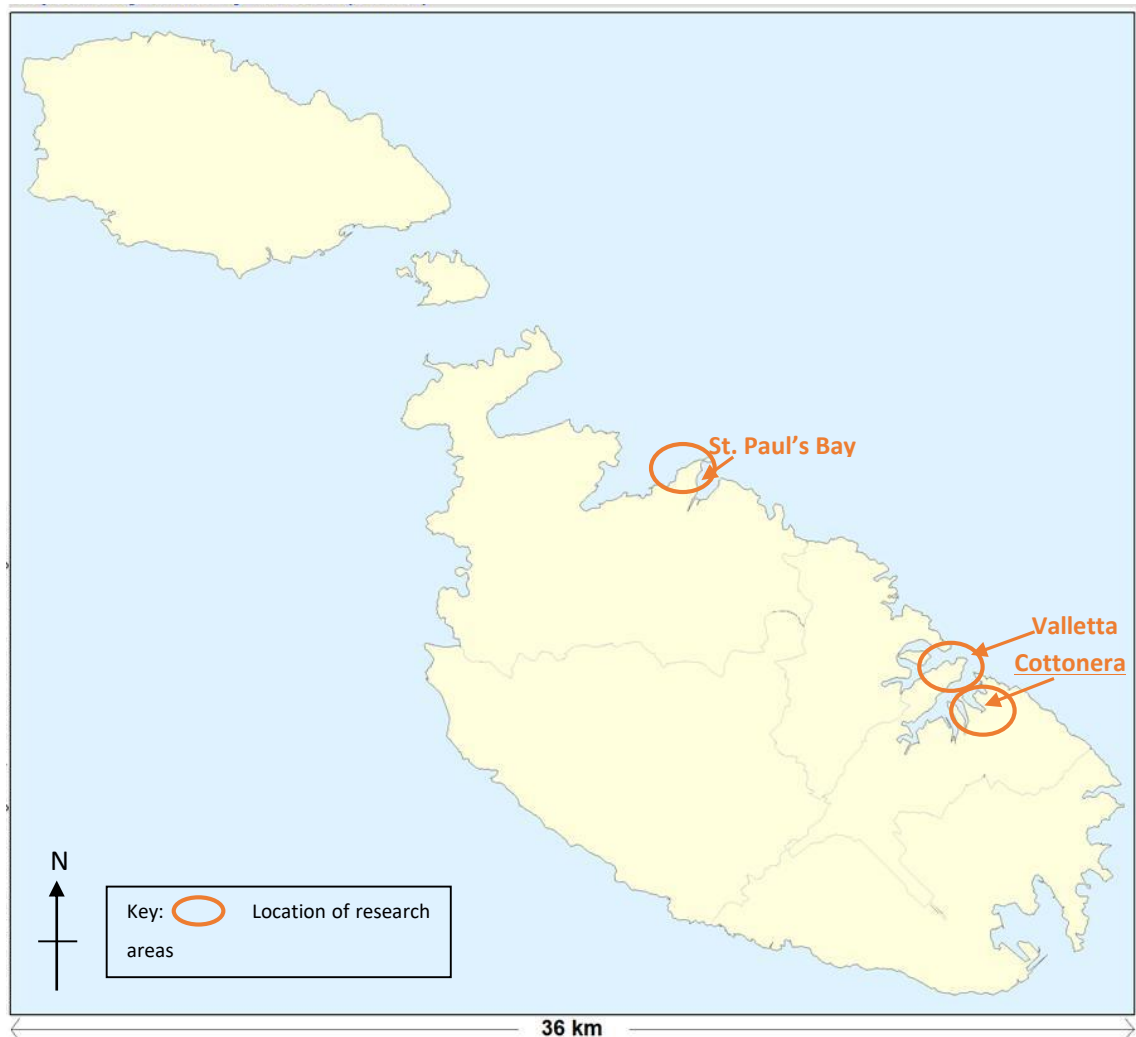
*Table 3.1: Percentage of residents in the three selected areas dependent on selected social welfare benefits compared with the average in Malta 2012 [Source: NSO Social Security Benefits. A local Perspective].*

Neighbourhoods deprived of economic and educational resources also tend to be deficient in health-promoting social resources. The neighbourhood context, its social and employment history, its services, facilities, housing, opportunities for causal meetings and participation in associations as well as the area's reputation, all play a role (Cattell, 2001).

The three deprived areas under study are Valletta, the capital city of Malta, Cottonera, consisting of three fortified settlements built around the Grand Harbour and St Paul's Bay, located in the north of Malta, once a fishing village but today a tourist resort (figure 3.2). The historical, social and demographic background of these three deprived neighbourhoods will highlight the differences in the context and composition of the three places.

The first section will analyse the historical events of Valletta and Cottonera. It will examine how the housing before and after World War II proved to be a determinant factor of the present health conditions of the neighbourhoods of Valletta and Cottonera. This will be followed by the way employment structures changed across the years, resulting in

the present socio-economic conditions of health in Valletta and Cottonera. St Paul's Bay, being at a distance from the Grand Harbour, does not have the same historical circumstances, however with the recent fast developments of the tourist industry, this resort area changed in the composition of its neighbourhood.



**Figure 3.2:** *The location of the three research areas being Cottonera, Valletta and St Paul's Bay.*

It is also relevant for this research to consider how the neighbourhoods of Valletta, Cottonera and St Paul's Bay have evolved and changed both contextually and compositionally. The following section aims to demonstrate how by '*understanding a place's health related past, it is possible to understand its health related present*' (Andrews and Kearns, 2005, p.2711). The changes throughout history in the context and composition of each of the three neighbourhoods under study will be analysed in relation to factors determining and affecting health.

### *The historical background of Valletta and Cottonera*

After the great siege of the 1565, the grandmaster of the Order of St John, Jean Parisot de Valette started to build a fortified city for Malta in a peninsula which rises steeply from two deep harbours. After the fortifications were complete, the city was provided with inns, churches, convents, villas and palazzi. Houses were built along streets which followed a grid pattern as shown in figure 3.3.



*Figure 3.3: Aerial image of Valletta: <http://www.maltavista.net>*

At that time Valletta had a high residential population density. Members of the middle class mingled with ordinary people. The majestic buildings were occupied by wealthy Maltese people and the Knights of St John, while all the others had to be housed ‘wherever space was available’ (Mallia Milanes, 1993). Except for the houses of the rich, tenements in the harbour area were cheaply constructed, explaining why the poor had to live in one-room cellars and ‘mezzanines’ which were small and ill-ventilated.

According to Mallia Milanes (1993) the original desire to reserve the capital city only for the elite had to be put aside. Building regulations were not successfully enforced

according to plans and spaces which were originally intended as green areas, eventually deteriorated mostly into slums.

Stone for the construction of the city was cut from an area known as Manderaggio. The Knights had planned this area to form a sheltered basin for the berthing of the Order's navy within the fortifications. This plan was abandoned and the area was never developed following the grid-iron plans of the rest of the city. The area started being occupied by the poor and is still today part of the slum area in the city. For many years Valletta was the hub of an extensive maritime network and during the British rule (1800-1964) it was again the centre for one of the most powerful naval fleets in Europe.

The Cottonera area consists of three towns located very close to each other, being Vittoriosa/ Birgu, Senglea/ Isla and Cospicua/ Bormla. Cottonera is one of the most densely populated areas in Europe (as seen in figure 3.4).

The three towns originated in medieval times, well before the arrival of the Order of St John on the Island. When the Order came to Malta, in 1530, it established its base in Cottonera because of its position near the Grand Harbour. This place was ideal to offer a safe haven to the Order's naval fleet and to carry out maritime activities.

During the British period (1802-1979), Cottonera retained its role as an active hub for maritime activities. Large and modern docks were built to cater for the ship building and ship repair industry. Dockyard workers took up residence in the locality and the area of Cottonera became densely populated. Before the war, Cottonera, like Valletta was regarded as a prestigious locality on the island, reflected in the fact that the first primary schools were found here.





*Figure 3.4: Aerial image of Cottonera: Photo by Marianne Elanguet*

Since Malta was a British colony, and because of its strategic position, it was involved in World War II. The area around the harbour (including Valletta and Cottonera) suffered from intensive bombing which caused much destruction.

Valletta and Cottonera, being both walled and fortified cities and geographically situated around the Grand Harbour, share similarities in their physical structure. Both localities underwent severe bombing during the Second World War, resulting in massive destruction. On the other hand St Paul's Bay, having always been a fishing village and at a considerable distance from the harbour, does not share the same context of Valletta and Cottonera.

In the neighbourhoods of Cottonera and Valletta, the Second World War was a determining factor for structural and social change. Indeed in Cottonera the dockyard maritime industry and the built up environment changed because of the war. In Valletta, like Cottonera the buildings including the housing areas changed drastically due to the bombing. Moreover, the departure of the British naval base considerably affected the economy of both Valletta and Cottonera.

## *Housing*

During the reconstruction, every care was taken to conserve the character of the city. As stated in the Harrison and Hubbard (1945) report, the challenge then, that persists today has been, *'to modify a City [built] to serve the simple needs of the 16<sup>th</sup> century so that it may satisfactorily serve the complex needs of today'* (1945, p.64).

In the post-independence era (after 1964) the most important political issue in Malta was social housing. Valletta was affected as it saw the build-up of social housing in most of its areas which also caused many well-off families to move out of the city and settle in more modern and comfortable homes in other areas of the island. In the twentieth century, Valletta went through a steady decline in population. This was due to migration to areas outside the fortifications and to other towns and villages across Malta. Due to the densely packed housing that had been built before the war and because of the confined spaces many families lived in, the reconstruction after the war was initially seen as an opportunity for improvement. Indeed Harrison and Hubbard who were the architects assigned to reconstruct the damaged buildings after the war state that, *'devastating as is all this destruction, it has provided the opportunities to build afresh on a wiser plan'* (Harrison and Hubbard, 1945, p.4). This idea of the ravages of war creating opportunities for renewal was widespread but the reconstruction plans for Cottonera (figure 3.5) and Valletta and their implementations proved to be unsuccessful.

The plans were implemented over several years by a variety of different architects who failed to obey the original design intention of the architects Harrison and Hubbard. Dom Mintoff, who was one of the architects of the social housing estates which were being built after the war and who was also the minister of construction at that time, had maximum control over these allotments. Himself hailing from Cottonera, he started the welfare state and the poor compatriots started regarding him as their saviour and benefactor. However, the resultant buildings proved to be unsuitable for the Maltese climate and culture. Examples of these are the narrow balconies in some social housing particularly exposed to the sun in Cottonera. Consequently, the reconstruction of Cottonera which was built so haphazardly, did not succeed to attract back its inhabitants, who by this time after the war had settled in other localities across the island.



*Figure 3.5: Old and new buildings in the streets of Cottonera*

The housing department started allotting units in these blocks of flats to the deprived and homeless. The phenomenon of flight of the well-to-do families from Cottonera caused a depopulation and ‘hollowing out’, which demonstrated how the quality of the neighbourhood can deteriorate over time through the residential mobility of different social groups (Macintyre and Ellaway, 2003). This depopulation caused the closure of local physical amenities such as small shops which housed photographers, tailors, cobblers, carpenters and also the departure of resource rich individuals such as doctors, lawyers and educators who helped in the social relationship of the community. This resulted not only in the loss of access to retail outlets but also the loss of wealthier and resource rich individuals who were key stakeholders in the community. When these local services closed, the residents not only suffered from the practical inconvenience but also felt that the departure of these service providers indicated lack of interest and support in their neighbourhood (Macintyre and Ellaway, 2003).

Moreover, the residents and owners who inherit property in Valletta are reluctant to invest large amounts of money for the refurbishment of old dwellings. They face various

limitations to rebuilding projects, primarily because Valletta is a UNESCO heritage site, leading to tight regulations for reconstruction. It is very difficult to move out other tenants who jointly live in the same building due to structural problems. Many of these tenants, being elderly people, are unable to move, so landlords are unable to upgrade their property to be put on sale. Hence, these houses are attracting low income people. Moreover the dilapidated environment affects the health and wellbeing of the inhabitants as well as their morale and self-esteem. In fact Nathalie, one of the respondents from Valletta, observes all this and is concerned about the decline in the status of her neighbourhood.

*I live in a house with three storeys... Very often we have four flights of stairs...sometimes I say "Oh dear I am so tired going up and down". Here, when elderly people die, their house is left abandoned. The children do not feel like refurbishing it as there are a lot of regulations... So we are having a lot of dilapidated housing. Then another thing is that they are renting them cheaply and the people who are coming to live here are not so pleasant to live next to! (Nathalie, married, Valletta)*

The Manderaggio district in Valletta was considered by Bedford (1903 in Mallia Millanes, 1993) as '*closely-packed, ill-drained alleys, foul and damp*'. Blouet (1967) adds that the slum dwellers were mostly unemployed or had low wages and marginal living conditions. Today the Manderaggio area still houses the mostly deprived in spite of the efforts of the government to rebuild and modernise this area. The Manderaggio is still a gloomy area located behind the massive fortifications, where daylight hardly penetrates, and only the poor accept to live in these conditions.

### ***Employment***

Both during the times of the Knights of Malta, as well as under British rule, Cottonera enjoyed prosperity, its fortune revolving around the harbour activity, as both the Knights of Malta and the British were sea-farers and both had a dockyard built in Cottonera. All this prosperity came to an end when Malta, being a British colony and because of its strategic position, became engaged in World War II.

Employment in the dockyard reached its peak in the inter war period (1919 – 1939). After the Second World War the once prosperous area, due to the maritime and naval industry, started dwindling with the process of the British decolonisation. With the closure of the military base in Malta, the dockyard which was the heart of Cottonera fell under the administration of the Labour government which was in power at that time. The bulk of the labourers in the dockyard hailed from Cottonera and an entire educational programme for the working class was provided in the area, enabling men to gain employment in the dockyard. Boys at the early age of 14 were also employed in the dockyard since poor parents opted for immediate employment for their children.

The post war era saw massive reconstruction projects in Cottonera. A number of social housing estates were built in the area which had been destroyed by bombing. The closure of the naval base and the dwindling of the ship building industry also created a decline in employment.

The closure of the British naval base in Malta has had a major impact on the local economy. Since both Valletta and Cottonera flank the Grand Harbour they enjoyed employment opportunities related to the British navy; Cottonera as a ship industry and Valletta as a base for entertainment. However with the departure of the navy, Valletta and Cottonera were heavily affected, emphasising the fact that historical circumstances shape the present health and resources of a place.

The population in this area is constituted of an almost uniform industrial working class. It has, over the years, provided a power base for the Maltese Labour Party. In fact the dockyard was managed in a partisan manner and some people were employed doing nothing. This mismanagement caused the collapse of the dockyard industry. Yet subsequently, political parties continued to finance it with the taxpayer's money. Later, in order to start the process of privatisation, the government, in agreement with a workers union, offered the employees an early retirement scheme. This caused the labelling of the inhabitants of Cottonera, the majority being dockyard employees, as lazy and welfare dependent and they were looked down upon by the rest of the Maltese taxpayers.

It should be noted that the dockyard also influenced the health context of the neighbourhood. Situated in the heart of Cottonera, it was and still is the source of pollution in the area. Because of this, Cottonera has been rated as the hardest hit in terms

of environmental degradation. Noise pollution is a major problem; sounds of heavy machinery, sirens calling the dockyard workers four times a day, the hooting of ships entering the dockyard and the grit blasting causing not only noise pollution but also air pollution. The proximity to the power station which used to operate with heavy fuel oil further accentuated the hazardous neighbourhood context. This was closed in March 2015.

### ***Prostitution in Valletta***

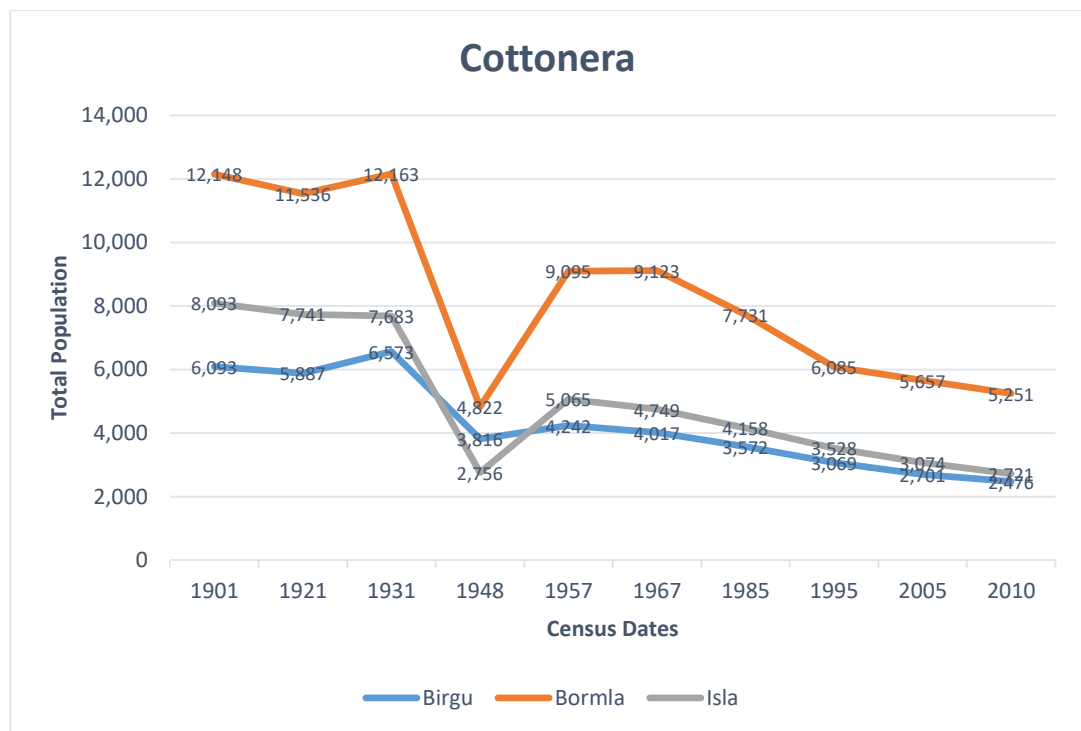
Valletta enjoyed the commerce that night life activity created when Malta was a British naval base. For decades, the area which generated an economic lifeline was in a street in Valletta known as Strait Street, a thoroughfare so narrow that in some areas you can touch the street's walls on either side with outstretched hands. In its early years it had already acquired a reputation as a locality for courtesans and prostitutes. However its popularity increased in the late 19<sup>th</sup> and early 20<sup>th</sup> centuries when the Grand Harbour teemed with Royal Navy cruisers, destroyers and merchant navy vessels transporting servicemen to and from the Suez Canal. Thus was established Malta's main "Red Light" district, as progressively Strait Street began to fill up with bars and music halls which in turn filled with female sex workers. These activities involved a large number of the residents of Valletta from all walks of life. The amount of money that was made through these activities was enormous when one considered how poor people were at that time. This business generated so much money that a musician in one of the halls in Strait Street earned seven times as much as a civil clerk.

With the departure of the British navy from Malta this activity lost all its importance resulting in the closure of all the bars and cafes in Strait Street in Valletta. This heavily affected the generation of foreign income and left many residents in Valletta inactive and unemployed.

### ***Change in socio demographic composition***

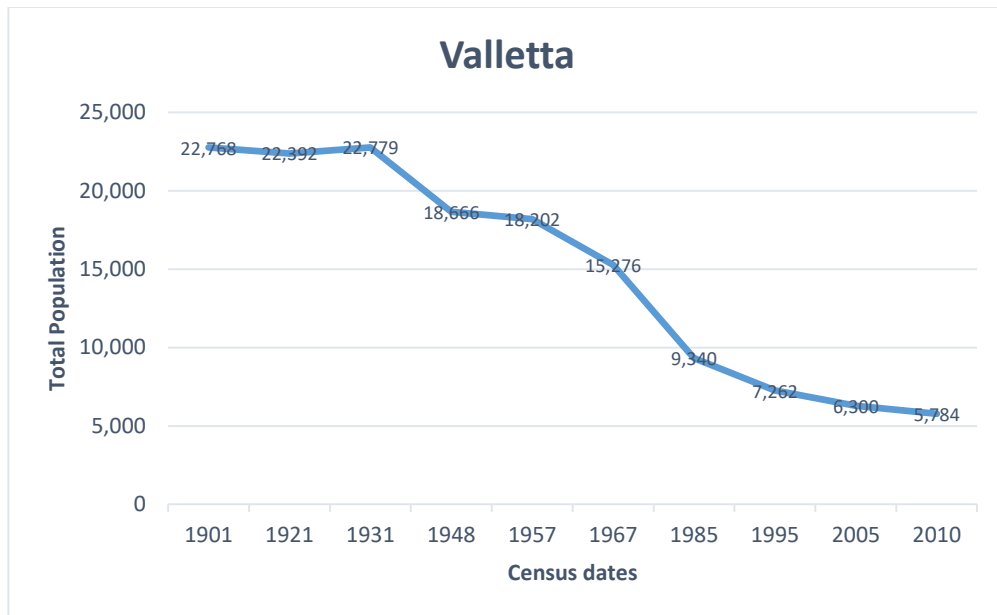
The devastation which followed the heavy bombardment contributed to the exodus of the residents to seek shelter in safer areas elsewhere on the island. Those who moved out of the area during World War II tended to be families with sufficient material means and were able to find alternative shelter elsewhere. As seen in figure 3.6 and 3.7 a large proportion of these wartime refugees did not return after the war. Therefore the war led

to a structural change in the demographic and social composition of the area. Boswell (1994) observes that the ‘*post-war repopulation of Cottonera is said to have introduced a poorer and socially more depressed working-class population than it had before its elite moved out*’ (1994, p.133). Moreover, the increase in affluence enjoyed by the militant dock workers during the labour rule (1971-1987) together with the improvement in the means of transport led many of them to move out of Cottonera and settle elsewhere. This led to a concentration of low income groups in Cottonera accentuating a change in the socioeconomic composition of the neighbourhood since much importance was given to the activities in the dockyard with little foresight about the eventuality of its privatisation.



**Figure 3.6: Trends in the total population of the Cottonera area since census date 1901**

As seen in figure 3.7 Valletta’s population dropped so quickly that, between 1985 and 1994, the number of households in Valletta is estimated to have fallen by 14%. Apart from this, the current population is demographically imbalanced, considering that 30% of the entire population of Valletta consists of citizens aged over 60. Moreover, as shown above there is a relatively high proportion of citizens living on pensions, social security and other forms of benefits provided by the state.



*Figure 3.7: Trend in the total population of Valletta since census date 1901*

The 2005 census revealed that the average age of Valletta’s residents was 44.2 years while that of the Maltese population in general was 38, showing that the population of Valletta is older than the national average.



*Figure 3.8: Daytime activity in a street in Valletta*



Despite the steady decline in population, Valletta is still one of the most densely populated areas in the Maltese Islands. Commercial activity and the presence of several offices in the capital, lead to an increase in daytime population. Moreover the heritage value of the city, the number of museums and the development of the cruise liner industry attract a considerable number of tourists throughout the year. This influx of people during daytime as seen in figure 3.8, is in contrast to the small resident population, reducing the capital city of Valletta to a ‘ghost city’ at night.

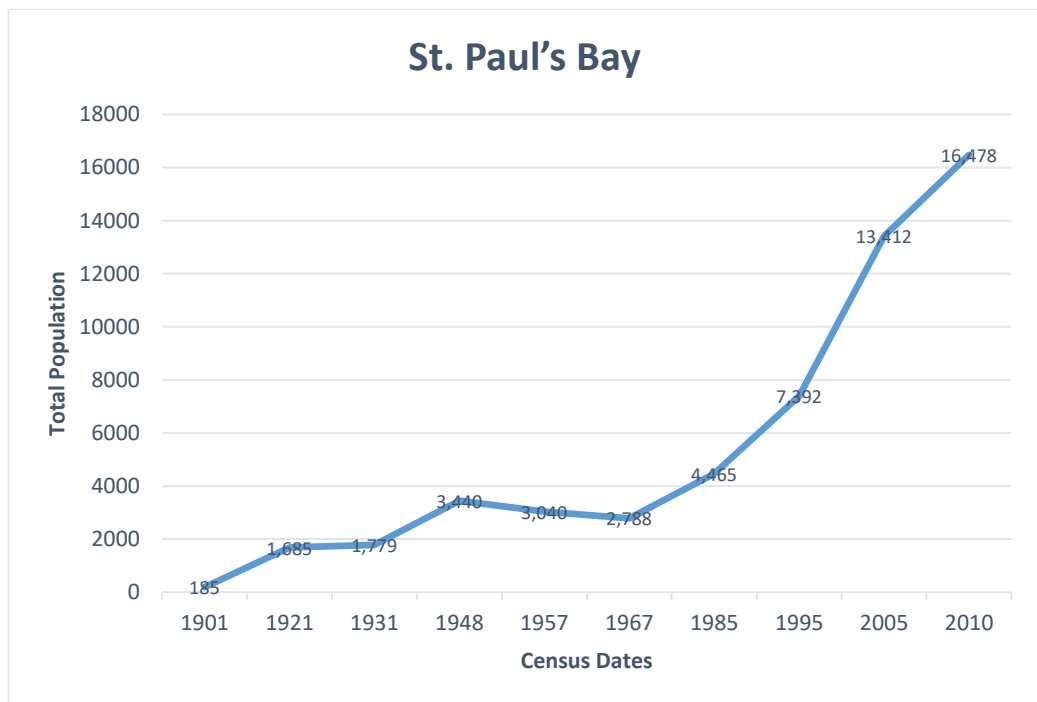
### ***St Paul’s Bay***

St Paul’s Bay, is situated in the north of Malta, 16km away from the capital city of Valletta. It is one of the largest urban settlements in Malta, comprising the areas of Bugibba, Burmarrad, Qawra and Xemxija. St Paul’s Bay is Malta’s largest seaside resort (Figure 3.9). It represents Malta’s most cosmopolitan locality with 14% of its population consisting of ex-patriates. British ex-patriates account for 7% while another 7% consists of a variety of other nationalities. Over the past years St Paul’s Bay has attracted immigrants from all over the world.



***Figure 3.9: Aerial image of St Paul’s Bay: <http://www.maltavista.net>***

As seen in figure 3.10 the population of St Paul's Bay is continuously on the increase. Indeed St Paul's Bay has experienced the highest percentage of internal migration. Whereas Cottonera and Valletta have experienced socio-demographic problems for a number of years and their population is an ageing one, St Paul's Bay does not have a long history of socio demographic problems, since it was, and still is a summer residence for a number of people living in Malta.



**Figure 3.10: Trend in total population of St Paul's Bay since census dated 1901**

Additionally, the number of dwellings in this area increased by 7,000 within a span of ten years which is considerably high when compared to other areas, explaining the demand for housing in this locality. Moreover, several hotels have been demolished and developed into apartments thus contributing to the easy availability of rental residences as seen in figure 3.11.

The total child population (those aged 18 and under) of St Paul's Bay, according to the 2005 census, is 2,801 which is one of the largest absolute numbers in Malta and larger than in the other two case study areas. The average age at St Paul's Bay is low (36.8) when compared to the average age of Malta (40.5). More than 4,000 of the total

population consist of foreign residents. Indeed St Paul's Bay state primary school hosts students from about 30 different nationalities, coming mainly from Britain, from Eastern Europe and North Africa. With the influx of foreigners residing permanently in Malta, the demand for housing in this area has increased, giving rise to families living permanently in summer residence apartments.



*Figure 3.11: The modern neighbourhood of St Paul's Bay enjoying views of the sea and of the countryside*

### ***Tourism in St Paul's Bay***

In the post-independence years the tourist industry in Malta flourished. The area of St Paul's Bay for many years enjoyed the serenity of a quiet fishing village. It is in the last decades that this neighbourhood has enjoyed a boom in the tourism industry. Hotels, restaurants and nightclubs are plentiful. As in summer time the population multiplies four times as much, many apartments were built to meet the demands of the tourists and the Maltese summer residents. Indeed in a span of ten years the number of dwellings in St Paul's Bay increased by 7,000. This overdevelopment led to a depreciation of rental fees. Moreover several hotels have been demolished and developed into apartments, thus helping the easy availability of rental residences. This encouraged people from all over

the island who were looking for low cost rental flats to move and settle in the area of St Paul's Bay.

An example of this is Sandra who, coming from a village where property prices are quite high, could not keep up with the bank loan payments of her new house. After a lot of turmoil the family succeeded to sell its house and buy a flat in St Paul's Bay without needing to take a bank loan.

*We decided to reduce our loan payments and live a better life and indeed the stress decreased and the arguments ceased (Sandra, married, St Paul's Bay)*

Like Sandra, many families undergoing financial difficulties find St Paul's Bay as a refuge. Likewise Norma narrates that being constrained to live in a basement lacking hygienic conditions she decided to move to an apartment in St Paul's Bay as she found accommodation there at an affordable price. Automatically this change in the context of St Paul's Bay has created a change in the composition of the neighbours.

The historical context of both Cottonera and Valletta show how poverty and deprivation have always been present in these two localities. The Second World War was a decisive factor for the drastic change that occurred in these two localities. Both Valletta and Cottonera experienced a massive out-migration during the war but the reconstruction of these two cities with their poorly designed housing estates did not attract back the inhabitants who once lived there. This had the effect of an increase in agglomeration of deprived families.

However, Valletta being the capital city, still hosts civic and administrative institutions as well as private entities and many residents from Valletta find jobs such as telephone operators, barmen, waiters, cleaners etc. The residents, apart from being employed in these institutions, interact with professionals who daily commute to Valletta for work. Moreover in Valletta there is a flourishing tourist industry and many find employment in this sector. Cottonera on the other hand although like Valletta can boast of its ancient history, has been left dilapidated for too long to attract tourists. The people of Cottonera do not benefit from the economic activity present in a city like their counterparts in Valletta. Residents of Cottonera feel that the closure of the dockyard has not been replaced by another economic activity that can boost the development of the

neighbourhood. St Paul's Bay which like Valletta is a tourist hub, generates diverse employment opportunities even with a measure of flexibility for its residents.

Furthermore the residents of Valletta are at an advantage over those of Cottonera since all transport network routes lead to Valletta. This creates a means of communication with the rest of the island. On the other hand, residents in Cottonera lack this benefit where the means of public transport is only to Valletta, which is time consuming, creating a further deterrent for employment outside Cottonera.

This section has explained why these three areas were chosen and how the context and composition of these places have changed and evolved. Recognising their past enables a better understanding of the present neighbourhood processes.

### **3.4 Sampling and recruitment of study participants**

The purposive sample for this research was not intended to represent the wider population of the study area; rather, this type of sample is criterion-based (Le Compte et al., 1993) as,

*the logic and power of purposive sampling lies in selecting information- rich cases for study in-depth. Information-rich cases are those from which one can learn a great deal about issues of central importance to the purpose of the research, thus the term purposeful sampling (Patton, 1990, p.169).*

In this research, the sample of mothers was chosen according to a number of criteria: being resident in the neighbourhood; having children between 5-16 years of age; and experiencing or having experienced socio-economic problems. Different forms of family structure were sampled to capture some of the diversity of family life in experiencing social change within their neighbourhood environment. Researchers have demonstrated that children can self-report on their health from as young as six years of age, albeit showing more reliability and validity as age increases (Riley, 2004). The children across the sample families comprise both boys and girls of different ages, enabling the analysis of the gendered differentiation in how the family and neighbourhood social environment affect children. The sample recruited for this study includes mothers who are married, single mothers, separated, divorced and cohabitant mothers, whose ages vary, ranging

from young mothers in their twenties to mature mothers in their late forties and fifties and grandmothers who are in their sixties. This was done to understand the differences in individuals' life courses and how these relate to their wellbeing in their neighbourhood environment.

A sample of ten families, comprising parents and their children, were approached from each of the three study areas. My original target sample was expected to be recruited from the families in need who were users of the services of *Access*. The *Access* Community and Resource Centres where my research was conducted offer social services to the residents of these communities.

In Valletta, and more so in Cottonera, the recruitment of respondents from *Access* was not always possible. This was due to a lack of trust on the part of mothers in need, towards social workers, as it was found that these have a double role, that of helping and that of reporting to authorities. Therefore some inhabitants who may be in need do not seek their help, due to fear of being reported by the social workers to government authorities if they are cohabitating or experiencing domestic violence and consequently experience more trouble or hardships in the family. For example they fear that their children might be taken away from them and put into foster care and therefore, they do not make use of this service. Thus my sample in Valletta and Cottonera was recruited through other channels apart from through *Access*. Women in Valletta and Cottonera also seek help from religious or non-religious Non-Governmental Organizations (NGOs). Consequently, I attended and helped out with activities with these NGOs to get to know and recruit more respondents in these neighbourhoods. In St Paul's Bay, the recruitment occurred during summer activities which *Access* held with the children at St Paul's Bay where I had the opportunity to get to know both mothers and children while attending these activities. Thus recruitment at St Paul's Bay, although time consuming, was done through the use of the agency *Access*. Since St Paul's Bay lacked religious organisations and other NGOs, the respondents were more constrained to seek help from the agency rather than religious organisations or other NGOs, as these are less present in this locality. Table 3.2 below contains the list of interviewees using pseudonyms with non-identifiable information on each respondent. The table explains the respondents' age, the location where the interview was held and if the family was re-interviewed. This table is designed to provide the reader with a simple understanding of how the individuals are related. However, due

to the sensitivity of the topic, it was felt that an amount of detail about the respondents had to be minimised in order to protect the identity of the informants.

<b>Location</b>	<b>Pseudonym of parent/s, Age</b>	<b>Pseudonym of Child/ren interviewed, Age</b>	<b>Re-Interviewed</b>
<b>Valletta</b>	Maria (early 30s)	Isaac (adolescent)	✓
<b>Valletta</b>	Sunta (late 40s)	Raisa (middle childhood)	
<b>Valletta</b>	Tony (early 50s) & Shania (early 30s)	Shanon (adolescent)	
<b>Valletta</b>	Tracey (late 30s)	Daniel (middle childhood)	
<b>Valletta</b>	Tania (early 40s)	Luca (adolescent)	
<b>Valletta</b>	Jane (late 40s)	Shyesidin (adolescent)	✓
<b>Valletta</b>	Miriam (late 30s)	Kayden (middle childhood)	
<b>Valletta</b>	Nadia (late 30s)	Marlon (middle childhood)	✓
<b>Valletta</b>	Pauline (late 60s)	Iona (adolescent)	✓
<b>Valletta</b>	Nathalie (early 40s)	John (adolescent)	
<b>Valletta</b>	Marouska (early 30s)	Peter (child) and Carlo (child)	
<b>St Paul's Bay</b>	Isabella (early 40s)	Michael (middle childhood)	
<b>St Paul's Bay</b>	Suzanne (late 30s) & Joe (early 40s)	Alessandro (middle childhood)	
<b>St Paul's Bay</b>	Deborah (early 40s)	Tara (adolescent), Faye (middle childhood)	
<b>St Paul's Bay</b>	Norma (early 30s)	Hayley (middle childhood)	
<b>St Paul's Bay</b>	Louise (early 40s)	Olivia (adolescent) and Max (middle childhood)	
<b>St Paul's Bay</b>	Ritienne (late 30s)	Mariah (middle childhood), Brandon (middle childhood), Stephanie (child), Mark (child)	✓
<b>St Paul's Bay</b>	Roseanne (early 30s)	Leon (adolescent)	

<b>Location</b>	<b>Pseudonym of parent/s, Age</b>	<b>Pseudonym of Child/ren interviewed, Age</b>	<b>Re-Interviewed</b>
<b>St Paul's Bay</b>	Lorenza (early 30s)	Zac (child)	✓
<b>St Paul's Bay</b>	Antonia (early 40s)	Matthew (adolescent), Maria, (adolescent), Dianne (child), Luke (middle childhood)	✓
<b>St Paul's Bay</b>	Sandra (late 40s)	Jayden (middle childhood)	
<b>Cottonera</b>	Rose (early 40s)	Gillmor (adolescent), Kimberly (adolescent), Paul, (middle childhood)	✓
<b>Cottonera</b>	Margaret (early 40s)	Islem (middle childhood)	✓
<b>Cottonera</b>	Rodianne (early 30s)	Fiorella (child)	
<b>Cottonera</b>	Patricia (late 30s)	Megan (child)	
<b>Cottonera</b>	Ruth (late 40s)	Kevin (adolescent), Charmaine (adolescent)	
<b>Cottonera</b>	Georgina (early 70s)	Jose (adolescent)	✓
<b>Cottonera</b>	Monica (40s)	Roberto (child), Rosalba (child)	
<b>Cottonera</b>	Catherine (late 40s)	Amanda (late adolescent), Derek (adolescent) Victoria (middle childhood),	✓
<b>Cottonera</b>	Priscilla (early 40s)	Gary (child) Daniela (adolescent), Josef (middle childhood),	
<b>Cottonera</b>	Michelle (early 30s)	Kieran (child)	✓

*Table 3.2: List of interviewees, general information and recruitment procedures*



Although this research employs a grounded theory approach, which in principle assumes a lack of an *a priori* conceptual framework, this is rarely if ever fully the case; here the sample criteria are based on existing knowledge of the social structure of the society and the kinds of factors likely to be of interest.

However, Glaser (1978) points out that with grounded theory, the researcher must have some idea of where to sample and as he starts with a sample where the phenomena occurs (Chenitz and Swanson, 1986) and then, '*groups are chosen as they are needed rather than before the research begins*' (Glaser, 1992, p.102). Therefore it is suggested that purposive sampling helps in addressing features of grounded theory approach and facilitates the analysis (Coyne, 1997; Wilson and Luker, 2006). Although one cannot predict the ideal sample size, typical grounded theory studies report sample sizes that range from 10 to 60 respondents (Starks and Brown-Trinidad, 2007).

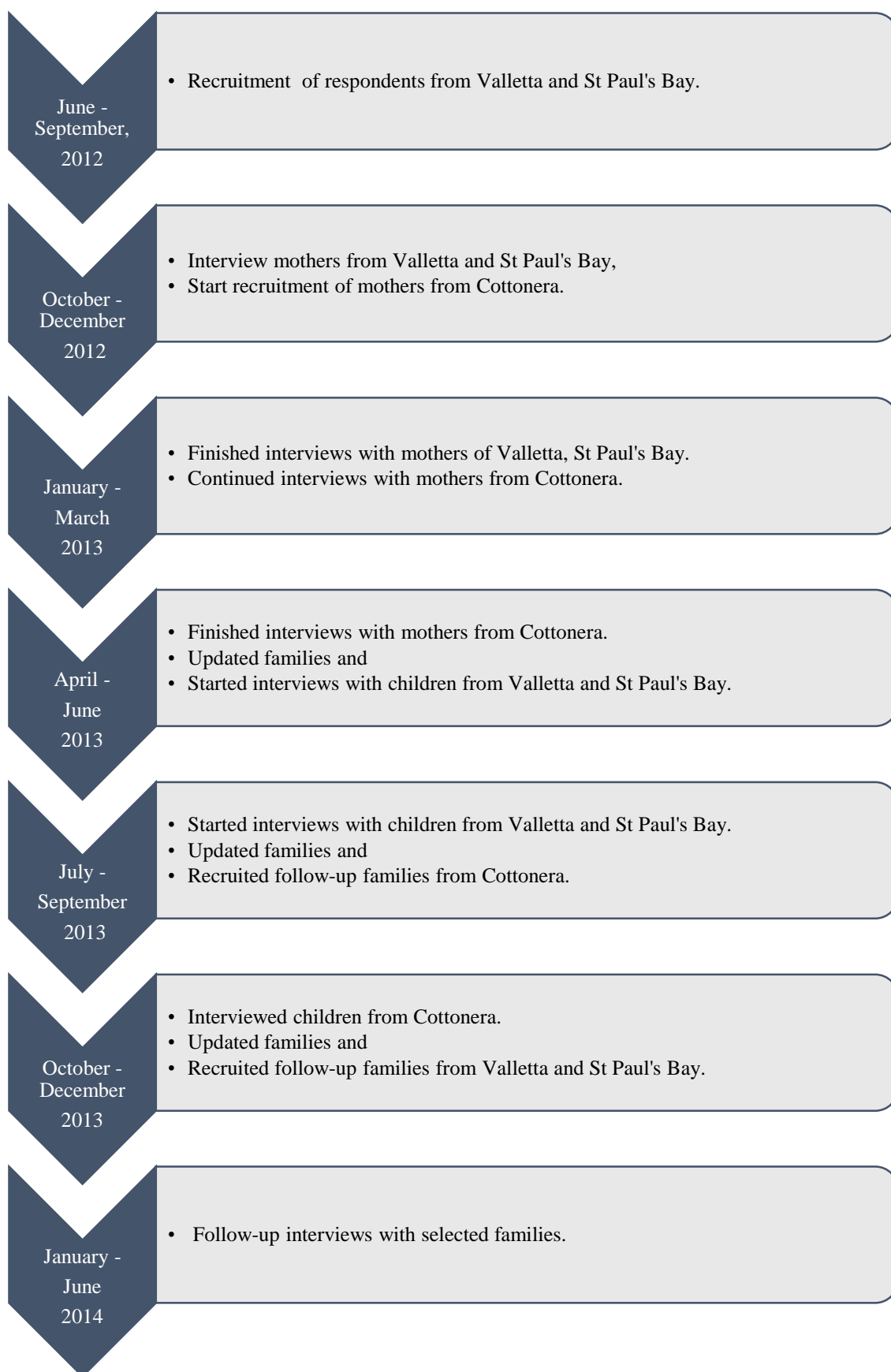
It was very clear that confidentiality and anonymity were crucial amongst the respondents to the extent that many did not want to show their neighbours that they were being interviewed. Moreover, none of the respondents agreed or felt comfortable in participating in a focus group with the neighbours. Nevertheless, when I encountered problems with sampling through *Access*, some respondents introduced me to other NGOs and introduced others to participate (mainly familial relatives). Therefore, snowball sampling was also informally applied as a method to increase rich data in the emergent issues. Snowball sampling (Vogt, 1999) makes use of the social network of the interviewed person. It was believed that once the first respondents felt that I could be trusted, others would agree to participate. This method was successful as one respondent assured the other that the interview is confidential and that the experience is enjoyable. Therefore this method enabled me to become accepted in the community as a researcher and to reach my target group of individuals.

Initially, it was expected that the interviews with married couples would be carried out including the father. Yet this did not materialise as the mothers stated that they wanted to have a chat without the presence of the husband or the partner while the fathers themselves asked to be left out as they stated that matters related to the children were better discussed by the mother. In fact only two fathers participated.

As explained before, the recruiting procedure was time-consuming and I participated and volunteered in a number of activities in order to gain the mothers' and their children's trust. In fact, the first interviews were held through the connections I had made with the children who then encouraged their parents to participate. In Valletta I helped in the organisation of drama sessions held weekly by *Access*, where children performed a play and on the day of the show I provided food and drinks and in this event I was able to meet the parents. In the evenings during that same summer I participated in sports activities held by *Access* in St Paul's Bay. Here I had the opportunity to meet both the parents and the children and the majority were recruited during a sports day held at the end of summer. However, in Cottonera I only succeeded to recruit two interviewee families through *Access* as the majority of the attendants were elderly and did not fall in my target sample. Yet, one respondent introduced me to another NGO by the Third World Group '*Dar Tghannieqa*' [House of hugs] where her son attended educational classes in the evening. I asked the permission of the organisers to start volunteering during their weekly activities and so several respondents were recruited through this NGO. One of the respondents had also pointed out that she attended a religious organisation 'The Legion of Mary' where talks are held weekly to groups of mothers in the neighbourhood. Having been a member myself of this organisation as a child, I was permitted to take part and meet the mothers on a weekly basis.

The permission to conduct the interviews was obtained from both the mothers and the children. My approval as an interviewer of the child had first to be obtained from the parent/s. After getting the consent of the parents, I proceeded to get the consent of the child and siblings and subsequently explain the aims of my research. Attached in Appendix A one may find the consent form and the interview protocol. No pressure was put on the child regarding his/her participation. I explained to the child in question that a number of other children from different localities were also taking part in the research and their views and experiences as children and teenagers were important for the research. On fixing the appointment, the children and mothers were informed that the interview will focus on themselves, on their relationships, on their wellbeing and on their neighbourhood environment. They were also reassured that all their personal details would be removed from the transcriptions.

The interview procedure was divided in stages as shown in table 3.3. Firstly, I interviewed all the mothers in order to gain insight into their experiences in their neighbourhoods. Then I started the second phase by interviewing the children. On average there was a gap of six months between the first interview held with the mothers and that held with the children. This span of time gave me the possibility to monitor changes within the interviewed family and its neighbourhood. In fact some of the families had experienced changes such as pregnancies, separations, arraignments in court and family feuds. Further contact was kept with several families in varied ways such as extending birthday wishes and giving children birthday presents. Apart from these occasions, Christmas too provided the ideal time for encountering my respondents. During these update meetings, points that were highlighted during the previous interviews were clarified and which helped the storyline to be better understood.



*Table 3.3: Timeline of interviewees' recruitment*

### **3.5 Interview approach**

Interviewing is one of the most popular methods used by human geographers (McDowell, 2010). It is the method that is able to capture life stories with instances from the present and the past and how these determine today's circumstances. McDowell (2010) also explains that since it involves personal interaction, it is challenging but also rewarding. As Rubin and Rubin (1995) explain, interviewing can be very time consuming but by this method the researcher can yield data most effectively.

Qualitative interviews conducted with the research participants followed a "tree and branch" design. A number of open-ended and trigger questions dealt with such topics (Ochieng, 2010) as neighbourhood and household environment, family and child relations, health and wellbeing and education. This encouraged mothers and children to elaborate in their responses and introduce new issues for discussion (Weiss, 1994; Rubin and Rubin, 1995). Conducting this tool through face-to face interviews, qualitative questions are essential for obtaining more detailed feedback from participants about their positive and negative perceptions on various aspects of their life. This enabled me as a researcher to use and understand multi-sensory channels such as verbal and non-verbal, spoken and heard ones. In doing so there is much more space for spontaneity and when narratives are complex the interviewer can re-word the questions to obtain answers to more complex and deep issues (Cohen et al., 2007). Furthermore, interviews are very often termed as interpretative methodologies and are highly associated with case study approaches (McDowell, 2010).

In this research both mothers (and sometimes fathers) and children were interviewed in order to understand the different perspectives of individuals within the same families. For this research study a total of 31 mothers, 2 fathers, 48 children and adolescents (also refer to table 3.2) participated.

By using the interview prompts (found in Appendix B) the interviews held with the mothers (two of which included the presence of the father) each began with questions related to the national changes going on regarding the family with the introduction of the divorce legalisation and how these mothers felt about these changes. This was done in order to start the conversation with an ice-breaker utilising the issue of national changes while in the meantime understanding the impact of national changes on the institution of

the family within a local and familial environment. Then the discussion generally moved to questions about the neighbourhood. In this way the respondents themselves distinguished which social and material features in the neighbourhood were important and determining for them. More detailed questions were then asked in more detail about how interviewees related with the neighbourhood, and with family members including the extended family and their children. The aim of these questions was to explore the social relations of the respondents with others around them and within their family. These prompts helped in answering the first research objective which focused on the social relationships in the neighbourhood. The question focusing on the relationship of mothers and their child/ren also covered how attitudes and social status are transferred between generations and the level of communication that exists between parents and children in order to find answers to the third research objective which focuses on intergenerational transmissions. Moreover, the mothers were able to highlight background stories about their children that would enable the subsequent interviews with the children to be successful. The questions then moved to issues related to income in order to explore more which material features are mostly determining on the health and wellbeing of the respondents within the context of the neighbourhood. These interview prompts aimed to understand the relationship between the material neighbourhood conditions and how they are influencing health and wellbeing. Lastly, the interview moved on to the value of education within the neighbourhood context in order to observe which features may enhance social mobility or intergenerational transmission of socioeconomic disadvantage. The interviews with children were related to their perception and involvement in the neighbourhood and their relationships with friends in the same neighbourhood. The interview also focused on their social life within the neighbourhood. This obviously linked to their aptitude to school and the school environment.

Being semi-structured, the majority of the interviews moved back and forth from one topic to the other and as an interviewer I was always alert to give prompts and ask questions to better understand the story. Although it was expected that most of the interviews would take around an hour to an hour and a half, the majority of the interviews took more time and some were as long as four hours. All the interviews with the children, except two, were held in the presence of the parents (interview prompts shown in Appendix B). The parents wished to be present throughout their children's interviews. It was noted that the children's narratives were more frank during those instances when

their parents moved away (such as when they went to use the bathroom or when they moved to take care of other siblings). Although I appreciated the sincerity of the children's stories I could not afford to lose the parents' cooperation. This proved to be a significant limitation as I felt that the children were afraid to express their true feelings, even when the mothers prompted them to talk. On the other hand the adolescents were more free to talk about their feelings and even in the presence of their mothers, they did not hesitate to contradict their mother's opinion. For this reason I felt that I should rely more on the adolescents' narratives than on those of the children, as the former were less biased or controlled due to the presence of the mothers.

To make the children feel comfortable during the interview, ice-breaker activities were held with the use of different materials and props to help enhance the level of comfort and reduce any tension. Any researcher working with children knows how important it is to address the balance of power and create a climate that is nonthreatening (Ross and Ross, 1984; Christensen, 2004; Driessnack, 2006). During several interviews, especially with children, participatory methods such as drawing, mind maps and story games were used to engage with the informants, as these served as ice breakers with the children and provided alternative modes of expression (Coad and Lewis, 2004).

The majority of the interviews were held in cafes, either in the same neighbourhood or in neighbouring localities. Very few accepted the interview to be held at home. The respondents were offered snacks and drinks at every meeting. Mothers were given a small jewellery item as a present and the children and adolescents were given books/ toys/ electronic gadgets. In those cases when the interviews were held at home the family was also given a small food hamper. This is also consistent with cultural expectations, since giving gifts to express appreciation is the norm in Maltese society.

### **3.6 Follow-up for selected families over time**

In order to investigate how changing circumstances were affecting the wellbeing of the family and the children in the neighbourhood, I aimed to maintain continuous communication with the parents, and follow ups were held for a period of almost two years. Apart from the first long interview the follow ups included three or more update meetings with the families, while telephone calls were made on a three monthly basis.

This helped me in keeping contact with the families and allowed me to be frequently updated with the changes occurring within the family.

These rounds of interviews enabled me to analyse the duration of social phenomena (Ruspini, 2002) and highlight the similarities between children living in different areas and the differences and changes in respect of one or more variables. Long term effects such as employment, remarriage and separation affecting the parent and the child were explored. Ruspini (2002) also adds that following people for a period of time can catch the complexity of human behaviour. Thus, the research was conducted longitudinally. The first round of interviews took twelve months and the second round with selected families took another six months. Lewis (2007) explains that longitudinal research is ideal when one is looking at change. She remarks that there are four key domains of change in social systems: individual, service, policy and structural. Over one and a half years to two years I was able to monitor a number of individual and familial changes. Although the experiences of individuals in the study areas are viewed here against a backdrop of significant social change in Malta, affecting for example, key institutions such as marriage and divorce, not all the interviewees seemed very aware of the changes. It may take longer than two years for social change to register consciously among all members of the society.

### **3.7 Analysis**

Analysing qualitative research proves to be a complex and challenging stage when doing this type of research. During this process, the research needs to be thorough in order to produce a comprehensive understanding of the emergent themes and theories (Ritchie et al., 2003; Spencer et al., 2003; Rubin and Rubin, 2005). When conducting research through grounded theory, the process of interpretation is on-going as it starts at the beginning of the project and continues right throughout the writing stage (Bowling, 2002; Spencer et al., 2003; Bell, 2005; Rubin and Rubin, 2005). Qualitative data analysis examines the words of the interviewees and what they mean and imply (Miles and Huberman, 1994). These meanings are then organised into themes, which are then interpreted to create theories.



Since the interviews were conducted in Maltese in all but three families, I translated and transcribed each interview into English as soon as it was possible. After the transcriptions I used descriptive analysis to detect and categorise key phenomena (Ritchie et al., 2003). Moreover, I wrote each respondent's life story within his/her neighbourhood context with minimum interpretation at this stage. This method enabled me to get to know the emergent data narrated during the interview (Hammersley and Atkinson, 2007). This also ensured that the participants' own stories would be well represented (Charmaz and Mitchell, 2001). These narrations were merged with the field notes (of the interview and also of the events in the neighbourhood that I participated in), in order to provide a diverse body of data captured during the research. The narrated life stories were also practical to reread before the second and third meeting with the same interviewee in order to query gaps which had not been explained well during the first interview. Both the verbatim transcripts, life stories and neighbourhood processes were uploaded to the qualitative data analysis programme *NVivo 9* which helped in storing and organising the data in a structured framework for analysis and record keeping.

In the transcriptions of children and adolescents' narratives, I included the interruptions by parents during the same interview as these were vital for the comprehension of the concept being discussed. These interruptions were highly interwoven in the responses of the children and they reflected the power dynamics present within the family. It was felt that the mothers wanted to make sure that by their presence they could keep a subtle control over the accounts given by their children. Although, as explained above, it was not planned to interview children together with their mothers, this served to provide me with another outlook on how the children and their mothers negotiated their opinions, their reasoning and explanations of their neighbourhood processes (Harden et al., 2000).

Following this, an 'open coding' approach was used, where sentences or phrases were grouped under codes of themes and topics which were constantly emerging from the field notes and life stories (Crang and Cook, 2007; Bryman, 2008). This open coding system enabled me to focus and select each category which was examined deeply. Through this, the meaning of these themes was further explored (Hammersley and Atkinson, 2007). Coding in qualitative research helps the researcher explore the similarities and the differences between the categories organised from the available data (Tutty et al., 1996;

Padgett, 1998; Patton, 2002). Moreover, Corbin and Strauss (1990) state that coding is the *'fundamental analytic process used by the researcher'* (1990, p.12).

As a number of themes started forming, an important feature of this descriptive stage was the development of typologies where categories of the emergent themes were described and analysed to start interpreting social phenomenon (Spencer et al., 2003). This reflects the bottom up approach that is emphasised in grounded theory.

The coding used during this research aimed at understanding the processes in the neighbourhood in order to comprehend the socio-spatial relationships involved and to be able to cross compare aspects related to history, culture, employment opportunities, the physical landscape and built environment with aspects related to the nuclear and extended family and neighbours. Moreover, there were other aspects such as religion, gendered relationships and social change which emerged as relevant underlying social processes. The children's transcripts generated codes related to parental and neighbourhood transmission of socioeconomic status and disadvantage, gendered behaviours, the use of space in the neighbourhood and the importance of education. These emergent themes intersected with each other, reflecting the intricate interrelationships present in the proximal neighbourhood context (Spencer et al., 2003; Bryman and Teevan, 2005). As these points emerged I used them to develop a conceptual framework, linked to other research, which is reported in chapter 2. These interrelationships, considered in three different case study settings, allowed me to observe how the resources and the processes occurring in one context are related to, and may influence the experiences and processes amongst other groups or in other contexts.

### **3.8 Ethics**

Ethical approval for this study was provided by the relevant research ethics review board of the University of Durham (Appendix C). This research study was also approved through the health and safety standards and field work code of practice regulated by the University of Durham (Appendix D). As explained above, participation in the study was voluntary and based on informed consent. As a researcher I am ethically bound to maintain the privacy of the participants, including confidentiality of the information they divulged with me and the anonymity of their identity (Baez, 2002). This research required

the permission of the parent or guardian for the child to participate and later of the child/ren themselves. Therefore the interview was conducted only when both parties (parent/guardian and child/ren) accepted to take part in the research. All data was anonymised during collection, using pseudonyms. The responses were all saved in passworded files on my personal computer to which no one else has access.

### **3.9 Positionality and reflexive role of the researcher**

My social position as a mother, teacher and student coming from Gozo, the sister island of Malta, helped me to be in a position where I was not regarded as a threat by the parents. On the other hand, being a teacher and a mother made the parents perceive me as someone who could help them and understand them. Moreover, because I come from Gozo, I was perceived by the respondents as someone who has to struggle to succeed. This is a general opinion of the Maltese towards their fellow islanders who come from Gozo who have to cross the channel and board a ferry on a daily basis for work and education. However it should be noted that although I paid attention not to highlight the differences between me as a researcher and the interviewees in order not to cause feelings of inequality between us, one cannot disregard the fact that there were differences in our economic and educational circumstances. Moreover, coming from a remote place and not knowing anybody from the locality put me in a 'neutral' position of trust with the respondents. This also provided me with the opportunity of clarifying issues with them on the pretext that I come from a different background. Moreover, being struck and surprised by the mothers' ability to strive hard to improve the family's situation (considering the limited financial and material resources) in order to enjoy good health and wellbeing, instigated me to analyse more their negotiation, the active agency they exercise and the social processes that they experience.

The researcher–researched relationship requires constant awareness of the feelings of the respondent and so I felt that I should always show sensitivity to their needs. The fact that I kept contact with them over a period of time helped me develop a warm relationship with them and many saw me as a person whom they could trust and rely on. Indeed, I found it hard to lessen my ties with them when the fieldwork was over. There were instances when the respondents turned to me for help when in need. In fact, on one occasion I was asked to drive a respondent mother to hospital to give birth and drive her

back home from hospital after she delivered her baby. At other times, some parents called me to help with their difficulties regarding their children's experiences, for example in cases of bullying, revision difficulties prior to exams, access to past exam papers as well as, difficulties about the choice of school subjects. I was in frequent contact to provide support with one of the respondent mothers who was undergoing litigation in court with her ex-partner regarding sexual assault on her daughter. Other examples of moral support that I was able to offer as a researcher of a qualitative longitudinal study, include support during marital breakdowns and illnesses. These instances offered me as a researcher, an insight into the respondent mothers' attitudes, limitations and also their wishes for their children's success which otherwise, I would have not been able to consider. This clearly corresponds with how Goodwin et al. (2003) and Punch (1994) state that the researcher needs to build a healthy rapport with his participants.

In fact, during several interviews the respondents stated that they had never confided in a social worker, or in a priest during confession or even to close members of their family as they had done with me, emphasising that they had the possibility to talk without being judged. They added that they felt that there was somebody who was ready to listen to their life stories with compassion and empathy while also instilling in them courage to move on. Clearly, these interviews have been a very positive experience for the respondents.

Thus I feel that my approach with my respondents greatly helped me to understand the processes that they go through in their neighbourhood environment. Although the respondents knew that my way of life differs from theirs, I felt I had to tell them parts of my life stories which related to theirs. This helped to build a bond between us helping to reduce the difference in power that may exist between the researcher and the researched and created an environment of understanding and empathy. Consequently their accounts turned out to be more elaborate. I repeated this strategy with the children where I recounted to them episodes from my early schooldays and anecdotes about students, their age who I taught. This approach enabled the young respondents to express themselves clearly and frankly.

These techniques helped me to better understand the neighbourhood context. In fact the children felt that the interviews were a way of conversing with each other and never seemed to feel the stress or imbalance of power that an interview may create which, for

example Matthews (2001) explains that such imbalances may be due to age or social class. Moreover, Punch (2002) explains that children and adolescents may regard adults as persons of authority, while adults may assume that children or adolescents are still too young to understand their experiences. Therefore I paid extra attention to try to equalise this potential power difference between me as a researcher and the child and adolescent respondent, in order to create a more comfortable environment. The adolescents and children who were approached through volunteering in the activities held during summer at *Access* built a better rapport with me than the other children and adolescents who were recruited through their mothers. Another aspect that was pointed out by the respondents was their feeling of usefulness, as with their interview narrations, they were contributing towards my research which can serve as an eye-opener about their neighbourhood situation to policymakers and the media.

Although I enjoyed conducting every interview, at times the experience was so overwhelming that it left me drained. Feelings of inequality and social injustice irked me and upset me. Feelings of incompetence encompassed me as I was feeling that I should contribute more towards the wellbeing of my respondents. I also felt angry at the authorities for not doing enough to ameliorate the conditions of life of my respondents. Sometimes I felt helpless as the respondents expected me to do what was out of my powers such as finding them a job or act as a counsellor when I am not trained to do so. On the other hand some respondents even felt sorry for burdening me with their problems. For my personal health I felt that I needed a minimum gap of three to four days between one interview and another in order not to become overly attached and overwhelmed. This time also served as a time for reflection, an opportunity to keep up with the transcription and to be prepared for the next interview. Moreover, as Dickson-Swift et al. (2008) point out, one has to leave time to be able to process and ‘stand back’ from information.

### **3.10 Limitations**

A number of limitations were identified after finishing the fieldwork. These limitations were related to the research design and methods as well as to lack of time. A qualitative approach with a restricted sample size. Qualitative sampling methods of the type used in this study are not designed to provide statistically representative information that may be generalised across the population from which the informants are drawn. Therefore, the

findings from interviews that were undertaken for this project cannot be interpreted as describing conditions for the wider population in the areas where the research was carried out. The second limitation was the ability to observe change over an extended time period, as the process of change has to be monitored for a number of years in order to be properly assessed.

Another limitation was that fathers were generally unwilling to contribute, since the researcher was a female. The father's outlook might have complemented the mother's response on neighbourhood processes. Another limitation to this research study is the fact that none of the respondent mothers wanted to participate in focus groups due to their fear of being gossiped about and misjudged. They feared that having to reveal personal information during the focus groups could taint their family honour. However, if they had been feasible, focus groups might have helped me explore more deeply the collective processes taking place in the neighbourhood and shared experience of how these affect the inhabitants' health and wellbeing.

Another limitation which might have affected the recruitment of my sample study is the fact that I started recruiting for this study through the government agency *Access*. This agency employs social workers whose role is not always regarded positively by the inhabitants because, as well as providing social support to the inhabitants, these social workers are obliged to report on them when they abuse of the welfare system. In fact, some of the respondents were very cautious about whether to participate in the beginning, fearing that I was working in collaboration with this agency. It took me a substantial amount of time to gain the trust of the respondents and confirm to them my independence from the agency.

Another limitation of this study is that there may be 'hidden' groups of inhabitants living in the same neighbourhood who are hard to reach since they do not make use of the agencies such as *Access*, church groups or other NGOs. This hidden group of inhabitants might be formed of ethnic minority families and lesbian and gay parents who may be undergoing experiences of stigma and ill-health in their neighbourhood.

### **3.11 Conclusion**

Through qualitative, in-depth research, this thesis will contribute to the knowledge of how negotiations through diverse processes and mechanisms within a deprived neighbourhood environment, can determine the inhabitants' wellbeing, subject to their neighbourhood contextual and compositional environment. This research will give a better understanding of which decisions mothers are taking on a daily basis with the aim of gaining wellbeing both for themselves and their children in their deprived neighbourhood. Through this research, one can better understand the specificity of the everyday dealings of mothers and their families in their neighbourhood contexts, by giving a clearer picture from the lived experiences of the connection present between place and wellbeing and highlighting the existing nuances amongst the inhabitants within a localised environment. These relational processes will also indicate the variations in the neighbourhood and the individual agency which some mothers generate, in order to gain a positive outcome from their interaction with their neighbourhood. However, other mothers from the same place may not have that particular agency and are thus struggling for wellbeing within the same structural neighbourhood setting. This research will thus explore rich neighbourhood intricacies and individual complexities.

The findings are reported in the following chapters. Chapter 4 will show how the neighbourhood in each case study area operates as a social environment of converging processes and how it is affecting the inhabitants' health and wellbeing variably. This study will also contribute by examining the tensions that certain decisions of local social processes may be better or worse than the other. This will further show that there is an overlap of the positive and the negative effects on wellbeing. By examining the multiple, social processes operating in each neighbourhood, it is possible to analyse and comprehend the nuances of social relations experienced by the interviewees (Nicotera, 2007). In chapter 5 this research will analyse the relationship between the material and social neighbourhood processes. The history of the places, (which was summarised above for each case study site) is seen to be related to the built environment and the employment opportunities, which are also determining the present social neighbourhood processes and impacting on the health and wellbeing of the interviewees directly and indirectly. Lastly, this research will analyse in chapter 6 how these neighbourhood processes are being transmitted across generations, showing how some processes are creating

intergenerational transmissions of poverty, while others are generating social mobility and success. The concluding chapter discusses how this research contributes to international debates by highlighting how distinct norms, traditions and values are, within a Maltese Mediterranean context and explains how inhabitants in deprived neighbourhoods are experiencing health and wellbeing.



## CHAPTER 4

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# SOCIAL NEIGHBOURHOOD PROCESSES AND THEIR EFFECTS ON HEALTH AND WELLBEING



*Figure 4.1: The regatta in the Grand Harbour – an occasion where features of social capital are experienced by the inhabitants of both Valletta and Cottonera*

*Photo from [blog.choosemalta.com](http://blog.choosemalta.com)*

This first of three findings chapters will analyse how neighbourhood *social processes* are influential on the health and wellbeing of the inhabitants. This chapter will make use of the theories of social capital introduced in Chapter 2 where, '*social capital refers to the social organisation of neighbourhood and communities and in particular to the formal and informal patterns of associational life and community interaction through which relationships of trust are (or are not) established*' (Twigg and Mohan, 2009, p.171).

The review in Chapter 2 showed that research on the relationship between social capital and health has increased in importance to the extent that it is considered as a subfield of social, epidemiological research. Yet, the studies focusing on the relational neighbourhood processes by which social capital affects health and wellbeing are limited. Mohan et al. (2005), when measuring the relationship between social capital and health in small areas, report that there may be limitations to the insights that can be gained from a quantitative study. Therefore this chapter, through an in-depth, qualitative method, aims to '*highlight subtle differences that exist in patterns of networks and civic engagement in otherwise similar neighbourhoods*' (Twigg and Mohan, 2009, p.177).

The different theories in relation to social capital analysed in the literature review showed aspects of normative social capital including bonding, bridging and reciprocity ties, networks and trust, together with resource-based social capital. The 'dark side' of social capital, although given less importance in the literature, was also examined, as for this research the negative side of social capital is considered as equally influential on health and wellbeing as is the positive side.

This chapter will also point out how the different features of social capital are experienced within the neighbourhood environment in relation to Maltese Mediterranean social norms. Moreover, the findings reported below discuss how the relationship between aspects of neighbourhood social capital and the wellbeing of the respondents in this research were variable and contingent on their individual personal characteristics, life course experiences and strategies for coping with socioeconomic disadvantage.

This chapter starts with extracts from narratives collected from Tanya, Joe and Shania which illustrate their diverse social experiences in their respective neighbourhoods. These contrasting accounts drew my attention to the need to consider the negative as well as

positive impacts on health and wellbeing of living in a neighbourhood where aspects of social capital are strong.

Tanya, married, Valletta

*I seem to be obsessed with Valletta. For me my native city comes first and foremost. I feel proud that I have been born here. People from other localities seem to be jealous of us because they may consider themselves inferior to us as we are from the city. I am truly a loyal citizen of Valletta because I'm interested in all that goes on here. I attend the stadium every time our [football] team is playing. I'm a keen supporter, yet I never instil hatred [in my children] by telling them not to speak to the supporters of other teams.*

*Almost everybody living here is highly involved in cultural activities. Every weekend when our team is playing we are all there to support it. When the team wins we organise ourselves and work together to celebrate on a grand scale. We build up a platform stage, print t shirts and banners...*

*The committee of which we form part also works for carnival activities. While the leader takes care of the expenses involved, we sew elaborate carnival costumes, teach the participants new dances and help to build up a float. So you can see that our yearly calendar is full of activities. Besides football and carnival, summer brings along our parish feast where the whole community is involved in some form or another. We start early sewing banners and flags while the men install lighting in the streets and on the façade of the church. We clean the church and polish the silver. Each one of us is in high spirits when we are involved in these activities.*

*I think that it is our sense of unity and the fact that we support each other in Valletta, that people from elsewhere are envious and antagonistic towards us. This is not something new, but has been going on for centuries, not only since the days of my grand grandmother, but even since the days of the knights.*

Joe and Shania, cohabitant couple, Valletta

*Joe: Being labelled, and excluded, we are not very much involved in what goes around here in Valletta.*

*Shania: As he was married, then he separated and we are now cohabiting and have children, we are looked down upon and regarded as non-conformist. We observe others staring at us, whispering about us, judging us, so we keep a very low profile here.*

*Joe: Yet we do our best to involve the children as it is not good to segregate them from the rest of the children in the neighbourhood.*

*Shania: For example if there is a ceremony in church where the children are taking part, I accompany them to church but I keep at the back. The fact that we excluded ourselves from the church community makes us feel we are excluded from everybody else.*

*Joe: Even my family members stopped communicating with us, because they deem that we are an embarrassment for them. So when we refer to our family, it is just us and our four children and nobody else.*

*Shania: You come to a point where you cannot rely on anyone. You become withdrawn for many reasons, for example you are afraid that the priest will embarrass you if you try to receive Holy Communion. Or the school secretary asks you about your marital status in front of other parents and you can imagine how all eyes turn on you. I am always crying because I feel so lonely, I feel that nobody cares about me.*

*Joe: But you try to hide all this from the children so that they feel that they belong and do not become detached like us.*

The analysis of the transcripts collected in the field allowed me to draw out several key themes in relation to the links between social capital and health, as already introduced in chapter 2. The following sections will address these themes. The first section (4.1) will emphasise that living in a deprived neighbourhood does not always mean living in a neighbourhood with low levels of social capital. The importance of social relations formed when people engage daily within their public spaces is recognised as a benefit to wellbeing (Cattell et al., 2008). It is not necessarily the case that all deprived areas suffer from lack of social cohesion or a depleted store of social capital (Cattell and Evans, 1999). Cattell (2001) argues that inequality and deprivation can co-exist with features of solidarity (Frankenberg 1996). Also, it is suggested that social capital can help explain the processes by which relative deprivation and perceptions of income inequality can

impact on health (Wilkinson 1996; Wilkinson et al., 1998; Cattell, 2001). Several features of social capital are experienced through the aspects of Mediterranean culture, values and norms. Section 4.2 analyses how these social processes and norms generate positive effects on health and wellbeing due to social participation and networks. However the third section (4.3) explores how these cultural norms and social networks may generate negative experiences for the inhabitants and greatly harm their health and wellbeing. The last major section (4.4) of this chapter investigates the resource-based social capital and defines who the resource-rich people in these neighbourhoods are.

#### **4.1 Social Support and bonding, reciprocity and ties in relation to the neighbourhood context**

This section, picking up on the framework diagram discussed in chapter 2, will focus upon the respondents' social processes occurring amongst their neighbours and their extended family. From the life experiences of the respondents, various aspects of bonding and bridging ties, social networks, participation, norms of reciprocity and trust are explored in relation to the literature and theories of social capital. This section will demonstrate why and how these social processes work within specific neighbourhoods. Moreover, I will report findings demonstrating how for some respondents, where aspects of social capital are strong, health improves, but these same features of social capital may have negative effects on other respondents living within the same neighbourhood.

As discussed in Chapter 2, Berkman and Glass (2000) assert that involvement in social networks provides various forms of social support (such as emotional, instrumental and appraisal support) that affect health through psychosocial, behavioural and physiological and material pathways. These forms of support may reduce stress by functioning as "buffering factors" (Bartley et al., 2004). Many of the respondents' stories illustrate that a caring, local community can work positively in building beneficial social capital amongst residents in disadvantaged neighbourhoods (Cattell, 2001). Thus, social capital may be present in the deprived neighbourhoods studied here, operating in ways similar to those proposed by Coleman (1990) and Putnam (1993) who argue that social capital comprises social structures associated with levels of interpersonal trust and norms of

reciprocity and mutual aid. These act as resources for individuals to facilitate collective action.

Many of the interviewees from the historic neighbourhoods of Valletta and Cottonera stated that simply chatting with friends is important for them as a form of support. *I like to chat with my neighbours. In this way I know what is going on around and do not feel excluded from the rest. That is why I converse with them (Rose, separated mother, Cottonera).* Therefore for Rose and many others, the daily encounters and daily ‘chit-chat’ keeps them informed and gives them a sense of belonging in their neighbourhood. This quote suggests that the respondent felt at risk of feeling socially excluded, but reported that she was protected from this psychological problem by the way that she was able to interact socially with neighbours during chance encounters in the narrow streets of her neighbourhood.

Patricia recounts that there are neighbours who are ready to offer gratuitous help. She explains that her neighbour spends much of her time unoccupied, near the doorstep (as seen in figure 3.1). She is always available and ready to give a helping hand, and that, *‘neighbours are often a godsend’*. Patricia recalls that when her children were still babies, her neighbour willingly ran errands for her, *‘she would ask me, ‘Do you need something? ‘Would you like me to buy the gas for you?’, or ‘Would you like me to buy milk and bread for you? Thank god I always find her when in need (Patricia, married, Cottonera).* Patricia explains that she feels reassured that her neighbours are available for help when she is in need. This practical help and emotional support provide Patricia with a sense of protection against stress and reduces her vulnerability to ill-health.

The idea of reciprocity does not suggest a *‘giving like for like’ mentality but is rather the expectation that ‘good deeds will not go unrewarded’* (Putnam, 1993, p.171). It is assumed that amongst the neighbours, good deeds though not necessarily rewarded in the short term, will nevertheless be re-paid at some unknown point in the future.

Jane, a respondent from Valletta, like Patricia, marvels at the high level of reciprocity present in her neighbourhood. She appreciates the fact that her neighbours are always eager to help. When she was sick and she could not go out, her neighbours helped her and she is really appreciative of the sense of community spirit present in her neighbourhood.

*Even though they are poor they are so kind hearted! When I had back pains after the operation, they used to ask me everyday, 'How are you? If you want, I can send you my children to run errands for you.' Neighbours in other localities would never dream of offering such help! (Jane, married, Valletta)*

Neighbours including Jane stated that they themselves believe in reciprocity and always give a helping hand in their neighbourhood. Indeed in a reciprocal gesture, Jane helps her neighbours by giving them used clothes, food and on one occasion she even donated household appliances to a family in the neighbourhood, whose house caught fire. This shows that reciprocity through a closely bonded social network is present in Valletta also helps in alleviating material disadvantage.

Patricia, Rose and Jane's accounts also reflect theories put forward by Portes (1998) who clearly distinguishes the characteristics of networks where different people have different motivations to make resources of social capital available. Portes (1998), referring back to the theorists Marx, Simmel and Durkheim, argues that people can be willing to make resources available due to internalized norms of proper behaviour, or through solidarity with people who may share a 'common fate'.

As these three respondents explain, living in traditional neighbourhoods such as Valletta and Cottonera, they experience a strong social network which improves their sense of wellbeing. This seems consistent with other literature. For example, others have argued that being part of a strong social network is beneficial for one's health (Kawachi and Berkman, 2001; Valente, 2010). As noted in the literature review, these social ties are associated with lower levels of depression and higher immunity against various disease. (Lynch, 1977; Cohen and Syme, 1985). As Patricia and Jane have pointed out in my research, social support, being emotional, practical or instrumental has a positive influence on health and wellbeing (consistent with findings by Cohen and Syme, 1985; Stansfeld, 1999; Hildon et al., 2008). Moreover, other studies have also shown that these kinds of social networks not only provide sociability but can enhance self-esteem and self-identity due to feelings of belonging and coherence (Antonovsky, 1987; Swann and Brown, 1990; Wellman and Wortley, 1990; Allan, 1996).

However, according to the respondents of St Paul's Bay, which (as explained in chapter 3) is a modern, touristic area, the supportive attitude that one finds in Valletta and

Cottonera is not likely to be present in their neighbourhood. This illustrates the idea of a relational association between social capital and wellbeing (as discussed in Chapter 2) since the effects of social capital are contingent on the specific setting. Sandra, had to reluctantly leave her village and her marital home, where her children were born and bred and move to St Paul's Bay due to financial problems. She states that she was lucky and content that before moving, she succeeded to bring up her children in a village where a community spirit thrives. She recalls how in her native village her children had the opportunity to attend religious lessons, hear mass and adopt good values. Sandra also points to the lack of spaces for social interaction in St Paul's Bay compared with her native town, where the church serves as a means for social gathering and processes strengthening social capital are more likely to occur. In St Paul's Bay, she admits that there is a lack of community spirit, as people come and go because rental apartments are cheap and easily available (this will be further explained in chapter 5). Most of the new residents, being of a foreign nationality, find it very difficult to form ties with other neighbours. Indeed, Sandra feels that when one lives in St Paul's Bay there is a sense of rootlessness as several inhabitants do not intend to live there permanently. Therefore Sandra emphasises that in the modern neighbourhood of St Paul's Bay there are two aspects contributing to the lack of neighbourhood social cohesion: the lack of membership in the church and also the high concentration of incomers to the area, who take time to form a community.

*I miss that community spirit, because in my native village the church is within easy reach and I used to feel part of a community. Here I feel I'm always on holiday. In fact I am pleased that I brought up my children in an environment where there is a community spirit (Sandra, married, St Paul's Bay).*

Similarly Roseanne, who is younger than Sandra and has lived in St Paul's Bay since she got married, recounts that although she knows who her neighbours are, she never envisages that she would ask them for help. She feels that the bonding between the neighbours in St Paul's Bay is not strong enough to enable her to seek their support. This contrasts with the responses of mothers in traditional neighbourhoods (discussed above) as they are not experiencing psycho-social buffering effects of practical and material help from the neighbourhood community. Therefore, the mothers in St Paul's Bay, lacking this support, may be more prone to stress and difficulties. This type of network is what



Cattell (2012) describes as a socially excluded network where newcomers find it difficult to interact with others.

*You find all kinds of people, some are all right and some are not. But I mind my own business, and I would never think of knocking on anyone's door! If something happens where I am in need, I wouldn't call my neighbours for help, but my parents would drive to St Paul's Bay to come to help me! (Roseanne, separated mother, St Paul's Bay)*

The attachment theory of Bowlby (1969) proposes that there is a universal need to form close affective bonds (Fonagy, 1996). Bowlby (1969) continues to explain that attachment is a 'primary motivational system'. Referring to this theory (Bowlby, 1969), Berkman et al. (2000) explain that when the level of attachment is low, thus being avoidant, ambivalent or disorganized, one cannot maintain affective bonds and security in a larger system (Berkman et al., 2000). This explains why the neighbourhood of St Paul's Bay is experiencing difficulties in forming bonding ties between neighbours resulting in lack of social cohesion. In contrast, in the neighbourhoods of Valetta and Cottonera, respondents have showed features which Tönnies (1887) defined as '*Gemeinschaft*' characterized as typical of 'folk' society, where there was cooperation to achieve group outcomes and thus the relationship between the community was very strong. This was defined as the theoretical starting point for community studies, where '*close positive interaction based on kinship, local proximity and mental connection*' occurs (Liepins, 2000, p.24). As defined in chapter 1 the idea of community has been critiqued by authors such as Nancy (2000) as being weak, variable and short lived. However the media, politicians and other activists all tend to use this term in a positive manner even if they may have differing versions of what is meant or expected from a community. The idea of 'community' is perceived in a positive way, linked to feelings of belonging, co-operation, sharing and loyalty, and is usually viewed as the opposite of individualism, which may have connotations of selfishness and isolation. In this research it is understood that,

*'communities with high social capital are made up of individuals who tend to work for the benefit of the group. They have high levels of respect for fellow community members and treat others as they would expect to be treated themselves (Twigg and Mohan, 2009, p.171).*

Therefore, living in a neighbourhood where people have the opportunity to talk to each other and offer help to each other and form a community gives the residents such as those of Valletta and Cottonera a sense of belonging and of security.

Thus the accounts given by my respondents, viewed in conjunction with similar debates in the literature, suggest that the lack of community spirit present in St Paul's Bay may put the residents at risk with regards to their health and wellbeing as these individuals are enjoying less moral, emotional and financial support. This may give rise to other psychosocial processes that not only cause ill-health but may lead to other risky behaviours. The fact that the residents are frequently moving house, makes it impossible for them to form solid ties with their neighbours. St Paul's Bay, being new, modern and multi-ethnic has a population that is developing features of non-traditional, individualistic attitudes. However it should also be pointed out that the 'traditional' idea of community is a slippery concept and that later in this chapter it will be pointed out that individualism may be regarded by some as being beneficial rather than damaging for health.

Another difference between a traditional and a modern neighbourhood context affecting the levels of bonding and reciprocity is defined according to the varying level of bonding one experiences in an extended or a nuclear family. My respondents refer to the forms of social support given by members of their extended family, being both financial support and instrumental support. In a homogeneous network, such as 'parochial' and 'traditional' as present in Valletta and Cottonera, a level of kinship, bonding ties, reciprocity and norms of cooperation, a sense of obligation and confidence in return for assistance, provide cognitive social capital (Cattell, 2001).

"Bonding", (Putnam, 2000) as analysed in chapter 2, arises from the interactions of homogenous groups, typically similar in race, ethnicity, education and income or other dimensions that comprise a "shared social identity" (Putnam, 2000; Szreter and Woolcock, 2004). Indeed, from the narratives it emerged that the respondents assume that the role of the extended family should be an important one where support and reciprocal help occur due to the high levels of bonding present between family members. Many said that they experience this support from their extended family on a daily basis, but more especially, when problems arise the extended family is there to offer immediate help.

Several respondents from Valletta and Cottonera have reported that they find that family contact and support are important practices in their community overlapping neighbourhood processes. Nathalie is happy that she resides in the very same street where she was born and bred and where her mother and sister also live. This offers Nathalie a sense of belonging and support.

*Practically my neighbourhood is my family, my mother and my sisters because then there are many vacant dwellings and nobody lives around here! We juggle things together and help each other! (Nathalie, married, Valletta)*

Pauline, also from Valletta, describes the level of bonding in her family and recounts that since her son had incurred severe debts, she found great help from her siblings who helped her financially and put her mind at rest. Pauline, in her explanation of her relationship with her siblings, is depicting how the emotional support that they provide is important for her health and wellbeing, since through their help she is being protected against the risk of financial stress. *'My brothers and sisters all live nearby in Valletta and they all help me, sometimes I borrow two hundred euro from my brother, another two hundred from my sister, they all help me Inez, Duminka, Guza. Then I pay them back later... they all love me! (Pauline, grand-parent, Valletta)*

The sense of obligation that members of the extended family feel in giving support to members of the family is further emphasized by Jane, who having had to undergo a major operation, describes how much the help of her family meant to her when in need and what a great difference it made in her life. She would have collapsed both physically and psychologically were it not for her family's support. She is so grateful towards all the members of her family that her only wish is to remain close to them. The older she becomes the more she appreciates the value of unity and bonding in the family.

*My family did a lot for me. When I was in hospital for three months they cooked for us, took care of the washing...everything. I am extremely grateful and pleased with my family, including my mother, my father, my brothers and sisters. I am saying this not because of what has happened to me, but because we have always been so close especially from my mother's side. This helps me a lot. (Jane, married, Valletta)*

The accounts given by Pauline and Jane and other respondents from Valletta and Cottonera, match with what Egolf et al. (1992) found in their study of the small American town of 'Roseto' which is populated by Italians. The researchers pointed out that due to the strong family ties, the population in this town at that time was stable and homogeneous, thus forming cohesive and supportive community relationships which may be typical of the Mediterranean cultural relationships.

The evidence of the help provided from the extended family varies across neighbourhoods. In neighbourhoods such as Valletta and Cottonera the extended family lives close by and therefore the inhabitants experience family support overlapping with help provided by the neighbours. However, emphasising the relational aspect, neighbourhoods are complex and dynamic. In St Paul's Bay where the level of reciprocity and bonding ties amongst the neighbours is very low, my informants recounted that their sole source of help is from the members of their extended family, even though they may not be living nearby. Therefore, social processes such as neighbours' support is contingent on the processes of the specific place. An example is reported by Roseanne above, when she explains that members of her family are ready to travel to St Paul's Bay to provide help. Another example of instrumental support from the extended family is presented by Suzanne who relates the cognitive social capital invested by her father, spending long hours teaching and playing with her son, since her husband has long working hours. Suzanne points out that, *'Although my father does not live close to us, my son spends all his free time with him. Whenever my son is with him they are in a world of their own, inventing new things. My son also loves to go out for long rides with him on the bicycle. (Suzanne, married, St Paul's Bay)*

In a similar vein, Ritienne, a separated parent living in St Paul's Bay, narrates how beneficial and supportive her parents were when they helped her both financially and emotionally while she was going through the process of separation. She explains that were it not for their help, she would still be trapped in the abusive relationship she had with her husband. This highlights the importance of individual social capital and its importance to health and wellbeing through emotional and material help.

*My husband was never supportive. I had no one else to turn to for help. For example if I had to buy food, I had to go on my own to the supermarket and I had to carry the heavy bags even when pregnant, sometimes with a baby in my arms*

*and with three children towing behind. No help at all! Now thank God I moved close to my parents and they are of great help. (Ritienne, separated cohabitant parent, St Paul's Bay)*

From the narratives it emerged that the respondents who enjoy a stable and close relationship with their extended family, forming strong kinship ties, may not find the need to seek further support from their neighbours. This is especially true if they can always find a member of the extended family living close by and they feel more at ease asking the help of a relative than that of a neighbour.

Nevertheless, when reciprocity occurs amongst neighbours (as well as amongst members of the family) forms of social capital involving these strong bonding ties are more likely to occur. These have been referred to by theorists such as Putnam (2000) and Granovetter (1973) as 'thick trust'. This is more common in communities where face to face interactions predominate, where trust is produced through intensive, highly regular and relatively frequent contact between and among people (Williams, 1988). In many of the accounts I recorded, it emerged that the neighbourhoods of Valletta and Cottonera are 'close knit', since the residents have known each other since childhood, are living in geographic proximity to each other and are frequently in contact (Bott, 1957). This creates reassurance amongst residents and trust is much more possible to form.

In the literature there is an increasing recognition that to understand individual health one must also look into other aspects of the individual's environment. Apart from the family and friendship relationships, one has to look at the level of social capital through 'trust' between individuals (Kawachi et al., 1997; Bain and Hicks, 1998; Putnam, 2000; Rose, 2000; De Silva et al., 2005). Woolcock (2001) refers to social capital as networks and norms that facilitate collective action while he interpreted trust as an outcome of these. Residents living in both Valletta and Cottonera, in fact, gave accounts showing that although in their community many are deprived and sometimes behave errantly, they feel confident and reassured of the positive human relationships in the neighbourhood. Putnam (1995) explains that the more we connect with others, the more we are able to trust them and *vice versa*. This clearly explains why trust in Valletta and Cottonera is able to develop better than in St Paul's Bay.

Nathalie explains that in her community in Valletta one has an inner reassurance that one can always rely on the people in the neighbourhood, no matter what their personal history may be. This shows that because of familiarity there is a deeper sense of reciprocity which transmits feelings of trust amongst the inhabitants in the neighbourhood. *I think the people of Valletta are unique!... It is not that I would like to flatter them, but they possess a quality which is not found among residents of other towns and villages elsewhere. How can I explain, you can find the biggest sinner and she would always be ready to help you! (Nathalie, married, Valletta)*

Nathalie also makes reference to trust and religion where she feels that trust and religious faith are linked and that one is dependent on the other. This clearly points out the importance of religion in her neighbourhood. Nathalie explains that sometimes the threshold of trust in someone is measured according to one's abidance to the Roman Catholic values. Thus a sinner is considered as a person who one is not supposed to trust.

Respondents from Cottonera too, describe how the level of social support creates trust among members of their neighbourhood. Monica, explains how her neighbourhood in Cottonera, though being the 'worst' neighbourhood one can live in with regards to deprivation and social disorder, finds that the neighbours are caring towards each other, can put their difficulties aside and are ready to go out of their way for the benefit of their neighbours. Similar to what Nathalie explains, this gives the residents a sense of security and trust in the neighbourhood as they feel that the neighbours are always ready to show emotional support. This points out that neighbourhood disorder and low levels of trust may not always be necessarily linked.

*Compared to all the places that I have been to, I find that the people of Cospicua are the best! It is true that many blaspheme, are quarrelsome and addicted to drugs. It is true that Maltese label them, 'Because they are from Cospicua!' But you would not believe that they are the kindest people I have ever met, even better than any others living elsewhere in Malta! Each and everyone of these neighbours ask you, 'How are you?' Even though actually they would not be able to help you, for example financially but they would still ask you, 'Do you need something?' (Monica, married, Cottonera)*

These stories match with the findings of Cattell (2012) who focused on the Eastenders of London and stated that in their deprived neighbourhood they are '*friendly people, always ready to help each other*' and '*rough and ready*' (Cattell, 2012, p.92). There seems to be a clear similarity in the level of social capital between the respondents of Valletta and Cottonera and these inhabitants of East London.

The inhabitants of Valletta and Cottonera have referred to the presence of neighbourhood disorder, incivilities and crime (analysed later in chapter 5), however living amongst several members of their extended family, trust is formed and neighbourhood disorder becomes less problematic. This is in contradiction to the literature, that when one lives in a locality believed to be dangerous because of the presence of crime, fear develops and harms health and hinders the development of trust (Ziersch et al., 2004). Moreover, Innes and Jones (2006) state that the perception of crime and belief about crime and disorder are as harmful for health and trust, as crime and disorder themselves.

In Valletta and Cottonera, the level of bonding and reciprocity is ingrained in families who have been residing there for generations. Therefore, as seen here trust may be founded on the history of the family. However, many small offences committed by neighbours within a bonded community may be overlooked by the same neighbourhood community.

Compared with Valletta and Cottonera, St Paul's Bay seems to lack these qualities of trust. In fact none of the respondents of St Paul's Bay referred to the same levels of bonding and reciprocity towards their neighbours as described by those of Valletta and Cottonera. This is attributed to the fact that St Paul's Bay has become a neighbourhood where people come from different countries from around the world and therefore is not homogeneous. In fact Twigg et al. (2010) found that with increases in diversity and disadvantage of people there is a reduction in the levels of social cohesion and trust in the neighbourhood.

Adrian explains that living in St Paul's Bay has become like living in a '*den of thieves*'. He explains that the residents of both Valletta and Cottonera know who the delinquents are and where they live, so they can avoid them. However, in St Paul's Bay no one knows the background of the new residents and no one can be sure of their good conduct. Because of this the native residents of St Paul's Bay are losing trust in the place they have

been living in for so long and are very unhappy about it. Trust in St Paul's Bay is also low because sometimes incidents which happen in the neighbourhood are inflated by the media, further undermining the trust that exists between the natives and the foreigners. In the period between the first and second round of interviews an ex-mafia boss from Sicily was found living close to some of the respondents. This greatly impacted on the respondents' sense of neighbourhood trust.

*If there is a Bulgarian or an Italian or a Somalian living next door to me how on earth would I know if he is a criminal, if he were involved in the mafia, if he were one of those pirates! How would I know? Last time they found a mafia guy living round the corner, he had changed his name, he murdered I don't know how many people and he was living next to us but we didn't know!! This is what has happened to our neighbourhood! (Adrian, married, St Paul's Bay)*

*I will never trust anyone around here. How can you! He used to say to us 'Buongiorno!' or 'Buona notte' whenever we meet in the lift. Then you discover from the news that he is a murderer and that he was involved in many other crimes. He always gave us the impression that he was a nice man. We cannot trust anyone here! (Sandra, married, St Paul's Bay)*

Moreover, in St Paul's Bay the ever increasing ethnic diversity was associated with the residents' concern about the safety in their neighbourhood. These are experiencing feelings of xenophobia, which is causing individual stress and mistrust in their neighbourhood. This reasoning results from several incidents of crime and theft which non-nationals have lately been involved in and which were extensively reported by the media.

*These strangers frighten me. I am always afraid lest Romanians might steal children from here or Africans might sexually assault our girls (Norma, single mother, St Paul's Bay)*

Sampson and Raudenbush (2004) find that in Chicago, US the perception of disorder is dependent on race and social class. It is seen that trust in a neighbourhood is built upon the residents' knowledge of one another's background. In the neighbourhood of Valletta and Cottonera where practically everyone knows everyone else, even deviant members of the community can, to a certain extent, be trusted as one would know the history of



their conduct. Therefore, in these neighbourhoods even if incivilities are rife, one still finds a good level of solidarity and reciprocity among neighbours. Furthermore, the inhabitants' trust is also based on the level of religious adherence of the individuals.

The same cannot be said of St Paul's Bay, as the influx of foreigners and the high rate of mobility among residents makes it impossible to get to know one's neighbours well and so build levels of trust. The respondents of Valletta and Cottonera tend to 'turn a blind eye' if they see one of their neighbours committing a petty crime, as they consider it a human weakness. Therefore their levels of trust remain high even within an environment where disorder prevails.

This section has highlighted the importance that the respondents pay to their daily encounters with their neighbours and with members of their extended family who live close by. These narrated experiences give evidence that features of social capital help in buffering the material disadvantages that the respondents are living in and has a positive effect on their health and wellbeing. However, living in a neighbourhood where the inhabitants who have moved to the area recently and have no familial roots to the place, experience social exclusion and find it difficult to start forming reciprocity ties and bonding in the neighbourhood. This emphasises that the nature of interpersonal relationships is seen to be contingent on the neighbourhood setting. Moreover, for some individuals, the experience of the neighbourhood is contingent on the collective experiences of other residents. These three case study areas clearly show how features of social capital play out and how much they are manifested in diverse ways. Moreover, the inhabitants highlight their active agency and how they negotiate these features in differing ways in order to enjoy positive health and wellbeing.

#### **4.2 Social participation: Keeping the community together**

Another aspect of how social trust is generated, is through networks of social participation. Social participation, through involvement in social networks, is discussed by Berkman and Glass (2000) where they state that gathering together with other people creates opportunities for participation, offers chances to learn skills, gives meaning to life and confers a sense of belonging to one's community. Thus social participation can influence health directly by activating physiological and cognitive systems and indirectly by giving a sense of coherence and meaningfulness (Berkman and Glass, 2000). This

also leads to collective efficacy through social integration, which leads to the capacity to achieve common goals (Sampson et al., 1999).

For Putnam (1993), a society considered to have high levels of social capital is characterized by a high level of social participation, as well as trust in others and reciprocity, that enhances interactions with other people. When one participates voluntarily in the activities held in the neighbourhood community, one fosters interaction between people and increases the likelihood that trust between members is generated. In addition, it is argued that when one participates in organisations one would be increasing one's access to information and training in social interaction and thus through participation one may master leadership skills and enhance resources needed for public action (Verba et al., 1995).

Durkheim also refers to this concept as 'social integration', which explains that when participating with both formal and informal organisations or in leisure activities, people with extensive social networks have better health chances in life (Hawe and Shiell, 2000; Szreter and Woolcock, 2004; Wakefield and Poland, 2005; Almedon, 2005; Abbott, 2010). Furthermore, those who are greatly involved in the activities of the local community tend to develop better 'attachment to place' than those who are not involved (Halpern, 1995).

In Valletta, high levels of participation in community events occur especially during carnival and during the feast of the patron saint as seen in figure 1.1. Throughout the year the residents contribute to the preparation and participate in these annual celebrations. Moreover, the Valletta football club, which is renowned for its history of success in championships, fosters a sense of pride and unity amongst its fans, the majority of whom come from Valletta. This involvement by members of the community, provides 'bridging ties' (Putnam, 1993) both within the community as well as with wider networks outside the community. This is emphasized by respondents from Valletta, such as Tanya who states that she loves Valletta and likes to live there. Tanya and other respondents from Valletta explain that the time when the community feels mostly united is when they participate in carnival and when they attend football matches especially when Valletta wins the league. These are times when the community of Valletta interacts, involving all

the members of the neighbourhood in huge celebrations, explaining the positive pathways to health and wellbeing through collective features of social capital.

*We are jubilant when our carnival team wins the prize, because it makes up for a whole year of hard work on our part... every evening there are around fifty of us who meet in a big garage, where everyone has a task to do, some sew the costumes, some design the float, build and paint etc. while others practice the carnival dance (Tanya, married, Valletta).*

*Every weekend my whole family, together with numerous fans from Valletta, storm the stadium along with the band to support the players of Valletta (Tanya, married, Valletta).*

While for Valletta carnival is the highlight of social participation, for the residents of Cottonera the national regatta is of equal importance. This is a rowing competition held in the Grand Harbour in which only the localities bordering the Grand Harbour can take part. It is held twice a year on two national holidays (figure 4.1). 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. This relates to what Kawachi and Berkman (2001) observed as social participation providing a sense of belonging and shared social identity.

*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 that many of us even jumped into the sea with excitement and joy! (Patricia, married, Cottonera)*

The literature on social participation also refers to civic involvement and political participation. Although amongst deprived populations it is thought that democracy is less active, in Valletta and Cottonera political partisanship is high. Indeed some of the inhabitants are identified according to the political party they affiliate with, and sometimes even with the individual candidate who represents them in parliament. This high level of involvement in politics matches with the ideals of democracy. However, one should also note that within the same neighbourhood, inhabitants may have different political ideologies. Indeed respondents who are members of various cultural

associations state that when they participate in cultural events, they avoid discussing politics so as not to create friction between them.

*Yes for us, football and carnival are part of our lives... They keep us united.. We try not to discuss politics because politics create division...(Tanya, married, Valletta)*

Thus it was observed that supporting the local football team or the local regatta provides an element of unity among the supporters. The same can be attributed to carnival events where the whole community celebrates. Sport and culture involve the whole community working with one goal in mind, that of winning, thus increasing pride, love of place and positive features of collective social capital in the neighbourhood. On the other hand, social participation in political activities can be divisive. This is because in Malta the political scene is dominated by two big parties which represent the Maltese in the House of Representatives, each commanding the support of half of the Maltese electorate. It may be the case that political affiliations may vary according to each locality. In the case of Valletta there seems to be an equal division of political support to each party which clearly explains the reasoning behind the respondents' arguments when they refrain from participating in political activities as a means of positive social capital.

The residents of Cottonera, on the other hand, pointed out that their locality is a stronghold of one particular party and that the majority of the residents share the same political ideology. Thus participative activities linked to this political party gives them a sense of identity, belonging and inclusion. Cottonera has been a stronghold of this particular party since its leader, Dom Mintoff, originated from Cottonera. When he became prime minister he strived to ameliorate the social conditions for the people in his home region and to this day, even over half a century later, many still feel indebted to him. Indeed one respondent has pointed out that in veneration she keeps a votive candle burning in front of his portrait at home.

Apart from the cultural events held in Valletta and Cottonera where the residents participate and interact, the government in its role as educator, through the national agency 'Appoġġ', provides free courses such as IT courses, parental skills and home-economics courses in the three localities under study. These services provide a meeting place where the residents can encounter each other, share experiences and form bridging ties with 'Appoġġ' personnel. Also, the young people in this area can go to a youth cafe

where they can interact and enjoy themselves in a safe environment and participate in educational activities. Michelle and Georgina, who regularly frequent 'Appoġġ' and participate in the courses that this agency offers, find these weekly meetings beneficial as these widen their social network. In this way they are strengthening their bridging ties with resourceful people who in turn provide the help and support needed by the respondents. Social participation as explained by Michelle and Georgina match with the analysis of Berkman and Glass (2000) who express how important it is to have access to material resources for health. They further explain that group membership can provide access to resources and services.

*This house, as you can see was all furnished by 'Appoġġ'. As I attend their meeting they got to know me and understood my needs. They gave me this furniture, this sofa, those cupboards, the table and chairs...(Georgina, grandparent, Cottonera)*

*I am very happy that there is this youth cafe where our children can meet in a safe place. It not only serves our children educationally but my daughter is happy that she is out with her friends. (Priscilla, separated parent, Cottonera)*

Similarly activities related to the church also involve the residents in social participation. The Roman Catholic Church is one of the main institutional agents helping in the development of social capital. Indeed Lichterman (2008) has stated that religion has more potential to contribute to social capital than any other institution in American society. In like manner, the Roman Catholic faith is very much ingrained in the Maltese lifestyle. Since both Valletta and Cottonera comprise different small parishes, each dedicated to a different patron saint, important events are held throughout the year in these neighbourhoods. The majority of the parishioners do their utmost to contribute to the success of their feast. Indeed people are involved in a myriad of activities such as the embellishment of the church, street decorations, band marches and fireworks. Therefore, through religious activities, there is also the formation of participative social networks; being both solidarity networks and heterogeneous ones (Cattell, 2001). Through the preparation and organisational activities for the yearly feast there is the creation of bridging ties since local culture is being transmitted to the younger generations of the two traditional localities. This illustrates that the inhabitants are active agents in the

neighbourhood who make sure that these participative activities do not deplete but develop as seen in figure 6.1.

*When the feast is approaching, every evening, I go to help with the street decorations. We paint the banners and sew on ornaments along the fringes.  
(Isaac, Maria's son, Valletta, 14)*

The church is thus an agent of a number of features of social capital. It helps the frequent face to face interactions of the inhabitants. Those who regularly interact with each other in such settings not only learn to work with each other to solve collective problems, but they also learn to trust each other and develop norms of reciprocity.

Participation in religious activities tends to promote certain beliefs, values and norms that could contribute towards the formation of social capital. Indeed Regnerus et al. (2003) point out that religious belief may also promote social capital through providing a spiritual rationale for community involvement. Religious norms call upon the religious to exhibit honesty, truthfulness, compassion and mercy. Such qualities are likely to foster features of social capital and social trust. Religious values and involvement in religious institutions may not only generate social capital amongst church members but help in forming many other kinds of voluntary organisations as well. Thus social capital generated by religious structures supports not only formal religious volunteering but secular volunteering as well. In fact respondents referred to the fact that existing parish networks create new networks within their neighbourhoods, being both philanthropic and religious.

Being a member and belonging to a parish creates bonding ties as well as attachment to place. Through the respondents' accounts there is an element of *topophilia* which means 'love of place' where Tuan defines it as 'all of the human being's affective ties' with the environment (1974, p.93). The fact that the parish feasts dedicated to a patron saint have been held every year since the time when the parishes were formed, in the 16<sup>th</sup> and 17<sup>th</sup> centuries, corresponds to Tuan's (1974) explanation that an awareness of the past is an important element in the love of place. Therefore, through the church and the religious feasts, the residents are given opportunities to participate in several activities which can thus positively influence their wellbeing through feelings of belonging. The parish helps

to provide the three layers of social ties explained by Lin et al. (1999) as the 'belongingness-bonding-binding' continuum.

While in the parishes of Cottonera and of Valletta the majestic building of the church itself gives the residents a sense of civic pride, in St Paul's Bay, because of the presence of intercultural and interfaith communities, the focus is no longer on the parish church. Here the church plays a minimal role in the development of social capital through bonding, bridging and binding and far less in social participation.

The opportunities of social participation enable the inhabitants to interact, to bond more and to form bridging ties with resource-rich individuals. The accounts of experiences of social participation have shown that individuals are also likely to form an attachment to place which affects their health and wellbeing in a positive way. The above literature together with the narrations by my respondents show how a thriving positive community, fostered through religious and secular social participation, can co-exist with a materially deprived neighbourhood environment. However, my findings show that not every community and neighbourhood can experience the same degree of positive features of social capital. The accounts of the respondents of St Paul's Bay were devoid of enthusiastic experiences of social participation. Thus this may be contributing to lack of bonding, reciprocity ties and trust in St Paul's Bay.

### **4.3 Negative aspects of neighbourhood social capital**

It is important to emphasize that social capital can have negative as well as positive consequences. When compared to the amount of research focusing on the positive side of social capital, the negative side of social capital is relatively under-researched.

Strong social ties that bind members of a group or a community together can also restrict and exclude others (Waldinger, 1995; Portes, 1998; Portes and Landolt, 2000). While in the above section the presence of positive social capital was discussed, this section will look into the 'dark side' of social capital (Brown and Harris, 1978; Kawachi and Berkman, 2001). Several respondents in this study mentioned instances of exclusion in their neighbourhood when the social network made demands of conformity on them, which they could not meet. This imposed social control limited their individual freedom.

Thus, while traditional social bonding may be beneficial, negative features of social capital may co-exist with positive ones, as discussed below.

### *The 'eyes on the street'*

As explained above, the neighbours and the extended family in localities such as Valletta and Cottonera often live in close proximity of the nuclear family. This has its advantages and disadvantages. Whilst these offer support to the family when in need, the respondents narrated that they can also intrude in the affairs of the nuclear family. Some of the respondents claimed that when disputes occur between the members of the family and those of the extended family, negative feelings result, which harm the wellbeing of all concerned. Therefore, not everyone in these deprived neighbourhoods gets along well and enjoys a homogenous kinship network. My findings match with those illustrated by Brown and Harris (1978) who compared the mental illnesses of women in two Gaelic speaking rural communities. Brown and Harris found a two factor index; these women experienced low levels of depression due to the high levels of social engagement, but also high rates of anxieties linked to the adherence to traditional social participation. Kawachi and Berkman (2001) also referred to Durkheim's distinction between two aspects of traditional communities defined as *réglementation* or social regulation and *integration* defined as social cohesiveness. This is similar to what is experienced in the neighbourhoods under study; while cohesiveness is enhancing their bonding and feelings of good health and wellbeing, the level of social control and regulations by certain individuals in the neighbourhood is also causing anxieties and malaise amongst these residents.

As explained in the above sections discussing reciprocity and bonding, the 'eyes on the street' by Jacobs (1961) relate to the traditional norm of reciprocity and mutual aid. While for some respondents in Valletta and Cottonera this phenomenon provides social capital, for others it is looked upon as intrusion. This latter group fear that when they bond with their neighbours they create a level of familiarity, so their perceived shortcomings and limitations may be exposed to others through gossip and criticism. This is undermining the benefit of social capital which 'eyes on the street' was meant to generate. From several narratives it emerged that traditional localities like Valletta and Cottonera provide



the ideal environment not only for support and bonding but also for intrusion and interference to occur.

This is described by Maria, who lives in Valletta where she explains that her neighbours pry on her to the extent that they want to know who enters her house, and even go as far as to ask her who she invites into her house.

*I love Valletta because it is my hometown, but when I go to my rented apartment in another locality and my mobile rings, nobody would ask me "Who called you?" ...For instance anyone can visit you. In this area in Valletta where I was brought up you cannot invite whoever you want.. (Maria, Separated single mother, Valletta)*

Marouska, too, is annoyed as she recounts 'Our neighbour stays out on the balcony from early morning till late in the evening! It's not that she is going to see me do anything wrong! The fact that you go out and you come back and she is still there watching and observing... What a lack of freedom! When our friends come over, she wants to know everything about them... they themselves get irritated. In fact our friend commented, "Doesn't she have anything to do at all?" (Marouska, married, Valletta)

Other respondents argue that it is only natural that being continuously observed leads to being talked about and being the subject of gossip. Some of the respondents disclosed that the worst form of negative social capital is when they are verbally harassed and abused in public by the very people with whom they are neighbours, which causes emotional distress, and sometimes leads to other behaviours such as alcohol consumption, likely to be harmful for health. These accounts emphasise how much certain experiences of social capital can lead to negative effects on health and wellbeing.

Nadia, recounts instances of how hurt she felt when her neighbours insulted her about her extra-marital relationship with another man. When her neighbours saw her entering her boyfriend's car, they uttered offending words. She recalls that once 'A man with a concrete mixer turned up in front of my door and I told him, "Please can you not spill any concrete here because I've just finished cleaning." Two neighbours immediately came out of their house and shouted "Aren't you going out with your partner today? So to hell with you and your partner! You adulteress!" (Nadia, separated, Valletta). This constrained her to keep aloof from her neighbours and never ever to chat with them again.

Nadia felt so frustrated about this incident regarding her reputation, that she broke both the relationship with her husband as well as that with her boyfriend. In spite of feeling isolated, she decided that the best option for her was to avoid the company of all her neighbours.

Similarly Catherine, who is in her fifties, recounts that she moved to a house in the outskirts of her neighbourhood in Cottonera after her husband abandoned her and she started cohabiting with another man. She states that she could not stand the humiliation she was experiencing in the community she used to belong to because she was being looked down upon because of her cohabitation with her partner and thus had to isolate herself. This indicates that the judgemental attitude of the neighbourhood can be harmful and can also lead to social exclusion. This ongoing stress combined with other familial problems is causing Catherine alarming health problems. Her daughter explained that, *'She is drinking too much alcohol and she must not drink or smoke, as she has suffered from two heart attacks. She takes the highest dose of anti-depressants and she has a bowel syndrome... Sometimes I feel that she does not want to live. In fact occasionally she tells us that she is going to jump from the bastions which are next to her house. These are really high and there are few people living there! So she feels lonely...Then we go and stop her! Then we have to take her to the policlinic and she is administered strong anti-depressants. The thing is that until she left my father she never was like that. She was the perfect mother. He betrayed her and she ended up like this! (Amanda, Catherine's daughter, cohabitant parent, Cottonera).* Catherine's daughter explained that the psychiatrist suggested that interaction with neighbours could help her regain her strength and self-confidence yet the feelings of humiliation coupled with a chronic bowel malfunction hinder her day to day activities and impede her from partaking in social life.

Another manner in which 'eyes on the street' affect the respondents negatively is described by Priscilla and Rose who both come from Cottonera. They narrate how the gossip in their neighbourhood has reached the point that the neighbours report on each other to the authorities. In Cottonera, some parents discovered that they can abuse the social security system by registering themselves as single parents in order to receive single parent benefits, but at the same time cohabit with a partner (this will be further discussed in chapter 5). This abuse can only be stopped by the authorities through reports by the public as the social workers cannot do random searches in all the single parent

households in the neighbourhood. In fact one of the female neighbours was caught living with a partner and lost her benefits because she was reported to the authorities. Then all the other neighbours started being vigilant over one another and the level of trust between them started to diminish.

Priscilla, one of these neighbours, states that her house was raided by the social security officers in the early hours of the morning in search of valid evidence of her cohabiting status. Both Priscilla and Rose feel irritated because the neighbours have been empowered to monitor one another's behaviour and report them to the authorities if they are breaking the rules for welfare eligibility. Rose explains that her neighbours are generally helpful but when they know that one is faring well, jealousy sets in, even arising from the mere fact that after separation one succeeds in finding a new partner. This is because male support is highly regarded in this neighbourhood as it offers protection and company. This shows that the authorities are abusing of the presence of bonding and social interaction in the neighbourhood, by encouraging inhabitants to report on each other. In this manner the authorities are indirectly assisting in harming the existing social capital.

*The social security officers call at your house only because someone has reported you. The last time they came, one of them told me, "You have been reported by someone..!" The lady who reported me was herself reported by others and as she has lost all her benefits, she now wants to ruin others but I have discovered who she is because people talk! (Priscilla, separated mother, Cottonera)*

*The problem here is that there is a lot of jealousy around and you'll find people who want to take revenge on you. They send social workers to search your house, even my friend poor her, she just had a baby! They reported her and stopped her single parent benefits. (Rose, separated mother, Cottonera)*

This shows how judgemental neighbours can be when they are aware of one's daily activities. They can even go to the extent of harassing and excluding others who do not abide by their norms. Reactions to this behaviour by the neighbours vary according to one's individual personality and levels of resilience. This determines the harmful effects on health and wellbeing which may be exerted on the individual, where in some cases such as that of Catherine, due to her lack of social support, can lead to suicidal attempts.

#### 4.4 In-laws and social control

Another type of social control being experienced by several respondent mothers in the neighbourhood is from female in-laws. As much as normative social capital in both Valletta and Cottonera provides bonding and reciprocity amongst women, so too is social control occurring in the neighbourhood damaging, when it fosters intrusion and reporting upon by the neighbours. This points to gendered social norms and behaviours that occur in the neighbourhood. Indeed, it emerged that mothers and mothers-in-law play an authoritarian role toward their daughters or daughters-in-law.

An example of this is the account by Rose, who never got on well with her mother-in-law and had to separate from her husband because his irresponsible behaviour due to the influence by his dominant mother. She backs this argument by observing that when he is on his own he acts differently and treats Rose and their children kindly.

*I think that he wishes that we reunite. But his mother is so intrusive, and he is all the time with her. I separated from him since 2001. He went to live with his mother and when his mother is present he acts differently, when he is alone he is nice... she incites him against me... for example when we are in court we talk and when he is alone he gives me money for the children... however when his mother is with him he does not even look at me... he lives nearby... so we meet frequently..(Rose, separated, Cottonera)*

Likewise Antonia's sister-in-law incites her brother who is Antonia's husband, against her and their children. The sister-in-law lives in the same block of flats as her brother and Antonia, and she irritates Antonia by intruding in her personal life and that of her family. Because of this, on several occasions Antonia wished to move house, however, her husband does not see this need, as being at work for long hours he is not affected by these intrusions and he wishes to keep on living in the flat given to him by his parents. Antonia's sister-in-law reports all her movements as when going shopping and spending money to her brother and even cross examines Antonia's children to get more information. This caused Antonia to stop all communication with her sister-in-law as both she and her children feel ill at ease in each other's presence. In fact these circumstances have even limited Antonia's freedom of when to go out and when to return home, in order to avoid meeting her sister-in-law.

*She lives too close to me and she doesn't stop observing me all the time! She is a real pest! She is a bit older than me. She wants to know who is coming in and going out of the block. This bothers me as I am a reserved person and I do not like anyone minding my own business... when her younger sister, my other sister-in-law would like to give a present to my children we are constrained to meet somewhere else, not at home. Therefore even her sister finds her nose and controlling. I am not happy by this situation and this has been going on for twenty two years – since I got married and came to live here. She has never changed! (Antonia, married, St Paul's Bay)*

This kind of behaviour by female relatives on the husband's side of the family can cause tension within the nuclear family. In Antonia's case it is evident that her health and wellbeing are being tarnished by her sister-in-law's authoritarian behaviour while in Rose's case it has led to separation and prevented the subsequent reunion of the family. In these cases, proximity to members of the extended family, instead of being an asset, may end up being a burden on the nuclear family.

Another negative aspect of social relationships that can occur when living close to family and in-laws, is when the division of assets through inheritance causes familial disputes. This hostility between members of the extended family and those of the nuclear family living close to each other, causes such bitterness and ill feelings, that it is reflected in the relationship between the couple. As in the case of Suzanne and Adrian, the tense atmosphere in their household was created because of the conflict between them and their extended family on the division of assets through inheritance. These familial rifts can even influence the wellbeing of children in the family. These children often experience feelings of perplexity and lack of comprehension as to why their aunts and uncles who live close by, do not communicate with them and with their parents any longer.

*Adrian: We live in an apartment in Qawra. We have been living here for twelve years. This apartment belongs to me through inheritance... We ran a family business but ended up in court and consequently this business had to be closed down. This business was operating from this same block of flats where all the other members of my family and myself live. Since we ended up in court, obviously, things aren't smooth and I wonder if they ever will be! We live too close to each other. Moreover my son is aware of this rift and feels it.*

*Suzanne: He is all the time mentioning his cousin. "But I have a cousin, aunties and uncles yet I never speak to them. I did nothing wrong, why shouldn't I speak to them?" ... When we see them he does his best to smile and greet them. I feel sorry for him because he is innocent. After all they are his aunts and uncles... he is being affected.*

*Suzanne: While Adrian is at work, I am always at home. All the time I come face to face with them. I hesitate to go to the balcony or to the entrance hall because I'll surely meet them. It is suffocating! (Suzanne and Adrian, married, St Paul's Bay)*

Catherine reinforces the observation that inheritance is the root of many feuds among extended families in the neighbourhood, as this also happened to her family. She states, 'When my aunt died my brothers and cousins wanted to divide my aunt's gold jewellery between us. So many arguments ensued between members of my extended family. My cousin being quite selfish, wanted to acquire a chunky gold necklace and a gold cross at all costs. I passed on my share to my sister, who having taken care of my aunt, was the most deserving'. These feuds occur whenever members of the family feel that there is preferential treatment towards any one of the members and deem this as unfair. This indicates that the influence of the extended family in the neighbourhood can create intricate social processes. As seen above, in some instances the extended family is supportive, while in others it can even be destructive. This highlights the multiple complexities that are present in a neighbourhood.

Other respondents have explained that disputes between siblings can arise if offers of help from members of the extended family are interpreted as intrusion, and instead of being beneficial, end up being damaging. For example Georgina who is not as well off as her siblings, describes how detached she feels from her brothers and sisters with much wealthier lifestyles, owning villas, frequenting casinos and travelling abroad for holidays. When her husband died, her siblings helped her to pay for her husband's funeral. From then on they started advising her on how to manage her finances. Although possibly the intention of Georgina's siblings was to help her, she refused their help feeling that they were controlling her. Not wanting to feel belittled and inferior to them, she severed all ties with them and preferred to live in economic deprivation.

*My house is in shambles; I would like to have the house painted but who can do this job for me? I find it hard to do it myself. My brothers would be able to do this kind of work but I never ask for their help. They never come over to my house and I do not go to visit them either even though we live close by. Their house is very luxurious. I have cut all contact with them because I am not their type...They are the kind of people that if they give you something they boast about it. That is why I never ask for anything from them. (Georgina, grand- mother, Cottonera)*

This shows that support from the extended family may be experienced in a subjective manner. In fact some appreciated the support and felt grateful towards their extended family while others regarded this help as a form of control harming their health and wellbeing.

Isabella, a divorced mother who still keeps open communication with her ex-husband, was faced with animosity and hostility from her brother who disapproved of her speaking to her ex-husband after he had left her with a child. Isabella's brother thinks that she should have learnt a lesson and not trusted her ex-husband again. Isabella feels that her son has a right to know who his father is. This shows that the mother is 'trading-off' her wellbeing for the benefit of her son. On the other hand Mitchel, the son, who is still young, cannot understand why his uncle does not speak to him.

*Michael asked "Why can't I meet uncle and aunty anymore?" and I said, "Mummy and him had adult arguments and we don't speak!", and he said "I did not have an argument", and I said "No", and he said "So why can't I see them?" (Isabella, separated, St Paul's Bay)*

As a result, although children do not fully comprehend the reason behind the disputes between the members of the extended family they are being negatively affected. The respondents who do not have close ties with their extended family are affected in their health and wellbeing. They related instances of isolation, depression and helplessness. It is thus perceived by certain respondents that not finding the bonding and reciprocity with their extended family is more harmful than the lack of bonding and reciprocity with the neighbours, as the extended family is regarded as of paramount importance by the respondents. Those who suffer most are those who are living in a neighbourhood lacking neighbourhood reciprocity and trust such as in St Paul's Bay and who have also severed

all ties from the supporting extended families, and who have no one to rely on when in need.

Inhabitants from Valletta and Cottonera who experience negative social capital and are undergoing financial and psychological lack of wellbeing resign themselves to their neighbourhood conditions without ever opting to seeking change. This may be due to diverse reasons such as not having the energy or courage to take this step, or lack of awareness that their conditions can improve if they move. Several respondents who found social relations in their native traditional neighbourhood too intrusive, and opted to move to St Paul's Bay, feel that they are now living a better life, free from intrusion. They point out that the continuous interference they experienced in their native town constrained them to seek another locality where to live and where the anonymity of the place proved to be beneficial for their wellbeing.

An example of this is Ritienne's story where she decided to move away from her neighbours as these often witnessed her husband's abusive behaviour towards her and towards her children. Because of this she felt belittled and humiliated in her previous neighbourhood. *'He used to come, several times, he used to hit me even in the streets, he used to kick our house door open, he used to tear the telephone lines...I had become the talk of the town and I could not stand it any longer! But here, it is totally different'* (Ritienne, separated, cohabitant mother, St Paul's Bay). Her move to St Paul's Bay helped her to build a new image for herself and for her family. In the new neighbourhood her children have made new friends, leaving their past embarrassing episodes behind. Ritienne feels that the fact that no one knows her history and she could start anew with her daily life, gives her a positive sense of wellbeing.

Norma, another respondent who moved to St Paul's Bay described how, at a young age, she started smoking and going out with boys. The neighbours regarded her behaviour as unacceptable and never wanted their children to befriend her. Norma explains that the neighbours condemned her in every way she behaved. She felt that once her reputation was lost, the best solution for her was to change the neighbourhood. She decided to move to St Paul's Bay where she found out that the neighbours are unobtrusive and mind their own business.



*Norma: In my mother's neighbourhood the streets are very narrow, not like here. When I used to put on a miniskirt they regarded me as a prostitute but when I wore long dresses they commented that I had become a nun.*

*Researcher: And why do the neighbours at [village of origin] affect you so badly?*

*Norma: I don't know, maybe because you bump into them all the time. You see them talking about you and grimace. ....here [in St Pauls' Bay] even if you go shopping, most probably you'll find more foreigners. For example if you go to [village of origin], the only people you meet are the local people, the same people, not like up here. So I feel much better living here! (Norma, single parent, St Paul's Bay)*

Lorenza, another respondent who moved to St Paul's Bay, feels happy away from her native village and more free and serene without having to face her old neighbours who had judged her negatively because she had left her husband.

*Even when I visit my mum at [village of origin], I find it difficult to go around lest I may meet somebody who stops to talk to me and ask me questions about my private life. (Lorenza, cohabiting mother, St Paul's Bay)*

Backing the relational theory, the life stories of some of the residents who recently moved to St Paul's Bay prove that the anonymity they found in the new neighbourhood enhanced their sense of wellbeing. Several respondents from the three neighbourhoods argue that 'eyes on the street' do not always mean a neighbourhood watch for help, but also a community of neighbours who can pry, gossip, intrude and be judgemental. These people feel that social cohesion has a negative impact on their experience of social capital, health and wellbeing. In fact having no roots to the place and no past history contributed to an improvement in their health and wellbeing in contrast to those living in traditional neighbourhoods such as Valletta and Cottonera.

#### **4.5 The Roman Catholic church and the 'dark side' of social capital**

In the section looking at social participation previously discussed in this chapter, we have seen how much the inhabitants are involved in activities organized by the church. However, just as the extended family and the neighbours may exert negative as well as

positive influences on individuals, so does the Roman Catholic Church exert its negative influences on the social interactions experienced by the respondents in this research. This is attributed to the high levels of bonding and bridging ties that are experienced by the majority of the residents of Valletta, which however exclude those who do not adhere to the rules of the Catholic Church. To reiterate Portes and Landolt's point, '*the same mechanisms appropriable by individuals as social capital can lead to a set of negative outcomes for others*' (2000, p.532).

Several respondents reported that members of cohabitant families, owing to their marital status, feel excluded because they cannot receive Holy Communion and thus cannot participate fully in the celebration of the Holy Mass along with the rest of the congregation. These cohabitant families feel that they are being looked down upon not only by the congregation, but by the community at large. They regard the church as discriminatory and unjust because certain calls for marriage annulment are processed and granted in a preferential manner and therefore belonging to the church is not, for them, a pathway for better health and wellbeing. They feel that there is an excess of bureaucracy in the marriage annulment process, and it is too lengthy and time consuming with the resultant loss of time for procreation. Moreover, the couple may not be able to afford an application for annulment as it entails a significant amount of money in legal fees.

Joe and Shania feel that the church is still very conservative. Shania says that when she went to baptize her son who was born out of wedlock from a cohabitant partner, the priest refused to baptise him during a normal christening ceremony. This really hurt her as she felt that she was being treated as an inferior member of the community.

*When I was preparing for his baptism, the priest told me that he would baptise him in the sacristy. I told him, "No of course you won't, then I won't baptise him at all!" Then he added, "Ok then, we will baptise him in a different ceremony from that we normally carry out." I asked him, "What do you mean?" He answered, "It won't be a usual mass," and I told him "Let me think about it." Later he called me and he told me, "Listen, there will be five other mothers who are in your situation, and I assure you that it will be a beautiful ceremony for all of you." Then I accepted. (Shania, cohabiting mother, Valletta)*

Shania, feels frustrated for not being able to receive Holy Communion especially on religious occasions when her children are involved. Indeed on the video taken during the First Holy Communion of her daughter, she could be seen reduced to tears as she was stopped by the priest from receiving Holy Communion. She narrates that when she has to take her children to hear mass she stays at the back of the church. In fact, the only reason why she and her partner frequent church, is for the benefit of their children, so that they would not be excluded from the community.

*This took place recently. The priest snapped at me and told me, “You cannot receive Holy Communion.” I was so embarrassed that I cried throughout the rest of the ceremony. I cried because it is not pleasant to see everybody receiving Holy Communion except you! (Shania, cohabitant parent, Valletta)*

This feeling of exclusion is felt so strongly that Sunta, another cohabitant mother, went as far as to ask the Archbishop to grant her permission to receive Holy Communion even only once during the Confirmation of her son.

*The Church is still old fashioned; I’ve been cohabiting for 23 years now, why doesn’t the Church give me permission to receive Holy Communion? (Sunta, cohabitant, skip generation parent, Valletta)*

Lorenza, further explains how parishioners look at her since she is not allowed to receive Holy Communion. In her native village, ‘*you feel that the rest of the congregation is looking at you and noting that you are different from the rest! Today, being annulled, I do not bother, but when you are vulnerable these things hurt you!...and in my native village people focus on these things you know more than here!...(Lorenza, cohabitant mother, St Paul’s Bay)*

As Lorenza and other respondents pointed out, the role of the Catholic Church in St Paul’s Bay in relation to social networks of bonding and bridging is not as influential as in Valletta and Cottonera. This further explains why the respondents of St Paul’s Bay feel no negative influence of Roman Catholic social norms and feelings of exclusion in their community. Therefore in St Paul’s Bay, where many cultures and faiths are present, religion is less important and since the neighbourhood is anonymous everyone minds one’s own business.

The extended family also exerts negative effects of social capital upon separated and cohabitant families due to the influence of the Roman Catholic Church. Separated mothers in Valletta, apart from having to undergo the hardships common to all mothers who separate, have also to withstand opposition and disapproval from their immediate family. During the difficult process of separation, when the family is mostly expected to offer support, these separated mothers feel that their extended family does not understand them and sympathise with them. As the families in Valletta are very much involved in the parish, the elderly family members of separated mothers who are in their majority loyal to the Roman Catholic faith, disapprove of the latter's decision to separate, as they feel that the couple are betraying their marriage vows. They also believe that a marriage union is for life and the mother should do everything possible to safeguard the unity of the family, especially for the benefit of the children.

#### **4.6 Social capital and gendered norms**

For respondents in Valletta, when compared to those in the other two localities under study, the value attributed to family bonding is still very strong and many people give it priority over the hardships that a woman may be experiencing through an abusive relationship. The respondents also noted that the same does not apply to the husband who separates from his wife. Indeed, some of the interviewed separated mothers whose brothers abandoned their wives, did not have to go through the same ordeal from the members of their extended family as they had to. This corresponds with what was explained in chapter 2 where certain social norms contribute to gender inequalities. This is because the differences between men and women can create empowerment to men to the detriment of women (Borrell et al., 2014). This also matches with what feminist geographers described where ideas about gender may be experienced in different ways across places.

So one should note that in the neighbourhood of Valletta, the father's shortcomings are often excusable while the mother is almost always to blame. As the husband and wife are judged differently by the community, separation proves to be a more bitter experience for the wife than for her husband. This may have an effect on the wife's health and wellbeing as she feels misjudged and wrongly condemned. This highlights that the social

position of women is different from that of men and there are diverse gendered norms operating across neighbourhoods.

*My mother already has four sons who are separated from their wives. I can't understand why she was so mean towards me when I had to separate. She did not act in the same manner with my brothers! (Maria, separated, Valletta)*

For example Miriam, who had to go through traumatic experiences because of her violent husband, had to withstand further trauma from her parents who did not accept her decision to separate and for several months cut all communication with her. When the truth about the husband's violence came out in court, Miriam's family and even the community realised that she had had good reasons to seek separation. This further confirms that most of the time women are blamed unjustly for the mis-happenings in the family.

*They blamed me for not enduring the discordant situation I found myself in with my husband and for deciding to go for separation. Later they realised that I had good reason to go for separation and you can't imagine how much they cried for having treated me so badly. They were deceived by the bad mouthing coming from the neighbourhood. (Miriam, separated, Valletta)*

When Maria could no longer stand the oppression of usury lenders with whom her husband was dealing, there was no other option left for her but to separate. Her husband and his mother, furious at her decision, hired a private investigator who took pictures of Maria in the company of a boyfriend and posted them to her mother and her brothers with the aim of rousing their anger and condemnation towards her. Her ex-husband succeeded to cause harm to Maria by inciting antagonism towards her from the members of her family.

*With the excuse of their disapproval of my extra-marital affair, they stopped talking to me and turned against me. My mother too stopped talking to me for a whole month. This has been hell for me (Maria, separated, Valletta)*

Similarly Nadia, decided to leave her husband and call for separation. Her mother didn't approve of this as she deemed that her daughter had to work primarily for reconciliation. Nadia mother threatened her that if she continued to see another man while still married, she wouldn't speak to her. She could not accept that her daughter was committing

adultery in public. Both her mother, aunts, uncles and cousins stopped talking to her with the hope that she would repent and return with her husband. Nadia, however, proceeded with her separation, feeling hurt and abandoned by her family when she most needed their support. She commented that she couldn't understand how one would stay with one's husband in a loveless union just for the sake of not tarnishing the family's reputation.

*Nadia: In the beginning my parents were against whatever I did. I had to decide things all by myself, all alone! You can ask my friend, everyone was against me. I had no one to turn to. That was my situation. No one realised that I had my reasons for separating. Therefore I had to proceed with things on my own as no one wanted to help me...nothing, no one... All by myself. I had to go to lawyers all by myself.*

*Researcher: Why didn't they give you support?*

*Nadia: Because according to my family, if it was me who started the separation process, and so I was to blame. (Nadia, separated mother, Valletta)*

Joe and Shania, disclose that because of the fact that Joe was already married, Shania's family turned against her and stopped all communication with her. Members of Joe's family were also angry at him and stopped talking to him for leaving his wife and three children. Joe and Shania express that no communication exists with their extended family, so when they speak of their family it is only himself, his wife and their children. As a result Joe and Shania feel isolated and rejected.

*Joe: When we talk about family it is us, only us; her family does not speak to her... and I, I have no one; I only have my sister who lives here.*

*Shania: My mother is not on talking terms with me because my brother in-law keeps inciting her against me....And my brother-in-law has influenced the whole family to turn against me. About a month ago he also came to hit me.*

*Joe: He hit her with a pipe, then he turned to hit me. I then hit him back.*

*Researcher: Why?*

*Joe: He considers us sinners. He is crazy. He drove the car and was about to hit her and hit our children too! (Shania and Joe, cohabitant parents, Valletta)*

Due to this, a sense of loneliness pervades all of Shania's accounts when she talks about her mother not bothering about her, and not being a loving grandmother to her children. This shows the great effect that the behaviour of members of the extended family has on one's wellbeing. Joe, Shania's partner comments that this also applies to his side of the family. Although his sisters are well-off they don't care much about him and seldom are of any help.

*Shania: When I was in hospital my mother did not even dare to give me a ring and ask "How are you?" That makes you feel more lonely. You have to be brave!*

*Joe: Do you know what our children say, "Look nanna is passing by!"*

*Shania: True that is what the children say...*

*Shania: I am not disappointed that she does not talk to me but what hurts me most is that she sees my son and she does not talk to him*

*Researcher: And what do the children say about their grandmother?*

*Shania: Nowadays they have understood that their grandmother does not love them and does not respect them. If it is their birthday, if it is Christmas, Easter she won't wish them Happy Birthday or Happy Christmas. Nothing. As if we are dead.*

*Joe: From my side it is the same. My sister is rich, very rich you know, filthy rich. One is in America and the other one is here in Malta. She saw my daughter and my daughter greeted her "Hello Aunty!" They were near the school premises and she replied, "Remind me who you are?" This is her aunt you know! (Shania and Joe, cohabitant couple, Valletta)*

This section has shown how within the same neighbourhood environment, inhabitants may experience both positive and negative features of social capital. It has manifested how much high bonding and features of social cohesion can even result in intrusion and social control. This section explains the level of complexity present in a neighbourhood

environment and how much the extended family can play a determinant role in the social relations of the neighbourhood. The extended family, influenced by the religious norms and values present in the community, exerts undue pressure on certain inhabitants and not on others. These accounts point out that social pressures of religious establishments may reinforce family processes which marginalise cohabitant and single parents. This is complex as the extended family and the religious institutions have been attributed to factors related to both positive experiences in the neighbourhood as well as negative ones. Moreover, in this section it also emerged how much social processes differ according to gender. Female respondents have highly indicated the differential behaviour they experience from members in their neighbourhood. This emphasises the reasoning of feminist geographers that individuals of different genders may be treated differentially in diverse places which in turn may affect their health and wellbeing.

#### **4.7 Attachment to place and neighbourhood rivalry**

Another aspect of the neighbourhood environment pointed out by the respondents is that the residents manifest a high level of identity to their neighbourhood and are attached to it. Associated with this, they may also develop feelings of rivalry towards neighbouring localities or communities. In the case of Valletta and Cottonera, the small parishes within the town are geographically close to each other, and an element of competition and rivalry is present. At times this rivalry can lead to discord and quarrels. People involved in feasts in Malta will tell you that [“Bla pika m’hemmx briju”] “*There is no sparkle without rivalry!*” Although in principle this appears to be at odds with Christian values, as this is a feast dedicated to a saint, it is often used to justify rivalry. Rivalry between neighbouring parishes has been a characteristic of Valletta and Cottonera for centuries. Rivalry is fully manifested during the band marches when the revellers chant the popular verses [Hadd ma jista ghalina] “*Nobody does it better*”.

*Yes Birgu, Bormla and Isla are rivals. It is not that I am against the people of Birgu and Isla! Not at all! But there is a certain pique. How shall I explain? It is because our statue is more beautiful than theirs. If I were from Birgu I would have preferred the statue of Birgu! So we keep teasing each other especially on who has the most beautiful statue. (Michelle, single mother, Cottonera)*



On Easter Sunday in Cottonera the three parishes in the towns celebrate the feast of the Resurrection. The parishioners run with the statue up the hill (as seen in figure 6.1). This represents the Risen Christ. Michelle states that because of rivalry the parishioners try to outdo each other in the success of this feast and wish their neighbours' feast, failure and misfortune.

*For example when they (neighbouring parishioners) run with the statue of the Risen Christ we wish that they would trip and fall and the statue would crash to the ground! How we'd laugh! (Michelle, single parent, Cottonera)*

*There is some tension, between the parish of St Domenic and that of St Paul, mostly on the days of the feast. During the feast of St Domenic the band march passes in front of St Paul's church. Here the revellers stop to chant insulting tunes directed to the parishioners. However throughout the rest of the year we all live in a friendly manner. (Nathalie, married, Valletta)*

While some respondents from Valletta and Cottonera described how the neighbourhood enhances their sense of belonging, other respondents referred to the extreme fervour shown by some of the residents especially during feast time or during the football league as one which at times can turn to tension and even rivalry. This rivalry creates negativity in the neighbourhood and, worse still, often ends up in aggression and violence, thus creating an undesirable atmosphere in the neighbourhood. The fact that intense bonding can create rivalry between neighbourhood communities is not often referenced in literature. This behaviour may be typical of Southern European Mediterranean countries where Roman Catholicism is still very important. This may also indicate that according to the cultural behaviour of the country different levels of social capital can be experienced.

Supporting the relational approach high levels of bonding and trust can also create elements of anti-social behaviour which may not be reported to the authorities. The respondents have disclosed that when the community is bonded together they feel that they should not divulge information about certain activities especially criminal ones, to the authorities. This social capital creates a code of silence about activities related to theft, drug misuse and trafficking and other crimes. Some respondents fear that if they

report this criminal activity to the authorities the community would take revenge on them and exclude them.

Respondents from Cottonera explain that the presence of drug dealing and drug addiction in the neighbourhood is extremely evident. Patricia and Rodianne state that acquiring drugs in her neighbourhood is as easy as if one is buying cigarettes. Rodianne believes that the high prevalence of drugs and their easy acquisition in the neighbourhood makes youths in the area susceptible to become drug abusers, yet no one reports this.

*It's easy to find drugs here, it's very easy. And it is scary. Some of my friends were unruly, some were drug addicts but I never did these things... It's up to you. It depends on how strong you are! (Patricia, married, Cottonera)*

*They find someone who is young and vulnerable and manage to destroy him... Then frequently rumours spread that one died of an overdose – the other died of liver and kidney failure through drug abuse... and recently one had his legs amputated because he administered the wrong dose in his vein. (Rodianne, single mother, Cottonera)*

This makes mothers such as Priscilla feel that the environment where they live is unsafe for their children, in fact she comments that there is a high concentration of drug addicts and one can see syringes lying about everywhere. Parents in this neighbourhood, knowing how unsafe it is, fear that their children might fall victims of drug pushers who lurk in the vicinity of their homes.

*In the evenings the area is frequented by drug addicts. Do you think that I can leave my fifteen-year-old daughter and my son of ten pass through the midst of them...You can encounter drug addicts abusing from drugs up there, because one can see many syringes lying on the ground... I am sure that the police know who the drug pushers are, but they act as if there is nothing wrong. It is such a mockery! In the shop next to our house a fight takes place every single day. The police come over but they never arrest anyone. As if nothing has happened! (Priscilla, separated, Cottonera)*

Priscilla continues to argue that the concentration of delinquency is so high that the police seem to have lost control of the situation. The respondents attributed this to the fact that

often drug pushers and other criminals finance the electoral campaigns of political parties to gain power. The police, faced with these criminals who are affiliated with high ranking, powerful people, are seen as helpless and weak.

*But you can't do anything. They are untouchable. Sometimes I think that the police are afraid of them. The situation has gone to the extent that instead of these delinquents fearing the police, it is the police who are afraid of them. (Priscilla, separated, Cottonera)*

These accounts of rampant drug abuse present in the neighbourhood without anyone, not even the police, taking action to control it or stop it is also similar to what Carvalho and Lewis (2003) explain from their study on Chicago, where such signs often translate into feelings of fatalism, where incivilities are a daily part of the neighbourhood lifestyle. This section adds to the reasoning that neighbourhood social processes are complex since positive features of social capital can occur simultaneously with antisocial behaviour in the neighbourhood. Few if any studies have shown that the pride and the love of place may result into something negative such as rivalry between groups of people. Furthermore the same features which instil social participation also create negative social processes that may result in antisocial behaviour amongst inhabitants.

#### **4.8 Resource based social capital**

Some research reviewed in chapter 2 suggests that in a dense, close knit neighbourhood environment with strong 'normative' social capital such as a traditional working class community (defined by Cattell (2012) as 'parochial networks' and 'traditional networks'), people find it very difficult to form new contacts outside their group. Thus they are rarely able to form bridging ties with resourceful persons (Bott, 1957; Lockwood, 1966). However in my research study the presence of 'resource based' social capital has proven to co-exist with normative social capital. Even when the neighbourhood is deprived and the inhabitants are closely bonded, they are also able to form bridging ties with resource rich persons beyond their immediate social circle. This was observed to be related to the type of neighbourhood that is determined by its history, function and role. It is to be noted that not every neighbourhood in my study is capable of having this level of bridging social capital.

Valletta, being the capital city, provides opportunities where the inhabitants meet people from all walks of life. As the environment is densely built, offices and residences are found close to each other, further enhancing these possible encounters. Cottonera on the other hand, although like Valletta enjoys high levels of normative social capital, has lost its resource rich persons since they left the neighbourhood due to deindustrialisation. This left the deprived residents of Cottonera bonding with each other but excluded from other neighbouring resource rich communities (further analysed in chapter 5). This clearly puts the respondents living in Valletta in a better position when compared with those living in Cottonera, as the inhabitants of Valletta enjoy access to a wide range of bridging ties offering them experiences and various resources.

Sunta, from Valletta, described how much she values her friendship with a resource-rich person. This friendship is very important for her as she is aware that her friend has a level of power in the country's administration and if she happens to experience any difficulty, she would surely find this friend of help.

*My friend is a secretary at the office of the Prime minister. Sometimes I buy her cheesecakes for break time...I know that if I am in need of something she is ready to help. (Sunta, cohabitant mother, Valletta)*

Marouska too, has expressed how much she and her family feel fortunate to be on close terms with an influential lawyer. She narrates about small gestures they make to help him in order to keep their relationship on good terms.

*That lawyer is our friend, my mother used to clean his office and we always reserve a parking space for him in front of our house. When our nephew was in trouble he defended him in court and he did not charge us. (Marouska, married, Valletta)*

Some inhabitants who live in St Paul's Bay and do not enjoy normative social capital are able to derive resource social capital from interactions with tourists. The inhabitants have mentioned the fact that they succeeded in making contacts with foreigners from around the world who visit this touristic town and some even keep contact with them. For example Antonia explains:

*We made friends with a French family and they send us their children's used French books. Since my son is going to choose French as a foreign language at school we will surely find them helpful. (Antonia, married, St Paul's Bay)*

### ***The role of the parish priest and the church as a social 'resource'***

The church as an institution was also referred to by the respondents as being a resource for them, reflecting aspects of social capital described by Bourdieu in chapter 2. The definition of resource based social capital is reflected in the role of the church in Malta, as it still occupies an extremely useful social function and resource by giving aid and support to marginalised people. The majority of respondents from Valletta and Cottonera stated that the person deemed to be the most important point of access to resources in the community, is the parish priest. As defined by Bourdieu (1986), the parish priest is the social 'bank'. His role is important as he can accumulate resources, such as information, material assets, knowledge, and valuable social contacts which function as a "bank" of resources available for all members in the group.

The people in the communities of Cottonera and Valletta therefore regard the role of the parish priest as one of major importance. The parishioners look up to him as a community leader. On the other hand, the interviewees from St Paul's Bay do not even mention the priest in their narratives. For them the community is led by a political representative rather than a religious one.

Patricia, a resident from Cottonera explains that the role of one parish priest in her locality was of such importance that when he was transferred to another parish, the community spirit in her neighbourhood deteriorated. The previous parish priest used to distribute food, given as aid by the European Union to the residents mostly in need. Patricia describes the parish priest as an agent who offers access to resources and a source of bridging ties in her community. She states that the ex-parish priest was a good communicator, mingling with people in bars and clubs. He helped youths to find jobs and transmitted good values to them. In Patricia's opinion the new parish priest is very different, he is keen on embellishing the church and for this reason he is all the time collecting money. She and many other parishioners do not see any value in this as they

are too needy to spend so much money on these projects. They feel that this parish priest is not in touch with the reality of the neighbourhood and needs to realign his priorities.

*The previous one was so nice... this one is all the time collecting money... all the time trying to see ways and means how to collect more money! It is true that works are being done in the church... but this is going too far... the Curia is supposed to pay for these projects!...The previous one used to explain exactly how the money was being spent, he used to talk to us and was able to communicate, he was so nice! He used to organize lunches or dinners and even used to smoke a cigarette with us... Before, the 11 o' clock mass used to be interactive, with music, involving the congregation! All the youths had been attracted to the church again. He succeeded to make it appealing for them! He used to give presents to the elderly, such as a bottle of wine! The people used to appreciate his gestures and everyone loved him! But this one! Nothing! (Patricia, married, Cottonera)*

Rose, too, would like the Church in her locality (Cottonera) to contribute more towards the needy.

*The church can do without silver candelabras when there are families in the parish who are in dire need and often go to sleep hungry. (Rose, separated, Cottonera)*

Catherine, who is also from Cottonera but coming from another parish, has a different perspective of the parish priest. Being severely deprived, she states that no one in her neighbourhood offers her any help except the parish priest. When she resorts to him he always gives her food and some money. Catherine praised the Parish priest for doing his best to ease her hardships.

*No one lends me anything, only the parish priest... It's not that he gives me a lot but he does give me food and other things. He gives us food from the European aid and for example yesterday he called me and he told me, "Come over to my office I have some things for you." That is the only help and support that I find here. (Catherine, separated, cohabitant parent, Cottonera)*

Tracey, a married mother from Valletta waits eagerly for the fortnightly help in the form of food and other necessities which the parish priest distributes to the parishioners who are mostly in need. She states that were it not for this help she would not make ends meet.

*I feel stressed when I do not have enough money, however every fortnight the archpriest gives me a hamper full of food. Today I have to go and collect it. For example there will be packets of pasta and I find it useful as I only have to buy sauce and preserves. At the moment my freezer is empty. It helps a lot to have some help from the church! (Tracey, married, Valletta)*

Moreover, access to resources offered by the church is determined not only by the individual role of the priest as a key 'gatekeeper', but also through the operation of the wider networks of parishioners. Portes (1998) in accordance with Bourdieu and Coleman, emphasizes that social capital describes the resources available to individuals by virtue of their social ties. He highlights that these resources do not reside with the individual (i.e., intrapersonal resources) but in the structure of his/her social networks (Portes, 1998). Indeed Rose and Patricia stated that when they know a friend who is in need, they refer her to the parish priest or try to help her themselves by giving her some of the provisions obtained from the parish priest himself.

*When I know that one of my friends is in need and I see that I have enough food, because for example I still have from those given to me earlier by the priest, I give her some... because sometimes I am in need and sometimes someone else is! (Rose, separated parent, Cottonera)*

In contrast, Joe and Shania, a cohabitant couple from Valletta, do not talk favourably of the parish priest as they state that they are excluded from the list of parishioners to whom aid is given. This explains Portes's (1998) analysis showing that when you do not belong to a social network, the resources it offers are not available for you.

*We know that he gives shopping bags full of food to others in our neighbourhood. He gives food to those he sees at church. It is he who decides who will be given or not, it is his personal decision. But he leaves us out as we do not go to church! (Joe and Shania, cohabitant parents, Valletta)*

This shows that those who follow the religious norms such as living as a married couple are rewarded with help, which has a positive effect on health, while those failing to adjust to the norms are socially excluded and cannot benefit from the resources available as these are reserved for those who abide by the church's norms. Therefore, the priest acts as a social 'arbitrator' of resource entitlement in the neighbourhood of Valletta and Cottonera. The role of the parish priest is so influential that it can offer both the needed support to those who comply with the rules of the church as well as exclude those who do not.

However several respondents explain that religious institutions offer them a range of assistance. Ritienne states that if it were not for a church home for women suffering from domestic violence, she would have been dead by then. For her safety and for that of her children she was constrained to leave her marital home and seek refuge in a church home. She stayed there with her children for the period of time until the court gave its sentence for marriage separation.

*He was very violent. Here in Malta a court proceeding will drag on for ages. When he used to meet us, he used to start hitting us. So I had to seek refuge in a church home for victims of domestic violence. Were it not for this home I would have been in the grave for quite some time by now. Luckily one finds these homes which open their doors for people like me and offer protection and assistance. (Ritienne, separated cohabitant parent, St Paul's Bay)*

Michelle from Cottonera too found shelter in a church home. She narrates that the situation in her home had become unbearable, with her parents arguing and quarrelling all the time. When she turned sixteen she decided to leave home and seek shelter in a church institution for neglected children. Here she was given food, shelter and care. Moreover she was helped to find an employment before leaving the church home in order to be financially independent.

*Because I had to leave my mother's house when I was 16, I went to live in a children's home until I was 18. I could not bear the situation in my home any longer with my parents quarrelling. Thank god that I felt welcomed at this children's home. But unfortunately at 18 one has to leave and start life on one's own. (Michelle, single parent, Cottonera)*



Amongst several respondents, the church is thus renowned as being a very supportive resource. The fact that these respondents feel that there is an entity which sympathizes with them and that they are shown understanding and care by the parish priest, gives these respondents a sense of acceptance and belonging. The priest as a church representative is regarded by the respondents as a very important agent in their deprived community as they feel that they can reach out to someone when in need. This reduces their stress and helps enhance their health and wellbeing.

The role of social capital in connection with religious institutions is under-researched. Exceptions include Ornelas et al. (2009) who looked at the importance of the church within the African and American communities. Most of the research on social capital has been conducted in societies where religion does not play such a major role in the neighbourhood as it does in Malta. Even fewer studies regard the role of the parish priest as so important that it may determine the material conditions and the social processes in the neighbourhood. Moreover, relatively few studies examine the negative influential effect of religion with regards to social capital as has also been revealed in my research in Malta.

#### **4.9 Conclusion**

This chapter has examined the different features of social capital and has depicted how beneficial these features are as resources to combat and improve the health and wellbeing of the respondents in a materially deprived neighbourhood. This means that for the majority of the inhabitants living in traditional neighbourhoods, the social dynamics occurring in the neighbourhood have major determining effects on their health and wellbeing. It emerged that experiences reported by the respondents living in the two more traditional neighbourhoods foster characteristics of normative social capital with features of bonding, reciprocity, ties and trust while the more cosmopolitan neighbourhood lacked these features of social capital, due to multiculturalism and lack of neighbourhood stability.

This chapter also depicts that there is a fine line between how social capital can have negative as well as positive effects. Thus, as well as enhancing the health and wellbeing of the inhabitants, it can also be the agent of ill-health and lack of wellbeing. Indeed,

notwithstanding the positive feelings of health and wellbeing experienced through features of social capital, selected inhabitants have also pointed out negative aspects of social capital in their neighbourhood. An example of this is how the impact of religious norms is contingent on individual respondents' attributes and experiences in religious institutions. While enhancing cohesion and interaction amongst some inhabitants, local religious activities and celebrations can also have caused negative effects on the health and wellbeing of other inhabitants. The participants in this research who form part of groups adhering to the prevalent religious norms feel empowered within their neighbourhood. However, this creates a situation where those who do not belong to such groups, who are not abiding by the Roman Catholic norms, feel inferior and vulnerable. An important feature that emerged in this chapter is the nuanced relationships operating within the family, the extended family and the neighbourhood, which for some are considered to be very helpful and beneficial, but for others are regarded as dominating and intrusive. Moreover, the level of social control is not uniform in the three neighbourhoods. Whereas cohabitant mothers in Valletta experience social control due to religious norms, those in post-industrial Cottonera experience social control on the grounds of eligibility of single mother welfare benefits. In contrast, social control in the modern neighbourhood of St Paul's Bay is not effective and there are examples of successful cohabitation unions. This shows that issues of stigma in a traditional neighbourhood in Malta are not particularly related to class or income but rather related to one's marital status and how it conforms with the norms of the neighbourhood, but the same does not apply in a less traditional setting. This chapter particularly emphasises the relational understanding of place, highlighting how complex, dynamic and unpredictable neighbourhood social processes can be, and stressing how much health and wellbeing are likely to vary across neighbourhoods and amongst individuals. It points out to the relationships of individuals with their social networks and that they are contingent on the variable attributes of local neighbourhoods (both in terms of social make up of neighbourhoods and the physical environment). Moreover, it points out that the influence on health is determined by multiple factors and in multiple ways.

This chapter highlights that both the individual features of social capital and the collective features are important for the health and wellbeing of the inhabitants in the neighbourhood. The protective features of individual social capital are highly beneficial for individual health, but the establishment of networks between extended families

develops collective features that enable attachment to place and trust in the neighbourhood. This chapter has also revealed that there are also negative individual experiences of social capital. Moreover, where there are very few experiences of individual reciprocity ties, the collective features of social capital are less likely to form and there is a limited sense of trust and social cohesion in the neighbourhood. Therefore, we see that both the individual and the collective features of social capital need to be connected and to reinforce each other in order to develop stronger features of beneficial social capital.

This chapter has also indicated that gender is another important determinant of the type of neighbourhood social processes which in turn affect wellbeing. Linked to the idea of honour and shame within a Mediterranean religious culture, women experience more social control than men and their behaviour is more subject to judgement than that of men. The wife is often considered to be to blame for her husband's misdemeanours as it is deemed to be her responsibility to restrain him from such behaviour. This automatically puts further strain and responsibility on the wife. Furthermore, it is accepted that men are allowed to be short tempered and aggressive, while it is expected that the women are obedient and submissive. What should also be noted is that from the life stories it emerged that when the respondents sought reciprocity ties and bonding, it was always with individuals of the same sex, yet when bridging ties of social capital occurred in the neighbourhood between a deprived inhabitant and a more advantaged person, the gender of the person did not matter. This may shed light on the extent of importance that gendered norms have in these neighbourhoods.

The next chapter will further analyse why and how these social processes occur in one neighbourhood and not in the other. It will analyse how the built environment enables the closeness in a neighbourhood through the daily encounters and daily gossip, which contribute to both the positive and the negative features of social capital. Moreover, the next chapter will analyse how the neighbourhood history of employment determines the present resource-based social capital available to residents and other neighbourhood norms.

## CHAPTER 5

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# THE MATERIAL NEIGHBOURHOOD ENVIRONMENT



*Figure 5.1: A multitude of balconies in Valletta showing the cramped housing environment*

*Source: <https://www.lonelyplanet.com/malta/valletta/travel-tips-and-articles/seven-reasons-to-visit-valletta>*

In the previous chapter, I analysed the social processes that occurred in the three deprived neighbourhoods. However, it also emerged that the features of social capital are influenced by the material conditions of the neighbourhood. This chapter will thus explore the relationships between the material and the social determinants of health and how they are being experienced by the inhabitants. In this chapter I will focus especially on important material determinants of health; namely the physical built environment, housing, services and employment and how they relate to social capital. I also aim to look in depth at why the physical and economic environment may be associated with variation in the degree of social cohesion and other aspects of social capital among neighbourhoods.

The physical dimension of the neighbourhood includes environmental issues, such as neighbourhood layout, housing quality, play area provisions, open spaces and recreational facilities. However, neighbourhood environment is more than the geographical area comprising streets, houses, shops, schools and parks. The neighbourhood is considered as the place where *'sociability and face to face interaction' occur and the place which is 'accessible to everybody and where difference is encountered and negotiated'* (Young, 1990 in Cattell et al., 2008, p.544). Therefore, this chapter will concentrate on how social processes and networks are conditioned by the, utilisation of material resources, economic opportunities and welfare benefits. It will also analyse the significance of the contemporary material environment, and also the legacy of the historical development of the neighbourhood areas under study since the history of the place impacts on the present neighbourhood conditions. In fact it plays a determinant role in shaping the present conditions of the neighbourhoods and affects the wellbeing of today's residents. Bernard et al. (2007) state that the physical built environment is made by people for people. This explains that what was built by past generations is still influencing the present inhabitants. The two neighbourhoods of Valletta and Cottonera which both enjoy a long history, will be compared with the neighbourhood of St Paul's Bay which has a more recent historical background and is categorised today as a modern locality. This comparison will explore the extent to which the past influences the present neighbourhood context.

This chapter draws an emphasis on the lived experiences of the respondents in order to explore their negotiations within the physical and material neighbourhood environment and how these are impacting on their health and wellbeing. Keeping in mind that these

neighbourhoods are deprived, I will examine which material determinants are triggering certain social processes that may consequently hinder the inhabitants in improving their wellbeing. Moreover, I will delve into the contingent processes of the individuals who are most likely to be affected by neighbourhood contextual characteristics and how they are negotiating these in their daily lives.

### **5.1 The built environment and social processes in different neighbourhoods**

This first section investigates the relationship between the history of the neighbourhood, the differences in settlement shape, walkability and social capital. It, however, analyses the contingency of living in a historical, traditional neighbourhood like Valletta and Cottonera and compares the interior and exterior housing conditions with those of St Paul's Bay. Very few studies have analysed how the history of the community has a relationship with the level of quantity and quality of interactions amongst the residents, leading to the formation of social capital, therefore this section will help in drawing attention to this relationship.

The stories of Michelle and Sandra below will give a glimpse of the relationship between social capital, the built environment, the housing conditions and wellbeing. Michelle explains the positive effects of living in a traditional neighbourhood which is able to facilitate the formation of social capital and improve the residents' wellbeing. However, she also points to the dilapidated housing conditions that exist in a traditional neighbourhood which can be damaging for the health and wellbeing of the residents living in similar housing conditions (as seen in figure 2.1). On the other hand, Sandra explains that although reluctant to leave her native village where she was happy interacting with neighbours and friends, she succeeded to find a job in St Paul's Bay and adopt a new way of life. Through her employment, she regained her mental health and financial stability. These stories illustrate how features of social capital in the neighbourhoods are relative according to a series of determinants of health, which will be discussed further.

Michelle, single mother, Cottonera

*If I could have afforded a decent dwelling, I would not have chosen to live here (Cospicua). I am from Cottonera so I do feel that this is my hometown. Here I know the people, actually many of my neighbours were even my classmates at school and many are still my friends. However, the quality of the housing here is utterly substandard. Because houses here were built rapidly after the war and several others are very old. Some houses were even allocated to local residents through requisition order because they had lost their property during the war. The new occupants, not being the owners of these houses, care little to maintain the house they are living in.*

*I am living in one of these dilapidated houses. 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. Some are either rented out by the government or by owners who do not live here any longer. As the rental income is low, the owner does not find it viable to refurbish his property.*

*My neighbours and I live so close to each other that we often chat from our windows. If I have a missing item while I'm cooking, I just call her and she hands it to me from her balcony. When we accompany our children to religious lessons we go together. The location of the houses here is ideal, as one can find all one's needs just round the corner. The baker comes every afternoon selling bread, the green grocer is at the end of the street and the grocer is a stone's throw away in the square.*

Sandra, married, St Paul's Bay

*Moving here was not my choice. On the contrary I was very happy living at Naxxar...it is an attractive village with the church as its hub. How pleasant it was for me to meet my friends in the main square or whilst I was waiting for my children during their religious lessons when I was living there.*

*This all had to change when my husband found himself deeply in debt. I was not aware of this, because he never uttered a word to me about his problem. When I got to know the truth, it depressed me so much that I started suffering from anxiety.*

*We decided to sell our house in Naxxar. We put it on sale through an agency but it took us two whole years to sell it. We did not want others to know how bankrupt we were but after two years waiting for a buyer we put a sign 'For Sale' on the balcony and unbelievably the following day our neighbour wanted to buy it and we sold it. This helped us clear our debts and we even had enough remaining money to buy a small flat here.*

*On coming here I lost all my friends. Over here you feel as if you are nobody. Nobody knows you – nobody stops to talk to you – there are so many tourists around...everybody minding his own business.*

*I decided to find employment. This alleviated our financial hardships and I started to feel better health wise. I did not feel depressed and anxious any longer. I started taking more interest in life and no longer felt useless. My relationship with my husband improved as life became more serene.*

*It's impossible to say I do not miss Naxxar, yet at least, I have had the opportunity to give my children a sound educational background at Naxxar, because here my children would not have received any moral values!*

The physical layout of most Maltese traditional communities, combined with the Maltese architectural style, facilitate opportunities for interaction between the residents of the neighbourhood (as shown above in the narrative of Michelle). The physical structure of the typical town or village also enables social networks to occur both on an individual social capital level, as well as on a collective social capital level. This supports an argument that older, more traditional built infrastructure is contributing to the operation of processes of social capital in the neighbourhood, in contrast to the modern urban design of St Paul's Bay which does not support social interaction in the same way. Several clubs such as political, religious, cultural and sports are located around the main square, as well as bars which create areas for casual meetings between the inhabitants. These clubs and bars are mostly frequented by men, while women meet either when doing their shopping or while waiting for their children before and after school or before and after religious lessons organised by the church. Because of the long warm days, extending from April to November, many residents spend most of their time outdoors. This also facilitates social interaction and the creation of networks.



Wood and Giles-Corti (2008) explain that a sense of community forming social capital in a neighbourhood is spatially defined. When a neighbourhood has a well-defined boundary, it contributes more to the connection between a particular place and the sense of community that exists within. McMillan (1996) explains that it is this boundary line that establishes a sense of membership, which is vital for forming a sense of community. As explained in chapter 3 Valletta and Cottonera, both walled cities surrounded by massive bastions, are enclosed and densely populated areas on the island with housing crammed in narrow streets. Built around the Grand Harbour on peninsular land and backed by huge defensive walls, the buildings of Valletta and Cottonera are constrained from expanding spatially. These two localities accommodate hundreds of people and are classified as some of the most densely populated cities worldwide (as seen in figure 5.1). Being ancient cities built with the aim of defending the island against attack in times of siege, little importance was given to the allocation of open spaces. In fact the few conspicuous open spaces one finds in these two neighbourhoods are the main squares built in front of the church and a few public gardens. Some of these gardens are even built on the thick walls of the bastions themselves.

The narrow passageways, the stepped streets, the lack of open spaces and the huddled residential buildings explain why the neighbours often meet each other, forming bonding, reciprocal ties and trust. Lund (2003) explains that traditional neighbourhoods are naturally styled to have a higher sense of community because they are designed to encourage social interaction and the formation of social capital. She explains that it is through this traditional neighbourhood environment shape that residents can develop a strong sense of community, as people move around in the streets or in public or semi-public spaces and interact with each other in the neighbourhood. Therefore, as Leyden (2003) explains in his study, a more walkable environment where the streets are networked is much more able to promote neighbourhood interaction and features of social capital. This clearly increases the chances of unplanned interactions between neighbours, further enhancing the level of community (Lund, 2002, 2003).

The shape of the geographical settlement is important for the respondents. In fact they commented on how much the shape of their town has historical links. Valletta, being planned by the knights of St John, has a grid shape, while Cottonera being older has

mediaeval, winding roads, while St Paul's Bay shows the features of a modern built up town, with long wide roads.

The respondents from Valletta pointed out that the present commercial and administrative area had always been the area of the rich with big houses and palaces built on the top of the hill, while the small houses were all situated on the perimeter. This demonstrates that the physical layout of Valletta is very much linked to social class and to the structural decisions of the past where the important majestic buildings were linked to the topography of the land. This is also the case today where the commercial, administrative centre is found on top of the hill, while the residential part is located in the low lying area of the city. The grid shaped streets stretch down the hill, with wide streets in the commercial area and narrow and stepped ones on the perimeter where the majority of the residents live.

*Valletta is subdivided. It seems as if there are imaginary walls separating one area from the other because all the buildings are in straight lines. There is the top part and the bottom part, the west side and east side. There are striking differences within a few metres from one corner to the other. (Joe, cohabiting father, Valletta)*

The close proximity of houses in the residential area of Valletta is similar to that of Cottonera. Most of the houses are small, clustered together and poorly designed. Moreover, balconies project over the first floor with the result that the opposite houses on each side of the street are very close to each other, further narrowing the physical space of the street. Indeed, by her account, Monica gives a true picture of her neighbourhood, *'In Cottonera, behind the Cospicua state school and in the inner part of Vittoriosa, the streets are so narrow that one can touch the opposite walls of the street with outstretched arms. Some other streets are so winding that one feels like walking in a maze.'* (Monica, married, Cottonera)

Living in a city like Valletta enables the residents to be close to local shops which also encourages walkability and promotes social interaction which as the literature explains, fosters 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, separated, Valletta)*

Moreover, the fact that Valletta is the capital city with a concentration of economic and administrative functions means that there is the possibility for the inhabitants to mingle within an environment of economic diversity and a range of services. This provides potential for interaction amongst people of different social backgrounds, promotes social networking and interaction and thus the inhabitants are likely to benefit in terms of their health and wellbeing. This explains that opportunities in the neighbourhood improve the health and wellbeing of disadvantaged individuals. However, there may be a contrary argument, such as that put forward by Wilkinson who argues that in such neighbourhoods social inequality which is harmful to health and wellbeing may be experienced.

St Paul's Bay, unlike Valletta and Cottonera, is not enclosed behind bastions, but sprawls along the coastline. As it was built to accommodate the blooming tourist industry, the neighbourhood has a number of high rise hotels and high rise apartments to cater both for tourists and for summer residences. St Paul's Bay does not follow the typical built form of Maltese towns or villages which are often found to be nucleated around the church, but is a linear settlement built along the coast. In fact, conversely, research by Mullen (2003) in the US found that a built environment that is more openly structured and spread, with a higher possibility and level of vehicular traffic has been shown to have a negative effect on the level of help, safety and friendliness. Lund (2003) from another study in the US highlights that this neighbourhood structure can isolate people from their neighbours, cutting them off from the community. This is reflected in this comment from one of my respondents:

*Where ever you live in St Paul's Bay, you are always near the sea... St Paul's Bay is a new town and is still being built-up... the streets are long and wide, parallel to the sea. All the houses here are modern. Sometimes three star hotels, built only around twenty years ago, are dismantled to be rebuilt and refurbished into new apartments or establishments. So our neighbourhood is new, open and still taking shape. (Adrian, married, St Paul's Bay)*

Adrian explains that he and other residents of St Paul's Bay are happy to be living near the sea and find it comfortable to be able to move around in the neighbourhood with a car. However, places are experienced in diverse and complex ways. In fact, Norma also from St Paul's Bay, does not find the sprawling neighbourhood as beneficial since she does not afford a car which can facilitate her errands. She deplors the lack of a central point in St Paul's Bay such as the church square, with surrounding shops, typically found in other towns and villages where she can interact with other people and run her errands within walking distance.

So far the discussion has analysed that living in a traditional, closely built, historical town is beneficial as it facilitates social encounters. The narrow and stepped streets force people to walk around in the neighbourhood instead of using a car and meet people while doing errands. However, the health and wellbeing of some inhabitants is being affected by other direct factors related to crumbling housing facades, inadequate housing conditions and the limitations of lack of space for recreational facilities which are damaging the pride of place and self-esteem of the residents, especially children. In the densely huddled residential built area there is a whole melange of old refurbished and well maintained buildings, old crumbling houses and post war dilapidated housing estates owned by the government.

Some respondents have pointed out to the disadvantages created by the lack of accessibility in both Cottonera and Valletta. The respondents have explained how uncomfortable it is when they cannot park their car in the vicinity of their home and the limitations they face when their street is stepped. Ruth explains:

*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 and you have to carry them...In summer time the frozen foods bought start thawing before we arrive home. (Ruth, separated single mother, Cottonera)*

Furthermore, Patricia from Cottonera gives a clear example when she recounts, '*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.*'

In today's world it seems surprising to find public places lacking pushchair accessibility, however many inhabitants in Cottonera and Valletta are experiencing this limitation.

Consequently, this is restricting opportunities for young mothers to go out and interact with other residents. Therefore the impact of the material environment is contingent on the characteristics of individual residents. For some individuals, the neighbourhood enhances frequent interaction, while for others it is restricting, which is a further illustration of the relational nature of neighbourhood determinants of health and wellbeing reviewed in chapter 2.

Narratives have pointed out that living in a historic city also comes at a price. Indeed since Valletta is a UNESCO heritage site and Cottonera has historic buildings, tenants and owners of property in these localities find various restrictions leading to tight regulations for reconstruction. One of the major factors is the lack of space and accessibility for modern construction machinery to operate in the narrow streets. This makes the owners of properties in Valletta and Cottonera reluctant to pay large amounts of money for the refurbishment of their old dwellings. Another problem is that structurally it is very difficult to do this, as it involves the moving out of other tenants, who jointly live in the same building block. Many of these, being elderly people, find it very difficult to move out and this renders the owners unable to upgrade their property and put it on the market. As a result of the ever decreasing population in Valletta, vacant and dilapidated properties have increased over the last years. Because of this, the market value of these houses has fallen and is attracting residents on low incomes. This dilapidated environment is affecting the health and wellbeing of the inhabitants of Valletta and Cottonera as well as their morale and self-esteem since the physical environment is perceived as ugly and inadequate. Luca comments about his neighbourhood environment, *‘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. So automatically this leaves a very dilapidated, unattractive environment in our neighbourhood. (Luca, 14, Tania’s son, Valletta)*

A similar argument is made by Nathalie, one of the respondents from Valletta, who while observing the dereliction in her neighbourhood, is concerned about the decline in its status.

*Here, when elderly people die, their house is left abandoned. Their children do not feel like refurbishing it as there are a lot of regulations to be followed... So we*

*are having a lot of dilapidated housing here. Then another thing is that they are renting them cheaply and the people who are coming to live here are not so respectable to live next to! (Nathalie, married, Valletta)*

What Nathalie is also concerned about is that young couples choose to leave the area due to dilapidation. This out migration will surely damage the familial roots and the social networks or bonds resulting in a decrease in social capital.

### ***Effects of ill-kept neighbourhood environments***

Physical features of the environment such as empty properties have been known to relate to the prevalence of delinquency and vandalism. Several residents have commented on the fact that the walls of these vacant dwellings are being abominably covered with graffiti. The residents feel disgusted every time they walk past these walls. Monica commented that, *'Some corner buildings have really foul words written on them, some are written in large print...no one here seems to take the initiative to whitewash the wall. Having to read them every day is sickening.'* This too may have effects on the psychological health of the inhabitants. This points to the idea of the 'Broken windows' scenario where vandalism to property such as graffiti and broken windows create the idea that social incivility and disorders in the area result in a vicious cycle of spiralling degeneration (Kelling and Coles, 1996; Curtis, 2010). Moreover, Weich et al. (2002) link the number of graffiti in the neighbourhood with higher rates of depression and ill-health of the people living in the area.

Another typical feature of poorly maintained areas is the accumulation of litter and waste. Research states that those individuals who leave litter are more likely to do so in locations that are not well maintained and where litter has already been dropped (Cialdini et al., 1990, 1991; Keizer et al., 2008, 2013). Respondents in this study also complained about the lack of cleanliness they encounter in their neighbourhoods. Their attention was directed to the derelict façades of houses and doors with scraped paint, broken window panes and dirty pavements, and the majority commented on the amount of garbage left in the streets. Since many of the streets are narrow and inaccessible for the refuse lorry, garbage cannot be collected, so skips are provided. These often overflow and residents narrated that the dirt and the foul odour that is present near the skips is unbearable. The skips are too small to contain the amount of garbage thrown and moreover the refuse is

not collected on a daily basis. In summer time the stench is intolerable and there are swarms of mosquitoes and flies present in the area. As Jane from Valletta narrates, *'Last summer when we went to throw the garbage, a mosquito bit my daughter's face and her face got swollen. She ran a fever and had to take antibiotics. We also saw rats coming out of the skips. It is so dirty and the stench is so strong that most of us leave the garbage out near the skip instead of throwing it in the skip.'*

However, lack of cleanliness has proved to be a common issue amongst the three deprived neighbourhoods. Respondents from St Paul's Bay, too, have complained that dogs' litter is frequently left on the pavements which are rarely cleaned by public cleaners.

*When walking home from school, I have to hop here and there on the pavement, otherwise I will step on the dogs' mess. I know that they do not clean the roads because the pavements are always dirty. (Olivia, 14, St Paul's Bay)*

The residents of St Paul's Bay have also complained about the huge amount of litter that they find on Sunday mornings left in front of their doors by restaurant employees on Saturday nights, due to the nightlife activity present in the area. They explain how unpleasant it is to find beer bottles and other take away leftovers on their doorsteps left by the party people from the night before.

The residents of Valletta showed great concern about the dirt in their streets. They blamed the lack of cleanliness in the city to the abundant pigeon droppings and to horse dung left in the streets due to the presence of horse drawn carriages called 'karozzini' which take tourists for tours around Valletta. The residents' concern about the image that is being transmitted to visitors and tourists clearly shows the love and pride of place. However, their reasoning shows that the residents are more likely to find fault with the authorities rather than with fellow residents.

Respondents from the three neighbourhoods have accused the local council of never enforcing its cleanliness regulations against offenders. However, an exception was noted in the district of Vittoriosa in Cottonera. It was explained that here the mayor and the councillors are constantly vigilant on the residents to see that they keep the place clean and tidy.

*Look at the mayor of Vittoriosa, he himself takes the initiative to monitor daily all areas of Vittoriosa, in order to see that cleanliness is maintained. If he sees negligence he takes disciplinary actions. (Rodianne, single mother, Cottonera)*

Although it is the inhabitants of the neighbourhood themselves who are leaving garbage and litter lying around, the respondents consider that it is the authority's role to take action to maintain cleanliness in the neighbourhood. Indeed Tracey explains, '*If I see someone around here littering I will not report him and I will not correct him either... I do not want others to know that I reported them as I'll be acting like a traitor...It is the local warden's job to report and not mine!*' This brings to light that social cohesion causes a high level of *omerta* [code of silence]. Due to a strong sense of bonding among members of the community, residents will conceal illicit behaviour in the neighbourhood in order not to be considered as traitors in their bonded community. This is a clear example of the negative aspect of social cohesion which is associated with social capital. However this may hinder the upkeep of the very same neighbourhood and often gives space to anti-social behaviour. This means that the respondents choose to tolerate rubbish and litter in the streets, rather than report their neighbours for their negligence, for fear of harming the social bonds. They believe that if the authorities take the necessary measures to enforce cleanliness in the neighbourhood, the social bonds would not be harmed. However, inhabitants from St Paul's Bay (even though they are ready to report) complained that it is difficult to control the level of cleanliness in their neighbourhood as they cannot know who the neighbours living next to them are and thus cannot communicate with them. This is because many residents are foreigners, speaking foreign languages, unable to understand English and more so are always on the move. Therefore although the three neighbourhoods experience lack of cleanliness the reasons behind it are diverse, showing that neighbourhood processes are complex.

*Some foreigners for example, would not know that the garbage has to be left out only between six and seven in the evening. They leave it out in the morning before they leave for work. It stinks in the sun and it leaves a mess. In a block of flats there are so many residents that one would not know who did what! We cannot leave signs in English because many do not even understand basic English! (Isabella, divorced, St Paul's Bay)*



In contrast to adults, the adolescents and children from Valletta have different viewpoints from their elders. They feel that cleanliness should be a priority in the neighbourhood and that one should not be afraid that social cohesion would be destroyed if necessary action is taken against lawbreakers. Jane's daughter explained that as she attends a church school outside Valletta and none of her friends are from Valletta, she feels ashamed to ask her friends to visit her, not because her house is not up to standard but because her neighbourhood is dirty and neglected. This feeling was also expressed by Isaac, Luca and Shyesidin which clearly shows that the physical environment plays an important role on one's self-esteem. Children experience stress because of the limitations of their neighbourhood, especially when there is peer pressure. The aesthetic features of the neighbourhood environment are greatly influential on the pride and self-esteem of the children. This matches with the findings of Fagg (2009) who stated that living in the most deprived Canadian neighbourhoods was significantly related to low self-esteem in boys. Consequently, there may be the need for investment in ameliorating the physical neighbourhood disorder as it is greatly affecting children and youths' self-esteem. Moreover, the study of Haney (2007) found that the residents' perception of neighbourhood physical disorder is significantly related to self-esteem even more than the effect of living in poverty.

### ***Dilapidated housing and its effect on health***

Apart from the external dereliction the inhabitants of Valletta and Cottonera have also recounted how it feels to be living in dilapidated housing conditions which affect their health and wellbeing. Tracey's narrative highlights this when she discusses how humid her house is, being situated in front of the bastions and not having any direct sunlight. These housing conditions are damaging Tracey's and her family's health but she cannot do anything to amend it.

*There is so much humidity 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, married, Valletta)*

Moreover, Michelle, who lives in a cheaply rented private house in Cottonera, explains that the plumbing and electricity system in the house needs a complete overhaul but she

cannot afford it. This puts her in continuous danger of being electrocuted or having her house inundated, thus potentially damaging her health both directly and indirectly.

*When I went to live in this house, it was empty without any furniture- nothing! I had to sleep with my son, still a baby, on a mattress on the floor.*

*Then I discovered that both the water and drainage systems were out of order. The electricity was faulty. If I switched on an electric bulb, I couldn't switch on the geyser.*

*As I did not have a circuit-breaker, we were risking being electrocuted... This house was in fact taken through requisition order [a practice done during the second world war where the government placed inhabitants without lodging in private homes] order by the government and was rented to a prisoner. So that is why this house was in shambles, because the previous owner couldn't care less about this dwelling place... The houses next to me are rented to two prisoners as well. Although they do not live here, the owner cannot retrieve his property. (Michelle, single mother, Cottonera)*

These findings are consistent with other research from different settings which found that people living in inadequate housing are subject to mould, carbon monoxide and allergens, which are linked to poor health outcomes, particularly respiratory morbidity (Matte and Jacobs, 2000; Thomson et al., 2001). Housing and health research has also focused on links between physical characteristics of housing (exposure to toxins, cold and dampness) and physical health (Evans et al., 2000; Lloyd et al., 2008; Free et al., 2010). Costa-i-Font (2008) also found that housing conditions influence health through a variety of psycho-social mechanisms linked to building type, indicating that home ownership appears to be a central factor affecting individual well-being.

Another feature of inadequate housing is overcrowding, which is known to have a negative impact on both physical and mental health. The amount of space per individual has been shown to affect health and is intuitively associated with overall individual life satisfaction (Maloughney, 2004).

Shania and Joe from Valletta, state that since they are a family of six living in a two bedroomed flat, their son prefers to spend most of his time outdoors.

*As soon as he wakes up he rushes to the street door to go out as here there is no space for playing. Boys are not like girls, they are very active and he often ends up quarrelling with his sisters when he is in the house! (Shania, cohabitant mother, Valletta )*

Other inhabitants 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, married, Valletta)*

These findings show that living in housing that was built centuries ago without the proper water and sanitary conditions or a safe electrical system is endangering the inhabitants' health and wellbeing. In this way the neighbourhood is losing both the historical heritage and also putting the poor residents in danger. There are no incentives for the residents to maintain their houses well and to preserve the national heritage and pride of place. Yet, the residents are still not opting to move out and live elsewhere since they are still rooted to their childhood neighbourhood and to the community spirit that prevails. Even if some feel excluded (see for example the case of Joe and Shania discussed in chapter 4), they still want to remain living in their neighbourhood as they feel that living in Valletta is beneficial for their children.

### ***Home ownership***

Another determinant of social capital is the level of physical rootedness that one has in the neighbourhood. It is argued that homeowners are less likely to be residentially mobile than tenants and therefore they are more stable members of a local community. This gives them more opportunity to establish social links and greater incentive to build social capital.

Although Malta is a small island with a high population density which makes land scarce, there is a strong culture of home ownership. However, the majority of the residences in Valletta and Cottonera are owned by the housing authority and rented cheaply to the residents. Although the literature points out that those who own their home are more

likely to be permanently rooted in the area than those who are tenants, the case studies of Valletta and Cottonera showed that this may not always be the case and tenants may also enjoy features of social capital. However, this lack of private home ownership has proven to be another important feature which is accentuating the dilapidation that is already present in the neighbourhoods of Valletta and Cottonera. It was only very recently that the government offered a scheme so that those who were renting a government residence could buy this property from the government. Yet this scheme was offered only for a limited period of time. Research in America found that home ownership provides positive effects on individual satisfaction, self-esteem and identity (Rohe and Stegman, 1994) and on happiness and health (Rohe et al., 2001) which in turn have positive social effects. Homeowners tend to have low levels of psychological distress and depression (Evans et al., 2001, 2003). However, the findings from my research also show that it is not only homeownership which creates stability but also the fact that some families have been living in the neighbourhood for generations and developed familial roots to the place. Members of the extended family may not own their household, but still experience features of neighbourhood stability.

One of the respondents from Valletta, Pauline, stated that she has been renting her house for many years since it is close to her sisters'. She always wished to be the owner of her residence and deplores the fact that it was only recently that the government offered the opportunity for tenants to become the owners of government built houses. Now that she is a pensioner she feels that it is too late for her to avail herself of this opportunity. She recounts, *'How I wished we could buy our flat but now we are old, we cannot take a loan and pay for it! I need to keep some savings for our health needs. (Pauline, married, Valletta)*

Residents who manage to improve their economic conditions prefer to move out from the housing authority apartments, however some like Jane from Valletta, admitted that, *'It often occurred to us to move to some other area in Valletta. Once we were going to exchange our flat with one in St John square [a more central area; less deprived]. I would have been in heaven but we have spent too much money refurbishing our flat [in the deprived area] to be able to make the move. So they decided to keep their residence and dedicate their money which could have been used to buy another property, towards their children's needs. She relates that, 'In order not to be bothered by the neighbours,*

*nowadays, what I do is shut the windows which overlook the other flats and open only those which overlook the sea.*' Jane's narrative is showing that she is negotiating the social tensions that she experiences in the neighbourhood by cutting off social contact with some neighbours. By doing this she is trying to lessen the damaging effects on her children's wellbeing. Also, by not moving house to another area she is saving money and investing it in schooling outside Valletta and other extracurricular activities for her children.

Pauline and Jane's desire to own their house resonates with the theory of Macintyre et al. (2002) where they explain that those who are living in a rented home may be regarded as inferior in society.

What especially annoys Jane is the fact that other tenants in her block of apartments, not being the owners of their residence, are careless in the upkeep of their flat, illustrating that they have no sense of pride for their property and no respect for their immediate neighbourhood.

*They vandalise the common parts. They steal the light bulbs, they break the lock of the apartment main door! Why do they do this? They do not show respect to others and that is why the image of these buildings is tarnished! Because they grew up in a culture that the government will do everything for them for free. It is because they do not pay taxes like me. Otherwise they would not do this and would maintain the common parts well and keep the surrounding area of the block clean too! (Miriam, married, Valletta)*

Besides this, these residents do not have the necessary means to renovate their house. For any maintenance that is due, the tenants always expect the government to do it, as they reason that the government is the sole owner of the property. In fact the residents living in these housing estates have always depended on the government for the maintenance and the upkeep of their residence, making them grow up with a mentality of government dependence.

Several respondents indicated that if they rented their houses from private owners, the environment would have been kept better, as the housing authority takes ages to carry out the necessary maintenance on the property. In fact, many respondents blamed the government housing authority for the shabbiness in their neighbourhood.

*We have been telling them for years that the balconies are in a state of disrepair and that an accident may happen any time soon. They did not give us heed. Even though the architect came and stated that it is dangerous, no one came to repair it. Now it collapsed! At least no one was passing by, but three cars have been damaged by falling masonry!! Does the government have to wait for an accident to happen in order to take action!! (Jane, married, Valletta)*

Although the situation in St Paul's Bay differs from that of Valletta and Cottonera, one also finds that many families live in rented apartments. Developers considered that in St Paul's Bay it was more viable to demolish the hotels and build large numbers of flats instead, creating a multitude of small apartments which attracted dwellers with limited financial means. Although newly built, many of these apartments lack sunlight and are very small, thus proving to be unattractive to buyers. The owners started to rent them cheaply on a long or short term basis, rendering St Paul's Bay a deprived locality where the majority of its inhabitants are always on the move. Norma narrates that since she is a single mother lacking financial means, the only residence she could afford was a basement flat in St Paul's Bay.

*Since we live in a small flat in the basement of a block of flats, we live without direct sunlight but we cannot afford any better. From our window we can only see people's feet as they walk by. If I open the window for some air, cigarette butts, bits of paper and other litter immediately fall in. (Norma, St Paul's Bay)*

### ***The built environment and open spaces***

Lastly, an issue which emerged in these neighbourhoods linked to the built environment is that Valletta and Cottonera were built without green and open spaces. In the adults' narrative this did not emerge as a negative factor since they feel that the pathways, streets and corners were their open spaces for interaction. However, the adolescents and children had diverse reactions towards this issue. Teenage respondents from Valletta and Cottonera indicate that their neighbourhood lacks suitable open spaces where to meet friends and where to spend their free time practising outdoor sports activities. Jose argues, 'What do you expect me to do, a 13-year-old teenager, to play in a playground with two swings and a seesaw? There is nowhere to go around here for children of our age!...There is a sports complex nearby which although recently built has no grounds

*where we can play football or ride a bicycle. Only organised activities can be held in the gym, such as volleyball, basketball and dancing. So we can only ride the bicycle in the streets. I've been hit twice by a car while doing so!*

The young people of Valletta and Cottonera did not only point out to the need of green spaces but also to the need of open clean blue spaces. In summer time the children and adolescents of Cottonera and Valletta have only restricted areas where they can swim as the sea in these areas is polluted. This further increases the disadvantage that children and adolescents in Valletta and Cottonera experience when compared to those of St Paul's Bay. The coast of Valletta and Cottonera is a major port, while the coastal areas of St Paul's Bay are open, unpolluted and fit for swimming.

Due to living in an historical place which was structured and planned without open spaces in the past, children and adolescents in Valletta and Cottonera are now living in neighbourhoods deprived of opportunities for physical activity. Parents of Valletta and Cottonera have compared their open public spaces with those of other inhabitants living in other towns and villages. They find that the latter have taken care to modernise and maintain their public spaces in good order while theirs are old, unsafe and drab.

*In these playgrounds everything is broken, the swings are made of iron with scraped paint. What a difference other playgrounds are! Everything is made of plastic and they also have rubber mats so that the children cannot hurt themselves. There is space for them to run about. Here everything is old and shabby... there isn't even space where the children can run because it is so small! If there are ten children they have to queue up to go on a swing. That is why children end up fighting because it is so crowded! (Patricia, married, Cottonera)*

Moreover, the children in Valletta and Cottonera are being limited where to spend their free time in open spaces in the neighbourhood. Since the streets are narrow and there is a lack of parking spaces, the few available open spaces are being taken up as parking lots. Furthermore, they are disappointed that the only public gardens available are not suitable for children because they are not allowed to play with a ball or ride a bicycle. Some respondents argued that the central government is more concerned with improving and embellishing touristic sites than seeing to the needs of the local citizens especially children.

*They have just restored and landscaped the garden near the 'Gardjola', yet we cannot take the children to play there. All the signs tell you "No ballgames, no skateboards, no bicycles", so they are telling us not to go there, because what can our children do in this garden. (Patricia, married, Cottonera)*

Other research in the Netherlands and in Australia has highlighted unhealthy behaviours, because of high levels of physical inactivity amongst disadvantaged socio-economic groups (Droomers et al., 2001; Giles-Corti and Donovan, 2002). These studies have explained that the socio-economic conditions of the neighbourhood influence physical activity amongst the residents. These findings above suggest that similar processes may be happening in Valletta and Cottonera.

This lack of open spaces, both within the households and in the neighbourhood has its negative repercussions. While children and youngsters from other neighbourhoods can benefit from living in houses having a courtyard and/or a garden, their counterparts in Valletta and Cottonera can never avail themselves from such an opportunity. Therefore while parents living elsewhere can set their minds at rest that their children are playing in a safe place and enjoying fresh air, parents in Valletta and Cottonera can only make use of the street outside, which is unsafe and which may also be the meeting place for people with deviant behaviour.

For example, Ruth from Cottonera, explains that when her 14-year-old son was playing football in an alley nearby, he shattered a window pane and consequently sustained serious injuries with the result of losing the full function of his hand. This incident constrained Ruth to prevent her children from playing outside in the street again. She adds that due to the lack of public playgrounds, she had to buy a *Playstation* for her children so that they can spend their free time playing indoors and avoid the perils of the streets outside.

*I had to spend quite a sum of money on the Playstation and I'm not happy about it because the children are becoming hyperactive, as they are not doing any physical exercise. (Ruth, separated, Cottonera)*

The parents of these children are not only unhappy about their children's lack of physical exercise but are also concerned that their children are not benefiting from the effects that sports can have on the character formation of their children.



*I know that sport is important as it helps in the healthy development of our children. I know that sports can help them avoid drugs and other addictions. (Tracey, married, Valletta)*

*As these youths have nowhere to go, they start frequenting bars and lead disorderly lives. (Monica, married, Cottonera)*

The lack of open spaces in these historical cities leads to a chain of negative circumstances which ultimately affect the health of children and youths. The inability to practise sports because of lack of availability of open spaces, is leading to inactive and undisciplined youths more prone to anti-social behaviour.

On the other hand, in St Paul's Bay where open spaces are ample and within easy reach, the children are more content. They explained that living near the sea and near green fields in their neighbourhood proves to be one of the most important features of living in St Paul's Bay. They feel lucky that they can enjoy the green spaces for a walk or for a picnic in winter time while they can go to swim in the clear sea in summertime. This strongly contrasts with the narratives of children from Valletta and Cottonera who complained that although they live near the sea, they cannot swim in it, as it is heavily polluted. Parents in St Paul's Bay stated that considering their poor financial situation, they can still enjoy themselves in many activities in their locality which are free and which are beneficial for their health and wellbeing.

*You do not need a lot [of money] to prepare some sandwiches and go for a picnic in the countryside in winter or for a swim in summer. (Louise, married, St Paul's Bay)*

For parents in St Paul's Bay, living in this locality was found to be of therapeutic value due to the surrounding blue and green open spaces. Lorenza, for example, describes how when she is depressed she goes out on the roof of her apartment and looks out at the wide open spaces of the sea. Likewise, Roseanne and Antonia said that a walk by the sea eases their tension and restores their wellbeing. Therefore, green, blue therapeutic landscapes lead to positive experiences of health and wellbeing. Aquatic elements are related with positive mood effects and perceived as having restorative abilities in both built and natural environments (White et al., 2010). This suggests that mothers do not only acquire their

wellbeing through social capital but also through enjoying the open therapeutic landscapes in St Paul's Bay. Curtis (2004), while referring to the theory of Gesler explains that the perception of what is healthy and therapeutic is variably interpreted by the individual. She points out that, '*Access to therapeutic landscapes for people whose social position or cultural affiliation causes them to feel undervalued or excluded in wider society may help to reduce health inequalities*' (Curtis, 2004, p.50).

In this section it was noted how the history of the place is a determinant factor in shaping the physical structure of the neighbourhood. The respondents also emphasised that the physical environment of their neighbourhood has a great impact on their way of life. The processes of social capital are influenced by material factors in the neighbourhood environment. Living in densely built historic towns with narrow roads, high buildings and a lack of accessibility of vehicle use was interpreted by the respondents as an environment that is damaging for health and wellbeing due to dampness, limitation for refurbishment and lack of sunlight. However, it has also resulted that although these features may be considered as health hazards, due to the inadequacy inside, it is encouraging the inhabitants to spend most of their time outside, which in turn generates more features of social interaction, exchanges and social networks. This occurs more during summer months due to the hot weather conditions. On the other hand the modern town under study, being broad and sprawled, does not enhance walkability as destinations are spread across the neighbourhood and thus interaction is reduced amongst the inhabitants. It is also worth noting that although Valletta is considered to be a capital city, there are key social features associated with traditional forms of bonding found in communities exhibiting *gemeinschaft* (Tönnies, 1887) where cooperation, trust and reciprocity are present. This contrasts with the more contemporary urban notion of *gesellschaft* where geographical mobility, competition and anonymity is usually prevalent.

Through their accounts, children showed that they are more sensitive than adults when discussing the aesthetic nature of their neighbourhood. Their observations clearly show that their self-esteem and pride of place are being heavily affected by the degrading environment they live in. Furthermore children are also being affected by the lack of open spaces which is limiting their physical activity with the risk of obesity.

Another important finding in this section is the importance of familial roots in relation to place emphasising how much history matters. In this section it emerged how much the neighbourhood environment is particular and how the Maltese society, with its history, is important for the way that processes play in the neighbourhood context. Familial roots developed in traditional neighbourhoods have established residential stability, which in turn is an agent of social cohesion, bonding and reciprocity. On the other hand as Silburn et al. (1999) claim that younger or newly arrived residents feel a degree of isolation in a new neighbourhood which helps to explain why the features of social capital reported by residents in modern St Paul's Bay are so low and network ties are so difficult to build. Yet, respondents from Valletta and Cottonera, having always lived in their neighbourhood and always participated in local activities together, have known or knew of each other in their neighbourhood context and developed their love of place. Thus this research manifests that it is not a matter of being young or old that determines low social capital but a question of being new or unfamiliar and not having any familial roots to the place. This section therefore highlights the relationship between the neighbourhood built environment and features of social capital present within the same neighbourhood.

## **5.2 Lack of services and the effect on neighbourhood residents.**

The availability of services was also identified as a determinant of health and wellbeing since access to services varies by neighbourhood. Valletta being the capital city and St Paul's Bay a tourist resort, both offer a range of services which cater not only for the residents, but also for visitors and tourists in the area. On the other hand, the respondents of Cottonera feel disadvantaged when compared to other localities, since services in their community are very limited. Middle-aged and older residents living in Cottonera recall that services and amenities were more numerous in the past as Cottonera catered for the needs of British servicemen living there. This is mentioned by the parent of a respondent who remembers the thriving economic activity going on around the dockyard in Cottonera which, with the departure of the navy in 1979, dwindled to nothing.

*I remember that in Cottonera we had so many shops; jewellers, textile shops, shoe shops, photographers, a number of fruit and vegetable shops, butchers, bakers... We had a choice of doctors and lawyers living here too... but they all closed down*

*and left. We now only have small grocers and a shop here and there, nothing to do with what we had before. (Priscilla's father, Cottonera)*

This illustrates how resources in a neighbourhood vary over time; as the role of the town changes, the services provided for the inhabitants change as well. This matches very well with the explanation of how Cottonera started losing 'collective resources' with the departure of the British navy. Moreover, in Cottonera not only were local services reduced, but the quality of the transport system also changed. The respondents of Valletta and St Paul's Bay are content that facilities in their neighbourhood are close at hand. However, in Cottonera, the situation resonates with the discourse of Macintyre et al. (2002) where they explain that the lack of material resources described as 'opportunity structures' have an impact on the health of the residents.

Other research conducted mainly in the United Kingdom suggests that this has a direct link with social exclusion and a reduction of transport services since this may decrease the mobility of residents (Church et al., 2000; Hine and Mitchell, 2001; Lucas et al., 2001; Kenyon et al., 2002; Lucas, 2004, 2012; Cass et al., 2005; Gray et al., 2006; Preston and Rajé, 2007; Stanley et al., 2011). These researchers suggest that limited mobility can prevent residents from participating in the economic, political and social life of the community because of reduced access to employment and career building opportunities, services and connection to wider social networks.

Many respondents in Cottonera pointed out that public transport is not very efficient as it is time consuming and expensive. In Valletta, although public transport is available to all the locations across the island, the terminus is located at the city gate and therefore one has to cross the whole length of Valletta on foot to reach the bus station. In St Paul's Bay, on the other hand, being a tourist area with wide accessible roads, there is a frequent bus service. This shows that although the neighbourhoods under study are urban areas in a small country like Malta, transport access is variable.

Limited public transport puts the residents of Cottonera at a disadvantage because they are lacking basic resources, opportunities for employment and for interaction, involvement in educational opportunities, lack of autonomy and lack of aspirations. These disadvantages are decreasing the economic possibilities of the residents and affecting their families. For example, Ruth points out that her sons who were chosen to

play with the national football team could not take this opportunity because of their lack of transport means. Priscilla's daughter too, was chosen to take part in a television drama series but could not participate due to lack of transport.

Cases of lost opportunities for women arise in Cottonera because most of them do not drive, partly because the neighbourhood culture discourages women drivers and also because it is too costly to own and maintain a car. Therefore this suggests how disadvantaged women are and how access to transport can even create gender inequality.

*As a single mother I feel at a disadvantage because here most of the women do not drive and even if I could, I couldn't afford to buy a car, let alone maintain it. Most of the things I need cannot be found in Cottonera so I have to depend on someone to drive me to buy what I need. (Rose, separated single mother, Cottonera)*

Transport emerged as a vital means of social interaction for these inhabitants enabling them to improve their health and wellbeing. The deindustrialisation has made Cottonera one of the hardest hit places with regards to services. Lack of adequate transport services was found to be highly determining for the inhabitants to enable them to obtain services outside Cottonera. Due to the lack of an efficient public transport system and because of a low female car ownership, mothers and children of Cottonera are likely to feel excluded and not form important ties with gatekeepers. In Valletta due to its historical built environment internal public transport services are highly limited forcing respondents to walk long distances to reach the bus station. It is those living in modern neighbourhoods such as St Paul Bay who are benefiting mostly from transport services because of the frequent available public services in their locality. This section further explains that neighbourhoods are dynamic and that one change can lead to other cumulative changes which may then alter the function of the place. This in turn affects the opportunities available to the inhabitants and thus impacts on their health and wellbeing in multiple ways. Therefore variability in available services can have diverse effects on the inhabitants. Transport service is also related to the type of social processes and the diverse features of social capital. An adequate and frequent transport service also determines the opportunities of contact with potential gatekeepers.

### **5.3 The relationship between opportunities of work and unemployment, social capital and wellbeing of mothers in the neighbourhood**

In this section I will analyse employment as another determinant of the social processes in the neighbourhood. I will explore the experiences of women within the local labour market and how these mothers are negotiating within this environment to benefit from health and wellbeing. This analysis will refer to the gendered roles that exist in the neighbourhood and that are sometimes defined by the contextual elements in the neighbourhood while I will also link how these dynamic processes are affecting the residents' wellbeing and are relative to the context.

There is a clear distinction between the life stories of Rose and Jane below. The narratives show that work opportunities are related to the neighbourhood function and environment. These narratives illustrate how high levels of unemployment in a community may lead to substance abuse and to marital problems because of lack of income. They also explain that female employment is linked to the cultural behaviours of the neighbourhood which are linked to the past employment patterns in the neighbourhood.

Rose, separated single mother, Cottonera

*During the first years of our marriage my husband started drinking. He spent so much money on alcohol that there was little left for our daily needs. He was always drunk. I remember I had to go out in pyjamas at night leaving my children asleep on their own including my one-year-old baby, to look for him and bring him home.*

*His mother was not at all helpful. She used to give him money which he spent on drinking, leaving me without even some petty cash to buy milk and nappies for the baby. Very often I stayed hungry so that I could feed the children from the little that we had. I couldn't cope any longer and the only solution left for me was to leave him.*

*I started befriending an elderly man and with his money he helped me to stand on my feet again. He helped me bring my house in order with some new furniture and new appliances like a fridge and a cooker. But my luck did not last long. Social workers called at my house to inform me that my daughter confided in*

*them, that my partner was sexually abusing her. He was arraigned in court and obviously my relationship with him stopped there.*

*To tell you the truth I receive single mother benefits, even when this partner was living with me I was receiving these benefits. My children's allowance consists of some extra euros because when my youngest son was born and my husband was already an alcoholic, I decided that the best thing to do is to register my son under the title of an unknown father.*

*My little income just suffices for my monthly expenses, sometimes when bills have to be paid there is no money left and we end up having nothing to eat. Sometimes my sister gives me some money or my friend gives me some packets of pasta or other food items for the children. But that's life! Here it is hard to find employment. I never worked and do not even wish to go to work. If I had to work as a cleaner I wouldn't manage to send the children to school and later be able to pick them up all by myself. Here the majority of women do not work.*

Jane, married, Valletta

*I am happy that I come from Valletta, not only because my family lives here close by and I've been brought up and bred here, but because a stone's throw away I find myself in the city centre. Here I can find all our needs and I find it very convenient as I work at home as a seamstress doing alterations on clothes for four shops. Two of these shops even sell wedding dresses so I am never out of work. It is easy for me, for when I finish the alterations I just have to walk up the street to the shops and in a matter of minutes hand the clothes, get paid and return home. In my family, we have always done this work as since childhood we have been sewing banners to decorate the streets during the parish feast as well as sewing carnival costumes. My sister and I help each other. If she has something to sew and needs help to meet a deadline, I always give her a helping hand and so does she when I need help.*

*My husband's family are into catering. They are good cooks as they even cater for parties and weddings. His sister owns a restaurant and his brother a pizzeria. But they all help each other as best they can.*

Rose's life story re-counts the various decisions she had to take when her former husband became unemployed. She is an example of the typical woman of Cottonera, demonstrating the limitations women like her are facing with lack of employment opportunities, lack of resources and a culture of non-working mothers. On the other hand Jane, from Valletta, explains that employment can be related to the family trade which is passed on from one generation to the other, highlighting that the bonding and bridging ties are very evident within the family and in the community.

Just as history affects the built-up environment, so does it influence employment opportunities and employment gendered norms. Past employment patterns still have an influential effect on the present day neighbourhood processes. Although all three neighbourhoods under study are deprived areas suffering from lack of material resources, they do not provide the same local employment opportunities. This section will delve into the experiences, negotiations, conflicts and stresses of families with low income, due to lack of employment in these neighbourhoods.

As analysed in chapter 2, living in a deprived neighbourhood makes the inhabitants prone to multiple forms of adversity which need to be overcome. It has been found that when people live in deprived neighbourhoods, society tends to develop low expectations towards the inhabitants' health, employment, and family stability (Canvin et al., 2009). However, other research has also identified characteristics that combat adversity by helping people improve their health despite living in deprived areas (Pearson et al., 2013). These include cognitive skills (Garmezy, 1991), family and community support, self-esteem (Canvin, et al., 2009), and optimism (Connor and Davidson, 2003). From the lived experiences of the respondents, this section will draw on the real picture of living in neighbourhoods with employment problems and explore how they are negotiating their difficult life choices to gain and improve their family's wellbeing.



### *Economic history and welfare recipients*

Employment is an important upstream determinant of health referred to in the rainbow model of Dahlgren and Whitehead (2007) (figure 2.2 shown in chapter 2). In fact, *'paid work, or lack of it, is the most important determinant of population health and health inequalities in advanced market democracies; and that this is a result of the role that work plays within the wider political economy of health'* (Bambra, 2011a p.ix). It is a determinant which links the historical function with the role of the neighbourhood and its present social behaviours and social processes. Gendered roles in relation to employment opportunities, social capital and neighbourhood characteristics will be highlighted below.

As seen in chapter 3, with the departure of the British navy from Malta, much of the economic activity in Valletta and Cottonera lost its importance. This resulted in the closure of all the bars and cafes in Strait Street, affecting the employment sector and leaving many residents in Valletta inactive and unemployed. The dockyard in Cottonera proved to be a determining factor in changing the composition of the neighbourhood from a prosperous, educated and highly skilled one, to a neighbourhood where the inhabitants suffer unemployment and deprivation. Cattell (2012) in her study on the East London dock workers clearly resonates 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, p.61)

*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! (Patricia's father, Cottonera)*

This shows that the people of this neighbourhood are still attached to this neighbourhood context even though now, the privatised dockyard does not have any ties with the neighbourhood any longer.

Although Valletta and Cottonera are both historical cities, the employment scenario of Valletta is different from that of Cottonera. The first reason is that since Valletta is the capital city, it has multiple job opportunities related to government administration, banking, courts of law, commerce and tourism. Although many of the jobs available do not cater for the residents, as many are low skilled and unqualified, the majority of

resource-rich people in Valletta did not leave the area as they did in Cottonera due to deindustrialisation. The residents of Cottonera find it hard to access information on employment opportunities since they cannot form bridging network ties with potential gatekeepers (Lin, 2001). Not only are they limited from opportunities but they are also being labelled as lazy and looked down upon by the Maltese taxpayers since they are unemployed and welfare dependent.

This matches Rohe and Basalo's (1997) point that a decaying neighbourhood is perceived by the inhabitants themselves as evidence of disinvestment by the government and local council. This creates the principle of 'reflected appraisals' which explains that inhabitants like those of Cottonera, would adjust their self-esteem based on the perceived disinvestment. This means that they start feeling lack of self-worth since no one is seeing the value of investment in them. This is what is happening to the male adolescents and middle aged men in Cottonera where they are rating themselves as incapable and helpless, since their skills were catered for the dockyard and with its closure the neighbourhood experienced no other investment.

Another difference in the employment sector between Cottonera and Valletta is that while Cottonera's workforce depended solely on the dockyard, that of Valletta depended on the entertainment industry. This gave the opportunity to women in Valletta to be employed (as discussed in chapter 3) unlike those of Cottonera who were not employed in the dockyard. In Valletta women were and still are able to provide money for the family and be self-sufficient and economically independent. Women in St Paul's Bay like those of Valletta do not find it difficult to find a job. St Paul's Bay, having become a busy tourist area, can offer job opportunities to suit many women's needs.

Presently, in Cottonera the employment rate of women is minimal, and in fact the majority of the respondent mothers have never been employed. Only one of the respondent mothers, Michelle, has a gainful employment outside home, as a sales person with the national lottery, while another two mothers Ruth and Priscilla are employed in assembling toys at home.

The majority of those interviewed in Cottonera face several difficulties which limit them in entering the employment sector. Their limitations include: not owning a car for transport needs, no support in childcare from the father or the extended family and the

reluctance to go against the norms where it is expected that a women's place is at home. Rose explains her hesitancy about employment.

*To tell you the truth I do not go to work because of my youngest son. I don't want to lose my youngest son because if I go to work I would not be able to take care of him when I return home from work! Therefore I decided that I should stay at home to see to his needs until he grows up. When he is grown up and he can take care of himself, then I'll see! (Rose, separated single mother, Cottonera)*

This shows that Rose has to abide by the norms of women in her neighbourhood who would perceive her as an uncaring mother if she goes to work.

The problem of unemployment amongst women in Cottonera complements with the study of Atkinson and Kintrea (2004) where they find a relationship between the neighbourhood and low employment opportunities and how this affects the social and economic quality of life. They emphasise the 'ethos of dependency' on the welfare system which also matches with the ideology of women in Cottonera. These researchers state that when the job market in the locality is poor, the inhabitants feel that there is discrimination and stigma towards them which subsequently lead to intergenerational unemployment.

On the other hand in Valletta, women enjoy diverse employment opportunities. Marouska, for example, had a job as a tourist guide in one of the museums in Valletta, Nathalie was a receptionist in a hotel also in Valletta and Jane is a seamstress in a bridal wear shop. Sunta and Miriam are cleaners, one in a hotel and the other in the old university. Maria is a waitress and Tania helps in the kitchen of a restaurant.

The residents of Valletta fully understand the benefits of employment. Some divulged that besides being a source of income, work boosts their self-esteem, helps them make friends and relieves their stress. In fact, Miriam expressed the view that she is grateful that she goes out to work, because were it not for her job, today she would be suffering from depression. She is very thankful towards her employer and co-workers who have helped her distract herself from her family problems.

*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, separated mother, Valletta)*

What Miriam explains is similar to findings from studies in other settings, such as that paid employment is associated with lower levels of psychological distress, provided that the working conditions are not stressful (Brown and Harris, 1978; Warr and Parry, 1982; Gore and Mangione, 1983; Weich et al., 1998). Other research also reflects Miriam's feelings, that among the possible benefits of work in addition to higher income, there are feelings of social support, increased self-esteem, social status, imposition of daily routine and relief from stress at home (Brown and Harris, 1978; Warr and Parry, 1982; Hall and Wellman., 1985; Macran et al., 1996). Therefore mothers in Valletta, within their rooted culture of female employment, are experiencing positive health and wellbeing when they are employed, even though as single parents some may have more difficulties to cope with work and family life.

Intricate differences can occur between neighbourhoods which can clearly alter their social processes. The deindustrialisation has exerted drastic negative effects in Cottonera, since the inhabitants are not only deprived of employment opportunities but are also prevented from forming network ties with resource-based people (Lin, 2001). In comparison to Cottonera female respondents in Valletta have stated that their employment opportunities have occurred similarly to what Marsden and Gorman (2001) have explained, where jobs are provided with the help of a personal intermediary. This highly links to the narrated processes of resource based social capital explained in chapter 4. Moreover being employed, not only provides the individual with income but with self-esteem and the ability to generate broader connections that may foster the entry of other new and better jobs through social cohesion (Granovetter, 1974, 1995; Lin, 2001; Bamba, 2011b). Leahey (2007) even states that through these connections one would be tapped by colleagues about other job opportunities in the specialised field of the individual. Indeed, if one observes the types of jobs women do in Valletta, such as seamstresses in shops or helpers in restaurant kitchens, it is most likely that these individuals were informed about these jobs by word of mouth due to their levels of bonding and bridging ties in their neighbourhood.

In St Paul's Bay the employment context is similar to that of Valletta. Indeed, the boom in tourism and the development of hotels, restaurants and nightclubs have generated various and numerous job opportunities in the area. In fact the majority of the respondents living in St Paul's Bay are employed in hotels, restaurants and tourist shops. Sandra and

Roseanne work as waitresses, Isabella used to be a hotel manager, Deborah used to be a housekeeper and Louise makes and sells souvenirs.

Sandra states that when she started working, her financial situation greatly improved. So did her relationship with her husband as she felt more serene regarding her family's financial situation and is now leading a better social life.

*When one is relieved of financial stresses, one's relationship automatically improves. That's what happened to us. We started appreciating each other's work more. This job made me feel so good because I am being paid for the work I do, while before no one appreciated my work at home. (Sandra, married, St Paul's Bay)*

This illustrates how when acquiring a job some mothers do not necessarily undergo increased stress, even though they have to juggle work and family matters; on the contrary, a mother's employment could relieve the stress that the family experiences by reducing financial hardships.

The history of employment, the deindustrialisation, the loss of gatekeepers and the insufficient transport services are the reason why women in Cottonera are the worst hit group regarding the benefits that one acquires when employed. It was also observed that individual experiences and their outlook towards employment varied across neighbourhoods. The personal accounts showed how the impact of lack of job opportunities was contingent on factors including social capital processes operating for individuals in the neighbourhood.

### ***Unemployment and its effects on the father***

In a southern European culture, the father has always been regarded as the breadwinner and who should be employed to provide for the family (Tavora, 2012). Within the Maltese context, the success of the Maltese family often depends on how active and industrious the father is in the provision of income for the family through his employment. Thus, in Cottonera where the majority of fathers are unemployed and are not providing sufficient income for their families, they are being regarded as incompetent.

These cumulative circumstances of unemployment and irresponsible fatherhood, leading to women's status as welfare recipients is causing stigmatisation on the inhabitants of Cottonera. It was related by several respondents that they find it harder than others who live outside Cottonera to attain a job. Patricia states that when she applied for the job of a cleaner in an elderly home, the employer did not choose her because she was from Cottonera, even though this job did not require any certification.

*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 or that we are delinquents. It is quite unfair because we are not all like that! (Patricia, married, Cottonera)*

Several other studies from outside Malta have looked at the harm caused on families when the fathers are unable to support the family financially. In deprived neighbourhoods financial problems, due to unemployment, often result in parental conflict and separation. An example of this is explained by Furstenberg's (2007) review, reporting that male unemployment may result in marital strain and dissolution, leading the father to retreat from his involvement in the life of the family.

In this study it has been observed in all three neighbourhoods that financial problems are some of the major causes of marital disputes and discord. This common narrative of mothers living in these deprived neighbourhoods is related to the 'family stress model' presented by Conger et al. (1992). According to this model, a fundamental stressor often arises from financial problems, generally arising when there is unemployment in the family or when the income from employment is insufficient. When the father's unemployment goes on for a prolonged period of time the mother accuses the father for not doing his utmost to find a job as is the case of Priscilla. Conflicts arise between the couple when the father persistently fails to provide income for the family.

*During the first three months after he lost his job he started to look for another job but it was all in vain. He lost all hope and started frequenting a bar close by. As time went by he got used to this lifestyle of doing nothing. We were fighting all the time because he was not even helping me with the kids or to assemble toys [her job].. so you can imagine how life was at that time. (Priscilla, separated, cohabitant mother, Cottonera)*

Apart from these disputes, Rose describes the hardships the family has to endure because of lack of money. She describes how hard hearted her husband is in his attitude towards his family.

*Once we had nothing to eat and I had no money left. So the children called him asking him to buy them something to eat, but he did not come, so I had to ask my friend to lend me 20 euro to buy something to eat for that day and for the rest of the week. (Rose, separated single mother, Cottonera)*

Other narratives of women I interviewed also show that there is a level of antagonism on the part of women towards men, as they claim that the father is to blame for the lack of provisions in the house, malnourishment and lack of income for educational needs. On account of this, the mother realises that in her relationship she has nothing to gain and separation is the best option for her and for her children. Indeed, Priscilla, one of these mothers, commented that her husband never contributed, even minimally, for their children's school needs. When she told him that their daughter needed private lessons to improve her schooling, she was shocked by her husband's response when he told her, 'I don't give a damn – no one paid for my educational needs when I was her age. So why should I care?' (Priscilla, separated, Cottonera)

On a similar note Ruth's children, from Cottonera, describe the feeling of rejection and neglect they experience when their father does not bother to say hello when he sees them, let alone buy them some food.

*After school we often see him sitting on a bench in the square. He does not even stop us to ask us how we are doing at school, if we had food to eat, or to give us some pocket money. (Charmaine, 15, Ruth's daughter, Cottonera)*

Some fathers like Maria's ex-husband who is indebted to usury lenders, does not consider the extreme danger he puts his family in when borrowing money from these criminals.

*I have been through a lot because of my husband's mismanagement of finances. Being involved in usury is not something pleasant. He used to borrow money but never told me about it. The lenders involved in usury lost patience with him and after a lot of threats, they threw him into an empty grave for not paying them. He was found after three days with the help of the police and sniffer dogs. We are terrified because they still want the money! (Maria, separated mother, Valletta)*

While Roseanne's ex-husband, not having a job, started selling DVDs in nightclubs, this activity kept him away from home for long hours during the night, leading to the deterioration of his relationship with his wife.

*I have to take both the role of the mother and of the father, he is never present in the children's life. This precarious job was the cause of our family's breakdown. (Roseanne, separated, cohabitant parent, St Paul's Bay)*

These experiences of hardships show that when the father is irresponsible towards the needs of his wife and children, the whole family suffers, constraining the mother to seek separation in order to safeguard the welfare of the family. These accounts correspond to the arguments put forward by Conger et al. (1992), emphasising that economic stress causes family disorganisation, marital tension and inconsistent parenting.

The neighbourhood context of Cottonera, in particular, seems to be creating a culture of neglectful fatherhood, driving women to take pathways which the respondents from the other neighbourhoods, due to the available employment opportunities, are not constrained to take. Thus these mothers from Cottonera, decide that they should separate and start anew on their own with the help of welfare benefits. This corresponds with what Steele and Sherman (1999) describe as 'cultural divides', which is a '*boundary in society that separates communities whose socio-economic structures, opportunities for success, convention styles and norms are so different that they have substantially different psychologies*' (Steele and Sherman, 1999, p.395). They explain that deprived women after years of disappointment and unmet needs, due to poor parents, unstable partners and lack of reliable friends, often adopt a deep mistrust of others and a sense of independence with a belief that they can only count on themselves. Moreover, mothers of Cottonera are not finding the adequate psycho-social support in the neighbourhood needed to find employment that would help ameliorate their health and wellbeing.

### ***Single motherhood***

After separation, single mothers, having to take care of their children on their own and with no income whatsoever, become heavily dependent on welfare benefits. Mirowsky and Ross (2003) state that single mothers who live in a neighbourhood with lack of educational opportunities, lack of employment, lack of adequate housing, lack of income, lack of access to healthy food and lack of safety in the neighbourhood experience an



overall feeling of powerlessness. These mothers are exposed to multiple neighbourhood risk factors which coupled with the uncooperative father of their children make them highly susceptible to lack of good health and wellbeing (Fritzell et al., 2007). In addition, being the sole carers of their children and the sole breadwinners in the family gives lone mothers a dual responsibility. Dual roles have been identified among the reasons for morbidity and inequality (Bambra et al., 2008). Another argument by van der Wel et al. (2010) is that people who are suffering from ill-health (which in the case of Cottonera may be due to the physical environmental, risk in the neighbourhood or also mental health due to conflictual relationships) have lower employment rates than those who are healthy. In fact, Steele and Sherman (1999) emphasise that single mothers in deprived neighbourhoods in America, although becoming independent through separation, are still dependent on welfare benefits and find it difficult to enter the employment sector. Steele and Sherman compared single mothers coming from a deprived neighbourhood to other single mothers coming from neighbourhoods with better economic opportunities and having role models who could help them. They find that the single mothers coming from the deprived neighbourhoods (like those of Cottonera in this research) may base their decisions on short term rather than long term considerations. In fact Rodianne explains, *'I live day by day, because it is useless for me to plan ahead. (Rodianne, single mother, Cottonera)*

This is partly due to the fact that their neighbourhood environment has provided little assurance that poverty can be overcome. Thus actions that can further the goal of self-reliance and enable these single mothers to follow educational programmes in order to obtain a job, may appear futile (Steele and Sherman, 1999).

The first underlying reason that explains why so many mothers in the neighbourhood of Cottonera opt for single parent status is that for them, this status is seen as being the most financially secure. With no paternal figure formally responsible for supporting the family, the mother is eligible to be solely dependent on single parent benefits. These welfare benefits and children's allowance, barely substantial for the family's living, at least provide a form of financial stability for the mother in Cottonera. Indeed, Priscilla, a separated single mother from Cottonera, describes how after separation her financial situation improved, because before separation the income, being given through unemployment benefits, was being taken by the father to finance his smoking and alcohol

addictions. She admits that it is only now, through the single parent benefits, that her income is being totally dedicated towards the welfare of her children.

*Now I feel good because I know that this amount of money will be spent on food and on school needs... before, he used to take away the little that we had and I had nothing left for the children's needs. (Priscilla, separated cohabitant mother, Cottonera)*

Another strategy that mothers use in order to negotiate this difficult situation and to increase welfare benefits for the family is explained by Rose who decided to register her third offspring under the title of an unknown father, even though this child, like his siblings, comes from the same father. Because the father was unemployed, she decided to do this when she was still pregnant in order to set her mind at rest that she would have extra income from welfare benefits, and be able to take sole care of the upbringing of her youngest son.

*To tell you the truth I did not register him under his father's name but as belonging to an unknown father because otherwise I wouldn't be eligible for further welfare benefits. That's why I did not register him under his father's name but as having an unknown father. (Rose, separated single mother, Cottonera)*

Yet, when the mother registers her child under the title of unknown father, this automatically causes the father to lose his pride of fatherhood. Indeed this is what happened to Rose's ex-husband where she explains that the father feels detached from his child, adding further irresponsibility and lack of commitment. Another aspect of this situation is that the father having no legal bond with his offspring can never be accused by the mother for any form of neglect towards his child.

After separation mothers and children are eligible to receive a certain amount of income decided by the court during the separation process. However, in Cottonera, mothers find it futile to seek justice in court with regards to the provision of a monthly maintenance from the father. They have to accept that the father's role, once he has moved out of the relationship, will not be a contributory one towards the welfare of the family. In fact, in many cases the father even before separation, was already not contributing towards his family's welfare. Thus in the neighbourhood of Cottonera, the high presence of single mothers depending solely on social benefits was represented as the result of neglectful

fatherhood. This explains why, in the neighbourhood it is felt that a rift is created between genders – the father who feels free to live his life without the responsibility of his children, and the mother who has to shoulder all the responsibility of the family. Single mothers in Cottonera pointed out that although social benefits are life supporting, they may also have a negative effect on the father's behaviour. Very often the knowledge that the mother is receiving financial aid from the government absolves the father of much of his sense of guilt for not providing maintenance for the family. He justifies his lack of responsibility by claiming that his children are receiving social benefits from the government and in his opinion the children are not in further need.

Ruth, Priscilla and Rose, three separated mothers from Cottonera, do not receive maintenance grants from the father, even though the court ordered the father to give this grant to the mother. In this neighbourhood, it is an accepted practice that the father ignores such court orders. This is because the father knows that when he does not pay the monthly maintenance grants due to the children, the mother has to arraign him in court in order to receive the money. He is aware that the mother will be discouraged to open procedures in court as she is unable to afford the costly and lengthy legal processes to acquire the due maintenance for the children.

A case in point is Ruth's narrative where she states that it is not worthwhile going into trouble to seek justice.

*I do not receive any maintenance grants from the fathers of my five children whatsoever. I only sought legal action against the father of my first daughter during the separation. However it was futile, so I never repeated the process with the fathers of my other four children, even though none of them ever contributed financially! But I feel better like this! It is useless to waste all your energy going to the police or to the court to get some money! (Ruth, separated single mother, Cottonera)*

*He is supposed to give me 90 euro, the due maintenance grant allotted to three children, which was the lowest rate. Yet he never gave me anything. When I checked with the labour office, the personnel there told me that the only thing I could do was to arraign him in court. Up to this day he should have given me 6000 euro. (Priscilla, separated cohabitant mother, Cottonera)*

If the mother arraigns the father in court for not giving maintenance to the family, it is she and her children whose reputation in the neighbourhood would be tarnished and not that of the father. This is because when the mother insists on the maintenance, knowing that the father is unemployed, she is well aware that the consequence of reporting him to the police may result in his imprisonment. In the neighbourhood she would then be regarded as cruel and ruthless. Priscilla, whose ex-husband never contributed a single cent for his family, contemplates that it is better for her not to punish the father for his irresponsibility as she may well end up being punished herself together with her children by being negatively labelled and ostracized by the community. Priscilla and Rose also argue that when the children grow up they may start accusing their mothers of having contributed in sending their father to prison through their evidence in court, little knowing that the action the mother took was primarily towards their wellbeing. This resonates with the Mediterranean neighbourhood culture that family pride and honour are sometimes more important than justice. These examples shed light on the active agency or complex negotiations and trade-offs that single mothers in Cottonera make, when the fathers become unemployed the mothers continuously try to mediate and improve the family's health and wellbeing. The mothers described the diverse routes and decisions they take to improve their income, however they are also ready to trade off their eligible income to safeguard their reputation.

When unemployment is extensive within the neighbourhood, distinct social processes may occur. From what we have seen above, the message that is being transmitted in Cottonera is that marriage is not providing the expected wellbeing. This stability is being substituted by single mother families.

Single mothers in Cottonera, being a majority in the neighbourhood, experience pronounced feelings of shared social capital amongst each other. They share common experiences of being the sole carers of their families and build a sense of solidarity and ties between them. They believe that there is positive wellbeing in their new lives without the non-contributing husband. Indeed mothers like Rose, Ruth, Rodianne and Priscilla who have experienced bitter relationships, due to lack of financial support from the father, are transmitting to other women that single mothers fare better without a partner/ husband/ boyfriend when he is unsupportive.

Younger mothers, influenced by what they witness happening to elder mothers in the neighbourhood, are opting not to get married at all. They do not want to go through the same ordeal that other mothers went through in their struggle for separation and for the right of maintenance which children coming from a married relationship have a legal right to receive. This strategy, shared by mothers in Cottonera to protect their child's financial needs and wellbeing, is being transmitted through a local variant of normative social values, comprising a message that single mother status is the wisest option in the neighbourhood.

*It is not worth it to get married or cohabit. First of all men are horrid. It is better to remain single. Less trouble and more money. (Rose, separated single mother, Cottonera)*

However, when one looks carefully, the interviewed mothers are trying to find ways of how to increase their income in order to be able to improve their financial resources, to afford better education and better health for their children. With an increase of income including welfare benefits, the mother's earnings would help in improving the health and wellbeing of her children.

Some mothers negotiate the challenges of marital separation by taking the approach that motherhood is more vital and important than companionship. This is narrated by mothers such as Ruth and Rose who show that they have the welfare of their children at heart. They reason that it is not worthwhile starting a new relationship and cohabiting with another partner, when one has children of one's own to bring up. These respondents state that in a neighbourhood such as Cottonera these relationships can never work as:

*A man comes to cohabit for selfish reasons, to have someone to cook for him, to clean for him and have sex with him and not to help you bring up the children. (Rose, separated single mother, Cottonera)*

Burnström et al. (2010) explain that lone mothers in many societies are considered as the group who are vulnerable when compared to couple mothers. Although this may apply to lone mothers in Valletta and St Paul's Bay, the experiences of mothers in Cottonera differ. In fact, in spite of the turmoil that a mother and her child/ren experience when the father leaves the family, many respondents from Cottonera such as Rodianne, Ruth,

Margaret and Michelle stated that they fare better living on their own without an unsupportive husband/ partner. The value of single motherhood is further reaffirmed when the father becomes aggressive. Thus, single motherhood creates a situation where the household is free from tension and the mothers feel more autonomous. In fact when they compare themselves with other mothers who are still living with an unsupportive partner they feel superior to them, and sympathise with them for the adverse conditions they are living in. Indeed, Margaret, Rose and Michelle, who are single mothers narrate how they pity their neighbours, who being married or cohabiting, are experiencing abuse, dominance and violence from the husband, partner or boyfriend. This shows that the experience of single motherhood is very relative to the neighbourhood context.

Michelle narrates how her friend from Cottonera, who is a mother of three children, had to resort to prostitution to sustain her family. Through prostitution one can earn around seventy euro a day, which is more than can be earned in other ways. Michelle sympathizes with her friend, who reluctantly has to leave her children behind at home with their father to go to work as a prostitute. She has to do this to obey her husband in order to finance his alcohol and drug addiction.

*See how she has ended up! She has three children and another one on the way and she had to end up working for him in this filthy job! (Michelle, single mother, Cottonera)*

Ruth too narrates how she often hears her neighbour's partner shouting or smashing objects in the house as soon as he returns home. He also treats his partner's children badly. For this reason Ruth notes that in Cottonera, having a partner who is not the father of the children, is likely to aggravate one's troublesome situation.

*Last time I was so terrified because I heard banging on the door, glass being smashed and the children screaming! I had to knock on their door because I was afraid that the children were being harmed. I went on the pretext that I needed some onions, but I wanted to check if I had to phone the police or the ambulance... Mothers like her are weak and they do not have the courage to kick him out of house! (Ruth, Separated mother, Cottonera)*

Rose confides that she had to revert to legal action against her ex-partner after she got to know that he was sexually abusing her daughter. Since the ex-partner was contributing

financially towards the family, the daughter did not report his abuse, fearing that he would stop giving them money. However, Rose recounts that, *'instead of helping us, he destroyed us!* These examples narrated by the residents transmit the message that in certain relationships men may cause more harm than good.

On the other hand in their narratives, the single mothers of Valletta and St Paul's Bay observe that in their neighbourhood many husbands respect their wives and many families are stable and united. For this reason single mothers feel vulnerable and inferior to the rest of the mothers in the neighbourhood. This explains that the experiences of single mothers are not only their own individual feelings, but are experiences showing webs of relations tying these individuals to place. Therefore single motherhood is relational to place and can determine health and wellbeing in diverse ways.

as the experiences of these mothers are not only explaining an individual's feelings but

Norma, a single mother from St Paul's Bay, confides her feelings of inferiority when she compares herself to other mothers in her neighbourhood. Although she is happy bringing up her children on her own without the father, she feels a financial burden weighing heavily on her. She explains that with four hundred fifty euro she has to pay the TV cable, water and electricity bills and the monthly rent of 300 euro. She narrates that she rarely takes her children out to playgrounds and to the seaside as this too involves extra expenses. Norma is even afraid to meet friends as she would be obliged to buy snacks for her friends' children. She continues to add that both her clothes and those of her children are not up to standard for going out in the evening. Her greatest financial stresses occur in mid-September when she has to buy uniforms and other school necessities for her children. Some of the difficulties she encounters are when her car breaks down as she feels stranded and not able to visit her mother or buy the daily necessities. Norma's greatest fear is that she would not make ends meet and be able to provide necessities for her family.

*When you are a single parent it is always like that! You have to accept your status, one without money! Although I feel that I did a good thing when I left my two partners as they were not treating me and my daughters properly, it does hurt to see that other women do have husbands who did not treat them in the same way my partners treated me. Moreover, I feel frustrated when my daughter returns home*

*from school asking me, “Mummy we have to pay five euro for this and five euro for that!” Sometimes it is for the hot dog day, sometimes for the sports day, sometimes for the Easter egg, the school is all the time fundraising!*

*Or for example if you go to the playground, the children would ask you to buy them a drink or a snack. Even if you go to the beach they would like to have an ice cream. You always have to spend five to seven euro approximately. If you take them to the playground it is only natural that you meet some friends. In that case you won't only buy a bottle of water for your daughter, you buy a bottle of water to her friends too. Do you understand? Others who are not in your position would not understand the hardships that a single mother has to go through. Whatever you do and wherever you go, you always need money. (Norma, separated single mother, St Paul's Bay)*

She prefers to be excluded and does not interact with her friends rather than be labelled as stingy. Moreover, in St Paul's Bay, in contrast to Cottonera, the 'tricks of the trade' of single mothers and how they acquire a number of welfare benefits are not passed on as in Cottonera and therefore mothers of St Paul's Bay are ill-equipped with regards to information on how they can exercise active agency and increase the welfare benefits available for them. Norma's narrative demonstrates an interesting relationship between relative deprivation and social norms of reciprocity. On one hand Norma is reporting typical feelings of 'relative deprivation' when she is finding it hard to buy things for her children which are expected as part of 'normal' social activity in the neighbourhood. On the other hand she is also upset because she cannot exercise her wish to extend 'hospitality' to her child's friends. This may reflect the norms that are passed across generations of a sense of sharing and giving gifts (in this case food and drink). The traditional element of sharing and hospitality is very strong in Malta and it shows that the cultural society of Malta with its social processes differs from the societies of Britain and America where most of the research on this has been done.

Apart from this inferiority, which is harmful for the self-esteem of single mothers in St Paul's Bay, the lack of support from the extended family or from a supportive neighbourhood is also hindering the wellbeing of some single mothers in St Paul's Bay. The majority of separated single mothers who have settled in St Paul's Bay come from various towns and villages from all over Malta. These mothers distanced themselves from their native villages where their extended families reside. Along with these Maltese



mothers, one also finds a number of foreign mothers who are also deprived of the support that their extended family could have offered them. Similar to this study other literature has also indicated that within the Maltese Mediterranean culture, it is assumed that the extended family should provide the necessary support for the care of the children (Boeri et al., 2005). However, emphasising the relational theory these families in St Paul's Bay, who are living at a distance from their extended family and in an anonymous neighbourhood setting, are finding themselves disadvantaged when compared to other mothers.

This is clearly narrated by Isabella, who being a foreigner in Malta, cannot take up employment because she has no one to mind her son while she is at work. She explains that her situation is worse than that of other Maltese single mothers, since the father of her child lives abroad.

*I have to live from my savings which I had when I used to live in the UK. I have very few people to turn to if I need to leave my son for a couple of hours, let alone to go to work. (Isabella, divorced, St Paul's Bay)*

Nevertheless, these mothers still enjoy life in St Paul's Bay and are not opting to migrate back to UK as they feel that Malta is a better place for their children to grow up in.

Therefore, it is not enough for single mothers to live in a neighbourhood with employment opportunities; to take up these opportunities they also need reliable persons or places for child care during working hours. As the number of childcare centres at the time of the field study was still very limited the single mothers of Valletta stated that they are grateful that they have relatives who live close by with whom they can leave their children in order to be able to go to work.

Two separated mothers from Valletta, Miriam and Maria, have narrated that living in a city and encountering people from all strata in society, influences their children's expectations for a better way of living. The mothers do not wish that their children would be regarded as inferior to others. This was put forward as one of the reasons for wanting to earn an income in order to buy things that their children desire. Miriam and Maria explained that although their jobs are menial, one being a cleaner and the other a waitress, they manage to make ends meet. They pointed out that it is thanks to their mothers who

take care of their children that they can go to work and earn enough money needed for their children.

*I go to work in order to provide for the children. My younger son is keen on having an original football gear and the older one who wants to become a chef needs a uniform and a set of kitchen knives. To buy these things I have to work. I don't want them to feel inferior to others. My mother teaches them many things. She taught them how to cook and how to take care of their belongings. Sometimes they go fishing with my brother. They enjoy it when they are at my mother's house, so my mind is at rest. (Maria, separated single mother, Valletta)*

*My husband left and I cannot trace him so I do not receive any income from him whatsoever. I have to work full time. Every morning as early as six o'clock I take the children to my mother's house so that I can leave for work. She helps them dress up for school and eat breakfast and after school they return to her house and they eat, wash and change clothes. Actually my mother's home is their home as well! (Miriam, annulled single mother, Valletta)*

Within a Maltese welfare system, single parents who are provided with continuous help from the extended family, fare best. Therefore, it is not only the availability of job opportunities, but also the assistance in childcare from relatives when the mother is at work that affects the family's health and wellbeing.

In the absence of support from a member of the extended family, the single mothers of St Paul's Bay often seek support from a new partner. Roseanne, a single mother from St Paul's Bay, narrates that her new partner helps her by taking care of her children while she is at work. However, being an irregular African migrant, she is never sure when his stay in Malta will be terminated. Having a loan to repay she has to work for long hours. Although her mind is at rest that her children are being attended to by her partner, her children have conflicts with him as his norms and attitudes highly differ from theirs. This is leading to several clashes between him and the children, rendering Roseanne worried of how keep a balance between work and parenting.

*I feel tired because I have to take care of everything by myself. I have to take decisions on my own regarding the house. Now I have started work to be able to pay the house loan. Working full time means working for five consecutive days.*

*With three kids I do feel tired! I have to pay the property tax, everything, it is quite stressful! At least my partner is helping me, however the boys do not always enjoy his presence. I am afraid that he would find an opportunity in another country and he would leave! (Roseanne, separated cohabitant mother, St Paul's Bay)*

The separated single mothers I spoke to in St Paul's Bay also feel that they are being looked down upon by the native residents. Indeed, an interviewed mother who has been living in St Paul's Bay for a long time stated that the high concentration of single mothers has devalued the quality of the neighbourhood. Deborah explains that within the last decade her neighbourhood has attracted a high influx of broken families. She is also concerned that a high percentage of her children's classmates come from these families and is afraid that her children would adopt immoral values.

*When I first came to Malta eighteen years ago it was a very quiet street – quiet summer village, St Paul's Bay! But now the people who came do not seem that they have a very basic education... they are mostly broken families... even the primary school is highly represented by children coming from these single or broken families. (Deborah, married, St Paul's Bay, British expatriate)*

Antonia, too is worried as she is witnessing degradation in the locality. She points to the lack of support present by the extended family in this locality, in comparison to what one finds in a village community. As most of the working parents in St Paul's Bay have no one to turn to for the care of their children when they are at work, they have to leave their children unattended for a number of hours.

*When most of the parents are foreigners or they are not from here, the children are left on their own. I pity these mothers as they cannot do otherwise in order to improve their financial situation but the children are left alone. This is not a good sign in the neighbourhood. (Antonia, married, St Paul's Bay).*

The narratives of mothers in St Paul's Bay are diverse and relational. They also show how much relative poverty can be experienced differently according to the local cultural norms. When one is short of material means in comparison to others in the same neighbourhood, one may end up lacking social belonging in the community. This is

because the cultural norms of the community exert expectations of hospitality, sharing and reciprocity on the inhabitants and if one lacks financial means to comply with these norms one may feel automatically excluded. This further causes psychological distress and renders one very vulnerable. Therefore, health may be further damaged when single mothers are forced to move out of their native neighbourhood due to their lack of abidance to neighbourhood norms but now feel inferior and experience inequality in the new neighbourhood

This section focuses on how work and unemployment is affecting the life experiences and the health and wellbeing of mothers and their children in differing ways. It also analysed and compared the different experiences of mothers belonging to the same marital status in connection with available job opportunities found in the neighbourhood.

The material investment in the locality provided explanations on how social processes are contingent to the neighbourhood environment. Locations such as ex-industrial towns, which after the close down of the industry did not receive further investment, showed different social processes, norms and behaviours in comparison to the other neighbourhoods. Lack of employment opportunities such as in the post-industrial town resulted in a greater number of welfare recipients. It was found that since the dockyard industry catered only for men, a culture was developed where the father was always the breadwinner and this cultural idea was retained even after the closure of the dockyard. Valletta on the other hand which was an entertainment hub and which employed both males and females developed different employment cultures. It did not exert a heavy reliance on males as breadwinners. Moreover, females in these neighbourhoods, are more likely to find their extended family supportive and ready to help with the children's needs while the mothers are at work. Thus the neighbourhood history of employment determines the female aptitude to re-seek employment after having children. This would also reflect on the level and type of welfare recipients present within the local neighbourhood area.

This section also debated how employment can increase the income of the family and thus improve the health and wellbeing of the mothers and their children. Also analysed was the fact that with the increase of employment opportunities and an increase in

available income in selected neighbourhoods such as Valletta and St Paul's Bay, relative inequality is created, which in turn can be harmful to the health and wellbeing of mothers and their children. Mothers in Cottonera, though lacking the same employment opportunities which those in Valletta and St Paul's Bay enjoy, are forming bonding ties between them and being in the majority, seem to fare better in their self-esteem and coping skills than those of Valletta and St Paul's Bay. Thus the employment opportunities within the neighbourhood can become agents of either improving or damaging the health and wellbeing of single mothers.

However the provision of single parent welfare benefits may create other neighbourhood social processes. The discrepancy in received benefits, absolves the father from his responsibility of fatherhood, as he feels that the mother is economically faring better than him and he does not feel obliged to give any maintenance grants to the mother for the children. This may increase animosity and resentment between the parents which may have other consequences on the children. Thus single motherhood and unemployment may be experienced differently and their impact on health and wellbeing is contingent to the social neighbourhood processes.

Several interviewed mothers show features of resilience due to their attitudes or active agency, where instead of wasting their energy trying to convince the father to pay his dues and be responsible towards his children, these mothers focus their energy on finding alternative routes to improve the wellbeing of their family. Moreover they also become resilient because of the neighbourhood context they find themselves in as single mothers. In fact the mothers feel a sense of achievement when they run the family on their own with no support from the husband. This shows that the separated mothers from Cottonera identified transitions from a negative to a positive situation, overcoming lack of confidence by making important transitions such as leaving the oppressive husband and starting anew without his presence in their life. Thus, taking into account the adverse socioeconomic context, these small steps towards living an ordinary life should be recognized as resilient outcomes (Masten, 2001).

On the other hand, employed mothers in Valletta and St Paul's Bay have the opportunity and the benefit of encountering gatekeepers at their place of work. This places women from Cottonera at a disadvantage when compared to those of Valletta and St Paul's Bay since the latter may have higher probability of social mobility than those of Cottonera.

Female respondents from Valletta and St Paul's Bay, whose employment consists of menial and low paid jobs, still enjoy a higher level of economic independence than those of Cottonera. Their wellbeing improves as they are encountering people from all walks of life who may help them and assure them that they can find opportunities outside their neighbourhood. Single mothers of Cottonera may fear that even if they find employment which is compatible with their children's school hours, their social benefits would be stopped. Aware that these jobs may not be long lasting they find it hardly worthwhile to terminate their benefits in order to take a job. However, another important aspect is that if mothers do not find the proper support they would find it hard to maintain their job. In the Mediterranean culture where the family is important, it is expected that the extended family is supportive towards the nuclear family, mainly in tending to the children when the mother is at work. This lack of support from the extended family is mostly experienced by some mothers in St Paul's Bay, who having no extended family living nearby, find it hard to go to work and avail themselves from the job opportunities found in the neighbourhood.

Material deprivation impacts on health and wellbeing directly or indirectly through its influences on social relationships, but also according to the level of neighbourhood social capital. According to the characteristics of the neighbourhood the normative social capital may enhance employability or limit it. However this is highly determined by the interaction with gatekeepers who may be the fulcrum of how processes in the neighbourhood develop.

When living in a neighbourhood like Cottonera where the economic opportunities are limited and many inhabitants are experiencing similar hardships, the single mothers may regard the income provided from welfare benefits as sufficient for their daily needs. On the other hand, in Valletta and St Paul's Bay, due to the economic diversity of the neighbourhood and the higher levels of employment and economic growth, single are more prone to experience inequality. This invidious comparison may be harmful for health and wellbeing as it puts pressure on the mothers of Valletta and St Paul's Bay to seek employment in order to alleviate their negative feelings of inequality. Thus the neighbourhood environment poses different demands on the residents' choices (in this case single mothers) of which pathways to take in order to improve their health and wellbeing.

## 5.4 Conclusion

This chapter has shown the intricate, dynamic neighbourhood processes through which individuals experience and negotiate aspects of deprivation within their material neighbourhood environment. From this chapter it emerged that much of what occurred in the past still determines the present material neighbourhood environment. Moreover, much of the daily decisions and negotiations undertaken by the respondents within the material environment are likely to impact on their health and wellbeing. Therefore, this chapter is an interesting example of the idea of time-space flows of mothers in their neighbourhoods.

According to the detailed accounts of experiences of respondent mothers, the history of the place proved to be a determinant factor on the decisions and negotiations that they take, related to the type of built-up environment, the housing conditions and employment. The history of the place which defined the neighbourhood environment and the housing conditions clearly plays an important role on the social processes and interactions within the area. The past influenced the development of the role and function of the place, providing specific employment opportunities related to the area, which still impacts on today's employment patterns and behaviours. Moreover, the history of the place is important for the ways inhabitants developed their sense of identity, their typical gendered behavioural norms, their attitude towards female employment and their help in childcare.

What has also been understood from this chapter is that mothers within their material neighbourhood environment are not passive but they have given evidence that through their daily decisions and actions within their neighbourhood space they are agents in the evolution of their neighbourhood material and socio-economic environment. There are multiple examples of the diverse negotiations that these mothers make which help us understand how the material and social determinants of health influence the daily lives of these inhabitants and how they are impacting on their health and wellbeing. We have seen how much mothers in Valletta are trading-off their inadequate housing conditions and their lack of home ownership against the pride of living in the capital city and its opportunities of social participation, available services, employment opportunities and

the presence of family relatives who enhance their roots to the place. The deindustrialisation in Cottonera and the fact that the male breadwinner became unemployed is negotiated by means of a strategy involving the option of separation and single motherhood. Through the provision of welfare benefits, single motherhood has become the ideal family status in the neighbourhood, due to financial and emotional stability. These single mothers are feeling confident, bonded with other single mothers and knowledgeable on the ways and means of providing for the family. When compared to others, they are those who are most likely to enjoy wellbeing in their community. In St Paul's Bay, mothers enjoy anonymity, lack of social control and green and blue therapeutic open spaces. However, they also lack the help and support that their distant extended family could have offered them in the care of their children in order to go to work. Apart from this, being unemployed in a touristic area like St Paul's Bay where employment levels are generally high, these mothers are likely to suffer from a sense of relative inequality, damaging their health and wellbeing. These clear examples in the daily lives of the respondents, of the relational and diverse experiences of the social determinants of health and wellbeing, give a more nuanced sense of the pathways and nuances that exist between the multiple determinants of health of selected inhabitants in these neighbourhoods.

However, one may ask if these trade-offs and negotiations of mothers in their localities are short sighted. Are mothers prioritising social bonding and social cohesion over opportunities and solutions that exist outside their neighbourhood? Would these decisions be beneficial for the overall health and development of their children? What are the experiences of the children regarding neighbourhood social and material neighbourhood conditions as described here by their mothers? These are some of the questions that will be addressed in the next chapter which will help analyse what is being experienced by the children and the adolescents and what is being transmitted to them by their family and their neighbourhood.



## CHAPTER 6

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# THE INTERGENERATIONAL PROCESSES OCCURRING IN THE NEIGHBOURHOOD AND THEIR EFFECTS ON CHILDREN AND ADOLESCENTS



*Figure 6.1: Young and old residents participating in an Easter celebration depicting the intergenerational processes present in the neighbourhood*

*Photo by: Jose Maria Incera, 2012*

This chapter will examine: the experiences of children and adolescents within their neighbourhood; the social processes within the material, contextual neighbourhood environment affecting children; and how they are being transmitted from one generation to the other. This chapter will be divided in three major sections. The first focuses on how in the families I studied, ‘negotiations’ and ‘trade-offs’ are made between what is beneficial for the children and adolescents versus what is better for the mother. Later sections examine the intergenerational transmissions of poverty or social mobility and the transmitted gendered norms and their effects.

Children’s health and wellbeing is influenced by factors in different environments (Aber, et al., 1997), including the family, the school, the neighbourhood and the wider social context in Malta. The first aim of this chapter is to compare the experiences of children with those of their parents (that were discussed in earlier chapters). Thus, the argument of the first section will question whether the neighbourhood is exerting the same influence on the children as it is on their parents. The overarching arguments of the previous chapters about social and material processes will be compared to the responses of the children in relation to how the neighbourhood is affecting their health and wellbeing.

To introduce the chapter, presented below are selective narratives, portraying different scenarios with regards to the themes of intergenerational processes in the three deprived neighbourhoods which will be discussed in this chapter.

These extracts portray experiences, tensions, trade-offs and differences in decisions and needs of mothers and their children.

*How I wish that my mother would decide to move to [mother’s native village] today, I would be in heaven. Over there I can enjoy life not like here. (Hayley, Norma’s daughter, St Paul’s Bay)*

*My mother often asks my son if he knows if I am consorting with any other men. This really upsets me because it is none of her business. Moreover when he tells her ‘No’, she tells him, ‘Stay on guard and report to me if you notice anything’. (Nadia, separated mother, Valletta)*

*I wish I could study and go to America and become a chef. I don't want to become a single mother like all the girls here! I want to study and become someone special. But no one in my family believes in my dream! (Charmaine, Ruth's daughter, Cottonera).*

*They've seen how their father treated me... and they know that he did not treat me well. I always tried my best to bring them up and give them good values... but over here [in Cottonera] that's the way men treat women and my sons have become like them. (Catherine, separated cohabitant mother, Cottonera)*

### **6.1 How children in different neighbourhoods are being affected because of their parents' marital status.**

This section will explore how the marital status of the mother is perceived in the neighbourhood, cultural and social context and how the child is experiencing the repercussions of the mother's status, which indirectly determines the child's wellbeing. The discussion will show how children and adolescents are affected by the prevalent norms and processes transmitted in the neighbourhood and that they are contingent upon the neighbourhood one lives in. Lastly, this section will consider the wishes of children and adolescents who in order to improve their wellbeing would like to live in a neighbourhood with higher levels of positive social capital and social cohesion.

As discussed in chapter two, over the last half century, developed countries have experienced dramatic transformations in family structures. Few studies analyse how the processes of change in the marital status of parents are being transmitted to children and teenagers and how these transmissions can vary across neighbourhoods with differing social and material conditions. Accounts given by adults and children in this study show how an individual's marital status can be affected by the local context, since not every neighbourhood responds to national changes in family structures in the same manner.

In chapter four we have seen how the effects of religious norms and attitudes among the extended family have influenced the views of mothers with regards to separation, divorce or cohabitation and have acted as a form of social control in Valletta. In chapter five we

have seen how in Cottonera, due to gendered processes linked to employment, the mothers' decisions about their marital status differed from those of the mothers in Valletta. In this section I will also show how the intergenerational transmission of social norms differs between Valletta and Cottonera even though they are both deprived, traditional neighbourhoods and both high in normative social capital.

Echoing the accounts of parents presented in chapter four, children living in Valletta have described how when their parents separated, they went through a very painful experience because their community, due to high levels of social control, regards separation as an act against the religious norms and values of the community. However, it was also observed that when the respondent mothers realised that their children were the victims of bullying tactics from their neighbourhood community, these mothers decided that for the benefit of their children they should remain single and not enter into an extra marital relationship. These mothers realised that going against social conventions would provoke this bullying behaviour. This shows that when social control, through exclusion of the mother is not enough to deter the mother from an extra marital affair, the socially controlling individuals in the neighbourhood turn to the vulnerable children and force them to try to reverse their mother's actions. This indicates that the community is penalising the children to retain the social neighbourhood norms. Consequently, because of the high level of social control, it is seen how a mother is constrained to end her relationship with her partner and safeguard the wellbeing of her children even at the expense of her own needs.

This was illustrated by Isaac when he recounted that when his mother broke up her marriage because of his father's financial debts and started a relationship with a separated man from Valletta, her husband started stalking her. Despite the husband's harassment, in the neighbourhood it was felt that it was Maria, Isaac's mother, who was crossing the boundaries of accepted social norms and she was at fault. Although at first Maria did not give heed to how the people in the neighbourhood were judging her, it was when her sons started being bullied and insulted by other teenage boys in the neighbourhood because of her affair that she decided to stop her extramarital relationship.

*I know that my mother has been through a lot because of my father's financial problems and sometimes I myself told her to go out with friends as she was feeling down. But things with our friends were going really bad as she was dating the*

*father of two boys from Valletta. Everyone turned against me and my brother. Now it's better as they are not dating any longer but I still wish that we were like a normal family with our father living with us. I am trying to convince my father to behave better so that my mother would accept him back. (Isaac, Maria's son, Valletta)*

This narrative sheds light on how the neighbourhood manipulates the emotions of the mother who is always ready to sacrifice her interests in favour of those of her child.

Due to the social norms, the neighbourhood imposes responsibility even on the child to try to mediate so that the parents return together. In fact in the second round of interviews Isaac stated that, '*Now I feel great!*' as his parents are back together after they broke up and obtained a government apartment in Valletta with low rent fee. This makes him feel accepted back in the neighbourhood and is glad that his efforts to reunite his parents were successful. This can be related to another study in America which points out that a child living with divorced parents is at high risk of lack of wellbeing in comparison to a child living in a married family (Amato, 2014).

Maya, from Valletta, also feels that since her parents have separated and both have started a relationship with another partner, she stands out and is not like the other children in the neighbourhood. She commented, '*It was so embarrassing on my Holy Confirmation; having your mother with other children and her boyfriend and your father with his girlfriend and their baby sitting on the same bench in the church! Even though they behaved really well and they did not argue or fight or anything, it feels humiliating not having only your mother and your father. We were so different from the rest and that made me feel really uneasy.*' (Maya, Pauline's granddaughter, Valletta)

This shows that the Roman Catholic norms explained in chapter 4 are so strong in the neighbourhood of Valletta that the children, although showing understanding towards their parents' decisions to separate, still feel that the criticism by neighbours make them stand out as 'misfits' in the community, when compared to other children in the neighbourhood. This means that children are being highly affected by the social control exerted by the Roman Catholic Church in their neighbourhood.

Miriam from Valletta, elucidates how powerful the community norms are over the children when she explains that her daughter did not want to be interviewed by me, as the

researcher, since she did not want to talk about her life, especially about the fact that her father abandoned them. The mother confided that when talking to others, her daughter pretends that her father is still present in her life.

This shows how the levels of social control and the importance of adherence to norms by every member of the community is also being experienced by children and teenagers, imposing on them feelings that if their family does not fit within the neighbourhood parameters, they should lie about this fact in order to feel accepted like the rest.

Some children of single mothers in Cottonera greatly appreciate the fact that their mother, after separating from their father, retained her single mother status and did not start a new relationship. They are very much aware that she tries hard to see that they are provided for in the absence of their father. Children of single mothers in Cottonera consider that their wellbeing and that of other children living in their neighbourhood is subject to the marital status of their mother. These children such as Islem, Brian, Kevin and Gillmor stated that if their mother were to start a relationship with a new partner, even if not necessarily cohabiting with him, they would feel betrayed by her, for her attention would then be directed towards her new partner and not towards them. In their opinion this would surely have an ill-effect on their wellbeing.

*I'm sure that if mum had to find another partner, only God knows what would happen to us... how we'll end up! But mum prefers to look after us! What I see around are unhappy children, who are beaten, maltreated and abandoned because their mother has found a new boyfriend. (Kevin, Ruth's son, Cottonera)*

*I really appreciate what my mother does for us, because she goes to great pains to take care of us single-handedly. There are mothers who find it difficult to bring up their children on their own, so they seek support by finding another partner. Yet the children of these families are unhappy because the new partner, not being their father, does not love them. (Islem, Margaret's son, Cottonera)*

Catherine's children describe the anger they harboured against their mother when she introduced her partner into their household, making them feel betrayed and let down by her. According to the children, their mother is now treating them as inferior to her partner.

*Mum practically abandoned us. After dad left her she found this boyfriend who is an alcoholic. She turned into an alcoholic herself and she cannot even take care of us. My brothers are all the time fighting between themselves and with my mother. When they see her coming home from shopping with just a bottle of wine for her and him and no food at all for us, my brothers assault her both verbally and physically. (Amanda, Catherine's daughter, Cottonera)*

In Cottonera, the mother's role encompasses every need of the child, while little is expected from the father. The culture of the neighbourhood has generated these gendered roles to the extent that when the father leaves the family, the children are hardly affected emotionally, but if the mother decides to start another relationship, even if she does not leave the household, the children feel unloved and heavily oppose their mother's decision.

Gary, Priscilla's son, recounts the clashes that he has with his mother's partner, stating that he detests him and cannot bear his presence around in their house. He went as far as to report his mother to the social worker for her lack of attention towards him and for the abusive behaviour of his mother's boyfriend.

*I tell him "You have no power over me. You are not my father!" There were times when I pushed him. I'm not afraid of him at all. I know that he does not love us. Mum should leave him. (Gary, Priscilla's son, Cottonera)*

A common factor that the children of Cottonera pointed out is the assumption that the mother's new partner is often someone who is aggressive, violent and abusive. The children's conclusions are based on their observations of other children in the neighbourhood who have to withstand physical abuse and aggression from their mother's partner.

*Last time I saw one of my classmates who is usually a bully, crying and sobbing alone in the street, because his mother's boyfriend had given him a sound beating. (Roberto, Monica's son, Cottonera)*

These accounts help to explain why children may feel relieved that their father has left the house, if they were experiencing feelings of abuse and neglect. The children, aware that the majority of men in the neighbourhood behave in that manner, discourage their mother from starting a new relationship, in order to safeguard their own health and

wellbeing. They are content to live in a stable family environment, even without the presence of a male figure, if it is free of conflict, violence and victimisation on the part of their mother's partner.

On the other hand, in St Paul's Bay, due to the low levels of social cohesion, few socially controlling norms are experienced or transmitted in the locality indicating that the experience of the neighbourhood is dynamic and complex and that neighbourhoods operate and change in relational ways. Children in this anonymous neighbourhood are not experiencing any judgmental attitudes from the neighbours like those experienced by children in the other neighbourhoods. In St Paul's Bay, due to multiculturalism and anonymity, residents are immune to social control. However, this lack of social control in the neighbourhood has its negative effects, especially irresponsible fatherhood. The combination of these neighbourhood processes in St Paul's Bay are not helping several fathers to comply with Maltese norms, especially providing for their children, but, on the contrary, are absolving them from their responsibility as fathers. They may even disappear altogether from the life of their children without ever being condemned by the neighbourhood. This scenario leaves single mothers in St Paul's Bay having to cope on their own with the upbringing and welfare of their children. Moreover, these families, apart from having no support from the father, have neither the support from the neighbourhood, due to lack of social cohesion, nor from the extended family (since the physical and social distance between these families limits their interactions).

The interviewed children in St Paul's Bay complained that due to the absence of a supportive father, the financial situation of their family is poor and they are being deprived of both the necessities and little luxuries which other children in their neighbourhood enjoy. Their wellbeing is thus being tarnished due to their experiences of relative inequality.

Norma's daughter explains that she feels inferior to her friends as she cannot have a birthday party like them. She cannot even attend other children's parties as her mother cannot afford to buy presents for the party hosts. She also feels that she does not have proper clothes to wear for parties like other children do. She would have liked to have her father be more present in her life as she feels that this would have diminished much of her hardships.



*I know girls in my class whose father does not live with them, so that does not bother me... but I wish that my father would pay and throw me a party and I can invite friends like they do. Not all fathers are like my father, some do remember their children's birthday and still give them presents... mine, he does not want to remember me and that hurts! (Hayley, Norma's daughter, St Paul's Bay)*

Leon and his brothers explained how sad they feel about the neglectful behaviour of their father. They recount, *'We know that our father does not love us, because he knows that we would like to play certain computer games which he has but he never lets us play with them or he never lends them to us to play at home. That hurts because other children's parents buy them these games.* This behaviour of the fathers may initiate more serious situations analysed in other research in the United States where it was found that lack of informal social control may result in more cases of child neglect and maltreatment (Guterman et al., 2009; Molnar et al., 2003; Yonas et al., 2010; Emery et al., 2015).

Furthermore another concern which Miller et al. (2008) explain is that as the media reports child abductions on a global scale, parents have been heavily exposed to this phenomenon. However, Carver et al. (2008) add that parental concern on safety in the neighbourhood is not only because of the presence of strangers but also because of traffic. The concern of mothers regarding the freedom of children to walk around in the neighbourhood has been found that it is not a phenomenon occurring only in St Paul's Bay. Hillman et al. (1990) explain that in the UK 80% of the children aged between seven and eight used to be permitted to walk from home to school and back on their own in 1971, but in 1990 this decreased to 9%. They attribute this decrease in independent mobility of children to the increase of vehicle cars on the road as well as an increase in motor accidents. When the streets of the neighbourhood facilitate the movement of cars, norms of good parenting evolve into chauffeuring the children, providing constant supervision, parental responsibility and safety (Lorenc et al., 2008). When people drive from one place to another, they are less likely to interact in the neighbourhood in comparison to when people walk. As seen in the first section of chapter 5, the settlement shape of St Paul's Bay is not enabling the inhabitants to interact with each other and thus social cohesion and trust in the neighbourhood are minimal (Foster et al., 2014).

This lack of social cohesion and the level of anonymity are so accentuated in St Paul's Bay that working mothers, who in other neighbourhoods would have readily found

support from members of the extended family, neighbours or friends to mind their children while they are at work, have no one to turn to take care of their children. Antonia, from St Paul's Bay, is observing children from these families who return home from school and find nobody at home and are left neglected and unattended for a number of hours. She is worried as she is witnessing a degradation of values in her locality.

*Eight or nine-year-old children return home without finding their parents there or even stay waiting outside, still in uniform, for a whole afternoon. You can see them buying sweets from the grocer's shop, without having money to pay. They then tell the grocer "My mum will pay you later". They buy things without their mother's permission and list a bill which their mother has to pay later even though she may not be able to afford it. I notice these things because I see them take place almost every day. You see them, they go home – they have the key. Seven-year-old children with the house keys! Going in the house alone! This frightens me, to tell you the truth, it frightens me a lot.*

*Even older children let alone young ones! The thing is that anything can happen – accidents can happen! If the mother returns home at eight in the evening, it may be too late to realise that her son was hurt and maybe needed to be hospitalised, do you understand? That's what frightens me! (Antonia, married, St Paul's Bay).*

This neglect may be harmful as parental warmth towards children and sensitivity towards their needs are lacking. Studies have pointed out that this may even result in the children feeling that the parent is the cause of their harm (Davies et al., 2006). Although some studies point out that members of the extended family can make up for the lack of presence of the parents (Riina et al., 2014), in the case of children of St Paul's Bay this cannot be possible as the extended family lives far away from them.

Children living in neighbourhoods with heterogeneous types of families, tended to emphasise their feelings of inequality more strongly than their parents did. It emerged that the children most likely to suffer from a sense of relative deprivation are those coming from single parent families. As shown in the quotes above, children of single parents drew attention to the fact that when the father is not contributing to their material needs they feel that the father does not love them. When parents buy things for their children, they want to convey a message that they do not want their children to be inferior to other

children and this transmits feelings of pride in the children. On the other hand when the father does not cooperate over the welfare of his children, they feel that they are unloved and neglected. The fathers are expected to express their sense of attachment to their children through material gifts to them. Although expressing attachment through gifts occurs in several countries including Anglo-American countries, this material expression is a particularly strong feature in Maltese society. Apart from the monetary value that the gifts from the father to the children have, the symbolic value of the gift is equally significant and is considered by the children and the mother as an expression of love and care. If the father lacks empathy towards his children, this exerts a negative impact on their health and wellbeing.

On the other hand, Ritienne's children describe their mother's new partner as caring and attentive to their needs and that he is a much better father than their biological one. They explain how relieved they feel that their father does not live with them any longer, since their mother's partner is more loving and generous. The eldest daughter, Mariah referring to their mother's partner, states that, *'He buys us food, clothes, pencils, copybooks for school and when we go out he buys us sweets!* This clearly supports the argument that material contribution is clearly a demonstration of attention and dedication which can transform into love. In a heterogeneous neighbourhood with low levels of normative social capital, there are no judgemental attitudes towards extra-marital relationships, so Ritienne's partner was not inhibited to step outside the conventional norms of wider Maltese society and show affection to his partner's children. On the other hand, children like Hayley and Leon are suffering from this lack of social control in the community, since their father is free to act neglectfully towards them. This means that children living in a neighbourhood with low social capital and lack of social control may either benefit or suffer.

Thus in this research we observe differences between the children's attitudes towards their mother's marital status which vary according to different neighbourhood environments. If these observations represent the general situation in the study areas, then across different neighbourhood environments, the ideal marital status is being transmitted differently to children and teenagers. It emerged that children and adolescents I spoke with in Valletta prefer that their parents remain in an esteemed, stable, married union and do not wish that their parents break up. This wish is strengthened by members of the

extended family, who do all they can to avoid a marriage breakdown within their family. Religious norms are also being transmitted to and are influential upon the children and adolescents of Valletta. For those I interviewed in St Paul's Bay, where there is little social control or judgemental attitudes with respect to inhabitants, children's wellbeing depends solely on the father's individual attitudes of care and affection in the family. The neighbourhood and the extended family play a minimal role in conditioning the behaviour of teenagers.

The interviewed children living in single parent families in Cottonera seem to describe their experience of their family status in a much more positive way than do the children living in single parent families in Valletta and St Paul's Bay. The latter experience feelings of inferiority when they compare themselves to other children in united families. Those of Cottonera feel that they fare better when they are living without a man in the household and thus are living more serenely.

On the other hand, according to the children I communicated with in Valletta, when the mothers may not have a supportive husband, the extended family steps in to help and indirectly controls the mother from finding another partner. This also continues to strengthen the idea of loyalty to religious norms and a sense of honour prevalent in a Mediterranean culture. However, members of the extended family also feel that the emotional and financial support they give to the mother alleviates her burden and safeguards the wellbeing of her children. Although the social control from the extended family in Valletta may seem oppressive for the young mothers, it proves to be beneficial for the children and teenagers as the mothers are encouraged to prioritise their maternal role and invest in better care of their children.

Another aspect, narrated by the children of St Paul's Bay, was their preference for living in a neighbourhood where social interaction and support are present. This clearly goes against the needs of their mothers who chose the neighbourhood of St Paul's Bay for its anonymity. Therefore, neighbourhood health determinants may be contingent not only on the varying area attributes but also on the varying experience of the same place by individuals from different generations. One of the findings in chapter 4 showed that social capital has its 'dark' side and that some mothers moved out of a neighbourhood high in social capital in order to improve their health and wellbeing. In fact, Norma and Sandra

feel that their wellbeing has improved since they moved to St Paul's Bay, but are not so sure about the wellbeing of their children. They are concerned that the environment in St Paul's Bay is not as safe as that of their native village. This is because it is also hard for them to know about their neighbours' family background, so they can never tell what type of children their children play with. In her native village unlike in St Paul's Bay, Norma would know with whom her daughter is playing as in her village everybody knows one another. As the population of St Paul's Bay is multinational, she fears that her daughter might become the target of sexual abuse. Due to anonymity and lack of trust in the neighbourhood, children hardly move around, because they do not know other children living there, or because their parents have not yet developed a sense of trust in the neighbourhood.

*Norma: Because before [in her native village] she used to go and play outside, but here I don't let her go out. A number of Arabs live here and there is a sort of an alley which leads to a field from where many African immigrants pass.. it is not because I am a racist but you know how these people are...because even of what you hear. They do this! They did that and she is quite physically developed... so that is why I don't let her play outside except in front of the house.*

*Researcher: And can she play outside at [mother's native village]?*

*Norma: Yes at [mother's native village] I let her.. (Norma, Single mother, St Paul's Bay)*

*Hayley: Because at [her mother's native village] I know every nook and cranny, for example if you tell me go there, or for example you ask "Do you know where that place is?" I'll tell you "Yes", because I've been all over the place at [her mother's native village] which means I know it [her mother's native village] inside out.*

*Here you can't do this. Although one makes friends, one cannot say, "Let's go to McDonald's or the playground. (Hayley, Norma's daughter, St Paul's Bay)*

Several interviewed children of St Paul's Bay explained that they do not find the anonymous neighbourhood where they live agreeable and prefer the neighbourhood environment of a typical Maltese village where their grandparents and relatives live. The traditional village environment attracts children because it offers them opportunities to

play outside the house with other children they know. Traditional neighbourhoods in contrast to St Paul's Bay, offer much more independence to children to use local facilities like playgrounds without being supervised.

The strategies that the parents adopted by moving to a seaside location at St Pauls Bay in order to improve their wellbeing, do not necessarily benefit their children. The children and teenagers are not appreciating this move and would like to go back to their parents' traditional town or village as they can see that children and teenagers who live there enjoy a better lifestyle. The decisions taken by the parents are not always the best for their children, who yearn to belong to a bonded community and interact with peers and people they know. Children and teenagers are in need of social cohesion and social belonging as it is beneficial for their wellbeing.

Sandra, who used to live in a village, states that her daughter who is sixteen, misses her friends and the typical neighbourhood environment of her native village. Her daughter frequently travels by bus to visit her friends and socialise with them, as in St Paul's Bay she finds it impossible to form friendships.

*My daughter still misses [her native village], probably also because she still has her friends there and very frequently she goes to visit them. (Sandra, married, St Paul's Bay)*

Zac also enjoys visiting his mother's native village, *'I don't like St Paul's Bay. I like [his mother's native village] because I meet my cousins, my grandparents and my aunts and uncles. We can play in grandma's garden and even in the village square. I also enjoy going to [father's home town] where we meet my father's friends, who are very fond of me. We eat together and spend every Sunday morning with them. (Zac, Lorenza's son, St Paul's Bay)*

Antonia's sons do not want to mix with the children residing in St Paul's Bay. They train with the football and basketball teams from other localities, and they do not go to swim in St Paul's Bay which is very close to their house. Instead they prefer to go to another seaside location where they can meet members of their mother's family. The children complain that in St Paul's Bay there isn't a proper parish feast and there is no sense of community spirit that gives them a sense of belonging. In Antonia's native village, there

is a whole week of festivities to celebrate the village feast. For them this is the best time of the year.

*We wish we could live in [mother's native town], where we could be close to our relatives, we could swim and also enjoy the feast. We feel so happy there, unlike here! (Diane and Luke, Antonia's children, St Paul's Bay)*

Roseanne's children, too are unhappy living in St Paul's Bay and would like to change their house and move elsewhere. Leon complains that the flats in St Paul's Bay are too small and the space is too confined, compared to the houses in his grandmother's village. He feels that the houses in St Paul's Bay are claustrophobic and wishes that they could move to his grandmother's village. Leon and his brothers state that it is very hard for them to make long-term friendships as the people in the neighbourhood are always changing. They also state that it is hard to communicate with children who can neither speak English nor Maltese.

*The flats here are like matchboxes... with whom can we make friends... we cannot understand their language (Leon, Roseanne's son, St Paul's Bay)*

This shows that the children of St Paul's Bay yearn for a neighbourhood where they can experience social interaction and neighbourhood cohesion as they are aware of the benefits that these have on their health and wellbeing. In fact all the interviewed children wish to leave St Paul's Bay and settle somewhere else on the island.

This section shows the tensions and struggles between children and their parents for whom the home environment does not impact on wellbeing in the same way. In this research children and parents voiced conflicting opinions on how the neighbourhood is influencing their wellbeing. Furthermore, children of St Paul's Bay feel disadvantaged when compared to children from other traditional neighbourhood who can enjoy social interaction and cohesion. Children in Valletta like their parents are experiencing social control. This is related to the marital status of the parents within the norms of the Roman Catholic Church. At times this social control can be beneficial for the child, while at other times it can cause experiences of bullying and social exclusion for the children. Children in Cottonera unlike those of Valletta are not experiencing bullying or social exclusion due to their parents' separation. Actually, they are happy that their mothers left their fathers and are living in an environment free from disputes and litigation.

## **6.2 The social processes which enhance education as an aid for social mobility in the neighbourhood**

This second section will consider another aspect of trade-offs made by parents and children by focusing on education and social mobility in the neighbourhood. It will analyse how certain neighbourhoods are driving mothers to instil in their children an aspiration to succeed educationally, in contrast to the prevalent neighbourhood norms. This will enable their children to break with the traditional norms and experience social mobility which their parents did not achieve. This section will also analyse how other neighbourhoods are limiting the mothers' efforts to help their children to pursue further education and find adequate employment.

In this section it will also be interesting to analyse the neighbourhood's social and cultural features as well as the parent-child interactions and mechanisms that may increase social mobility instead of regenerating poverty. This section will also highlight how aspects of disadvantage within the neighbourhood context are transmitted to children. The choices and negotiations that children and adolescents make will also be linked with the effect of resource-based social capital in the neighbourhood community and its influence on education as the mechanism for social mobility.

Research has found that parental influence (Allen, 2011; Field, 2011), family environment (Plug and Wim, 2003) and school quality (Card and Krueger, 1992, 1996; Hanushek, 2002) are crucial for the impact that education can have on a child's development. However the effect of neighbourhood conditions on the intergenerational transmission of the importance and value of education is less clear (Durlauf, 2004). However, Patacchini and Zenou (2011) state that there is a general consensus that where children grow up is determinant to the child's educational success.

In Malta, as in many other developed countries, education is provided freely for every child. This is bound to help children to achieve their full potential educationally no matter from which background the children are coming. Yet, it has been proven by research that deprived children tend not to succeed as well as more privileged children (Solon, 1992; Corcoran, 1995; Bowles and Gintis, 2002; Hertz, 2005; Mazumder, 2005). Other



empirical research in America has also found the strong relationship of low educational attainment and early school dropouts in poor neighbourhoods (Ainsworth, 2002).

Some parents in Valletta who lack financial means are finding it harder to invest in their children's schooling than other parents in the same locality. This is because the majority of parents in Malta send their children to state schools found in their native town or village, but parents in Valletta are not following this norm. In Valletta, parents whose children attend state schools are encountering difficulties with regards to the unruly behaviour of some other students attending the same school as their children, which is resulting in frequent bullying and low educational attainment.

Tracey, who is the only respondent parent who sends her son to a state school in Valletta, is worried about her son's wellbeing as he is being continuously bullied. She confides that this situation has become very stressful for her as she has to accompany her son to and from school every day in order to protect him from the bullies who even in her presence, dare to assault him.

*They were hitting him and when I went to stop them they spat in my face. They are so horrid. I pity my son because he has to endure their presence every day.  
(Tracey, married, Valletta)*

Several mothers in Valletta narrated of the frequent cases of aggressive behaviour of primary school children. This is supported by Tania who recounts how her eldest son was being bullied by his fellow students. She describes that once they grabbed him round his neck and tried to throw him downstairs from over the staircase railing. Tania explains that her son hit back strongly to stop them. She adds that aggressive behaviour is common at the state schools in Valletta and those children who are timid and vulnerable would surely suffer. She is in fact glad that her youngest son Luca is able to defend himself.

*Luca: At school if they tease me, I stand it once, twice, three times, but then it's too much and I start hitting them.*

*Tanya: He has now learnt how to defend himself.*

*Luca: There was a boy who ended up with a black eye with my punching. (Tanya and Luca, Valletta)*

On the other hand, other respondent parents in Valletta, because of the interaction of gatekeepers who daily frequent the city, have realised the importance of education. After observing and experiencing bullying and aggressive behaviour taking place in the state schools in Valletta, many mothers have understood that if they want their children to attain their full potential, it is necessary to attend schools outside Valletta, where their children can interact with other students from other localities with a better family and neighbourhood background. Thus this move will help students from Valletta achieve better education and better opportunities of success than their parents did. Similar to what Patacchini and Zenou (2011) found, that educated parents want their children to be like them, while uneducated parents spend their time trying to help their children take differing pathways from them and educate themselves. The respondent parents in Valletta, in contrast with those of Cottonera, on seeing the value of education have realised that the success of their children is of utmost importance. Indeed, Hartas (2015) explains that even when children have the same cognitive and educational level, the probability of success depends on the parental decisions and choices within their familial and social background. Moreover, when compared to the parents of St Paul's Bay, mothers in Valletta show greater aspirations for their children to succeed educationally. In Valletta, processes of normative social capital encourage parents to influence each other to adopt strategies towards educational success. This custom has become so popular that those who abstain from sending their children to a school outside Valletta are being regarded by other parents in the neighbourhood as unambitious for their children to succeed.

Mothers are aware that independent and church schools cater for students from diverse neighbourhoods with relatively few pupils coming from deprived environments. This means that children are likely to achieve more educationally because of little classroom disruption and because of interaction with children from privileged neighbourhood backgrounds. Parents in Valletta are so much influenced from the neighbourhood processes, that they are sending their children to schools outside Valletta in spite of the added expenses incurred by the daily transportation to and from school. Marouska narrates that she has to drive her sons to and from school every day to a state school outside Valletta as she does not want them to mix with children from Valletta.

*Marouska: I do not send my children to the school in Valletta. I send them to [another locality half an hour drive away].*

*Researcher: Why?*

*Marouska: Because there are a lot of children down here [in Valletta] ... the type of children who are always running about in the streets. Children who have nits in their hair, who are very dirty. How can I send my children to school with them! (Marouska, married, Valletta)*

The parents of Valletta showed that they value education and that is the reason why they are sending their children to better quality schools outside Valletta. In fact Bisin and Verdier (2001) portray as altruistic, parents who try to maximise their children's future.

Nathalie, one of these mothers from Valletta, shows her determination for her son to succeed by sending him to a private school even at primary level. One of the strategies that Nathalie took in order to enhance the educational opportunity for her son was to engage herself as an unpaid cleaner in the same school.

*I offered to work as a cleaner in the same school on a voluntary basis because I didn't have enough money to pay for his tuition at the school. This paid off as he is a very clever and polite student. (Nathalie, married, Valletta)*

Other parents try their luck by admitting their children to a Catholic school where students are selected by a ballot. Attending church schools involves a number of expenses (although less than private schools) which include the cost of books, uniforms and transport. Yet the parents, backed up by the support of the extended family, are often ready to shoulder these financial burdens as long as they see their children receiving a sound education with good moral values.

Miriam admits that being a single parent and sending her children to a church school with the extra costs that this involves, is not an easy task. Yet she is proud of herself that she is succeeding to give a good opportunity to her children even though she is a single mother.

*When using private transport you have to pay and the cost is quite high. The minibus costs me 600 euro a year, then the uniforms are also very expensive, the*

*school fee... everything is so expensive... however, I don't want them to mix with the children of Valletta.*

*Let me tell you... the young one has a lot of reading problems because he took a long time to start talking; now they have helped him. However since I work it feels crazy... I have to stay at work till half past three in the afternoon. I arrive home at half past four because I don't drive. All my money goes to their schooling. (Miriam, annulled single parent, Valletta)*

Nathalie also states that when her son started attending secondary school she went to the extent of choosing the farthest church school on the island, primarily because it enjoys views of the countryside and clean air and secondly due to its distance, reducing the possibility of her son mixing with other children from Valletta. Her son is very happy in this school, interacting with polite students, even though he has to leave home at six o'clock in the morning and return at four.

Another reason for the choice of this specific church school is the school curriculum which caters for various sporting activities. This instils in the children a sense of sportsmanship which is very different from the rivalry observed in many sports clubs in Valletta.

*I used to tell him "think about it" because he had the opportunity to go to any school. There is a church school over here [in Valletta] if he wanted to! Even though I did not wish he would opt for it for a number of reasons; mainly because of the children, because of the environment, they don't have anywhere where they can play; the ground is too small everyone hitting each other...*

*On the other hand in Dingli, it is so open, clean air. What a difference! I felt it! However I warned him that [whereas when studying in a local school] at two thirty he used to be at home... now at Savio in Dingli he finishes school at three and arrives home at four in the afternoon. The thing is that he is involved in basketball. I am really glad that he chose this school. Even though every morning we have the first hassle because he has to wake up early. At quarter to six he leaves home! (Nathalie, married, Valletta)*

A disadvantage which parents from Valletta encounter when sending their children to church or private schools is that many of them are illiterate and cannot help their children with the school curriculum, which is often advanced when compared to that of state schools. Nadia, although content that her son was chosen to attend a church school and not Valletta's state school, fears that he would not be on par in his studies with other students, as she cannot offer him the necessary educational support. She is hesitant to address her concern to the school administration, fearing that her son would be blacklisted. Thus she is constrained to send him to costly private lessons on a daily basis.

*He returns from school, he eats, he changes his clothes and sometimes at two he has to go for private lessons till three in the afternoon. Sometimes, the teacher even charges me double, when he has a lot of homework... ten euro and he stays till four o'clock. But what can I do? Send him to school without homework? If he goes without homework he has to stay inside for break time.*

*When I compare his work with that of a state school it is clear that in his school they move at a faster pace. The thing is that I cannot help him as I am not literate. I only went to school up to when I was twelve years old. That's why I can't read either in English or in Maltese... So I cannot help him. (Nadia, separated parent, Valletta)*

However not all state schools in deprived areas are considered to be associated with antisocial behaviour. The parents living in St Paul's Bay feel that their children are benefitting from the fact that they are attending the state school of St Paul's Bay. This school caters for multi-ethnic children and exposes them to a number of languages. For this reason, the government has invested heavily in this school and the children are taught informally with the help of many resources available in the school.

Lorenza is glad that her son has become fluent in English and has even learnt some basic words in other languages. With this interaction of multi-ethnicity amongst children there might be a decrease in the high levels of xenophobia and lack of trust present amongst the adults in St Paul's Bay.

*Recently instead of telling me 'Thank you' he told me 'Spasibo' and I told him 'What are you telling me?' and he told me 'Thank you in Russian'. (Lorenza, cohabitant mother, St Paul's Bay)*

Antonia, points out that the children of St Paul's Bay are receiving a good level of education in their local state school in comparison to other children living elsewhere, whose parents have to pay money to send them to church schools and private schools in order to grasp the English language.

*I am really glad that my children have become very fluent in English. It is very important as many Maltese children do not go to university because of their poor command of the English language. So our children, going to this school, are quite lucky. (Antonia, married, St Paul's Bay)*

Antonia, Deborah and Lorenza narrate how happy their children are while attending St Paul's primary school. They narrate that every morning during assembly the children sing and dance.

*It's like a concert; we sing the 'Gamgam style', or 'Frozen song' or when its Christmas time 'Jingle Bells'. It's really fun to start the day at school this way! (Faye, Deborah's daughter, St Paul's Bay)*

We see that the idea of multi-ethnicity in the neighbourhood is viewed by mothers in both a positive and a negative way. Although as seen in chapter 4 the parents in St Paul's Bay do not feel bonded to their neighbours because of the multi-ethnic population in the neighbourhood, they are feeling glad about the multi-ethnicity at school since their children are being exposed to foreign languages, English in particular, which is considered important for their success.

The state school in Cottonera is similar in its environment to that of the state school in Valletta. In Cottonera, due to lack of gatekeepers, lack of services and financial means, parents are constrained to send their children to the local state schools. The children themselves expressed an ardent wish for their local schooling system to change for the better. Although many of the interviewed children have narrated instances of bullying and aggressive behaviour, the parents of Cottonera are helpless in addressing this problem, and do not have the means to seek further help for their children to succeed educationally as the parents of Valletta do.

Although the mothers of Cottonera have shown that they are capable of negotiating and acquiring good welfare benefits through single motherhood, they are not showing the

same determination to negotiate their choices towards their children's educational success. This may be partly due to the fact that education is not given priority in the locality. It may also be because the normative social capital between single mothers is having a cocooning effect on them and is inhibiting them from moving outside the neighbourhood in search of better educational opportunities for their children. The limited transport services are also hindering the mothers from taking the decision to choose a better school for their children outside Cottonera.

Of all the interviewed mothers from Cottonera, only Patricia showed concern about what is happening at her child's school. She states that the majority of the children in her daughter's class, aged between six and seven years, are violent. Patricia says that in the playground one boy shoves and pushes other children from the swing and punches them in their stomach, while another girl shouts in other children's faces in a bullying manner. A boy in this school, whose brothers come from three different fathers, enjoys hurting others. Many of the others have family members who have been arraigned in court for theft and drug abuse. Patricia observes these children before and after school time and comments that their behaviour is one of spite and of taking pleasure in hurting others. In Patricia's opinion they are imitating their father's attitude towards their mother.

*Patricia: Children here show you what they can be up to from a tender age. And I say "Oh my God I think he is going to be a devil" Do you understand? Because the way they play and the way they walk makes you realize what type of children they will be; rough and full of spite.*

*Megan: They are that type even during play, they want to have their own way all the time, for example they wouldn't hesitate to topple me over when I am on the swing. They hit you, push you, kick you and even punch you. (Megan, Patricia's daughter, Cottonera)*

For these reasons Patricia's daughter does not mix with her schoolmates as she is afraid of them and during break time she only plays with her younger brother who attends the same school. The mother is concerned that her daughter's self-esteem is being negatively affected yet she does not consider sending her children to a school outside Cottonera.

From the interviewees' life experiences it emerged that the value of education in Cottonera is so low that many parents wait anxiously for the time when their children can

leave school to start work and earn some money. This mind-set is greatly undervaluing education and the opportunities that children are offered when they attend school. Even worse is the attitude of the interviewed mothers with regards to the education of their daughters. They believe that a woman's place is in the home bearing and rearing children and there is no need for them to invest in their daughter's education, transmitting the message that girls need not aspire for adequate employment. As it was found in other studies, this not only limits employment opportunities but also creates a lack of inclination to return to work after having children (Johnston and Lordan, 2014).

In her narrations Ruth exhibits the traditional type of mentality which is widespread in the neighbourhood. Ruth expresses doubts about her daughter's ability to reach O' level standards in her education. It is not due to lack of potential on the part of the daughter but due to the above mentioned culture which perceives post-secondary education as irrelevant for girls.

*We are not that type! We are not the type of people who sit for O levels and obtain certificates. It is impossible for us, it is even unthinkable. (Ruth, Charmaine's mother, Cottonera)*

This is lowering Charmaine's self-esteem and limiting her determination to reach her goals and succeed. However, Charmaine explains that she uses all her resilience to go against the current and strives hard to obtain good exam results. She states that it is only with the help of the school counsellor and the subject teachers that she can defy the norms. Such gatekeepers, who can help her and guide her in her educational attainment are seen to be few in Cottonera.

*You see what annoys me about my neighbourhood. They discourage you, they never motivate you to continue your studies. I have no one in my family or in my neighbourhood who can direct me. I cannot ask my sister to tell me about O levels because she never sat for any O' levels and neither can I ask anybody in these whereabouts. (Charmaine, Ruth's daughter, Cottonera)*

The experience of Charmaine is a clear example of how much the normative social capital amongst women has protective features which are limiting the ambitions of girls who are willing to strive against the norms. The mothers in Cottonera are transmitting the message



that the dependency on welfare benefits is the norm and those girls or women who aim for a career are considered misfits in the neighbourhood.

Kimberly regretfully confides that she and other girls in her neighbourhood found nobody to direct them in their choice of a decent career. Now that she is working as a cleaner in a school, she realises the importance of education. In fact she is saving money to start a hairdressing course with the intention of having a better future job. This shows that there are examples of women like Kimberly who show resilience and aspire to succeed in life. Kimberly is also convinced that becoming a hairdresser would permit her to become independent and enable her to experience social mobility.

*Kimberly: Now I have to save enough money to follow a hairdressing course. I wish it will not take me long to start this course.*

*Researcher: Are there any of your friends who would like to follow this course too?*

*Kimberly: No, none of my friends are interested, because they are either engaged with a boyfriend or living with a partner. No my friends are not interested. I regret that I stopped going to school but my mother had advised me to find a job as a cleaner. So that's what I did. (Kimberly, Rose's daughter, Cottonera)*

This amply shows that notwithstanding the norms, some teenage girls do have the determination and will to work hard to realise their ambitions. Charmaine says that sitting for her O' level exams makes her feel superior to other girls in Cottonera. Nonetheless, she is aware that when she compares herself to other schoolmates coming from other localities, she feels inferior to them. She blames this on the fact that she does not enjoy the support and the motivation of her family and neighbourhood as her schoolmates do.

*There is a big difference between my schoolmates and myself. Their parents drive them to private lessons, are strict with them regarding their studies, even not letting them go out during the weekend. Here the parents behave in the opposite way! (Charmaine, Ruth's daughter, Cottonera)*

Many young people in Cottonera today seem to be trapped in a vacuum as they seem to expect that low skilled jobs would be within reach as was the case for their parents in the

past. Their parents, not having had any work experience outside the dockyard, do not direct their children to find employment outside Cottonera and neither do they instil any motivation in them to further their studies in order to find a suitable job. This corresponds with the model of Jencks and Mayer (1990) of collective socialisation whereby inhabitants weigh their options of finding employment opportunities in relation to their family, neighbours and peers in their neighbourhood. Recent research from Canada and US has analysed how parental unemployment has a long lasting effect on children's outcomes (Oreopoulos et al., 2008; Stevens and Schaller, 2009). Moreover, Blanden et al. (2007) found that low wages and lack of income remain persistent across two birth cohort studies in Britain and affect children's education which is also the driver of social mobility.

Liebow (1967) argued that a primary determining feature of a deprived neighbourhood is that each generation faces the same lack of economic opportunities, the same discrimination and the same economic frustration as the one before it. Moreover, Wilson (1996) explains that where joblessness is rampant, everyday life, common norms and behaviours are altered. As explained in chapter 5 this joblessness in Cottonera was experienced because of the mishandling of the dockyard, leading to partial closure and privatisation. Similarly to the case of Cottonera, Gregg et al. (2012) analyse the effect of recession of the 1980s in the UK and the effect of industrial closures that led to unemployment amongst low paid workers. They further found out that the recession impacted directly on children's expectations and efforts at school.

Cottonera is devoid of resource-rich individuals since they left at the first opportunity of better employment elsewhere on the island. Those who remained behind were only manual workers. So young people in Cottonera are left with few role models who could help them shape their future. Moreover, the adolescent young men witness their fathers or uncles who, being ex-dockyard workers, are now idle, having opted to have their jobs terminated against the payment of benefits and grants. This generation of early-retired men who have nothing to occupy themselves with, offer little motivation to these young men to find employment. Similarly Baron et al. (2008) from their study on data from Australia explain that young people's attitudes towards work and welfare are shaped according to the type of socialisation within their familial neighbourhood environment. They further explain that '*growing up in families or in neighbourhoods, heavily reliant*

*on social assistance, alters children's preferences by weakening their work ethic and reducing the stigma associated with welfare receipt' (Baron et al., 2008, p.2). This can also explain why workmen in Cottonera are portrayed as lazy, further tainting the image of the neighbourhood and decreasing the opportunities that could be provided by outside investors.*

Young people, knowing that there are no employment opportunities in Cottonera, are experiencing a sense of helplessness and a lack of aspiration in life. A sense of discouragement prevails throughout the adolescent's narratives. In fact, Rose's son explains that he would feel guilty taking money from his mother to sit for the O' level exams when he assumes that he would not pass.

*Taking money from my mother to pay for my O levels would be money down the drain. (Gilmor, Rose's son, Cottonera)*

Where and how children are spending their free time is another important aspect which emerged from the findings. It was observed that the decisions that the parents take are gendered and what is permitted for boys may not be permitted for girls. For some parents in Valletta it has become quite an obsession not to let their children mix with other children in their neighbourhood. In fact not only do they send their children to different schools outside Valletta, but they also prohibit them from taking part in extra-curricular activities held in their neighbourhood.

Jane, Shyesidine's mother goes to the extent of sending her daughter to attend religious instruction in a different community. She does not permit her daughter to attend any extra-curricular activities held in Valletta. Furthermore she and her family never frequent the seaside beach in the vicinity which families from Valletta frequent.

*No I only send her to extracurricular activities outside Valletta and to doctrine sessions in a different parish so that there won't be the chance to meet with delinquent children! (Jane, married, Valletta)*

Similarly, Nathalie accompanies her son to practise basketball, a sport which is not very popular in Malta, with the sole aim of not letting her son practise football which is the most common sport amongst the residents of Valletta. She fears that her son's enrolment with the Valletta team would entice him into antisocial behaviour.

*I never wanted him to train for football as here they are fanatics and I'm afraid that he would end up with children older than him who are not our type. So he started basketball and I take him to [the location of a stadium] even though it is far away but my mind is at rest. (Nathalie, married, Valletta)*

On the other hand parents who are involved in cultural activities in Valletta are transmitting a love of place to their children and are helping to instil in them local involvement and the germination of social bonding and cohesion. The boys I spoke to in Valletta are very much involved in their community, such as in the feast of the patron saint of their parish, in sports, in extracurricular activities, in carnival and in the harbour regatta (as seen in figure 4.1). In fact a research on adolescents in the United States indicates, that depending on the parental, cultural dominance, incentives are transmitted to children to socialise in the neighbourhood which in turn improve their attainment (Patacchini and Zenou, 2011)

Luca, who is fifteen years old, explains that he attends rugby training sessions twice a week and along with his father helps in the construction and decoration of carnival floats. In summer time when the feast of the patron saint is approaching, he helps to decorate the street with lights and banners.

*I am involved in a number of activities. I decided to take Physics and Maths private lessons, I go to art classes because I really enjoy painting and I play rugby at Marsa. I help in building carnival floats and give a helping hand in the feast decorations. (Luca, Tanya's daughter, Valletta)*

*He is involved in many activities, they keep him away from delinquent behaviour or from other addictions. He is not interested in girls, he is still too young for that. (Tania, Luca's mum, Valletta)*

Meanwhile, Isaac who would like to become a chef, spends a lot of time cooking with his grandmother who shows him how to cook new recipes when his mother is at work. He also enjoys sewing flags and banners to decorate the streets for the feast of his parish.

*I cook a lot. My grandmother teaches me. Let me tell you two good recipes...*

*During summer time we're very busy, going about with the mini crane fixing street decorations...(Isaac, Maria's son, Valletta)*

*I am content that he is very much involved in the parish and all the time occupied with something to do. As Isaac is hyperactive, this helps him to avoid errant behaviour. I always advise him to pay attention. Isaac is impulsive so my concern is about what may happen if he starts dating girls. I always advise my son to enjoy his youth, never to take drugs and to start a family when the time is right. (Maria, Isaac's mum, Valletta)*

From Isaac's narrative one can observe that social capital is so ingrained in him that he was ready to exchange his recipes with me as the researcher. Furthermore, the supportive presence of the extended family and the presence of gatekeepers in Valletta generate high levels of bridging ties. Here, in contrast with the other two neighbourhoods, the investment of the elderly in the younger generation is clearly experienced by the research participants and is positively affecting their wellbeing.

Children and adolescents in St Paul's Bay, like their mothers in some cases, are finding the open green and blue spaces therapeutic and this is enhancing their health and wellbeing. In fact Matthew, who is 15, and Leon, who is 14, both from St Paul's Bay spend their time going for hikes with their family, for walks with the dog in the countryside and swimming. However, in St Paul's Bay, since the parents are not much involved and bonded in the community, a sense of social participation is not being transmitted to the children. These teenagers are engaged in activities carried out on their own or with their family, thus lacking social cohesion and interaction with others in their neighbourhood.

*I enjoy watching football on television, I also take my dog and we run about in fields nearby and in summer I like to go swimming. (Leon, Roseanne's son, St Paul's Bay)*

*What I enjoy most is when my sister downloads a film and we all watch this film together eating popcorn. (Matthew, Antonia's son, St Paul's Bay)*

*I enjoy fishing in our dingy, me and my father, or swimming with my mother every day and eating an ice-cream from the van by the sea (Zac, Lorenza's son, Valletta)*

Perhaps because children and adolescents in St Paul's Bay are not interacting with other children in the neighbourhood, none discussed with me any antisocial gang behaviour. On the other hand, in Valletta and Cottonera, due to the daily social interaction, the children and adolescents in their neighbourhood, my informants, frequently recounted the presence of anti-social behaviour.

In Valletta the presence of adults as responsible leaders of group activities where teenagers are involved serves as a means to control antisocial behaviour whereas in Cottonera the absence of adults as organisers of activities for teenagers in the community permits antisocial and deviant behaviour amongst teenagers. This lack of bridging persons is creating a contrasting scenario where the teenagers of Valletta are enjoying a sound social life while those of Cottonera lack direction and motivation and when they meet, they hang around in bars. Latvala et al. (2015) explains that antisocial behaviour is closely linked to substantial hardships experienced in the family and is a major societal public-health and safety concern. In Cottonera, the extended family, which itself often needs support, offers few guidelines to these young people to keep them 'on the right track'. Fathers too, are not investing in their young sons to help them move out of the cycle of poverty and unemployment and instil in them feelings of social mobility. From the experiences of boys I spoke to in Cottonera, it is clear that the neighbourhood social processes are affecting them negatively and are even triggering early deviant behaviour. Several teenage boys exhibit a strong sense of masculine pride which leads them to copy the macho behaviour of adult males in the neighbourhood. These young lads start getting addicted to smoking and drinking at an early age.

*Gillmor [while smoking a cigarette]: My dream is to have a motorcycle to go out with friends, with girls riding at the back. I would like to join a biker group of about fifty guys! That would be fun!*

*Researcher: How long have you been smoking?*

*Gillmor: I've been smoking for six years, since I was ten,*

*Researcher: Why?*

*Gillmor: Listen I wanted to be cool! Like my friends, and now I can't do without them. My friends do take a joint, especially in the company of girls, but I don't.*

*At times they offer me to smoke weed, but I tell them I am fine with cigarettes!  
(Gilmor, Rose's son, Cottonera)*

This shows that social cohesion amongst adolescents in Cottonera is helping to form groups with antisocial behaviour. Yet in the neighbourhood of Cottonera I spoke with a few teenage boys, who are the eldest siblings living in a single parent family, but who are taking different pathways to those previously described. These cases show that sometimes teenage boys are able to be independent, and take more responsible attitudes by not following the typical behaviour of men in the neighbourhood. These teenage boys stated that with the help of teachers at school they decided to adopt the opposite route that their fathers had taken. They want to succeed in life, setting for themselves clear goals which they strive to attain. They study hard at school so that their results can earn them a good employment. Furthermore, they see that a good job would enable them to get out of the circle of poverty. However, the experience of going against the norms is not an easy one. Kevin, one of these teenage boys goes to great pains to disassociate himself from his peers in the neighbourhood. He makes no friends in Cottonera and does not participate in any activity taking place there.

*Kevin: What irritates me about the people and the children of my neighbourhood is the fighting that occurs here. Bad company! They call each other names, make offensive remarks, insult their mother and father.*

*I prefer to stay on my own during breaks and I do not hang around with boys from my neighbourhood as their behaviour upsets me. Most of the time during break I go to the library where I do my homework and study, so that when I arrive home I can help my mum and also carry on with my studies. (Kevin, Ruth's son, Cottonera)*

*Ruth (Mother): As I know that he would like to carry on with his studies to become an interior designer, I will try to do my best to help him attain his dream. (Ruth, separated single mother, Cottonera)*

Islem, like Kevin, avoids playing and interacting with his peers. This also resonates with certain research on African American neighbourhood communities which points out that for some children in low income families there may be more benefits if they have weak attachments in the neighbourhood community (Patillo, 1998; Caughy et al., 2003).

*Islem: Because one is rough, the other is always calling names and the other is annoying. So in the morning I arrive five minutes late for school so that I can avoid them and when school is over I am the last one to go out so that I won't meet them....During break time I prefer to stay near the gardener helping him instead of playing with them.*

*Margaret (Mother): Indeed I just bought him plant food to take it with him to school, so that during the break he stays near the gardener. (Islem, Margaret's son, Cottonera)*

Both Kevin and Islem realise that in order to succeed educationally they would need financial means, so in their free time they are ready to give a helping hand at home. Kevin helps his mother with her home employment, which involves assembling toys, while Islem takes over the house chores so that his mother can go to work as a self-employed cleaner. They do this with the intention of saving enough money to help them attain their goals.

*I help her and I know that she will help me in return later. (Kevin, Ruth's son, Cottonera)*

*Islem: I do my schoolwork and when I am ready, I wash the dishes, clear up, sweep the floor and do the laundry.*

*Margaret: Yes he truly helps me. (Margaret and Islem, Cottonera)*

These adolescents, therefore, show a determination to resist the established norms and instead build resilience through their interaction with resource rich persons, such as teachers and leaders of religious societies, who are ready to invest in them and help them succeed. Similar to other studies adolescents can master normative developmental tasks despite their experiences of significant adversity (Masten and Coatsworth, 1998; Luthar et al., 2000). The findings in this section showed that educational processes, sometimes through parental strategies, can create evolution and change in the future of the neighbourhood, yet there may be cultural and parental transmissions that hinder this evolution to take place and in that case the neighbourhood retains its status quo.



### 6.3 Transmission of gendered roles in the neighbourhood

This section will analyse how normative and resource-based social capital, together with local employment history, is influencing teenagers in their respective neighbourhoods, reinforcing social differences between boys and girls. Anglo-American studies such as Black and Devereux (2011) have shown that the norms of the neighbourhood condition mothers to form beliefs and attitudes on gender roles. Moreover, Johnston et al. (2014) explain that mothers' attitudes towards gender roles determine the adult economic outcome of daughters, sons and daughters-in-law which is also determined according to the parents' beliefs about the role of men and women in society. Other studies explain that these gendered beliefs are also linked to the level of educational attainment and labour supply (Fortin, 2005; Farre and Vella, 2013). However it should also be taken into consideration that as Eagly (1987) explains, the societal division of labour creates stereotypical gender roles that make women take domestic roles that emphasise nurturing and compassion whereas men become the 'breadwinners' (Archer, 2009).

I start by considering the experience of *boys* interviewed for this research. In Cottonera, a factor which emerged from the narratives of children of single mother families is that the eldest son takes on the role of the father in the family. This role is adopted even when the son is still in his early teenage years. Therefore, although the mother might be feeling better off when living without the husband, responsibilities which were supposed to be carried out by the father, are being imposed on the eldest son. Gillmor, the eldest son who is barely sixteen years of age, is being made responsible for his siblings' education, when he himself is not furthering his own education. The role of the son is given such importance in the neighbourhood that it supersedes that of a daughter, even if she is the eldest member in the family. Indeed, Gillmor flaunts his superiority over his older sister by advising her on how she should behave towards their younger sibling. The eldest son's role becomes so clearly defined as the responsible male in the family, that his siblings even accept admonishment and punishment from him.

*I do my best to help my mother. I help her by tending to my brother's schooling. For example I tell him, 'You have to read this book and afterwards you can play as much as you like!' I would like him to obey my orders.*

*For example last time when he did not do his work, I had to warn my eldest sister not to spoil him. On her return from work she has the habit of hugging him and kissing him and may even permit him to go out and play without having his work done. This is not the right way to bring up a child.*

*Because I am responsible for my siblings. My sister works and I take care of the young ones. Last time my younger brother ran outside playing with his dog. This made me so furious that I pulled him by his T shirt all along the staircase... because if a car had to hit him, how could I explain this to mum? (Gillmor, Rose's son, Cottonera)*

This sense of superiority which the eldest son exhibits in the family is not only shown in his dealings with his siblings but also when dealing with his mother. In his narrative, Islem, a ten-year-old boy, points out that he is capable of conditioning his mother's behaviour in such a way that she has to abide by his instructions.

*Since my father is away, I am the daddy! If my mother is thinking of starting a new relationship I would firmly stop her, even if I see that she is happy, I would stop her just the same. Because you can't imagine what problems arise when there are step brothers and sisters in the family. (Islem, Margaret's son, Cottonera)*

In the absence of the father and very often with the consent of the mother, the eldest son assumes great responsibilities in the family. He helps the mother with her day to day needs, acts as a handyman in the house, accompanies his siblings to the playground, protects them from bullying outside home and sees to their school homework. Kevin and Jose experience instances in their daily life where they have to take on the role of the father in order to meet the needs of their family.

*Kevin, poor him! If an electric bulb needs changing he changes it. If something breaks in the house, you can see him with the screwdriver in his hand trying to mend it. He reconnects the gas cylinder. He helps me in all my needs (Ruth, Kevin's mother, Cottonera)*

However, this role of a responsible figure can also be felt as a burden on teenage boys and may be a stressful situation at such an early stage in their lives.

*I feel that too much responsibility has been laid on my shoulders, because I have to take care of everything. There are times when I would like to go out with my bike but I cannot as I have to be around to help my brothers and sister. Yet I know that in the near future I will be playing this same role when I'll be a father myself! (Jose, Georgina's son, Cottonera)*

It was observed that these teenage boys are being given two contradictory messages, on one hand they are being encouraged by the mother to transmit values of fatherhood towards their siblings, while on the other hand the neighbourhood is portraying to them behaviours of machoism towards girls.

Jose narrates that he and his friends have intimate relationships with girls and are sexually active. They even exchange girlfriends between them and date two girls at a time. During the interview, Rose, reacting to Gillmor's words, showed disappointment at his response because it showed that gendered dominance and lack of respect towards women is transmitted in the neighbourhood.

*Here all the boys hang around with girls. I don't feel ill at ease in the company of girls. We often crack a joke or two especially when we swop girlfriends. Sometimes I go out with one girl and other times with my friends' girlfriends. (Jose, Georgina's son Cottonera)*

*Gillmor: If I had to date two girls at a time it wouldn't be a problem for me!*

*Researcher: Two at a time!*

*Gillmor: Yes*

*Researcher: Why?*

*Gillmor: Girls are not a problem for me! When one goes, another one comes!*

*Rose: What?*

*Gillmor: Because she asked me about girls and I explained 'When one goes, another one comes' that's my reasoning (Gillmor, Rose's son, Cottonera)*

Willingly or not, the mother is constrained to accept this macho behaviour as in the first place it was she who treated her teenage son as a grown up. However, this lack of control on the part of the mother to discipline her son and to warn him to treat girls respectfully, is not being passed on across generations as women may still be considered as inferior to men in Cottonera.

In fact, Catherine explains that very often she experiences physical violence from her son. He is also aggressive toward his girlfriend. When Catherine admonishes him, he tells her not to interfere in his affairs. This shows the extent of male dominance transmitted in the culture of the neighbourhood. Nivette et al. (2014) explain that social theorists blame aggression according to gender due to culturally determined differences where males are trained to be aggressive and competitive and females to be compassionate and servile with the family.

*When I advised my eldest son to treat his partner well and never to hit her, he scolded me and told me to never intrude between him and his partner. I am not siding with her or with him but I don't want to see any more violence. This is one of the reasons I feel so depressed. (Catherine, separated cohabitant mother, Cottonera)*

The observations above relating to boys can be compared and contrasted with those for teenage *girls* in this research.

It transpired that girls in Cottonera are not treated in the same way as boys in the neighbourhood. Teenage girls who are encouraged by the prevailing norms to start a relationship with a boy during their teenage years, end up being at risk of various forms of abuse such as aggression, violence and unplanned pregnancies. Furthermore, other research from the United States shows that young women who become mothers as adolescents are less likely, compared with women who become mothers as adults, to be successful in educational, occupational and economic attainment, and are more likely to be single parents, to live in poverty, and to be victims of abuse (Wakschlag et al., 1996; Coley and Chase-Lansdale, 1998; Borkowski et al., 2007). This gives a clear picture that the relationships initiated by these girls at such a vulnerable age may be doomed to failure as the relationships of their parents had been beforehand, thus resulting in an intergenerational pattern.

In Malta (as in other countries), socially constructed differences between genders amongst adults in the neighbourhoods are reproduced amongst teenagers and children. Generally, in Maltese culture, girls are treated very differently from boys and social expectations differ according to gender. However, this study revealed variation among study areas. The girls interviewed in Valletta and St Paul's Bay, unlike their counterparts in Cottonera, are more inclined to stay at home and focus their energy on school studies. One can note different reasons for this. The reason why mothers persuade their daughters to stay at home in Valletta is to do with the power of social norms linked to ideas of honour and shame. On the other hand mothers in St Paul's Bay protect their daughters and prohibit them from interacting with other children due to low levels of trust in the neighbourhood, since they do not know the past of inhabitants who come from different countries, and do not know if they can be harmful people or not.

In Valletta, girls are treated in a more protective manner than boys, lest too much freedom might enable them to lose their modesty and thus be dishonoured. While the boys in Valletta enjoy the permission to stay out for long hours, girls are expected to spend much of their time at home. This is clearly linked to elements of social control in the neighbourhood also experienced by the female adults themselves. This level of protection, exercised by the mother was transmitted to her by members of her extended family and is now obliging her to impose rules on her daughter rather than on her son.

Many girls in Valletta spend their time on hobbies that can be practised at home, like doing crafts, designing and making cards, nail art and playing computer games. The only activity they reported taking part in outside home was dancing classes. Parents in Valletta have confided that they feel that the neighbourhood is unsafe and that they do not permit their daughters to go out on their own. Maya, who is twelve years old, participates only in activities organised by the church or by 'Appoġġ' where there is adult supervision.

*She goes to religious classes and she is also involved in activities organised by 'Appoġġ'. They do drama and she gets involved. Now every Sunday, do you know where I am letting her go? Here, in the parish hall they play bingo, two of her friends, twins, go with her; they also go with her to school. First we go to hear mass and then they go to the parish hall. There would be a couple of older people; she stays next to them. Because in winter time there is nowhere to go. I don't let*

*her meet other friends. I don't let her go to the cinema. I don't let her go anywhere. I am afraid that something might happen to her. I don't trust things around here. These days youths know too much about sexual activities, in our times everything was secret... (Pauline, skip-generation parent, Valletta)*

Jane explains that her daughter, Shyesidin, who is 14, does not attend school in Valletta and thus has no friends in her neighbourhood. Jane does not want her daughter to befriend teenagers in the neighbourhood because she believes the good values that her daughter gained at school would immediately be lost when interacting with the teenagers of the neighbourhood. During the weekend she still goes out with her parents since neither her schoolmates go out on their own e.

*As she attends a church school she always has a lot of homework. So she hardly has time to go out. And I feel good about this! (Jane, married, Valletta)*

Jane does not trust all the children from her neighbourhood as they might lead her daughter into trouble. She explains that when her eldest daughter was fifteen, she overheard her conspiring with her friends to fix a date with an older man. Therefore, she is now being extra-vigilant regarding the company of girls her youngest daughter is with. Jane's attitude is derived from neighbourhood norms of honour and shame where women are expected to behave in the manner described as 'marianismo'

Nevertheless, Sunta, Raisa's grandmother from Valletta, remarked that the presence of girls in the street when compared to that of boys is so absent in her neighbourhood that she is worried that her granddaughter, spending so many hours playing indoors on her own instead of joining other children of her age in the vicinity, might become shy and withdrawn.

*She is at home all the time, playing with Playmobil and Nintendo. At times I encourage her to go out to play nearby, but she answers "Please grandma leave me alone, there are no girls outside, only boys". I don't want her to stay indoors all the time, though she can occupy herself by writing on small slips of paper, reading books and communicating with two Italian friends through social media. (Sunta, grand-parent, Valletta)*

Girls from St Paul's Bay included in this study, like those from Valletta, are generally not permitted by their parents to play outdoors with other girls and boys in the neighbourhood. Maria, Antonia's eldest daughter explains that she never goes out in St Paul's Bay and spends her time at home reading, chatting with friends on social media and watching films.

*I never go out with friends from here. In fact I don't know any of the girls from over here! (Maria, Antonia's daughter, St Paul's Bay)*

These children require social skills to succeed educationally which they are unable to develop because of their neighbourhood environment. Such is the case for Maria who having spent her childhood in the anonymous neighbourhood of St Paul's Bay, found it difficult to integrate with other students at university. This shows that a neighbourhood lacking trust and social cohesion affects children in a harmful manner as they lack opportunities to interact with peers and learn social skills that are important in later life.

For some girls in St Paul's Bay, the only interaction they have with peers outside school hours is through their involvement in sporting activities organised in the neighbourhood. In St Paul's Bay, due to its proximity to the sea, many children are involved in swimming. Indeed Deborah, Faye and Tara's mother introduced her daughters to swimming when they were still young and it has now become a part of their daily routine. She explains that her daughters wake up very early everyday to go to swim not only during summer but also in winter. Deborah stresses that sport is an important aspect in the life of teenagers as it helps distract them from deviant behaviour.

*We enjoy it a lot even if it is very cold in winter, we still have fun. We swim from five to seven in the morning and then we wash, change and go to school. (Tara, Deborah's daughter, St Paul's Bay)*

Therefore girls in St Paul's Bay are both gaining and losing because of low levels of social cohesion. They are losing as they are being inhibited from communicating with others through social interaction but are gaining due to low levels of antisocial behaviour and the importance of sports.

A contradictory scenario from that of Valletta and St Paul's Bay is the story of Victoria from Cottonera. Although she is only ten years old, she is neglected by her family,

because of her mother's addiction. After school hours she hangs around with boys from Cottonera instead of going home. This is potentially increasing Victoria's risk of promiscuity and of starting a teenage relationship with antisocial teenage boys in the neighbourhood.

*Victoria: I don't go home after school. Sometimes I meet my friends near the square or near a field. We stay there, we joke, we smoke.*

*Researcher: Are they boys or girls?*

*Victoria: No they are mostly boys.*

*Researcher: How do you feel about that?*

*Victoria: I know that they are much older than I am and that sometimes they ask me to do things which I do not feel like doing. But no one cares about me...they are my only friends. (Victoria, Catherine's daughter, Cottonera)*

In contrast, teenage girls, not having any educational ambitions and being influenced by the neighbourhood environment, may end up following the pathways that their mothers had taken. Johnston et al. (2014) analyse that parents who believe that the woman's place is in the home will not do any effort to invest in the daughter's education. In turn, this will affect their daughter's economic opportunities, the age of getting married and of having children. They often enter a sexual relationship early in life, having no other aspirations than that of starting a family. Their mothers and siblings exert pressure on them to find a boyfriend, lest they might be labelled as unfit for a relationship and might end up being 'left on the shelf'. If they follow a different course it may be met with disapproval:

*She is not like one of us. Have you ever met girls of her age who are not interested in boys? That's how she is! All she wants is to become a chef! (Christa, Ruth's eldest daughter referring to her sister Charmaine)*

*Rose: She is not the romantic type. She is quite a loner. [Kimberly's mother]*

*Gillmor: She does not like to go out. She will be left on the shelf! [Kimberly's brother] (Rose, separated, single mother, Gillmor Rose's son, Cottonera)*



Amanda and Daniela, two interviewed adolescents, described how they are already at risk of single parenthood, after having started a relationship in their early teenage years, as is the custom in the neighbourhood. They have already experienced instances of abuse and maltreatment from their boyfriends. They have little opportunity to mingle with boys from other localities, due to the lack of accessibility and lack of influx of different families, so they end up in a relationship with boys of the same culture and mentality. According to the social role theory, the level and type of aggression is subject to gender differences due to social forces. Research indicates that adolescents who were socialised by parents from this gendered culture will retain a high level of gender polarization (Wood and Eagly, 2010)

The trend of male dominance and abuse prevalent in Cottonera is being passed on to the younger generations. Daniela narrates that her 14-year-old friend goes out with a boyfriend who demands that she takes part in sexual activities, which she is afraid to refuse.

*It is common practice here. My friend who is fourteen has a boyfriend and she was telling me, "If I don't let him [have sex with her], he'll leave me". She even told me "He even hits me", I replied "He is still 15, so what will become of you when he is 20?" In order to have a boyfriend she is ready to be beaten and sexually abused! These are the type of boys over here! (Daniela, Priscilla's daughter, Cottonera)*

Daniela emphasises that certain boys in her neighbourhood cannot stand being rejected by girls. They do not tolerate any refusal from a girl as this hurts their self-pride and machismo. Daniela relates that when a young lad in her neighbourhood asked her to start dating him and she refused, he took revenge on her by grabbing her while they were inside a bar, forcing her upstairs and attempting to rape her. This illustrates how coercion and violence perpetrated by men in the neighbourhood is now being emulated by teenage boys. Priscilla expresses her concern about the harassment which was reported to be common in Cottonera.

*Priscilla: I have to send her brothers with her because you know what happened last time? One of these lads pushed my daughter with force against the wall. He told her, "I want you to go out with me", she answered "I don't want to", and he*

*told her “You have no choice”. And she hit him in his groin. Luckily one of the neighbours was witnessing everything and went to stop him.*

*Researcher: Do you know who he is?*

*Priscilla: Of course we know him. But you can't do anything. They are untouchable. Sometimes I think that the police are afraid of them. The situation has got to the point that instead of these delinquents fearing the police, it is the police who are afraid of them. (Priscilla, separated cohabitant mother, Cottonera)*

Sampson and Wilson (1995) argue that neighbourhoods such as Cottonera, lacking structure and social organisation, render the residents less willing to monitor the activities amongst teenagers and report antisocial behaviour. However, it is arguable that in neighbourhoods like Cottonera, a high degree of normative social capital among residents may co-exist with a low social control of antisocial behaviour. This is due to the neighbourhood social control and social processes being so strongly gendered and male dominant, that women find it impossible to exercise social control on the opposite sex.

#### **6.4 Conclusion**

In this chapter we have seen that the experiences of adults and children, even though they belong to the same family and neighbourhood, differ from each other. Therefore one cannot assume that the neighbourhood influences the inhabitants of different age groups in a homogeneous and consistent manner. Rather, the influence of neighbourhoods on individuals is a dynamic and contingent one.

What is considered valuable and beneficial for the adults' wellbeing may prove to be detrimental for their children and adolescents, while on the other hand, the neighbourhood processes which are being experienced negatively by adults may turn out to be beneficial for children and adolescents. This argument is demonstrated by a number of examples from the findings. The first example is that of single mothers in Cottonera who are enjoying normative social capital but may be lacking resource social capital and proper education from their children. Another example is that of adults in Valletta who are enjoying social capital in their neighbourhood but through their decisions they may be

preventing their children from mixing with other children in the neighbourhood, out of fear that they may adopt antisocial behaviour and lack educational aspirations. Thirdly, one finds the parents who moved to St Paul's Bay to enjoy anonymity but at the same time may be limiting their children from social interaction. Furthermore, it emerged that social control imposed on the mothers in Valletta by the neighbourhood and the extended family to conform to religious norms and remain in a married union but, may speculate that this is beneficial for the children's wellbeing. In St Paul's Bay where multiculturalism is regarded by adults as the cause of lack of bonding and trust in the neighbourhood, children find multiculturalism beneficial since they are being exposed to different languages especially English.

Furthermore, there are norms in the neighbourhood which adults adhere to but which some children and adolescents oppose. Some adolescents in Cottonera are doing their utmost to succeed educationally, acquire a good job and go against the norms in order to move out of the prevailing cycle of welfare dependency and poverty. On the other hand certain gendered norms such as '*machismo*', '*marianismo*' and the idea of honour and shame, which are dominant in a Mediterranean culture, are still being transmitted within the neighbourhoods under study. This explains that traditional attitudes continue to shape social norms in neighbourhoods such as Valletta and Cottonera. These norms distinguish countries like Malta from other contemporary societies where gender roles are not so traditionally framed.

In a neighbourhood where normative social capital lacks resource rich individuals, an isolating effect may develop, limiting aspirations for success amongst adolescents and giving rise to antisocial behaviour in the neighbourhood. It has been found that when there is the presence of gatekeepers in the neighbourhood, children enjoy better wellbeing. Children and adolescents can also benefit from an educational investment which may lead to social mobility.

Furthermore, in a neighbourhood where there are low levels of social capital, the wellbeing of children and adolescents depends solely on the influence of the parent/s (typically their mother), while in a neighbourhood enjoying high levels of social capital, children are influenced by both their parent/s and by other social contacts in the neighbourhood.

This chapter shows that children and adolescents can be active agents who may determine the decisions taken within the family. It emerged that it is not only parents who can decide on the child's and adolescent's wellbeing but children and adolescents too are able to negotiate and contradict their parents' wishes and decisions in order to enjoy positive wellbeing.

## CHAPTER 7

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### CONCLUSION

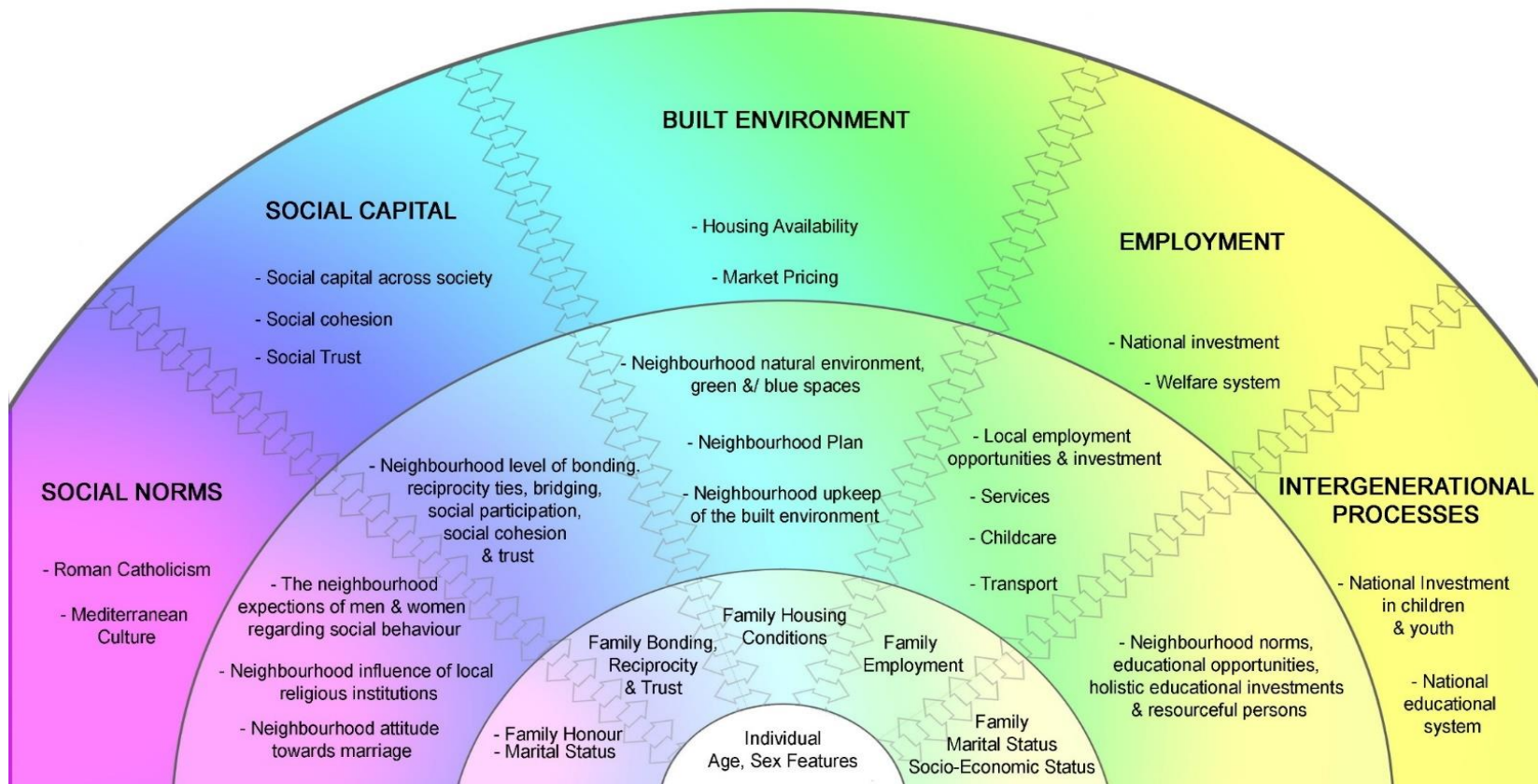


*Figure 7.1: The Roman Catholic Church in Malta and social change: photo depicting the Archbishop of Malta, Mgr Charles Scicluna, sharing a joke with adolescents in Valletta*

*Times of Malta, Mathew Mirabelli, 2015*

This chapter begins with a discussion of how this thesis has contributed to knowledge about the geography of health and wellbeing from a Maltese perspective. This is followed by a consideration of implications for future policy which will be presented in light of the findings, together with the possible avenues for further research in Malta. Lastly, this chapter will highlight how this study contributes to research in health geography from a more general, international perspective. Whilst this thesis does not attempt nor claim to generalise about all mothers and children in the deprived neighbourhoods of Malta that were studied, the findings reported in this thesis show how individual experiences are partly shaped by social processes, operating within specific, economically deprived neighbourhood environments. The aim of this thesis was to investigate the relational processes contributing to social determinants of health in the life experiences of a qualitative sample of Maltese mothers and their children from economically deprived neighbourhoods. In order to achieve this aim, this qualitative study has highlighted relationships and negotiations that mothers and children are engaged in within their neighbourhood, and that contribute to their health and wellbeing. I have shown that these can be understood in terms of: the significance of the processes of social capital; the interrelationship between the material conditions and the social neighbourhood processes; and the processes that are transmitted across generations.

The three findings chapters have explored and analysed aspects that are important for the health and wellbeing of individuals in a Maltese Mediterranean context but which are insufficiently researched in the international literature. Since this study made use of a grounded theory approach, a model (figure 7.2) was developed. This model, apart from emphasising some of the existent international literature, brings new theory in the field of social capital. This model is divided into interconnected layers and slices. The determinants in the inner arched layer focus on the processes related to family relationships, the middle arch represents the local neighbourhood processes, while the outer layer points to the national determinants.



*Figure 7.2: Conceptual model based on the research findings illustrating the relational processes impacting on wellbeing in the study areas*

This model portrays some similarities to the diagrams of wider determinants of health discussed in chapter 2 since this model represents at the centre individual attributes which are relevant for health and wellbeing, and in the outer zones of the diagram aspects of the wider, community processes that are also important. However, figure 7.2 more particularly emphasises the relational processes involving social norms, social capital, built environment, employment, as well as intergenerational processes, which have emerged in this research as especially important for deprived families in the Maltese communities that were studied. Therefore, this model has contributed to the literature by showing that the determinants of health should be analysed in an interconnected way, and accentuates the relational nature of the pathways illustrated in this model, whereby the social processes operate in connection with the material aspects in the neighbourhood and where these processes may be experienced differently by different individuals and across generations.

### **7.1 Contribution to knowledge**

This thesis has made original contributions to knowledge in five main areas. First is the understanding of links between some social determinants of health and wellbeing in Malta that are typical of Mediterranean societies, and which distinguish it from other European and North American societies. Secondly, knowledge has been gained from three different deprived parts of Malta about the varying links between social, material conditions and wellbeing within the country. The third contribution is the understanding of variations in neighbourhood processes operating over time and in different ways for different generations. Another relevant contribution is related to gendered processes operating in neighbourhoods. Lastly, this thesis shows how personal experiences associated with health and wellbeing may be influenced by the exercise of individual agency in the neighbourhood.

The contributions to knowledge of these findings are explained in more detail below.



*Social determinants that are particularly important in the Maltese context but which are not reported as frequently in Anglo-American literature.*

This study, within a Maltese Mediterranean culture shows that there are a number of similarities with the international literature from Western countries which focuses on the social determinants of health. However, some processes seem more specific to Malta. For example, this research has illustrated that the health and wellbeing of the inhabitants within a neighbourhood are strongly influenced by the powerful dynamics of the extended family, traditional attitudes to marriage as an institution and religious norms. Although these societal norms are rarely given importance in the international literature from other parts of the world, this research has given several indications that in Malta, which has characteristics typical of a European Mediterranean culture, these norms are recognised as important by many of the respondents in this research. When inhabitants adhere to these norms, their wellbeing can improve, while when they do not do so, their wellbeing can be harmed.

The Roman Catholic Church in Malta has an influential role on the social processes in the neighbourhood, highlighting that religious adherence to the tenets of the Catholic Church offers many health benefits, since the Church as an institution enables high levels of social support and social participation. Moreover, it also provides financial and material help to those in need. Thus, Maltese Roman Catholics feel indebted to the church and wish to be loyal to it. At a community level, religion was viewed by some respondents as a positive and an integral part of their identity. However, there were other respondents who considered believers and church goers as agents of social control. Contrary to the literature where social control is considered positive and a means of deterring antisocial behaviour, in Valletta and in Cottonera social control is experienced negatively because inhabitants who do not adhere to the religious norms in the neighbourhood are reprimanded and excluded from the community, often making them feel inferior and vulnerable.

It also transpired that the extended family puts pressure on its members to abide by the religious values set by the Roman Catholic Church. Members of the extended family, especially the older ones, are afraid that the family's reputation may be tarnished because of infidelity in marriage by a member of the family, who would shame and dishonour them in the eyes of the community. Moreover, the fact that the

extended family is important in the life of the nuclear family, helping in child care, during illnesses and in times of financial need, may lead to a subtle form of control on the nuclear family.

Adherence to religious norms regarding marriage as an institution was emphasised by respondents in some neighbourhoods and may be regarded by some dissenting adults as a form of control. However, people in the neighbourhood who exert this form of control do this under the pretext that they want to protect the wellbeing of the children of parents, who are considered to be breaking the social rules. This is because they deem that the child's wellbeing can best be safeguarded in a united, married family.

However, the influence of these traditional social norms was variable between neighbourhoods. In St Paul's Bay, in contrast with Valletta and Cottonera, this traditional system may be breaking down completely. With the introduction of multiple faiths in the neighbourhood, the Roman Catholic Church is not relevant for everybody and so it does not provide the same cohesive neighbourhood structure. This shows that Malta is undergoing change and that this system is not being experienced in the same manner across Malta.

The church, the extended family and marriage as important institutions are all interwoven and strongly connected. These three important pillars supporting social norms in more traditional neighbourhoods are considered as highly influential social determinants of the health and wellbeing of the inhabitants. However, the influence is contingent on neighbourhood and individual conditions; this traditional system is enabling those who fit the norms to enjoy better wellbeing, but those who do not fit, find it exclusionary and the cause of tension and distress. This study has also indicated that institutions such as religion, the extended family and marriage, apart from being considered as national institutions, can simultaneously play out in interesting and diverse ways in different local neighbourhood settings. This also indicates that there are institutional processes that operate at different scales; both locally and nationally.

This research shows that the pathways analysed in the literature focusing on Anglo American literature differ to some extent from those observed here in a Maltese Mediterranean context. Moreover, it has contributed to understanding of how

neighbourhood processes in Mediterranean cultures may operate and how the health and wellbeing of Mediterranean inhabitants is being affected by these processes.

Furthermore this research emphasises that across Europe there is diversity in the social determinants of health. One has also to take into consideration that, due to migration, groups of individuals from Mediterranean cultures also live in North European and North American countries where their social determinants of health may not be adequately addressed.

*The interrelationship between social and material neighbourhood features and how contingent they are on each other in their effect on health and wellbeing.*

This thesis has also shown that material neighbourhood features are highly interrelated with the social processes in the locality and that they are contingent on each other. The significance of local economic conditions was illustrated in the case of Cottonera, an example of a deindustrialised town, which after the close down of local industry did not receive further investment and experienced a decrease in services. Cottonera showed different social processes and norms in comparison to the other towns under study. The lack of employment opportunities resulted in greater numbers of welfare recipients in the neighbourhood. This contrasts with neighbourhood processes in the other areas studied. This research illustrated how, when whole communities are experiencing the same difficulties, they tend to experience positive social bonding processes within their social network but are inhibited from developing positive bridging ties to other social groups. In contrast materially deprived families living in neighbourhoods with diverse economic opportunities may experience positive bridging ties but may also experience invidious comparisons and a stronger sense of social inequality. Moreover, with the changes in material circumstances, social processes may adapt and change, affecting health and wellbeing in diverse ways. This further emphasises how material and social neighbourhood features are interrelated.

This study has also contributed to knowledge about the relationship between features of social capital and the built environment. Densely built-up neighbourhoods in the historic towns studied here, with narrow streets and lack of accessibility for vehicular traffic, are enhancing social interaction and the formation of social capital. Historic

towns like Valletta in this study are experiencing problems in the maintenance of adequate housing, resulting in health hazards to the inhabitants. Nevertheless, due to the dampness and lack of adequate indoor housing amenities, and due to the mild climatic conditions of Malta, residents tend to spend most of their time outside, which in turn generates more social interaction, exchanges and social networks. On the other hand, the built form of St Paul's Bay, the modern town under study, being geographically extensive and sprawling, with destinations widely spread, limits interaction amongst the inhabitants. This shows that the built environment is influential on the way people interact and connect with each other within their community. The built environment is not just impacting on the people's living standards and housing conditions but is also impacting on their wellbeing because of the available spaces for social interaction.

This study supports, and to some extent also challenges the idea of therapeutic landscapes as it was originally put forward. As Gesler (2003) points out, there are a number of dimensions that make up therapeutic landscapes. While the wellbeing of the inhabitants I interviewed in St Paul's Bay is not enhanced by social capital, the therapeutic material environmental effects that a seaside locality can offer may be compensating for this. On the other hand, the inhabitants of Valletta and Cottonera who cannot avail themselves of a similar therapeutic environment, have more opportunities to negotiate their wellbeing through social capital. However, consistent with Conradson's (2005) interpretation of the therapeutic landscape idea, there is tension in this argument as not everyone experiences the neighbourhood therapeutically. Therefore this research also challenges the concept of therapeutic landscapes. Indeed, the neighbourhood can be simultaneously experienced positively and beneficially in some aspects but negatively and detrimentally for health and wellbeing in other aspects. Consequently, this study contributes to our understanding that research on place and health should not underestimate the strong interrelationships between social and material neighbourhood processes and how contingent they are on each other in their effect on health and wellbeing. Moreover, it is suggested that the presence and the absence of different health enhancing, therapeutic landscape environments come into play variably in different neighbourhoods and affect health and wellbeing variably.

*The experiences of the inhabitants in their social and material neighbourhoods and how these vary across time.*

This research demonstrates how the processes related to the social determinants of health are not static but are highly dynamic across time. Very often research reported in the public health literature is cross sectional in time. However, this research introduces a temporal dimension. It emphasises the importance of the life course of places, the life course of individuals and the formations of intergenerational processes. Relatively few studies (with the exception of some such as Andrews and Kearns (2005)) have examined varying socio-economic histories of communities and analysed the relationship of the history of the place with health and wellbeing. This research, by analysing the life course of the place, contributes in the understanding of how much the history of the place shapes the material and social neighbourhood environment which exerts powerful, local, social norms on the inhabitants.

Findings reported in this thesis help us to understand how individuals' experiences over their life course also contribute to their health and wellbeing through processes linked to their roots and their present and future trajectories. The life course of each individual and that of place where the person lives are highly interlinked. The life course of place, through its material environment, affects the life course of the inhabitants. In turn the decisions taken by the inhabitants in their life courses give shape to the life course of the place.

Another interesting time trajectory in this study relates to intergenerational processes influencing health determinants. These have been found to be highly conditioned not only by neighbourhood processes but also by the human, social and cultural capital of the parents and children in the neighbourhood. They are characterised by negotiations and strategies which may create either social mobility or immobility, with potential implications for health outcomes among parents and their children.

This research has thus uncovered how the social determinants of health operate across time. Understanding the role of the time dimension with regards to neighbourhood processes in places like Malta, contributes to the health geography literature. Moreover, this research emphasises the relationships between multiple, temporal dimensions that continuously intertwine. The life courses of individuals and the life courses of places interact together continuously, producing intergenerational time

trajectories. It is through the analysis of time trajectories that one can clearly understand the evolution of neighbourhood norms and processes and how they are evolving.

*The exercise of individual agency by the inhabitants in their neighbourhood environment*

This research contributes to literature showing the dynamism of the respondents and their sense of individual agency within their neighbourhood. A key priority for respondents is that of protecting and improving their wellbeing. Some of them showed that they are not responding passively to their environment; rather, through their decisions and actions they were able to trigger change within their neighbourhood and improve their own wellbeing or that of family members.

Some mothers narrated how they negotiate within their neighbourhood environment ways to improve their health and wellbeing. An important point that emerged is that individual agency does not occur only in a self-interested manner. This was pointed out by mothers who stated that they are ready to suffer and undergo hardships, even at the expense of their own personal wellbeing, for the sake of their children. This shows that mothers are ready to trade-off their present hardships with better prospects for the future of their children. They are ready, for example, to sacrifice their personal needs in order to dedicate their limited resources to better schooling for their children. It was also found that individual agency was not being exercised only by adults but also by children. In fact, while in Valletta, it was mainly the mothers I spoke to who are ready to invest in their children's education rather than in their own needs, in Cottonera some adolescents themselves are exercising individual agency to prioritise the pursuit of their studies in ways that may even run counter to their parents' priorities.

Thus it was found that individual agency is exercised in multiple ways. In some cases it is invested in promoting social capital, while in other cases it aims to improve the economic conditions. Sometimes it is used to promote individual needs, while at other times it is exercised for the benefit of others. This shows how much individuals continuously balance what is more beneficial for them in order to improve their health and wellbeing.

### *Neighbourhood gendered processes and their effects on health and wellbeing*

It clearly transpired that the neighbourhood processes impinge on the wellbeing of men and women in different ways. In traditional neighbourhoods there are behaviours and attitudes expected from women which differ significantly from those expected from men. The wellbeing of women proved to be highly influenced by the social therapeutic environment in the neighbourhood both in positive and in negative ways. Women have narrated that they enjoy wellbeing through social bonding and social interaction but some also explained that they feel excluded due to social control and stigma. Within a Mediterranean religious culture, women are subject to greater social control than men and they are more likely to be judged for their behaviour than men. This has its roots in the idea of 'marianismo' where women are expected to be modest and meek and to safeguard their honour, as otherwise they would be shamed in the neighbourhood. Women also showed that their active agency is different from that of men and they tend to be more willing to negotiate solutions to improve the wellbeing of their children. This research has also showed that the social position of women is variable across the three studied neighbourhoods. Therefore health geographers should not overlook gendered processes as they may operate in diverse ways in different places.

## **7.2 Methodological contribution**

The methodological components of this research are not especially innovative, however they proved to be highly effective when used in combination as applied to this study. Through a 'constructivist' grounded theory approach, this research enabled the respondents to set the agenda themselves regarding which determinants are really important for them, and explain how they are dealing with these on a daily basis in order to enjoy wellbeing. It was through this approach that it was possible to find such a degree of complex and nuanced relationships between people and place during their life course. Additionally, this research has made use of a form of constant comparison of multiple case study areas which helped in pointing out the nuances and dynamism that occur within different local areas. Moreover, the interviews were held with people of different generations, which helped me to understand how processes may vary

across different age groups. I feel that it was through the combination of these three key methodological approaches that the rich details of this study emerged.

### **7.3 Implications**

From the findings in this thesis, messages can be deduced which may inform policy relating to wellbeing of disadvantaged mothers and children, especially in the Maltese context.

This research has recognized the complexity involved in identifying the processes which are enhancing or harming the wellbeing of groups of individuals in the neighbourhood communities under study. The findings chapters indicate the need for changes in the state welfare system. Policy should better address the needs of the inhabitants related to the social determinants of health such as prolonged unemployment, enforcement of the provision of maintenance by the father to the child, inadequate transport services, better education and more child care centres. There is a need for more investment in financing children's education in Cottonera. With this help mothers would be able to realise the positive aspects of educational investment without experiencing economic hardship due to the costs involved, and would be more likely to help their offspring to further their education, instead of sending them to work at an early age to support the family financially. Moreover, more homeownership schemes should be made available to the inhabitants of the three neighbourhoods so that residents living in rented apartments would invest in their property and become the owners of their dwellings. This would instil in them a sense of ownership, pride and self-esteem as well as a stable neighbourhood environment that would foster social capital.

The Roman Catholic Church should review its annulment procedures which are costly and time consuming and which are causing much anxiety to the cohabitant couples who do not want to be excluded from the parish community. Presently they feel disadvantaged as they cannot afford the legal fees required to apply for annulment. An annulment would enable them to be reintegrated fully into the church by receiving the holy sacraments.



October 2014 also saw the launch of the 'President's Foundation for the Wellbeing of Society' in Malta. The launching of this foundation shows that there is a national recognition of the need for more research studies in Malta in connection with the health and wellbeing of selected groups in specific neighbourhood environments. On the first anniversary of the inauguration of this foundation, a conference was held on 'The determinants on wellbeing', to inform the public about the foundation's aims of work. The conference speakers were economists and therefore their main focus was on how the level of income can affect wellbeing. The research reported here may contribute to this national foundation by highlighting other issues in the selected Maltese neighbourhoods which may be presently overlooked by the foundation.

Policy makers should also be aware of the intricate daily strategies and negotiations that mothers are obliged to employ, to manage the effects of shortcomings in the welfare system. This should help policy makers to find better solutions targeted to improve the present difficulties that these mothers are encountering. An example of this is that the material help that is distributed to the needy families which includes provision of food and other necessities should not be distributed solely by the church because by this method not all needy families are being reached, especially those not abiding to Roman Catholic norms and who are not active members of the parish church. Other NGOs should be more active in this practice in order for everyone to enjoy from this help.

Policy making within government institutions should be localised in order to be effective and successful in promoting health and wellbeing. From this study it emerged how variable neighbourhood effects on health and wellbeing are, and how complex and nuanced are the processes that occur in these environments. In fact in Valletta and Cottonera, the housing authority should address the demands of residents in government owned blocks of flats. It should attend to the proper maintenance of these buildings, partly because the poor state of the buildings is detrimental to psychological as well as physical wellbeing of residents including adolescents who feel stigmatized by the poor conditions in their neighbourhood. affecting the children's and adolescents' self-esteem and sense of pride. On the other hand families who moved to St Paul's Bay because of social exclusion experienced in their native neighbourhood should be aided with renting subsidies as they are finding it very

difficult to make ends meet by having to pay high fees for rent in a touristic area. Moreover in Cottonera, as the majority of the residents do not own a private car and are heavily dependent on public transport, a more frequent and reliable service of public transport should be provided to the area.

Since these processes vary across neighbourhoods, it is unsuitable to propose a single solution. An approach based on neighbourhood assets (Cairns, 2013) is promising in promoting the health and wellbeing of the inhabitants, whereby the authorities can concentrate on the strengths that are already present within the neighbourhood, rather than focusing only on the shortcomings and problems which these disadvantaged neighbourhoods face. Therefore, policy makers have to emphasise more what is already considered as therapeutic in the neighbourhood and enhance it. For example the authorities need to better promote the cultural events that take place in the neighbourhood because these enhance social cohesion, trust and wellbeing. This would enable the inhabitants to appreciate their neighbourhood environment as well as enjoy better wellbeing.

Selected quotations from the lived experiences of people in this study, combined with wider population evidence on the determinants of health, might be able to inform policy and urge policymakers to take action. The personal accounts of the respondents in this study may encourage people to debate in public or in the media and motivate policymakers to take action where there is the need.

#### **7.4 Further research directions in Malta**

Within Malta, this thesis suggests that there is scope for follow-up research to this study so that some gaps in this thesis could be duly addressed in health geography.

This thesis prompts questions about gendered experiences within a neighbourhood context, pointing out that there can be further research about gender, place and health from a Mediterranean point of view. Our knowledge of gendered processes could be further enhanced by the participation of fathers, to put in context the processes narrated by mothers and children in this research.

This thesis has analysed only a limited set of neighbourhoods. There is a lot of scope to explore different types of neighbourhoods and find out how processes in specific neighbourhoods may operate. One might analyse and compare the findings about neighbourhood processes impinging on health and wellbeing reported above with those in other Maltese neighbourhoods, including both rural and other urban settings, in order to analyse the neighbourhood variations.

This is a qualitative study and one cannot generalise results from it. However, this thesis is suggesting questions which might be interesting to examine using more extensive information about the neighbourhoods under study. A quantitative study might reveal how far the findings of this study are generalizable.

This thesis calls for further research through longitudinal investigations, which would aim to uncover how intergenerational processes influence the inhabitants and the ways that neighbourhoods evolve. It would be interesting to see if the features of social capital in Valletta will change with the current displacement of children to schools outside Valletta and the impact that this would have on the neighbourhood. It would also be worth analysing whether, through the present local school environment and educational curriculum, xenophobic attitudes in St Paul's Bay could be made to disappear over time, as this new community matures, to be replaced by the levels of bonding, reciprocity ties and trust found in the longer established communities. Moreover, it would be worthwhile to observe if an injection of investment in Cottonera would impact on the present gendered processes and would also alter the present culture of welfare dependency.

A continuation of this thesis would question if Pope Francis's decision to change the church's outlook towards divorced, cohabitant couples will help in eradicating the negative effects of social exclusion and stigma for the affected individuals (figure 7.1). This event emphasises that there are processes of social change that are taking place globally, beyond Malta that can also influence local processes within the country. This future study would monitor the social change that might take place in the traditional neighbourhoods and observe if exclusion and feelings of inferiority (presently experienced by these families) would still occur. Would the idea of a merciful church proposed by Pope Francis create an environment where everybody feels accepted and

included and where positive feelings of wellbeing would prevail? Could this be possible in the near future, or is it just a Utopian dream?

### **7.5 Future agenda for health geography**

Apart from drawing attention to possible future research in Malta, this research also contributes to broader research questions that should be addressed in health geography.

The importance of considering the interaction of material and social processes is consistent with several discussions such as those put forward by Macintyre et al. (2002), Bernard et al. (2007) and Cummins et al. (2007). This study emphasises that the wider determinants of health should not be analysed separately. In fact it underlines the importance of interlinkages that are present between these determinants. Therefore health geography should give more consideration to this aspect and propose research that examines the determinants of health not as separate causal pathways but as interlinked ones. Emphasising this broad aspect in health geography, development in this field would be as Kearns and Moon very well say, '*evolution, rather than revolution*' (2003, p.607).

This study has also conveyed the message that there is a greater need for a global discussion on the relationship between social capital and health. Researchers should not assume that the determinants of health and social processes are universal but they need to take a localised, relational approach in order to understand better what benefits or harms the health and wellbeing of individuals in different neighbourhoods.

Another point that emerged from this thesis, and that is important for research in health geography, is regarding the relational aspect between people and place. This thesis emphasises how important it is to study neighbourhood determinants of health and wellbeing from a relational, rather than a conventional perspective. The relationship between people and places is dynamic, complex and never fixed, but always changing. Therefore, what benefits or harms the health and wellbeing of individuals in a specific place is not universal but is subject to multiple interpretations. It clearly emerged that while groups of individuals may share common characteristics between them (such as

living in economic deprivation) nevertheless each person may have rather different experiences within the same place. This is emphasising Conradson's (2005) argument that the same place may be experienced differently by individual inhabitants. Moreover, this thesis also points out that this argument can operate also in reverse, where people sharing similar characteristics (such as single mothers) can experience health and wellbeing in diverse ways when living in different neighbourhoods.

The last major point that this thesis contributes to the research of health geography is that neighbourhood processes are not static but may be variable across time. Therefore research in health geography should not only take a fixed view but take more into account aspects of the life course of the people and of the place, in order to assess better the relationship between people, place and health.

This thesis thus calls for the need for a better understanding of the complexity that is present in relationships among people and places. The narratives of these inhabitants may serve as a demonstration of what individuals are ready and able to do to protect and improve their wellbeing. When these facts are not overlooked, we as members of local communities, as well as in our role as health geographers, may understand further and be able to propose better targeted policies to improve the health and wellbeing of people in their neighbourhoods.

# **APPENDIX A**

## **Consent Form**

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12<sup>th</sup> April 2012

Dear Participant,

I would like to invite you to participate in my research study which would like to see how the familial and neighbourhood environment affects the child wellbeing. This research will be conducted with parents and their children from three different geographical areas in the Maltese Islands. This research will be conducted for a period of two years to record changes and monitor the well being of the child. This letter will explain to you the reason of this study and ask your permission to be a contributor in this study so as we learn more on the wellbeing of the child.

The reason why I am intrigued to start this research is because as a teacher and mother living in Malta I feel that the well-being of children is not given its due weight. Therefore it needs to be further studied in order to share this research with the authorities to improve the present system and change things for the better and thus the well-being of our children will be esteemed. According to International European studies the Maltese children fare the worst with regards to their wellbeing. Moreover it has also been proven that children living in deprived environments would probably lack well-being. According to the NSO (National Statistics Office) different types of families experience different levels of wellbeing. Therefore I would like to take the same sample number of parents and children from three different groups of family status that being single parent family, married family and separated/divorced/ cohabitating family and from three different localities to be able to analyse the differences.

While I would be glad to have you as participants in my research study you are free to decide if you would like to participate in this research study and if you decline this will not have any effect on your relationship with the agency or with me.

If you accept to participate in this research study

- you as a parent will be asked to narrate your life stories about living in your neighbourhood environment and how you are experiencing it. Your child will be asked how his/her neighbourhood environment is like. OR

- You as a child will be asked to narrate what is it like to live in your neighbourhood environment with your family and friends. This will be done through informal activities and discussions

If you want I can give you a copy of the set of questions you and your child will be asked. Moreover as explained before this research would like to see the changes across a period of two years therefore each participant will be asked permission for an interview in the beginning ( now), another one a year later from now and the last one two years more ( three times in total).

Participating in this research may raise benefits for you and your child. We can meet other people with similar problems and thus support each other and maybe also find small solutions to help improve our wellbeing and that of our child. However this may also rekindle issues that you would not like to remember and to speak about. Therefore you are free to stop even after you have accepted to take part and rest assured that this will not affect your or your child's participation in the agency and your relationship with me.

Being that the issues discussed may be of a sensitive nature it is taken for granted that anonymity will be taken into consideration during and after the research. The names will never be mentioned and if there may be facts which may identify who the person is they will be removed. The interview conversation will be audio-recorded to facilitate a flowing conversation. Later I will give you the transcription for your approval.

If things are not clear I am ready to discuss them further with you

Warm wishes

Bernadine Satariano

Tel : 35679618551



# **APPENDIX B**

## **Interview Prompts**

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## Parent interview prompts

### Stress free conversation and consent

#### General question

- Given that there is a lot discussion about what the role of family life is now in Malta I would like to see what you think about this? And how are you experiencing your family life with these processes?

#### **Neighbourhood**

- *Can you tell me something about how you came to live here?*
- *How much is your neighbourhood supportive to your family life*

#### **Family relations**

- *Can you tell me something about your family and family members?*
- *Tell me some interesting things about your child?*

#### **Child's relationships**

- *You were mentioning before where your child plays can you tell me about how your child relates with his/her peers?*

#### **Health**

- *You were mentioning income problems/conflict/etc. does it make you feel stressed?*
- *You were mentioning health can you tell me more about your child's health?*
- *You were also mentioning lunch time/dinner time /what happens after school. What does your child like to eat?*

#### **Education**

- *So you were telling me before that after school your child likes to play outside/inside*
- *How does your child feel about school?*

#### **Subjective wellbeing /Life satisfaction.**

- *Is life beautiful?*
- *What gives you most a sense of satisfaction and happiness?*

#### **Changes.**

- *If you had to change anything in your life what would that be?*
- *What are your hopes and fears for future?*



## Child/ teenager interview prompts

### Stress free conversation and consent

Step 1: Would you like to choose a paper from these different shapes (heart, star, car doll and other geometric shapes) and colours. Can you draw something related to your neighbourhood and/or your family?

Step 2: Now I'd like you to describe your neighbourhood and family to me. You can use these papers to draw or write about your family, or you can use these toys to talk about it, imagining they are members of your family. We also have plasticine if you want to make some models representing buildings or persons in your family. Nevertheless you can just talk about your family.

(The child is left free to complete the task without interruption, however if I see that the child wants to communicate with me and explain what he's doing, I will encourage him/her to do so. At the end of the task the child may give an explanation of his/her work which may enlighten me to understand his/her family situation.

#### **General question**

- What is it like for families to live in this area?

#### **Friendships**

- *You were mentioning your friend/s can you tell me more about him/her/them and how you spend your time together?*

#### **Free time**

- *Tell me something about your hobbies?*

#### **Subjective Wellbeing**

- *You were telling me about your family and friends, can you remember an occasion when you really felt happy? Tell me about it.*

#### **School.**

- *Are your friends the same friends at school?*
- *What do you like best at school?*
- *What would you like to do in the future?*

#### **Health**

- *You were telling me that you enjoy break time at school. What do you like to eat?*

#### **Changes**

- *Imagine you have to change something in your life and in your neighbourhood,. What would that be?*

# **APPENDIX C**

## **Research Ethics Form**

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## Research Ethics and Data Protection Monitoring Form

### Research Ethics Geography Sub-Committee (REGS)

Research activities, funded or otherwise, by all academic and related staff, postgraduate and undergraduate students are subject to the University requirements for ethics and data protection review. The Research Ethics Geography Sub-Committee (REGS) will review research proposals against the guidelines provided by the Economic and Social Research Council, the Natural Environment Research Council and the University's own guidelines interpreting the law on Data Protection and research with vulnerable persons.

It is a requirement that prior to the commencement of all research that this form be completed and submitted to the Research Ethics Geography Sub-Committee. The Sub-Committee will be responsible for issuing certification that the research meets acceptable ethical standards and will, if necessary, require changes to the research methodology or reporting strategy.

A copy of the research proposal detailing methods and reporting strategies is attached

<b>Name of applicant:</b>	Bernadine Satariano
<b>If appropriate, name of Supervisor or Research Methods Tutor</b>	Prof. S.E. Curtis, Dr. S. Atkinson
<b>Title of research project:</b>	The child's wellbeing within the familial context: A geographic Longitudinal study in deprived areas of the Maltese Islands

<b>A: FILTER QUESTIONS</b>			
1.	Will REGS be the primary route for ethical review?	Yes	
	IF NO please provide information on the committee and institution to be the primary route		

2.	Is this a proposal to the ESRC?		No
3.	Does your research involve living human subjects?	Yes	
	IF NO proceed to Section D		
4.	Does your research involve only the analysis of large secondary and already anonymised datasets?		No
	IF YES proceed to Section C		
<b>B: RESEARCH ON LIVING SUBJECTS</b>			
1a.	Will you give your informants a written summary of your research and its uses?	Yes	
	Letter attached.		
1b.	Will you give your informants a verbal summary of your research and its uses?	Yes	
	If NO, please provide further details		
2.	Will you request signed consent from all informants?  As research involves children also, consent will be sought from both parents and children in their case.	Yes	
	IF YES, please append the consent form Is the consent form appended ?	Yes	
	IF NO, please provide further details		
3.	Does your research involve long-term engagement over the course of which participants might forget your role as researcher ? (for example, participant observation, ethnography, participatory approaches)?		No

	I will participate as a volunteer at various social occasions at the agency Access, but this participation serves to build an informal relation with potential participants. No data will be collected at these times.		
4.	Does your research involve covert research (ie your purposes are not disclosed) ?		No
	IF YES, please provide further details		
5a.	Will your research participants be from any groups that may be considered vulnerable (children under 18; people with learning disabilities; people with other forms of mental illness or mental incapacity; people in emergency situations; prisoners or young offenders; anyone who might have a particularly dependent relationship with the research team such as other staff or students; other)	Yes	
	Children aged from 5 to 16 and their parents who are living in three deprived areas will be interviewed. Permission will be first asked from parents and later from the child.		
5b.	Do you have Criminal Records Bureau clearance sourced through Durham University ?  The CRB checks do not apply to those working with children outside the UK.  However, I have secured the equivalent of a CRB check from the Maltese police.		No
6.	Will your information <i>automatically</i> be anonymised in your research?	Yes	
	IF NO  Will you explicitly give <i>all</i> your informants the right to remain anonymous?		
7.	Will monitoring devices be used openly and only with the permission of informants?	Yes	
8.	Will your informants be provided with a summary of your research findings?	Yes	

9.	Have you considered the implications of your research intervention on your informants?	Yes	
	<p>The research has X implications for participants which the research is designed to mediate:</p> <ul style="list-style-type: none"> <li>a) The research addresses sensitive family issues which may awaken painful experiences</li> <li>b) Research informants may reveal aspects of abuse that are criminal under the promise of confidentiality</li> </ul> <p>In the first case, I will take two steps to make this a more positive experience. I will seek advice on support resources available locally for participants and have information with me. I will seek advice on managing interviews with sensitive topics from researchers in social work and policy (SASS at Durham). As a qualified and experienced teacher, I also have training in dealing with sensitive issues with children. In the second case, for adult participants I will again have information to provide on confidential support services. However, in the case of children, circumstances may arise when researcher confidentiality has to be broken in the greater interests of the child. I will seek advice from my supervisors in the first instance before acting should such circumstances arise.</p>		
10.	An ethical consideration of utmost importance is that when publishing this study, each and every interviewee will not be identified.		

### C: DATA PROTECTION

1.	Have you read the University guidance on the legal aspects of data protection ?	Yes	
2.	<p>How will the research team ensure confidentiality and security of personal data? (eg anonymisation procedures, coding of data, secure storage)</p> <p>All data will be anonymised during collection, using pseudonyms; there will be no list of participants' real names recorded at any time or stored anywhere.</p> <p>Data will be stored only on one computer used only by myself and protected with a password. Data files will be encoded with a security password</p>		
3a.	Will research data be archived publicly, as in the ESRC qualitative data-bank ? IF NO, please proceed to questions 3b and 3c.		No



3b.	Will all data be destroyed at the end of a suitable period?  IF NO, please give details	Yes	
3c.	How long will the data be stored at Durham University?  The data will be stored securely on my personal computer and then destroy the data after 5 years.  Please give details why this length of time has been chosen.  This allows time for completion of the thesis and subsequent publication.		

**D: ENVIRONMENTAL IMPACTS**

1.	Do your research methods involve a direct impact on the environment?		No
	IF YES, please explain the balance between maximising the benefits of the research and minimising impact on the environment.		
2.	Does the dissemination of your research results and/or the results themselves have environmental implications?		No
	IF YES, please provide details and how you propose to either maximise benefits or minimise risks to the environment.		
3.	What measures have you undertaken to support the University Policy on environmental sustainability ( <a href="http://www.dur.ac.uk/greenspace/policies/strategic-plan/">http://www.dur.ac.uk/greenspace/policies/strategic-plan/</a> ) Please provide details  Travel is kept to the essential minimum.		
4.	If there are any other ethical issues arising from your project related to environmental impact, please provide details		

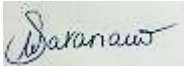
<b>E: WORKING OVERSEAS</b>			
1.	Does the research involve research conducted overseas or an international collaborator? The project is in Malta which is my own country	Yes	
IF NO proceed to Section F			
2.	Have you checked whether there are ethical review procedures with which you will need to comply in the country/countries involved in your research ?	Yes	
3.	<p>IF YES, please either state that none exist or specify the procedures and the measures you have taken to comply with these.</p> <p>Another ethics proposal is required to collect data at the agency, Access. Seeking ethical approval is in process.</p>		
4.	Have you checked whether there are legal requirements with which you will need to comply in the country/countries involved in your research? (eg employment of research assistants, exportation of samples etc.)		No
<p>IF YES, please either state that none exist or specify the legal requirements and the measures you have taken to comply with these.</p> <p>There are no other ethical issues with this project as no staff are employed or samples taken</p>			

<b>F: CONFLICTS OF INTEREST</b>			
1.	Will any of the researchers or their institutions receive any other benefits or incentives for taking part in this research over and above normal salary or the costs of undertaking the research?		No
IF YES, indicate how much and on what basis that has been decided.			

2.	Does the research involve external funding?		No
	IF YES, what is the source of the funding?		
3.	Will the research funder or sponsor have the right to impose restrictions on publication and other forms of dissemination of the research findings?		No
	IF YES, please give details		
4.	Are there any other potential conflicts of interest involved in this research project?		No
	IF YES, please give details		

***Declaration***

1. The information provided on this form is accurate to the best of my knowledge and belief and I take full responsibility for it.
2. I undertake to abide by the University's ethical guidelines and the ethical principles underlying good practice provided in the guidelines appropriate to my field.
3. If the research is approved, I undertake to adhere to the study protocol, the terms of this application and any conditions set out by REGS.
4. I undertake to seek an ethical opinion from REGS before implementing substantial amendments to the protocol.
5. I undertake to submit progress reports if required.
6. I am aware of my responsibility to be up to date and comply with the requirements of the law and relevant guidelines relating to security and confidentiality of personal data.
7. I understand that my research records/data may be subject to inspection for audit purposes if required in future.
8. I understand that the REGS may choose to audit this project at any point after approval.

Signed...  .....

Date...13/4/2012.....

**Submissions without a copy of the research proposal will not be considered.**

**Signed by Supervisor: Sarah Curtis 2.5.12**



# **APPENDIX D**

## **Risk Assessment Report**

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## Site Specific Risk Assessment - Department of Geography, Durham University

Name of Fieldworker: Bernadine Satariano \_\_\_\_\_ Dates of fieldwork: 2012-2015 \_\_\_\_\_

Fieldwork Location: Cottonera area, Valletta, St. Paul's Bay \_\_\_\_\_ Grid Reference/Map Sheet: \_\_\_\_\_

Hazard category	Hazard	Who might be harmed?	Precautions (Risk Control Measures)
Field work involving interviews/discussion groups in study areas.	Issues of conducting interviews in an unfamiliar place with unfamiliar people.	The researcher and the participants (parents and children).	Hold interviews during the agency's opening hours. When this is not possible an identified venue such as a public garden or a cafeteria will be chosen as a meeting place. If interviews have to be held in households a guarantee of safety is obtained from the director of the agency (Access) or the local council mayor.

<p>Interview situations with potentially vulnerable participants.</p>	<p>The interview may limit the child's play time.</p> <p>Certain issues may be sensitive for children and parents and might render them to feel emotional.</p> <p>Some people may feel uncomfortable with use of recorders.</p>	<p>The child and parent interviewed.</p>	<p>A research ethics assessment will make sure that the approach used is one of empathy and respect. The topics of the in-depth interviews and discussions will be made clear to the participants well before they give in their consent to participate.</p> <p>It will be made clear to the interviewees that their participation is voluntary, confidentiality will be maintained throughout and that they have the right to withdraw from the study at any time during the interview or throughout the longitudinal study. The interviewees give their approval to be audio recorded and they can also opt to stop the recording whenever they wish.</p> <p>Great care will be taken when dealing with sensitive issues. If in case the interviewee might feel disturbed at any time during the interview, this will be stopped. In the past I have carried out training with managing disputes, dealing with difficult people and focusing on solutions.</p>
			<p>Moreover I will undergo further training to be better equipped when I encounter difficulties regarding sensitive issues during my study.</p> <p>If it is felt that the child or parent is experiencing physical, mental or emotional abuse, I feel in duty bound to inform my respondents of the help- services available. I will hand them leaflets with detailed information about these services. These concerns will also be discussed with my supervisors Prof. S.E. Curtis and Dr S. Atkinson.</p>

Security and confidentiality of information	Sensitive data from interviewees	Interviewees	All participants will be assured of their anonymity. Their responses will be saved in my personal computer which no one has access to.
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Mobile telephone contact number <u>and</u> nearest landline telephone	0035679618551/003 5627011857	Source of local weather forecast  (e.g. TV, phone service, etc.)	Not applicable
Nearest doctor / local surgery (with contact details)	Local polyclinic doctor/ Charmaine Donath	Communication Procedure  <i>(Means of alerting another party in event of a change of plan, incident or emergency- include key contact details)</i>	Bernadine Satariano next of kin Anthony Satariano
Nearest hospital  (with contact details)	Mater Dei hospital		0035679047379
Landowner	Government	Emergency Procedure  <i>(Protocol used in an emergency – include key contact details)</i>	Ambulance 112
Is permission required for access?	Yes from the Agency itself		

Supervisor (print name): Sarah Curtis

Supervisor signature: Sarah Curtis 2.5.2012\

**Notes:** The form can be filled-in electronically, OR printed-out and filled-in manually.

**The form (hardcopy or e-mail attachment) is to be returned to Departmental Health & Safety Co-ordinator (HSC) Dr. Jerry Lloyd ([J.M.Lloyd@durham.ac.uk](mailto:J.M.Lloyd@durham.ac.uk)). In absence of HSC, form should go to Chair of BoS**

# BIBLIOGRAPHY

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Abbott, S. (2010). Social Capital and health: The Role of Participation. *Social Theory and Health*, 8 (1), pp.51-65.

Abbott-Chapman, J. and Robertson, M. (1999). Home as a private space: Some adolescent constructs. *Journal of Youth Studies*, 2, pp.23-43.

Abbott-Chapman, J. and Robertson, M. (2001). Youth, leisure and home: Space, place and identity. *Society and Leisure*, 24, pp.485-506.

Aber, J. L., Gephart, M. A., Brooks-Gunn, J. and Connell, J. P. (1997). Development in context: Implications for studying neighborhood effects. In: J. Brooks-Gunn, G. J. Duncan, and J. L. Aber (eds.) *Neighborhood poverty. Context and consequences for children*, New York: Russell Sage Foundation, 1, pp.44-61.

Aber, M. S. and Nieto, M. (2000). Suggestions for the investigation of psychological wellness in the neighbourhood context: toward a pluralistic neighbourhood theory. In: D. Cicchetti, J. Rappaport, I. Sandler and R. Weissberg, (eds.) *The promotion of wellness in children and adolescents*, Washington, DC: CWLA Press.

Adler, P.S. and Kwon, S. (2000). Social Capital: The Good, the Bad, and the Ugly. *Knowledge and Social Capital: Foundations and Applications*, pp.89-115. Boston: Marshall School of Business. Working Paper No. MKT 03-09.

Aggleton, P. (1990). *Health*. London: Routledge.

Ainsworth, J.W. (2002). Why does it take a village? The mediation of neighborhood effects on educational achievement. *Social Forces*, 81 (1), pp.117-152.

Aisenbrey, S. and Fasang, A. E. (2010). New life for old ideas: The “second wave” of sequence analysis bringing the “course” back into the life course. *Sociological Methods and Research*, 38, pp.420-462.



Alcock, P., Beatty, C., Fothergill, S., Macmillan, R. and Yeandle, S. (2003). *Work to welfare: how men become detached from the labour market*. Cambridge: Cambridge University Press.

Alderson, P. (2000). Children as Researchers: The Effects of Participation Rights on Research Methodology. In: P. Christensen, and A. James (eds.), *Research with Children: Perspectives and Practices* (London: Routledge), pp.241-57.

Allan, G. (1996). *Kinship and Friendship in Modern Britain*, Oxford: Oxford University Press.

Allen, G. (2011). *Early Intervention: Next Steps*. London: An Independent report to HM Government.

Almedom, A.M. and Glandon, D. (2008). Social Capital and Mental Health: An updated interdisciplinary review of primary evidence. In: I. Kawachi, S.V. Subramanian, and D. Kim *Social Capital and Health*, Part II, New York: Springer, pp.191-214.

Almedon, A. S. (2005). Social Capital and Mental Health: An Interdisciplinary Review of Primary Evidence. *Social Science and Medicine*, 61 (5), pp.943-64.

Amato, P. R. and Anthony, C. J. (2014). Estimating the effects of parental divorce and death with fixed effects models. *Journal of Marriage and Family*, 76, pp.370-386.

Anderson, B. and Mc Farlane, C. (2011). Assemblage and geography. *Area* 43 (2) pp.124-127.

Andrews, A., Ben-Arieh, A., Carlson, M., Damon, W., Dweck, C., Earls, F., Garcia-Coll, C., Gold, R., Halfon, N., Hart, R., Lerner, R.M., McEwen, B., Meaney, M., Offord, D., Patrick, D., Peck, M., Trickett, B., Weisner, T. and Zuckerman, B. (Ecology Working Group) (2002). *Ecology of Child Well-Being: Advancing the Science and the Science-Practice Link*, Georgia: Centre for Child Well-Being.

Andrews, G.J. and Kearns, R.A. (2005). Everyday health histories and the making of place: the case of an English coastal town. *Social Science and Medicine*, 60, pp.2697-2713.

Andrews, G.J., Kearns, R.A., Kontos, P. and Wilson, V. (2006). Their finest hour: older people, oral histories, and the historical geography of social life. *Social and Cultural Geography*, 7 (2), pp.153-177.

Annandale, E. and Hunt K. (eds.) (2000). *Gender Inequalities in Health*. Open University Press: Buckingham.

Antonovsky, A. (1987). *Unravelling the mystery of health: How people manage stress and stay well*. San Francisco: Josey Bass.

Appold, S. and Yuen, B. (2007). Families in flats, revisited. *Urban studies*, 44, pp.3569-589.

Archer, L. and Yamashita, H. (2003). Theorising inner city masculinities: 'Race', class, gender and education. *Gender and Education*, 15 (2) pp.115-132

Archer, L., Hollingworth, S. and Mendick, H. (2010). *Urban Youth and Schooling*. Maidenhead: Open University Press.

Archer, M. (2009). *Making our way in the world*. New York, NY: Cambridge University Press.

Arneil, B. (2006). *Diverse communities: the problem with social capital*. Cambridge: Cambridge University Press.

Arum, R. (2000). Schools and communities: Ecological and institutional dimensions. *Annual Review of Sociology*, 26 (1), pp.395-418.

Atkinson, R. and Kintrea, K. (2001). Disentangling area effects: evidence from deprived and non-deprived neighbourhoods. *Urban Studies*, 38 (12), pp.2277-2298.

Atkinson, S., Fuller, S. and Painter, J. (eds.) (2012). *Wellbeing and place*. Farnham, UK: Ashgate.

Azzopardi, C. (2007). *Expectations of marriage before and after marriage among Maltese Catholic couples*. Unpublished Doctoral thesis, University of East London, London.

Baez B. (2002). Confidentiality in qualitative research: Reflections on secrets, power and agency. *Qualitative Research*, 2, pp.35-58.

Bain, K. and Hicks, N. (1998). Building social capital and reaching out to excluded groups: the challenge of partnerships. In: *CELAM meeting on the struggle against poverty towards the turn of the millennium*. Washington, DC.

Baker, B. L., McIntyre, L. L., Blacher, J., Crnic, K., Edelbrock, C. and Low, C. (2003). Pre-school children with and without developmental delay: behaviour problems and parenting stress over time. *Journal of Intellectual Disability Research*, 47, pp.217-230.

Bambra, C. (2005). Worlds of welfare and the health care discrepancy. *Social Policy and Society*, 4, pp.31-41.

Bambra, C. (2007). Sifting the wheat from the chaff: a two-dimensional discriminant analysis of welfare state regime theory. *Social Policy and Administration* 41 (1), pp.1-28.

Bambra, C. (2011a). *Work, worklessness and the political economy of health*. Oxford, Oxford University Press.

Bambra, C. (2011b). Real world reviews: a beginner's guide to undertaking systematic reviews of public health policy interventions. *Journal of Epidemiology and Community Health*, 65, pp.14-19.

Bambra, C. (2012) Forward. In: S. Atkinson, S. Fuller, and J. Painter, (eds.) *Wellbeing and place*. Farnham, UK: Ashgate.

Bambra, C., Gibson, M., Sowden, A., Wright, K., Whitehead, M. and Petticrew, M. (2009). Working for health? Evidence from systematic reviews on the effects on health and health inequalities of organisational changes to the psychosocial work environment. *Preventive Medicine*, 48, pp.454-461.

Bambra, C., Pope, D.P., Swami, V., Stanistreet, D.L., Roskam, A., Kunst, A. and Scott-Samuel, A. (2008). Gender, health inequalities and welfare state regimes: a cross-national study of thirteen European countries. *Journal of Epidemiology and Community Health*, 63 (1), pp.38-44.

Bambra, C., Whitehead, M., Sowden, A. Akers, J. and Petticrew, M. (2008). "A hard day's night?" The effects of Compressed Working Week interventions on the health and work-life balance of shift workers: a systematic review. *Journal of Epidemiology and Community Health*, 62, pp.764-777.

Bannister, J., Kintrea, K. and Pickering, J. (2012). Young people and violent territorial conflict: exclusion, culture and the search for identity. *Journal of Youth Studies*, 16, pp.474-490.

Banoli, G. (1997). Classifying Welfare States: A Two-Dimensional Approach. *Journal of Social Policy*, 26 (3), pp.351-372.

Baron, J.D., Cobb-Clark, D.A. and Erkal, N. (2008). *Cultural transmission of work-welfare attitudes and the intergenerational correlation in welfare receipt*. IZA Discussion Paper 3904, Bonn.

Baron, S. (2004). Social Capital in British Politics and Policy Making. In: J. Franklin. (ed) *Politics, Trust and Networks: Social Capital in Critical Perspective*, Families and Social Capital ESRC Research Group Working Paper No. 7.

Bartley, M., Sacker, A. and Clarke, P. (2004). Employment status, employment conditions, and limiting illness: prospective evidence from the British household panel survey 1991-2001. *Journal of Epidemiology and Community Health*, 58, pp.501-506.

Bartley, M., Sacker, A., Firth, D. and Fitzpatrick, R. (2000). Dimensions of inequality and the health of women, In H. Graham, (Ed) *Understanding Health Inequalities*, Graham. Maidenhead: Open University Press.

Barton, H. and Grant, M. (2006). A Health map for the local human habitat. *Journal of the Royal Society of Health*, 26 (6), pp.252-261.

Basso, K. (1984) Stalking with stories: names, places, and moral narratives among the Western Apache. In S. Platter (ed) *Text, play and story: the construction and reconstruction of self and society*. Washington DC: American Ethnological Society, pp.19-55.

Beatty, C., Fothergill, S. and Macmillan, R. (2000). A theory of employment unemployment and sickness. *Regional studies*, 34 (7) pp.617-630.

Beatty, C. and Fothergill, S. (2005). The diversion from 'unemployment' to 'sickness' across British regions and districts. *Regional Studies*, 39 (7), pp.837-854.

Beazley, H., Bessell, S., Ennew, J. and Waterson, R. (2009). The right to be properly researched: Research with children in a messy, real world. *Children's Geographies*, 7, pp.365-378.

Bedford, Rev. W.K.R. (1903). *Malta and the Knights Hospitallers*. Seeley and Co., London.

Bell, J. (2005). *Doing Your Research Project: A guide for first-time researchers in education and social science* (4<sup>th</sup> ed.). Maidenhead: Open University Press.

Bengtson, V.I. (2001). Beyond the nuclear family: The increasing importance of multigenerational bonds. *Journal of Marriage and Family*, 63, pp.1.

Benzeval, M. (1998). The self-reported health status of lone parents. *Social Science and Medicine*, 46 (10), pp.1337-53.

Berkman, L. and Glass, T. (2000). Social integration, social networks, social support and health'. In: L.F. Berkman and I. Kawachi (eds.) *Social Epidemiology*. New York: Oxford University Press, pp.137-73.

Berkman, L.F., Glass, T., Brissette, I. and Seeman, T.E. (2000). From social integration to health: Durkheim in the new millennium. *Social Science and Medicine*, 51, pp.843-857.

Bernard, P., Charfeddine, R., Frolich, K., Daniel, M., Kestens, Y. and Potvin, L. (2007). Health inequalities and place; a theoretical conception of neighbourhood. *Social Science and Medicine*, 65, pp.1839-1852.

Bernardes, J. and Smith, D.S. (1993). The curious history of theorizing about the history of the Western nuclear family. *Social Science History*, 17 (3), pp.325-53.

Bisin, A. and Verdier, T. (1998). On the cultural transmission of preferences for social status. *Journal of Public Economics*, 70 (1), pp.75-97.

- Bisin, A. and Verdier, T. (2001). The Economics of Cultural Transmission and the Evolution of Preferences. *Journal of Economic Theory*, 97 (1), pp.298-319.
- Black, S. and Devereux, P. (2011). *Recent Developments in Intergenerational Mobility*. Handbook of Labor Economics, Elsevier.
- Blakely, T., Atkinson, J., Ivory, V., Collings, S., Wilton, J. and Howden-Chapman, P. (2006). No association of neighbourhood volunteerism with mortality in New Zealand: A national multilevel cohort study. *International Journal of Epidemiology*, 35, pp.981-989.
- Blamey, A., Hanlon, P., Judge, K. and Muirie, J. (eds.) (2002). *Health Inequalities in the New Scotland*. Glasgow: Public Health Institute of Scotland.
- Blanden, J., Gregg, P. and Macmillan, L. (2007). Accounting for intergenerational income persistence: non-cognitive skills, ability and education'. *Economic Journal*, 117, pp.43–60.
- Blaxter, M. (1990). *Health and lifestyles London*. Tavistock/Routledge.
- Blouet, B. (1967). *The Story of Malta*. London: Faber.
- Blum, R. W. and Nelson-Mmari, K. (2004). The health of young people in a global context. *Journal of Adolescent Health*, 35, pp.402-418.
- Blumer, H. (1969). *Symbolic interactionism: Perspective and method*. Englewood Cliffs, NJ: Prentice Hall.
- Boeri, T., Del Boca, D. and Pissarides, C. (2005). *Women at Work: an Economic Perspective*. Oxford: Oxford University Press.
- Bohn, V. and Richter, M. (2011). *Type of School, Social Capital and Subjective Health in Adolescence*. Gesundheitswesen.
- Bolster, A., Burgess, S., Johnston, R., Jones, K., Propper, C. and Sarker, S. (2007). Neighbourhoods, households and income dynamics: a semi-parametric investigation of neighbourhood effects. *Journal of Economic Geography*, 7 (1), pp.1-38.

- Borkowski, J. G., Whitman, T. L. and Farris, J. R. (2007). Adolescent mothers and their children: Risks, resilience, and development. In: J. G. Borkowski, J. R. Farris, T. L. Whitman, S. S. Carothers, K. Weed, and D. A. Keogh (eds.), *Risk and resilience: Adolescent mothers and their children grow up*. Mahwah, NJ: Lawrence Erlbaum, pp.1–34.
- Bornstein, M.H., Davidson, L., Keyes, C.L.M., Moore, K. and the Centre for Child Well-Being (eds.) (2003). *Well-being: positive development across the life course*. Mahwah, New Jersey: Lawrence Erlbaum Associates Publishers.
- Borrell, C., Palencia, L., Muntaner, C., Urquia, M., Malmusi, D., O'Campo, P. (2014). Influence of macrosocial policies on women's health and gender inequalities in health. *Epidemiologic Reviews*. 36 (1), pp.31 - 48.
- Boswell, D.M. (1994). The Social Prestige of Residential Areas. In: R.G. Sultana and G. Baldacchino, (eds.) *Maltese society: A sociological inquiry*. Malta: Mireva Publications, pp.369-3820.
- Bott, E. (1957). *Family and Social Network*. London: Tavistock.
- Bourdieu, P. (1986). *Distinction: a social critique of the judgement of taste*. London: Routledge.
- Bowen, G. L. and Richman, J. M. (2002). Schools in the context of communities. *Children and Schools*, 24, pp.65-72.
- Bowlby, J. (1969). Attachment and loss. *Attachment*, 1, New York: Basic Books.
- Bowles, S. and Gintis, H. (2002). The inheritance of inequality. *Journal of Economic Perspectives*, 16 (3), pp.3-30.
- Bowling, A. (2002). *Research Methods in Health*. Buckingham, Open Univeristy Press.
- Boyden, J. O., and Ennew, J. (1997). *Children in focus: A manual for participatory research with children*. Stockholm: Save the Children Sweden.

Brännström, L. (2008). Making their mark: The effects of neighbourhood and upper secondary school on educational achievement. *European Sociological Review*, 24 (4), pp.463-78.

Briggs, X. de Souza, Keys, B.J. (2009). Has exposure to poor neighbourhoods changed in America? Race, risk and housing locations in two decades. *Urban Studies*, 46, pp.429-458.

Briguglio, M. and Bugeja, I. (2011). Exploring Malta's welfare model, *Bank of Valletta Review*, 43, pp.12-27.

Brodsky, A. E. (1996). Resilient single mothers in risk neighborhoods: Negative psychological sense of community. *Journal of Community Psychology*, 24 (4), pp.347-363.

Brooks-Gunn, J., Duncan, G. J., Klebanov, P. K. and Sealander, N. (1993). Do neighborhoods influence child and adolescent development. *American Journal of Sociology*, 99 (2), pp.353-395.

Brown, G. W. and Harris, T. (1978). *Social origins of depression: a study of psychiatric disorder in women*. New York: Free Press.

Bryman, A. (2008). *Social Research Methods* (3rd ed.). New York: Oxford University Press.

Bryman, A. and Burgess, J. J. (2005). *Social research methods*. Toronto: Oxford University Press.

Bumpass, Larry L. (1984). Demographic aspects of children's second-family experience. *American Journal of Sociology*, 90 (3), pp.608-623.

Burch, S. (2008). Cultural and Anthropological Studies. In: J. Naidoo, and J. Wills (eds.) (2008) *Health Studies – an introduction* (2nd ed.). Palgrave Macmillan.

Burgess, E.W. (1948). The family in a changing society. *The American Journal of Sociology*, 53 (2), pp.125-130.

Burström, B., Whitehead, M., Clayton, S., Fritzell, S., Vannoni, F. and Costa, G. (2010). Health inequalities between lone and couple mothers and policy under different welfare regimes: the example of Italy, Sweden and Britain. *Social Science and Medicine*, 70 (6), pp.912-20.



- Cagney, K.A. and Browning, C.R. (2004). Exploring neighborhood-level variation in asthma and other respiratory diseases: the contribution of neighborhood social context. *Journal of General Internal Medicine*, 19 (3), pp.229-236.
- Cairns, J.M. (2013). *Defying the odds? Identifying and understanding the relationships between health and resilience*, Durham theses, Durham University.
- Campbell, B. (1993). *Goliath: Britain's Dangerous Places*. London: Methuen.
- Campbell, J.K. (1966). Honour and the devil. In: J.G. Peristiany, (ed.), *Honour and shame: the values of Mediterranean society*. Weidenfeld and Nicolson.
- Campbell, L. (2006). *Darby: One Hundred Years of Life in a Changing Culture*. Sydney: Walpiri Media Assoc./ABC Books.
- Canvin, K., Marttila, A., Burstromb, B. and Whitehead, M. (2009). Tales of the unexpected? Hidden resilience in poor households in Britain. *Social Science and Medicine*, 69, pp.238-245.
- Card, D. and Krueger, A. (1992). Does School Quality Matter? Returns to Education and the Characteristics of Public Schools in the United States. *Journal of Political Economy*, 100, 1-40.
- Card, D. and Krueger, A. (1996). Labor Market Effects of School Quality: Theory and Evidence. In: G. Burtless (ed.), *Does Money Matter? The Link between Schools, Student Achievement and Adult Success*, Washington, DC: The Brookings Institution.
- Carvalho, I. and Lewis, D.A. (2003). Beyond community: reactions to crime and disorder among inner-city residents. *Criminology*, 41 (3), pp.779-812.
- Carver, A., Timperio, A. and Crawford, D. (2008). Playing it safe: the influence of neighbourhood safety on children's physical activity - A review. *Health and Place*, 14, pp.217-227.
- Cass, N., Shove, E. and Urry, J. (2005). Social exclusion, mobility and access. *Sociological Review*, 53 (3), pp.539-555.

Castree, N. (2004). Differential geographies: Place, indigenous rights and 'local' resources. *Political Geography*, 23, pp.133–167.

Catney, G., Finney, N. and Twigg, L. (2011) Diversity and the complexities of ethnic integration in the UK: guest editors' introduction. *Journal of Intercultural Studies*. 32, pp. 107-114.

Cattell V. (2012). *Poverty, Community and Health Co-operation and the Good Society*. Palgrave Macmillan UK

Cattell, V. (2001). Poor people, poor places, and poor health: the mediating role of social networks and social capital. *Social Science and Medicine*, 52, pp.1501-1516.

Cattell, V. (2012). *Poverty, Community and Health. Co-operation and the Good Society*. Palgrave Macmillan, London.

Cattell, V. and Evans, M. (1999). *Neighbourhood Images in East London: Social Capital and Social Networks on Two East London Estates*. York: Joseph Rowntree Foundation.

Cattell, V., Dines, N., Gesler, W. and Curtis, S. (2008). Mingling, observing, and lingering: everyday public spaces and their implications for wellbeing and social relations. *Health and Place*, 14 (3), pp.544–561.

Caughy, M. O., Miller, T., Genevro, J. L., Huang, K. and Nautiyal, C. (2003). The effects of Healthy Steps on discipline strategies of parents of young children. *Journal of Applied Developmental Psychology*, 24 (5), pp.517-534.

Caughy, O. M., O'Campo, P.J. and Muntaner, C. (2003). When being alone might be better: neighbourhood poverty, social capital, and child mental health. *Social Science and Medicine*, 57 (2), pp.227-237.

Charmaz, K. (2003). Grounded theory: Objectivist and constructivist methods. In: N. K. Denzin and Y. S. Lincoln (eds.), *Strategies for qualitative inquiry*. (2nd ed.) pp.249-291. Thousand Oaks, CA: Sage.

Charmaz, K. (2014). *Constructing grounded theory*. (2<sup>nd</sup> ed.) London: Sage.

Charmaz, K. and Mitchell, R. G. (2001). Grounded theory in ethnography. In P. Atkinson, A. Coffey, J. Delamont, J. Lofland, and L. Lofland (eds.), *Handbook of ethnography* p. 160. Thousand Oaks, CA: Sage.

Chenitz, W. and Swanson, J. (1986). *From practice to grounded theory*. Menlo Park, CA: Addison Wesley.

Chiovitti, R.F. and Piran, N. (2003). Rigour and grounded theory research, *Journal of Advanced Nursing*, 44 (4), pp.427-435.

Christensen, P. (2004). Children's participation in ethnographic research: issues of power and representation. *Children and Society*, 18 (2), pp.165-76.

Christensen, P. and Prout, A. (2002). Working with ethical symmetry in social research with children. *Childhood*, 9, pp.477-497.

Church, A., Frost, M. and Sullivan, K. (2000). Transport and social exclusion in London. *Transport Policy*, 7 (3), 195-205.

Cialdini, R. B., Kallgren, C. A. and Reno, R. R. (1991). A focus theory of normative conduct: a theoretical refinement and re-evaluation of the role of norms in human behaviour. *Advances in Experimental Social Psychology*, 12, pp.105-109.

Cialdini, R. B., Reno, R. R. and Kallgren, C. A. (1990). A focus theory of normative conduct: recycling the concept of norms to reduce littering in public places. *Journal of Personality and Social Psychology*, 58 (6), pp.1015-1026.

Clark, A. (2005). Listening to and involving young children: A review of research and practice. *Early Child Development and Care*, 175 (6), pp.489–505.

Clark, A. and Stratham, J. (2005). Listening to young children: Experts in their own lives. *Adoption and Fostering*, 29 (1), pp.45-56.

Clark, A., McQuail, S. and Moss, P. (2003). *Exploring the field of listening to and consulting with young children*. Nottingham: Department for Education and Skills.

Clark, A.E. (2003). Unemployment as a social norm: psychological evidence from panel data. *Journal of Labor Economics*, 21 (2), pp.323–351.

Clark, A.E. and Senik, C. (2010). Who compares to whom? The anatomy of income comparisons in Europe. *Economic Journal*, 120 (544), pp.573–594.

Coad, J. and Lewis, A. (2004). Engaging children and young people in research. *Literature review for the National Evaluation of the Children's Fund*. University of Birmingham, Birmingham.

Cohen, L., Manion, L. and Morrison, K. (2007). *Research Methods in Education* (Sixth Edition). London and New York: Routledge.

Cohen, S. and Syme, S. L. (eds.) (1985). *Social Support and Health*. Orlando: Academic Press.

Coleman, J. S. (1990). *Foundations of social theory*. Harvard: Harvard University Press.

Coleman, J.S. (1988). Social capital and the creation of human capital. *American Journal of Sociology*, 94, pp.95-120.

Coley, R. L. and Chase-Lansdale, P. L. (1998). Adolescent pregnancy and parenthood: Recent evidence and future directions. *The American Psychologist*, 53 (2), pp.152-166.

Congdon, P. (1996). Suicide and parasuicide in London: a small-area study. *Urban Studies*, 33, pp.137–158.

Conger, R. D., Conger, K. J., Elder, G., Lorenz, F., Simons, R. and Whitbeck, L. (1992). A family process model of economic hardship and adjustment of early adolescent boys. *Child Development*, 63, pp.526-541.

Connor, K. M. and Davidson, J. R. (2003). Development of a new resilience scale: the Connor-Davidson Resilience Scale (CD-RISC). *Depression and Anxiety*, 18, pp.76-82.

Conradson, D. (2005). Landscape, care and the relational self: therapeutic encounters in rural England. *Health and Place*, 11 (2), pp.337-348.

- Conradson, D. (2011). Taking-place: non-representational theories in geography. In: B. Anderson and P. Harrison (eds.), *New Zealand Geographer*, 67, pp.229-231.
- Cope, M. (2009). Grounded Theory. In: R. Kitchin, and N. Thrift, (eds.). *International Encyclopedia of Human Geography*, Oxford Elsevier, pp.647-650.
- Corbin, J. and Strauss, A. (1990). Grounded theory research: procedures, canons, and evaluative criteria. *Qualitative Sociology*, 13 (1), pp.3-21.
- Corburn J. (2004). Confronting the challenges in reconnecting urban planning and public health. *American Journal of Public Health*, 94 (4), pp.541–546.
- Corcoran, M. (1995). Rags to rags: poverty and mobility in the United States. *Annual Review of Sociology*, 21, pp.237-267.
- Costa-i-Font, J. (2008). Housing assets and the socio-economic determinants of health and disability in old age. *Health and Place*, 14 (3), pp.478-491.
- Cote, S. and Healy, T. (2001). *The Well-being of Nations. The role of human and social capital*. Paris: Organisation for Economic Co-operation and Development.
- Cousins, J. (1999). *Listening to four year olds. How they can help us plan their education and care*. London: National Early Years Network.
- Cox, E. and Caldwell, P. (2000). Making policy social. In: I. Winter (ed.) *Social Capital and Public Policy in Australia*, Australian Institute of Family Studies, Melbourne.
- Coyne, I. (1997). Sampling in qualitative research. Purposeful and theoretical sampling: merging or clear boundaries? *Journal of Advanced Nursing*, 26, pp.623-630.
- Crang, M., and Cook, I. (2007), *Doing Ethnographies*. London: Sage.
- Crosier, T., Butterworth, P. and Rodgers, B. (2007). Mental health problems among single and partnered mothers. *Social Psychiatry and Psychiatric Epidemiology*, 42 (1), pp.6-13.
- Cummins, R.A. (2010). Fluency disorders and life quality: Subjective wellbeing vs. health-related quality of life. *Journal of Fluency Disorders*, 35, pp.161-172.

Cummins, S., Curtis, S., Diez-Roux, A. V. and Macintyre, S. (2007). Understanding and representing 'place' in health research: A relational approach. *Social Science and Medicine*, 65(9), pp.1825-1838.

Cummins, S., Stafford, M., Macintyre, S., Marmot, M. and Ellaway, A. (2005). Neighbourhood environment and its association with self-rated health: evidence from Scotland and England. *Journal of Epidemiology and Community health*, 59, pp.207-213.

Curtis, S. (2004). *Health and Inequality: Geographical Perspectives*. Thousand Oaks, CA: Sage.

Curtis, S. and Riva, M. (2009). Complexity and geographies of health care systems and policy. *Progress in Human Geography*, 34 (4) pp.513-520.

Curtis, S. (2010). *Space, Place and Mental Health*. Ashgate, Farnham, UK.

Curtis, S. and Riva, M. (2010b). Health geographies I: Complexity theory and human health. *Progress in Human Geography*, 34, pp.215-223.

Curtis, S., and Jones, I. (1998). Is there a place for geography in the analysis of health inequality? *Sociology of Health and Illness*, 20 (5), pp.645-672.

Curtis, S., Setia, M. S. and Quesnel-Vallee, A. (2009). Socio-geographic mobility and health status: A longitudinal analysis using the National Population Health Survey of Canada. *Social Science and Medicine*, 69, pp.1845-1853.

Curtis, S., Gesler, W., Smith, G. and Washburn, S. (2000). Approaches to sampling and case selection in qualitative research: examples in the geography of health. *Social Science and Medicine*, 50, pp.1001-14.

Cutileiro, J.R. (1971). *A Portuguese rural society*. Clarendon Press.

Dahlgren, G. and Whitehead, M. (1991). *Policies and strategies to promote social equity in health*. Stockholm, Institute of Futures Studies.

Dahlgren, G. and Whitehead, M. (2007). *European Strategies for Tackling Social Inequities in Health: Levelling up Part 2*. Copenhagen: WHO.

Darbyshire, P., MacGougall, C. and Schiller, W. (2005). Multiple methods in qualitative research with children: More insight or just more? *Qualitative Research*, 5 (4), pp.7-436.

Daatland, S.O and Herlofson, K. (2003). Norms and ideals about elder care in a European comparative perspective. In: A. Lowenstein and J.Ogg (eds.) *OASIS Final report*, pp. 127-164. Haifa: University of Haifa.

Davies, J. B., Sandstrom, S., Shorrocks, A. and Wolff, E.N. (2006). *The world distribution of household wealth*, UNU-WIDER, Helsinki, Finland.

Davis, J. (1969). *Honour and Politics in Pisticci*. Royal Anthropological Institute, pp.69-81.

Davis, J. (1991). *Contested Ground: Collective Action and the Urban Neighbourhood*. Ithaca, NY: Cornell University Press.

De Koninck, M. and Pampalon, R. (2007). Living Environments and Health at the Local Level: The Case of Three Localities in the Québec City Region. *Canadian Journal of Public Health*, 98, pp.45-53.

De Silva, M., McKenzie, K., Harpham, T. and Huttly, S. (2005). Social Capital and Mental Illness: A Systematic Review. *Journal of Epidemiology and Community Health*, 59, pp.619-27.

DeFilippis, J. (2001). The Myth of Social Capital in Community Development. *Housing Policy Debate, Fannie Mae Foundation*, 12 (4), pp.781-806.

DeLanda, M. (2006). *A new Philosophy of Society: Assemblage Theory and Social Complexity*. Continuum London.

Del Mar García-Calvente, M., Hidalgo-Ruzzante, N., del Río-Lozano, M., Marcos-Marcos, J., Martínez-Morante, E., Maroto-Navarro, G., Mateo-Rodríguez, I. and Gil-García, E. (2012). Exhausted women, tough men: a qualitative study on gender differences in health, vulnerability and coping with illness in Spain. *Sociology of Health and Illness*, 34, pp.911-926.

DeLyser, D. (1999). Authenticity on the ground: engaging the past in a California ghost town', *Annals of the Association of American Geographers*, 89, pp.602-632.

- Denscombe, M. (2003). *The Good Research Guide*. Open University Press. UK.
- Denzin, N. and Lincoln, Y. (eds.) (2000). *Handbook of Qualitative Research* (2nd ed.). London: Sage Publications Ltd.
- Dey, I. (1999). *Grounding grounded theory: guidelines for qualitative inquiry*. San Diego: Academic Press.
- Dickson-Swift, V., James, E. L., Kippen, S. and Liamputtong, P. (2007). Doing sensitive research: What challenges do qualitative researchers face? *Qualitative Research*, 7, pp.327-353.
- Diez-Roux, A. (2001). Investigating neighborhood and area effects on health. *American Journal of Public Health*, 91, pp.1783–1789.
- Diez-Roux, A. V. and C. Mair. (2010). Neighborhoods and Health. *Annals of the New York Academy of Sciences*, 1186 (1), pp.125-145.
- Diez-Roux, A.V., Nieto, F.J., Muntaner, C., Tyroler, H.A., Comstock, G.W., Shahar, E., Cooper, L.S., Watson, R.L. and Szklo, M. (1997). Neighborhood environments and coronary heart disease: a multilevel analysis. *American Journal of Epidemiology*, 146, pp.48-63.
- Divorce Act (2011). Civil Code, Chapter 16, Article 66, Malta.
- Dooley, D. (2003). Unemployment, underemployment, and mental health: conceptualizing employment status as a continuum. *American Journal of Community Psychology*, 12, pp.920.
- Dooley, D., Fielding, J. and Levi, L., (1996). Health and unemployment. *Annual Review Public Health*, 17 (1), pp.449-465.
- Dorling, D., Rigby, R., Wheeler, B., Ballas, D., Thomas, B., Fahmy, E., Gordon, D. and Lupton, R. (2007). *Poverty, wealth and place in Britain, 1968 to 2005*. Bristol: Policy.
- Driessnack, M. (2006). Draw and tell conversations with children about fear. *Qualitative Health Research*, 16, pp.1414-1435.



- Droomers, M., Schrijvers, C.T.M. and Mackenbach, J. P. (2001). Educational level and decreases in leisure time physical activity: Predictors from the longitudinal GLOBE study. *Journal of Epidemiology and Community Health*, 55 (8), pp.562-568.
- Duany, A., Plater-Zyberk, E. and Speck, J. (2000). *Suburban nation: The rise of sprawl and the decline of the American dream*. New York: North Point Press.
- Du Bois, L. (1997). Past, place and paint: a neighbourhood mural project in suburban Buenos Aires. *Anthropologica*, 39, pp.7-15.
- Dubos, R. (1987). *Mirage of health: utopias, progress, and biological change*. Rutgers University Press, New Brunswick.
- Duff, C., (2011). Networks, resources and agencies: on the character and production of enabling places. *Health and Place*, 17 (1), pp.149-156.
- Duncan, C., Jones, K. and Moon, G. (1993). Do places matter – a multilevel analysis of regional variations in health-related behaviour in Britain? *Social Science & Medicine*, 37 (6), pp.725–733.
- Duncan, C., Jones, K. and Moon, G. (1999). Smoking and deprivation: are there neighbourhood effects? *Social Science and Medicine*, 48, pp.497-505.
- Duncan, C., Jones, K. and Moon, G. (1996). Health related behavior context: a multilevel modelling approach. *Social Science and Medicine*, 42 (6), pp.817–30.
- Duncan, G. J. and Raudenbush, S. W. (1999). Assessing the effects of context in studies of child and youth development. *Educational Psychologist*, 34, pp.29-41.
- Duncan, G. J. and Raudenbush, S. W. (2001). Neighborhoods and adolescent development: how can we determine the links? In: A. Booth and A. C. Crouter (eds.) *Does it take a village? Community effects on children, adolescents, and families* Lawrence Erlbaum, Mahwah NJ, pp.105-136.
- Dunn, J.R. (2000). Housing and health inequalities: Review and prospects for research. *Housing Studies*, 15 (3), pp.341-366.

- Dunn, J.R. and Haynes M.V. (2000). Social Inequality, Population Health and Housing: A study of two Vancouver neighborhoods. *Social Science and Medicine*, 51, pp.563-587.
- Durkheim, E. (1999, first published 1897). *Suicide: A study in sociology*. London, Routledge.
- Durlauf, S. (1999). The Case "Against" Social Capital. *Focus: Newsletter of the Institute For Research on Poverty*, 20 (3), pp.1-5.
- Durlauf, S. N. (2004). Neighborhood effects. In: J. V. Henderson and J. F. Thisse (eds.), *Handbook of Regional and Urban Economics*, Amsterdam: Elsevier Science, 4, pp.2173-2242.
- Dyck, I.J. (2003). Feminism and health geography: twin tracks or divergent agendas? *Gender Place and Culture*, 10, pp.361-368.
- Eagly, A. H. (1987). *Sex differences in social behavior: A social role interpretation*. Hillsdale, NJ: Erlbaum.
- Edwards, V. J., Holden, G. W. and Felitti, V. J. (2003). Relationship between multiple forms of childhood maltreatment and adult mental health in community respondents: results from the adverse childhood experiences study. *American Journal of Psychiatry*, 160, pp.1453 - 1460.
- Egolf, B., Lasker, J., Wolf, S. and Potvin, L. (1992). The Roseto Effect: A 50 Year Comparison of Mortality Rates. *American Journal of Public Health*, 82 (8), pp.1089-92.
- Ellaway, A., and Macintyre, S. (1998). Does housing tenure predict health in the UK because it exposes people to different levels of housing related hazards in the home or its surroundings? *Health and Place*, 4 (2), pp.141-150.
- Elliott, D. S., Menard, S., Rankin, B., Elliott, A., Wilson, W. J. and Huizinga, D. (2006). *Good kids from bad neighborhoods: Successful development in social context*. New York, NY: Cambridge University Press.
- Ellison, C.G. and Levin, J.S. (1998). The religion-health connection: evidence, theory, and future directions. *Health Education and Behavior*, 25, pp.700-720.

Emery, C.R., Thapa, S., Do, M.H. and Chan, K. L. (2015). Do family order and neighbor intervention against intimate partner violence protect children from abuse? Findings from Kathmandu. *Child Abuse and Neglect*, 41, pp.170-181.

Erikson, R. (2001). Why do Graduates Live Longer? In: J.O. Jonsson, and C. Mills (eds.), *Cradle to grave: Life-course change in modern Sweden*. Durham: Sociology Press.

Ermisch, J. and Francesconi, M. (2000). Cohabitation in Great Britain: not for long, but here to stay. *Journal of the Royal Statistical Society (Series A)*, 163 (2), pp.153-171.

Espelt, A., Font-Ribera, L., Rodriguez-Sanz, M., Artazcoz, L., Ferrando, J., Plaza, A. and Borell, C. (2010). Disability among older people in a southern European city in 2006: trends in gender and socioeconomic inequalities. *Journal of Women's Health*, 19 (5), pp.927 - 933.

Esping-Andersen, G. (1990). *The Three Worlds of Welfare Capitalism*. Cambridge, Polity Press.

Evans, G. W., Saltzman H. and Cooperman J.L. (2001). Housing Quality and Children's Socioemotional Health. *Environment and Behaviour*, 33 (3), pp.389-399.

Evans, G.W., Wells, N.M. and Moch, A. (2003). Housing and mental health: a review of the evidence and a methodological and conceptual critique. *Journal of Social Issues* 59 (3), pp.475-500.

Evans, J., Hyndman, S., Stewart-Brown, S., Smith, D. and Petersen, S. (2000). An epidemiological study of the relative importance of damp housing in relation to adult health. *Journal of Epidemiology and Community Health*, 54 (9), pp.677-686.

Evans, R.G., Barer, M. and Marmor, T. (1994). *Why Are Some People Healthy and Others Not?* New York: Aldine De Gryter.

Ewles, L. (2005). *Key Topics in Public Health Promotion*. London: Elsevier Churchill Livingstone.

Fagg, J. (2009). *Transitions of self-esteem and neighbourhood deprivation, findings from the British Household Panel Study*. PhD. Department of Geography, Queen Mary, University of London.

- Farre', L. and Vella, F. (2013). The intergenerational transmission of gender role attitudes and its implications for female labour force participation. *Economica*, 80, pp.219-47.
- Feldman, P.J. and Steptoe, A. (2004). How neighborhoods and physical functioning are related: the roles of neighborhood socioeconomic status, perceived neighborhood strain, and individual health risk factors. *Annals of Behavioral Medicine*, 27, pp.91-99.
- Ferlander, S. and Mäkinen, I. H. (2009). Social capital, gender and self-rated health. Evidence from the Moscow Health Survey. *Social Science and Medicine*, 69, pp.1323-1332.
- Ferrera, M. (1996). The southern model of welfare in social Europe. *Journal of European Social Policy*, 6 (1), pp.17 - 37.
- Fevre, R. (2000). Identity, work and economic development. In: S. Baron; J. Field, and T. Schuller, *Social Capital: Critical Perspectives*, Oxford: Oxford University Press.
- Field, F. (2011). *The foundation years: Preventing poor children becoming poor adults*. London: The report of the Independent Review on Poverty and Life Chances.
- Fiorillo, D. and Sabatini, F. (2015). Structural social capital and health in Italy. *Economics and Human Biology*, 17, pp.129-142.
- Fine, B. (2001). *Social capital versus social theory: Political economy and social science at the turn of the millennium*. London: Routledge.
- Fine, B. (2002). It ain't social, it ain't capital and it ain't Africa. *Studia Africana*, 13, pp.18-33.
- Fiorina, M. P. (1999). Extreme voices: a dark side of civic engagement. In: T. Skocpol and M.P. Fiorina (eds.), *Civic Engagement in American Democracy*. Brookings Institution Press, Washington, DC, pp.395-425.
- Fisher, J. (1993). *Out of the Shadows: Women, Resistance and Politics in South America*. London: Latin American Bureau.
- Foley, M. and Edwards, B. (1998). Beyond Tocqueville: Civil Society and Social Capital in Comparative Perspective. *American Behavioural Scientist*, 42 (1), pp.5-20.

Fonagy, P. (1996). Patterns of attachment, interpersonal relationships and health. In D. Blane, E. Brunner, and R. Wilkinson, *Health and social organization: towards health policy for the twenty-first century*, New York/ London: Routledge, pp.125-151.

Forest, B. and Johnson, J. (2002). Unraveling the threads of history: Soviet-era monuments and post-Soviet national identity in Moscow. *Annals of the Association of American Geographers*, 92, pp.524-547.

Fortin, N.M. (2005). Gender role attitudes and the labour-market outcomes of women across OECD countries. *Oxford Review of Economic Policy*, 21, pp.416-38.

Foster, S., Villanueva, K., Wood, L., Christian, H. and Giles-Corti, B. (2014). The impact of parents' fear of strangers and perceptions of informal social control on children's independent mobility. *Health and Place*, 26, pp.60-68.

Fowler, J.H. and Christakis, N. A., (2008). Estimating peer effects on health in Social networks: A response to Cohen-Cole and Fletcher; and Trogdon, Nonnemaker, and Pais. *Journal of Health Economics*, 27, pp.1400-1405.

Frankenberg, R. (1996). *Communities in Britain: Social life in Town and Country*. Harmondsworth: Penguin.

Free, S., Howden-Chapman, P., Pierse, N. and Viggers, H. (2010). More effective home heating reduces school absences for children with asthma. *Journal of Epidemiology and Community Health*, 64 (5), pp.379-386.

Fritzell, S., Weltoft, G., Fritzell, J. and Burstrom, B. (2007). From macro to micro: the health of Swedish lone mothers during changing economic and social circumstances. *Social Science and Medicine*, 65 (12), pp.2474-88.

Frohlich, K. L., Potvin, L., Chabot, P. and Corin, E. (2002). A theoretical and empirical analysis of context: neighbourhoods, smoking and youth. *Social Science and Medicine*, 54, pp.1401-17.

Frohlich, K.L. and Potvin, L. (2008). The inequality paradox: the population approach and vulnerable populations. *American Journal of Public Health*, 98, pp.216-21.

Frumkin, H., (ed.) (2005). *Environmental Health: From Global to Local*. San Francisco: Jossey-Bass.

Fukuyama, F. (1999). *The Great Disruption: Human Nature and the Reconstitution of Social Order*. London: Profile Books.

Furstenberg, F.F. (2007). The Making of the Black Family: Race and Class in Qualitative Studies in the Twentieth Century. *Annual Review of Sociology*, 33, pp.429-448.

Furstenberg, F.F., Cook, T.D., Eccles, J., Elder, G.H. and Sameroff, A. (1999). *Managing to make it: Urban families and adolescent success*. Chicago: University of Chicago Press.

Gallie, D., Paugam, S. and Jacobs, S. (2003). Unemployment, poverty and social isolation: is there a vicious circle of social exclusion? *European Societies*, 5 (1), pp.1-32.

Galster, G. (2012). The Mechanism(s) of Neighborhood Effects: Theory, Evidence, and Policy Implications. In: M. Van Ham, D. Manley, N. Bailey, L. Simpson, and D. Maclennan (eds.) *Neighbourhood effects research: New perspectives*, Dordrecht: Springer, pp.23–56.

Galster, G. and Killen, S. (1995). The geography of metropolitan opportunity: a reconnaissance and conceptual framework. *Housing Policy Debate*, 6, pp.7-43.

Galster, G., Marcotte, D.E., Mandell, M., Wolman, H. and Augustine, N. (2007). The Influence of Neighborhood Poverty During Childhood on Fertility, Education, and Earnings Outcomes. *Housing Studies*, 22 (5), pp.723-751.

Gans, H. (1962). *The urban villagers: Group and class in the life of Italian-Americans*. Glencoe, NY: Free Press.

Garnezy, N. (1991). Resiliency and vulnerability to adverse developmental outcomes associated with poverty. *American Behavioral Scientist*, 34, pp.416-430.

Gatrell, A.C. (2002). *Geographies of Health: An Introduction*. Malden, MA: Blackwell.

Gatrel, A. and Elliot, S. (2015). *Geographies of health: an introduction* (3<sup>rd</sup> ed.). NYSE: John Wiley.

Gerring, J. (2004). What is a Case Study and what is it good for? *American Political Science Review*, 98 (2), pp.341-354.

Gesler W. (2003). *Healing places*. Lanham, MD: Rowman and Littlefield.

Gesler, W. (1992). Therapeutic landscapes: medical geographic research in light of the new cultural geography. *Social Science and Medicine*, 34 (7), pp.735-746.

Gibson, M. and Thomson, H., Banas, K., Bambra, C., Fenton, C. and Bond, L. (2012). Welfare to work interventions and their effects on health and well-being of lone parents and their children (Protocol), *The Cochrane Library*. 5, CD009820.

Gibson, M., Thomson, H., Kearns, A. and Petticrew, M. (2011). Understanding the psychosocial impacts of housing type: Qualitative evidence from a housing and regeneration intervention. *Housing Studies*, 26 (4), pp.555-573.

Giddens, A. (1984) *The constitution of society: outline of a theory of structuration*. Cambridge, Polity.

Giddens, A. (1991). *Modernity and Self Identity: Self and Society in the Late Modern Age*, Cambridge: Polity Press.

Gifford, R. (2007). *Environmental Psychology: Principles and Practices*. Canada: Optimal Books, pp.191-194.

Gil, M.R and Inoa Vazquez, C. (1997). *The Maria Paradox. How Latinas can merge old world traditions with new world self-esteem*. New York: Perigee Books.

Giles-Corti, B. and Donovan, R.J., (2002). The relative influence of individual, social and physical environment determinants of physical activity. *Social Science and Medicine*, 54, pp.1793-1812.

Gillies, V. and Lucey, H. (2006). It's a connection you can't get away from: brothers, sisters and social capital. *Journal of Youth Studies*, 9 (4), pp.479-493.

Gilliom, J. (2001). *Overseers of the poor: Surveillance, resistance, and the limits of privacy*. Chicago. IL: University of Chicago Press.

Gittell, R. and Vidal, A. (1998). *Community Organizing: Building Social Capital as A Development Strategy*. Thousand Oaks, CA: Sage.

Glaser, B. and Strauss, A. (1967). *The discovery of grounded theory: Strategies for qualitative research*. New York: Aldine De Gruyter.

Glaser, B. G. (1992). *Emergence vs. forcing: Basics of grounded theory analysis*. Mill Valley, CA: Sociology Press.

Glaser, B.G., (1978). *Theoretical sensitivity: Advances in the methodology of grounded theory*, Mill Valley, California: Sociology Press.

Goede, R. and de Villiers, C. (2003). The applicability of grounded theory as research methodology in studies on the use of methodologies in IS practices. In: *Proceedings of the 2003 annual research conference of the South African institute of computer scientists and information technologists on enablement through technology*, SAICSIT '03, Republic of South Africa: South African Institute for Computer Scientists and Information Technologists, pp.208-217.

Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. Englewood Cliffs, NJ: Prentice-Hall.

Goldthrope, J., Lockwood, D., Bechhofer, F. and Platt, J (1968). *The affluent worker*. Cambridge University Press.

Goodwin, D., Pope, C., Mort, M. and Smith, A. (2003). Ethics and ethnography: an experiential account. *Qualitative Health Research*, 13 (4), pp.567-577.

Gore, S. and Mangione, T.W. (1983). Social Roles, Sex Roles and Psychological Distress – Additive and Interactive Models of Sex-Differences. *Journal of Health and Social Behavior*, 24 (4), pp.300-312.

Gossrau-Breen, D., Kuntsche, E. and Gmel, G. (2010). My older sibling was drunk – Younger siblings' drunkenness in relation to parental monitoring and the parent–adolescent relationship. *Journal of Adolescence*, 33 (5), pp.643–652.



Goulding, C. (1998). Grounded theory: The missing methodology on the interpretivist agenda. *Qualitative Market research: An International Journal*, 1 (1), pp.50-57.

Granovetter, M. S. (1973). The Strength of Weak Ties. *American Journal of Sociology*, 78, pp.1360 - 1380.

Gray, D., Shaw, J. and Farrington, J. (2006). Community transport, social capital and social exclusion in rural areas. *Area*, 38 (1), pp.89-98.

Graham, S. and Healey, P. (1999). Relational concepts of space and place: Issues for planning theory and practice. *European Planning Studies*, 7 (5), pp.623-646.

Gregg, P., Macmillan, L. and Nasim, B. (2012). The Impact of Fathers' Job Loss during the Recession of the 1980s on their Children's Educational Attainment and Labour Market Outcomes. *Fiscal Studies*, 33, pp.237-264.

Griffin, J., Fuhrer, R., Stansfeld, S. and Marmot, M. (2002). The importance of low control at work and home on depression and anxiety: do these effects vary by gender and social class? *Social Science and Medicine*, 54 (5), pp.783-798.

Grundy, E. (2005). Reciprocity in relationships: socio-economic and health influences on intergenerational exchanges between third age parents and their adult children in Great Britain. *British Journal of Sociology*, 56, pp.233-255.

Guerra, N.G., Huesmann, L.R. and Spindler, A. (2003). Community violence exposure, social cognition, and aggression among urban elementary school children. *Child Development*, 74 (5), pp.1561-1576

Guterman, N., Lee, S., Taylor, C. and Rathouz, P. (2009). Parental perceptions of neighborhood processes, stress, personal control, and risk for physical child abuse and neglect. *Child Abuse and Neglect*, 33 (12), pp.897-906.

Hall, A. and Wellman, B. (1985). Social networks and social support. In: Cohen, S. and Syme, S. L. (eds.), *Social support and health*, Orlando, FL: Academic Press, pp.23-41.

Halpern, D. (1995). *Mental health and the Built Environment*. London: Taylor and Francis.

Halpern, D. (1999). *Social Capital: The New Golden Goose*. Faculty of Social and Political Sciences, Cambridge University. Unpublished Review.

Halpern, D.S. (2001). Moral Values, Social Trust and Inequality: Can Values Explain Crime? *British Journal of Criminology*, 41, pp.236-251.

Hammersley, M., and Atkinson, P. (2007). *Ethnography: Principles in practice* (3rd ed.). Taylor and Francis.

Hammond, R.A. and Axelrod, R. (2006). The Evolution of Ethnocentrism. *The Journal of Conflict Resolution*, 50 (6), pp.926-936.

Haney T.J. (2007). Broken Windows and Self-Esteem: subjective understandings of neighbourhood Poverty and Disorder. *Social Science Research*, 36 (3), pp.968-994.

Hanlon, P., Walsh, D. and Whyte, B. (2006). *Let Glasgow Flourish*. Glasgow: Glasgow Centre for Population Health.

Hanushek, E. A. (2002). *Publicly provided education*. NBER Working Paper No. 8799.

Harden, J., Scott, S., Backett-Milburn, K. and Jackson, S. (2000). Can't talk, won't talk? Methodological issues in researching children. *Sociological Research Online*, 5 (2).

Harrison, A.P. and Hubbard, R.P. (1945). *A Report Accompanying the Outline Plan for the Regeneration of Valletta and the Three Cities*. Valletta.

Harrison, P. (1983). *Inside the Inner City*. Harmondsworth: Penguin.

Hartas, D. (2015). Parenting for social mobility? Home learning, parental warmth, class and educational outcomes. *Journal of Education Policy*, 30 (1), pp.21-38.

Harvey, D. (1973). *Social Justice and the City*. London: Edward Arnold.

Haskey, J. (1997). Children who experience divorce in their family. *Population Trends*, 87, pp.5-10.

Haskey, J. (2001). Cohabitation in Great Britain: past, present and future trends - and attitudes. *Population Trends*, 103, pp.4-25.

Hawe, P. and Shiell, A. (2000). Social Capital and Health Promotion: A review. *Social Science and Medicine*, 51 (6), pp.871-85.

Haybron, D. (2001). Happiness and pleasure. *Philosophy and Phenomenological Research*, 62, pp.501-528.

Heath, A. (1976). Rational choice and social exchange: A critique of exchange theory. Cambridge, MA: Cambridge University Press.

Heath, S., Charles, V., Crow, G. and Wiles, R. (2007). Informed consent, gatekeepers and go-betweens: negotiating consent in child-and youth-orientated institutions. *British Educational Research Journal*, 33 (3), pp.403-417.

Hechter, M. and Opp, K-D. (2004). What Have We Learned About the Emergence of Social norms? In: M. Hechter, and K.D. Opp (eds.), *Social Norms*. New York: Russell Sage Foundation.

Herbert, S. (2010). A taut rubber band: Theory and empirics in qualitative geographic research. In: D. De Lyser, S. Herbert, M. Crang, and L. McDowell, *The sage handbook of qualitative geography*. London

Hernandez. D. J. (1993). *America's children*. New York: Russell Sage Foundation.

Hertz, T. (2005). Rags, riches, and race: The intergenerational economic mobility of black and white families in the United States. In: S. Bowles, H. Gintis, and M. Osborne Groves (eds.), *Unequal Chances: Family Background and Economic Success*. New York: Russell Sage, pp.165-91.

Hess, R, D. and Torney, J, V. (1967). *The Development of Political Attitudes in Children*. Chicago: Aldine Publishing.

Hildon, Z., Smith, G., Netuveli, G. and Blane, D. (2008). Understanding Adversity and Resilience at Older Ages. *Sociology of Health and Illness*, 30 (5), pp.726-40.

Hill, M. (2006). Children's voices on ways of having a voice: Children's and young people's perspectives on methods of consultation. *Childhood*, 13, pp.69-89.

Hillman, M., Adams, J. and Whitelegg, J. (1990). *One False Move: A Study of Children's Independent Mobility*. London: Policy Studies Institute.

Hine, J. and Mitchell, F. (2001). *The Role of public transport in social exclusion*. Edinburgh: Scottish Executive Central Research Unit.

Hirschl, T. A. and Rank, M. R. (1991). The effect of population density on welfare participation. *Social Forces*, 70, pp.225-236.

Hiscock, R., Macintyre, S., Kearns, A. and Ellaway, A. (2003). Residents and residence: Factors predicting the health disadvantage of social renters compared to owner occupiers. *Journal of Social Issues*, 59 (3), pp.527-546.

Hobsbawm, E. (1981). The forward march of Labour Halted. In: M. Jacques and F. Mulhern (eds.) *The Forward march of Halted?* London: New Left Books.

Hoehner, C., Ramirez, L., Elliot, M., Handy, S. and Brownson, R. (2005). Perceived and objective environmental measures and physical activity among urban adults. *American Journal of Preventive Medicine*, 28 (22), pp.105-116.

Holland, J., Reynolds, T. and Weller, S. (2007). Transitions, networks and communities: the significance of social capital in the lives of children and young people. *Journal of Youth Studies*, 10 (1), pp.97-116.

Hollingworth, S. and Archer, L. (2010). Urban schools as urban places: school reputation, children's identities and engagement with education in London. *Urban Studies*, 47, pp.584-603.

Holtgrave, D. R. and Crosby, R. A. (2003). Social capital, poverty and income inequality as predictors of gonorrhoea, syphilis, chlamydia and AIDS in the United States. *Sexually Transmitted Infections*, 79, pp.62-64.

Horne, C. (2004). Collective benefits, exchange interests, and norm enforcement. *Social Forces*, 82 (3), pp.1037-1062

Hutchinson S. (2001). The development of qualitative health research: taking stock. *Qualitative Health Research* 11, pp.505-521.

Innes, M. and Jones, V. (2006). *Neighbourhood security and urban change: risk, resilience and recovery*. York: Joseph Rowntree Foundation.

Irwin, S. (2009). Family contexts, norms and young people's orientations: researching diversity. *Journal of Youth Studies*, 12, pp.337-354.

Jackson, P. and Smith, S. (1984). *Exploring social geography*. Allen and Unwin, London.

Jacobs, J. (1961). *The death and life of great American cities*. London: Jonathon Cape.

Jen, M.H., Jones, K. and Johnston, R. (2009). Compositional and contextual approaches to the study of health behaviour and outcomes: Using multi-level modelling to evaluate Wilkinson's income inequality hypothesis. *Health and Place*, 15 (1), pp.198-203.

Jencks, C. and Mayer, S. E. (1990). The social consequences of growing up in a poor neighborhood. In: L.E. Laurence, G.H. McGeary, Michael (eds.), *Inner-City Poverty in the United States*. National Academy Press, Washington, pp.111-186.

Jenks, M. and Dempsey, N. (2007). Defining the neighbourhood: challenges for empirical research. *Town Planning Review*, 78, pp.153-177.

Jennings, M, K. and Niemi, R.G. (1968). The Transmission of Political Values from Parent to Child. *The American Political Science Review*, 62 (1), pp.169-184.

Jennings, M, K. and Niemi, R.G. (1981). *Generations and Politics: A Panel Study of Young Adults and Their Parents*. Princeton: Princeton University Press.

Jennings, M.K. and Niemi, R.G. (1974). *The Political Character of Adolescence: The Influence of Families and Schools*. Princeton: Princeton University Press.

Jess, P. and Massey, D. (1995) The conceptualisation of place. In D. Massey and P. Jess (eds.) *A Place in the world?* Oxford: Oxford University Press, pp.45-86.

Jin, R. L., Shah, C. P. and Svoboda, T. (1995). The impact of un-employment on health: a review of the evidence. *Canadian Medical Association Journal*, 153 (5), pp.529.

Johnston, D. W. and Lordan, G. (2014). *When Work Disappears: Racial Prejudice and Recession Labour Market Penalties*. CEP Discussion Paper No 1257, Centre for Economic Performance London School of Economics and Political Science Houghton Street London.

Jones, K. and Moon, G. (1987). *Health, Disease and Society: an Introduction to Medical Geography*. London: Routledge.

Jones, K. and Moon, G. (1993). Medical geography: taking space seriously. *Progress in Human Geography*, 17, pp.515-24.

Jones, P., Patterson, J. and Lannon, S. (2007). Modelling the built environment at an urban scale - Energy and health impacts in relation to housing. *Landscape and Urban Planning*, 83 (1), pp.39-49.

Judge, K., Platt, S., Costongs, C. and Jurczak, K. (2006). *Health Inequalities: A challenge for Europe*. London: Department of Health.

Kain, J. E. (1968). Housing segregation, negro employment and metropolitan decentralization. *Quarterly Journal of Economics*, 82, pp.175-197.

Kalmijn, M. and Saraceno, C. (2008). A comparative perspective on intergenerational support, *European Societies*, 10 (3), pp. 479-508.

Kaplan, R. and Kaplan, S. (1989). *The experience of nature: A psychological perspective*: Cambridge: Cambridge University.

Karlsen, S. and Nazroo, J. (2002). Relation between racial discrimination, social class and health among ethnic groups. *American Journal of Public Health*, 92, pp.624-631.

Katz, L.F., Jeffrey R. K. and Jeffrey B. L. (2001). Moving to Opportunity in Boston: Early Results of a Randomized Mobility Experiment. *Quarterly Journal of Economics*, 116, pp.607-654.

Kawachi, I. and Berkman, L.F. (2000). Social cohesion, social capital and health. In: L.F. Berkman and I. Kawachi (Eds.) *Social Epidemiology* (pp.178-190). New York, NY: Oxford University Press.

Kawachi, I., Kim, D., Coutts, A. and Subramanian, S.V. (2004). Commentary: Reconciling the three accounts of social capital. *International Journal of Epidemiology*, 33, pp.682-90.

Kawachi, I. and Berkman, L. F. (2001). Social ties and mental health. *Journal of Urban Health-Bulletin of the New York Academy of Medicine*, 78, pp.458-467.

Kawachi, I. and Berkman, L. F. (2003). *Neighborhoods and health*. New York: Oxford University Press.

Kawachi, I. and Berkman, L.F. (2000). Social cohesion, social capital, and health: In L.F. Berkman and I. Kawachi (eds.), *Social epidemiology*. Oxford: Oxford University Press. pp.174-190.

Kawachi, I., Kennedy, B. P., Lochner, K. and Prothrow-Stith, D. (1997). Social capital, income inequality, and mortality. *American Journal of Public Health*, 87, pp.1491-1498.

Kawachi, I., Kennedy, B.P. and Glass, R. (1999). Social capital and self-rated health: a contextual analysis. *American Journal of Public Health*, 89 (8), pp.1187-1193.

Kawachi, I., Subramanian, S.V. and Kim, D. (2008). *Social Capital and health*. Springer, New York.

Keall, M. D., Crane, J., Baker, M. G., Wickens, K., Howden-Chapman, P. and Cunningham, M. (2012). A measure for quantifying the impact of housing quality on respiratory health: a cross-sectional study. *Environmental Health*, 11, pp.33.

Kearns, A. and Parkinson, M. (2001). The significance of neighbourhood. *Urban Studies*, 38, pp.2103-2110.

Kearns, A., Hiscock, R., Ellaway, A. and Macintyre, S. (2000). Beyond four walls. The psycho-social benefits of home: evidence from West Central Scotland. *Housing Studies*, 15 (3), pp.387-410.

Kearns, R., (1993). Place and Health: towards a reformed medical geography. *The Professional Geographer*, 45, pp.139-147.

Kearns, R.A. (1995). Medical geography: Making space for difference. *Progress in Human Geography*, 19, pp.251– 259.

Kearns, R.A. (1997). Narrative and metaphor in health geographies. *Progress in Human Geography*, 21, pp.269–277.

Kearns, A., Petticrew, M., Mason, P. and Whitley, E. (2008). *SHARP survey findings: mental health and well-being outcomes*. Scottish Government Social Research.

Keizer, K., Lindenberg, S. and Steg, L. (2008). The spreading of disorder. *Science*, 332, pp.1681-1685.

Keizer, K., Lindenberg, S. and Steg, L. (2013). The importance of demonstratively restoring order. *Plus One*, 8 (6), pp.65137.

Kelling, G. and Coles, C. (1996). *Fixing broken windows: Restoring order and reducing crime in our communities*. New York: Free Press.

Kenyon, S., Lyons, G. and Rafferty, J. (2002). Transport and social exclusion: investigating the possibility of promoting inclusion through virtual mobility. *Journal of Transport Geography*, 10 (3), pp.207-219.

Kilkey, M. (2000). *Lone Mothers Between Paid Work and Care: the Policy Regime in Twenty Countries*. York: University of York.

Kilkey, M. and Bradshaw, J. (1999). Lone mothers, economic well-being, and policies. In: D. Sainsbury (ed). *Gender and Welfare State Regimes*, Oxford: Oxford University Press.

Kim, D., Subramanian, S. and Kawachi, I. (2008). Social capital and physical health: a systematic review of the literature. In: I. Kawachi, S. Subramanian, and D. Kim (eds.), *Social capital and health*. New York, NY: Springer, pp.139-190.

Kim, K.H. and Sobal, J. (2004). Religion, social support, fat intake and physical activity. *Public Health Nutrition*, 7, pp.773-781.

Kim, D., Diez Roux, A.V., Kiefe, C.I., Kawachi, I. and Liu, K. (2010). Do Neighborhood Socioeconomic Deprivation and Low Social Cohesion Predict Coronary Calcification? The CARDIA Study. *American Journal of Epidemiology*. 172, pp.288-298.

Kirlin, M. (2003). The Role of Adult Extracurricular Activities in Adult Political Engagement. *CIRCLE Working Paper 02*, March 2003.



Kissane, R. J. (2003). What's need got to do with it? Barriers to use of nonprofit social services. *Journal of Sociology and Social Welfare*, 30, pp.127-148.

Lancaster, P. (2006). *RAMPS: A framework for listening to children*. London: Daycare Trust.

Langsted, O. (1994). Looking at quality from the child's perspective. In: P. Moss and A. Pence (eds.), *Valuing quality in early childhood services: New approaches to defining quality*. London: Paul Chapman Publishing.

Latvala, A., Kuja-Halkola, R., Langström, N. and Lichtenstein, P. (2015). Paternal antisocial behavior and sons' cognitive ability: A population-based quasi experimental study, *Psychological Science*, 26 (1), pp.78-88.

Laurie, N., Dwyer, C., Holloway, S. and Smith, F. (1999). *Geographies of new femininities*, Harlow: Pearson Education.

Laverack, G. (2004). *Health promotion practice: power and empowerment*. London: Sage Publications Ltd.

Leahey, E. (2007). Not by Productivity Alone: How Visibility and Specialization Contribute to Academic Earnings. *American Sociological Review*, 72, pp.533-561.

Leavitt, J. and Saegert, S. (1990). *From Abandonment to Hope: Community Households in Harlem*. New York: Columbia University Press.

Le Compte, M.D. and Preissle, J. (1993). *Ethnography and Qualitative Design in Educational Research*. (2nd ed.) London: Academic Press.

Leibfried, S. (1992). Towards a European welfare state? On integrating Poverty Regimes into the European Community. In: Z. Ferge and J. E. Kolberg (eds.), *Social Policy in a Changing Europe*, Frankfurt: Campus Verlag.

Lennon, M. C. and Limonic, L. (1999). *A Handbook for the Study of Mental Health*. Cambridge University Press, New York, pp.284-294.

Leventhal, T. and Brooks-Gunn, J. (2000). The neighborhoods they live in: The effects of neighborhood residence on child and adolescent outcomes. *Psychological Bulletin*, 126, pp.309-337.

- Leverentz, A. (2010). People, places, and things: How female ex-prisoners negotiate their neighborhood context. *Journal of Contemporary Ethnography*, 39, pp.646-681.
- Lewicka, M. (2010). What makes neighborhood different from home and city? Effects of place scale on place attachment. *Journal of Environmental Psychology*, 30, pp.35-51.
- Lewis, J. (2007). Analysing Qualitative Longitudinal Research in Evaluations. *Social Policy and Society*, 6 (4), pp.545-556.
- Lewis, J., Campbell, M. and Huerta, C. (2008). Patterns of paid and unpaid work in Western Europe: gender, commodification, preferences and the implications for policy. *Journal of European Social Policy*, 18 (1), pp.21-37.
- Leyden, K.M. (2003). Social capital and the built environment: the importance of walkable neighborhoods. *American Journal of Public Health*, 93, pp.1546-1551.
- Li, Y., Pickles, A. and Savage, M. (2005). Social Capital and Social Trust in Britain. *European Sociological Review*, 21 (2), pp.109-123.
- Lichterman, P. (2008). Religion and the construction of civil identity. *American Sociological Review*, 73, 83-104.
- Liebow, E. (1967). *Tally's corner: A study of negro street corner men*. Little, Brown.
- Liepins, R. (2000). Exploring rurality through community: discourses, practices and spaces shaping Australian and New Zealand rural communities. *Journal of Rural Studies*, 16, pp.325-341.
- Limb, M. and Dwyer, C. (2001). *Qualitative methodologies for geographers issues and debates*. Oxford University press Inc. New York.
- Lin, N. (2001). *Social Capital: A Theory of Social Structure and Action*. New York: Cambridge University Press.
- Lin, N., Ye, X. and Ensel, W. M. (1999). Social support and depressed mood: A structural analysis. *Journal of Health and Social Behavior*, 40, pp.344-359.

Litwin, H. (2009). Social networks and well-being: A comparison of older people in Mediterranean and Non-Mediterranean countries. *Journal of Gerontology B Psychol Sci Soc Sci*, 65 (5), pp.599-608.

LIS (2000). *Luxembourg Income Study*. Luxembourg: LIS.

Livi Bacci, M. (1997). *Abbondanza e scarsità: lapopolazione d'Italia e d'Europa al passaggio del millennio*. Paper presented at Mulino Conference, Bologna, 19 September 1997.

Lloyd, E. L., McCormack, C., McKeever, M. and Syme, M. (2008). The effect of improving the thermal quality of cold housing on blood pressure and general health: A research note. *Journal of Epidemiology and Community Health*, 62 (9), pp.793-797.

Lochner, K., Kawachi, I. and Kennedy, B.P. (1999). Social Capital: A Guide to its Measurement. *Health and Place*, 5, pp.59-270.

Lock, M. (2001). The tempering of medical anthropology: troubling natural categories. *Medical Anthropology Quarterly*, 15 (4), pp.478-492.

Lockwood, D. (1966). Sources of Variation in Working Class Images of Society. *Sociological Review*, 14 (2), pp.249-267.

Lord, H. and Mahoney, J. L. (2007). Neighborhood crime and self-care: Risks for aggression and lower academic performance. *Developmental Psychology*, 43, pp.1321-1333.

Lorenc, T., Brunton, G., Oliver, S., Oliver, K. and Oakley, A. (2008). Attitudes to walking and cycling among children, young people and parents: a systematic review. *Journal of Epidemiol Community Health*, 62, pp.852-857.

Lorenc, T., Clayton, S., Neary, D., Whitehead, M., Petticrew, M., Thomson, H., Cummins, S., Sowden, A. and Renton, A. (2012). Crime, fear of crime, environment, and mental health and wellbeing: Mapping review of theories and causal pathways. *Health and Place*, 18, pp.757-765.

Loury, G. (1977). A Dynamic Theory of Racial Income Differences. In: P.A. Wallace and A. M. LaMond, *Women, Minorities, and Employment Discrimination*, edited by. Lexington, MA: Lexington Books. pp.153-188.

Lucas, K, Grosvenor, T. and Simpson, R. (2001). *Transport, the environment and social exclusion*. York, Joseph Rowntree Foundation.

Lucas, K. (2004). *Running on empty: transport, social exclusion and environmental justice*. Bristol: The policy press.

Lucas, K. (2012). Transport and social exclusion: Where are we now? *Transport Policy*, 20, pp.105-113.

Lucey, H. (2010). Families, siblings and identities. In: M. Wetherell, and M.C. Talpade, eds. *The SAGE handbook of identities*. London: Sage, pp.476-491.

Luechinger, S., Meier, S. and Stutzer, A. (2010). Why does unemployment hurt the employed? Evidence from the life satisfaction gap between the public and the private sector. *Journal of Human Resources*, 45 (4), pp.998-1045.

Lund, H. (2002). Pedestrian environments and sense of community. *Journal of Planning Education and Research*, 21, pp.301-312.

Lund, H. (2003). Testing the claims of New Urbanism: local access, pedestrian travel, and neighboring behaviors. *Journal of the American Planning Association*, 69 (4), pp.414- 416.

Luthar, S. S., Cicchetti, D. and Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development*, 71, pp.543-562.

Lynch, J. (1977). *The broken heart: The Medical consequences of Loneliness*. New York: Basic Books.

Lynch, J. W., Davey Smith, G., Hillemeier, M.M. Shwa, M., Raghunathan, T. and Kaplan, G. A. (2001). Income inequality, the psychosocial environment and health: comparisons of wealthy nations. *Lancet*, 358, pp.194-200.

Lynch, J. and Smith, G.D. (2003). Rates and states: reflections on the health of nations. *International Journal of Epidemiology*, 32, pp.663-670.

Lynch, J., Davey Smith, G. and Harper S, (2004). Is income inequality a determinant of population health? Part 1. *Milbank Q* 8, pp.5-99.

- Macinko, J. and Starfield B. (2001). The utility of social capital in research on health determinants. *The Milbank Quarterly*, 79 (3), pp. 387–427.
- Macintyre, S. (1997). The Black Report and beyond: what are the issues? *Social Science and Medicine*, 44, pp.723-45.
- Macintyre, S. and Ellaway, A. (2000). Ecological approaches: Rediscovering the role of the physical and social environment. In L. Berkman, and I. Kawachi (eds.), *Social epidemiology* Oxford: Oxford University Press, pp.332–348.
- Macintyre, S. and Hunt K. (1997). Socio-Economic Position, Gender and Health: How Do They Interact? *Journal of Health Psychology*, 2, pp.315 - 334.
- MacIntyre, S. and Ellaway, A. (2003). Neighbourhoods and health: an overview. In: Kawachi, I., Berkman, L.F. (eds.), *Neighbourhoods and Health*. Oxford, New York, Oxford University Press, pp.20–40.
- Macintyre, S., Ellaway, A. and Cummins, S. (2002). Place effects on health: How can we conceptualise, operationalise and measure them? *Social Science and Medicine*, 55 (1), pp.125-139.
- Macintyre, S., Maciver, S. and Soomans, A. (1993). Area, class and health: Should we be focusing in places or people. *Journal of Social Policy*, 22 (2), pp.213-234.
- Macran, S., Clarke, L. and Joshi, H. (1996). Women’s health dimensions and differentials. *Social Science and Medicine*, 42 (9), pp.1203-1216.
- Maiter, S., Palmer, S. and Manji, S. (2006). Strengthening social worker–client relationships in child protective services. *Qualitative Social Work*, 5, pp.167-186.
- Major, B. and O'Brien, L.T. (2005). The social psychology of stigma. *Annual Review of Psychology*, 56, pp.393-421.
- Mallia Milanese, V. (ed.) (1993). *Hospitaller Malta 1530-1798*. Malta: Mireva Publications Ltd.
- Mansfield, K. (1977). *Letters and Journals*. London: Penguin.

Manzo, L. C. (2003). Beyond house and haven: toward a revisioning of emotional relationships with places. *Journal of Environmental Psychology*, 23, pp.47- 61.

Marmot, M. (2005). Social Determinants of Health Inequalities, *Lancet* 365, pp.1099-1104.

Marmot, M. and Brunner, E. (2005). Cohort profile: The Whitehall II study. *International Journal of Epidemiology*, 34, pp.251-56.

Marmot, M. and Wilkinson, R. (1999). *Social Determinants of Health*. Oxford: Oxford University Press.

Marmot, M. and Wilkinson, R. (2006). *Social Determinants of Health* (2nd ed.). Oxford, Oxford University Press.

Marmot, M. and Wilkinson, R.G. (2001). (eds.) *Social Determinants of Health*. Oxford, Oxford University Press.

Marmot, M. G., Stansfeld, S., Patel, C., North, F., Head, J., White, I., Brunner, E., Feeney, A., Marmot, M.G. and Davey Smith, G. (1991). Health inequalities among British civil servants: the Whitehall II study. *The Lancet*, 337(8754), pp.1387-1393.

Marsden, P. V. and Gorman, E. H. (2001). Social networks, Job changes and recruitment. In: I. Berg and A. L. Kalleberg (eds.), *Sourcebook of Labor Markets: Evolving Structures and Processes*. New York: Plenum Press, pp.467- 502.

Martikainen, P., Kauppinen, T.M. and Valkonen, T. (2003). Effects of the characteristics of neighbourhoods and the characteristics of people on cause specific mortality: a register based follow up study of 252,000 men. *Journal of Epidemiology and Community Health*, 57, pp.210-217.

Martinez, J., Pampalon, R. and Hamel, D. (2003). Deprivation and stroke mortality in Quebec. *Chronic Diseases in Canada*, 24(2/3), pp. 57-64.

Marx, K. (1848, 1981). *Capital: a critique of political economy*. Harmondsworth: Penguin Books.

- Maselko, J., Hughes, C. and Cheney, R. (2011). Religious social capital: its measurement and utility in the study of the social determinants of health. *Social Science and Medicine*, 73 (5), 759-767.
- Mason, J. (2002). *Qualitative Researching*. London, Sage Publications.
- Massey, D. (1999). *Power geometries and the politics of time-space*. Heidelberg University, Heidelberg.
- Massey, D. (2005). *For Space*. London: Sage.
- Massey, D. and Fischer, J. (2000). How Segregation Concentrates Poverty, *Ethnic and Racial Studies*, 23, pp.670-691.
- Massey, D. S. and Denton, N. A. (1993). *American apartheid: Segregation and the making of the underclass*. Cambridge, MA: Harvard University Press.
- Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist*, 56 (3), pp.227-238.
- Masten, A. S. and Coatsworth, J. D. (1998). The development of competence in favorable and unfavorable environments. *American Psychologist*, 53, pp.205-220.
- Matheson, F.I, Moineddin, R., Dunn J.R., Creatore, M.I., Gozdyra, P. and Glazier, R. H. (2006). Urban neighborhoods, chronic stress, gender and depression. *Social Science and Medicine*, 63, pp.2604-2616.
- Matoba, T., Ishitake, T. and Noguchi, R. (2003). A 2-year follow-up survey of health and life style in Japanese unemployed persons. *International Archives Occupational Environmental Health*, 76, pp.302-308.
- Matte, T.D. and Jacobs, D.E. (2000). Health and Housing: Current Issues and Implications for Research Programs. *Journal of Urban Health-Bulletin of the New York Academy of Medicine*, 77 (1), pp.7-25.
- Matthews, H. (2001). Participatory structures and the youth of today: Engaging those who are hardest to reach. *Ethics, Place and Environment*, 4, pp.153-159.

- Mazumder, B. (2005). Fortunate Sons: New Estimates of Intergenerational Mobility in the United States Using Social Security Earnings Data. *Review of Economics and Statistics*, 87 (2), pp.235-255.
- McDowell, L. (1992). Doing gender: feminism feminists and research methods in human geography. *Transactions of the Institute of British Geographers*, 17 (4), pp.399-416.
- McDowell, L. (2010). Interviewing: Fear and Liking in the field. In: D. DeLyser (ed.), *The Sage Handbook of Qualitative Geography*. Sage, pp.156-171.
- Mc Keown, T. (1979). *The role of medicine - dream, mirage or nemesis?* Oxford, Blackwell
- McMillan, D.W. (1996). Sense of Community. *Journal of Community Psychology*, 24 (4), pp.315-325.
- McPherson, K. E., Kerr. S., Morgan, A., McGee, E., Cheater, F., McLean, J. and Egan, J. (2013). The associated between family and community social capital and health risk behaviours in young people: an integrative review. *BMC Public Health*, 13, pp.971.
- Miles, M. B. and Huberman, A. M. (eds.) (1994). *An Expanded Sourcebook: Qualitative Data Analysis* (2<sup>nd</sup> ed.). Thousand Oaks, CA, Sage.
- Miller, J. (1997). *Never too young: How young children can take responsibility and make decisions. A handbook for early years workers*. London: National Early Years Network.
- Miller, J.M., Kurlycheck, M., Hansen, J.A. and Wilson, K. (2008). Examining child abduction by offender type patterns. *Justice Quarterly*, 25, pp.523-543.
- Milligan, C. and Wiles, J. (2010). Landscapes of care. *Progress in Human Geography*, 34, pp.736–754.
- Milo, R.D. (1984). *Immortality*. Princeton, NJ: Princeton University Press.
- Mirowsky, J. and Ross, C. (2003). *Social Causes of Psychological Distress*. Hawthorne: Aldine De Gruyter.



Mizzi, S. O. (1981). *Women in Senglea: The changing role of urban working-class women in Malta*. Unpublished Doctoral dissertation, State University of New York at Stony Brook, New York.

Mizzi, S. O. (1994). *Gossip. A means of social control*. In: R.G. Sultana and G. Baldacchino, (eds.) *Maltese society. A sociological inquiry*, Malta: Mireva Publications. pp.369-3820.

Moffitt, R. (1983). An economic model of welfare stigma. *American Economics Review* 73, pp.1023-1035.

Mohan, J., Twigg, L., Barnard, S. and Jones, K. (2005). Social capital, geography and health: A small-area analysis for England. *Social Science and Medicine*, 60, pp.1267-1283.

Molnar, B., Buka, S., Brennan, J., Holton, J. and Earls, F. (2003). A multilevel study of neighborhoods and parent-to-child physical aggression: Results from the project on human development in Chicago neighborhoods. *Child Maltreatment*, 8 (2), pp.84-97.

Moloughney, B. (2004). *Housing and Population Health: The State of Current Research Knowledge*. Ottawa: Canadian Institute for Health Information.

Moloughney, B. (2004). *Housing and Population Health: The State of Current Research Knowledge*. Ottawa: Canadian Institute for Health Information.

Morenoff, J. D., Sampson, R. J. and Raudenbush, S. W. (2001). Neighborhood inequality, collective efficacy, and the spatial dynamics of urban violence. *Criminology*, 39, pp.517-559.

Morrow, V. (1999). Conceptualising Social Capital in Relation to the Well-being of Children and Young People: A Critical Review, *The Sociological Review*, 47 (4), pp.744-65.

Morrow, V. (2001). Young people's explanation and experiences of social exclusion: Retrieving Bourdieu's concept of social capital. *International Journal of Sociology and Social Policy*, 21 (4/5/6), pp.37-63.

Morrow, V. (2008). Ethical dilemmas in research with children and young people about their social environments. *Children's Geographies*, 6, pp.49-61.

Morrow, V. and Richards, M. (1996). The ethics of social research with children: An overview. *Children and Society*, 10, pp.90-105.

Mortimer, H. (2004). Hearing children's voices in the early years. *Support for Learning*, 19 (4), pp.169-174.

Moss, N. E. (2002). Gender equity and socioeconomic inequality: a framework for the patterning of women's health. *Social Science and Medicine*, 54, pp.649 - 661.

Mullen, E. (2003). Do you think that your local area is a good place for young people to grow up? The effects of traffic and car parking on young people's views. *Health and Place*, 9, pp.351-360.

Muntaner, C. and Lynch, J. (1999). Income inequality, social cohesion, and class relations: A critique of Wilkinson's neo- Durkhemian research programme. *International Journal of Health Services*, 28 (1), pp.59-81.

Murdoch, J. (1998). The spaces of actor network theory. *Geoforum*, 29 (4), pp. 357–374.

Murray, C. (1994). *Underclass: The crisis deepens*. London: Institute of Economic Affairs.

Musterd, S., Galster, G. and Andersson, R. (2012). Temporal dimensions and measurement of neighbourhood effects. *Environment and Planning A*, 44, pp.605-627.

Nancy, J. L. (2000). *Being singular-plural*. In R. Richardson and A. O'Byrne (translators) (ed.). Stanford, US: Stanford University Press.

Narayan, D. and Pritchett, L. (1997). *Cents and Sociability: Household Income and Social Capital in Rural Tanzania* (World Bank, 1997).

Navarro, V., Borrell, C., Benach, J., Muntaner, C., Quiroga, A. and Rodriguez-Sanz, M., Vergés, N., Gumá, J. and Pasarín, I.M. (2003). The importance of the political and the social in explaining mortality differentials among the countries of the OECD, 1950-1998. *International Journal of Health Services Research*, 33 (3), pp.419-494.

Navarro, V., Muntaner, C., Borrell, C., Benach, J., Quiroga, A. Rodríguez-Sanz, M., Vergés, N. and Pasarín, I.M. (2006). Politics and health outcomes. *Lancet*, 368 (9540), pp.1033-1037.

Netemeyer, R., Boles, J. and Mcmurrian, R. (1996). Development and validation of work–family conflict and family-work conflict scales. *Journal of Applied Psychology*, 81 (4), pp.400-410.

Nicotera, N. (2007). Measuring neighbourhood: A conundrum for human services, researchers and practitioners. *American Journal of Community Psychology*, 40 (1) pp.26-51.

Nivette, A. E, Eisner, M., Malti, T. and Ribeaud, D. (2014). Sex differences in aggression among children of low and high gender inequality backgrounds: A comparison of gender role and sexual selection theories. *Aggressive Behavior*, 40 (5), pp.451-464.

Northridge, M.E. and Freeman, L. (2011). Urban planning and health equity. *Journal of Urban Health*, 88, pp.582-597.

O'Campo, P., Molnar, A., Ng, E., Renahy, E., Mitchell, C., Shankardass, K., St. John, A., Bamba, C. and Muntaner, C. (2015). Social welfare matters: A realist review of when, how, and why unemployment insurance impacts poverty and health. *Social Science and Medicine*, 132, pp.88-94.

Ochieng, B.M.N. (2010). You know what I mean: the ethical and methodological dilemma and challenges for Black researchers interviewing Black families. *Qualitative Health Research*, 20 (12), pp.1725-1735.

Olds, R.S. and Thombs, D.L. (2001). The relationship of adolescent perceptions of peer norms and parent involvement to cigarette and alcohol use. *Journal of School Health*, 71 (6), pp.223-8.

Oreopoulos, P. (2003). The long-run consequences of living in a poor neighbourhood. *Quarterly Journal of Economics*, 118 (4), pp.1533-1575.

Oreopoulos, P., Page, M. and Stevens, A. H. (2008). The intergenerational effects of worker displacement. *Journal of Labor Economics*, 26, pp.455-83.

Ornelas, I. J., Amell, J., Tran, A. N., Royster, M., Armstrong-Brown J. and Eng, E. (2009). Understanding African American men's perceptions of racism, male gender socialization, and social capital through photovoice. *Qualitative Health Research*, 19, pp.552-565.

- Padgett, D.K. (1998). *Qualitative methods in social work research: Challenges and rewards*. Thousand Oaks, CA: Sage.
- Pampalon, R. and Raymond, G. (2000). A deprivation index for health and welfare planning in Quebec. *Chronic Diseases in Canada*, 21 (3), pp.104-113.
- Pampalon, R., Hamel, D. and Gamache, P. (2008). Recent changes in the geography of social disparities in premature mortality in Quebec. *Social Science and Medicine*, 67, pp.1269-1281.
- Patacchini, E. and Zenou, Y. (2011). Neighborhood effects and parental involvement in the intergenerational transmission of education. *Journal of Regional Science*, 51 (5), pp.987-1013.
- Patillo, M. (1998). Sweet Mothers and gangbangers: Managing crime in a black middle-class neighborhood. *Social Forces*, 76 (3), pp.747-775.
- Patton, M. (1990). *Qualitative Evaluation and Research Methods* (2<sup>nd</sup> ed.). Newbury Park: Sage.
- Patton, M.Q. (2002). *Qualitative research and evaluation methods* (3<sup>rd</sup> ed.). Thousand Oaks, CA: Sage.
- Pearson, A.L., Pearce, J. and Kingham, S. (2013). Deprived yet healthy: Neighbourhood-level resilience in New Zealand. *Social Science and Medicine*, 91, pp.238-245.
- Pearson, J.A. and Geronimus, A.T. (2011). Race/ethnicity, socioeconomic characteristics, co-ethnic social ties, and health: evidence from the national Jewish population survey. *Am J Public Health*. 101 pp. 1314-1321.
- Peristiany, J.G. (1966). Introduction. In: Peristiany, J.G. (ed.), *Honour and shame: the values of Mediterranean society*, Weidenfeld and Nicolson.
- Phuong Do, D. (2009). The dynamics of income and neighborhood context for population health: Do long-term measures of socioeconomic status explain more of the black/white health disparity than single-point-in-time measures? *Social Science and Medicine*, 68, pp.1368-1375.

- Pickett, K. E. and Pearl, M. J. (2001). Multilevel analyses of neighbourhood socioeconomic context and health outcomes: a critical review. *Journal of Epidemiology and Community Health*, 55(2), pp.111-122.
- Pile, S. (1991). Practising interpretative geography. *Transactions, Institute of British Geographers*, 16, pp.458-69.
- Pitt-Rivers, J. (1966). Honour and social status. In: Peristiany, J.G. (ed.), *Honour and shame: the values of Mediterranean society*. Weidenfeld and Nicolson.
- Plug, E. and Wim P.M.V. (2003). Schooling, Family Background, and Adoption: Is it Nature or is it Nurture? *Journal of Political Economy*, 111, pp.611-641.
- Poortinga, W. (2006). Social capital: An individual or collective resource for health? *Social Science and Medicine*, 62, pp.292-302.
- Popcorn, F. (1992). *The Popcorn Report*. New York: Harper Collins.
- Popkin, S. J., Leventhal, T. and Weismann, G. (2010). Girls in the 'hood: Reframing safety and its impact on health and behaviour. *Urban Affairs Review*, 45, pp.715-744.
- Portes, A. (1998). Social capital: Its origins and applications in modern sociology. *Annual Review of Sociology*, 22, pp.1-24.
- Portes, A. (2000). The Two Meanings of Social Capital. *Sociological Forum*, 15, pp.1-12.
- Portes, A. and Landolt, P. (1996). The Downside of Social Capital. *American Prospect*, 7 (26), pp.18-21.
- Portes, A. and Landolt, P. (2000). Social capital: Promise and pitfalls of its role in development. *Journal of Latin American Studies*, 32, pp.529-547.
- Powell, M., Boyne, G. and Ashworth, R. (2001). Towards a geography of people poverty and place poverty. *Policy and Politics*, 29, pp.243-58.
- Preston, J. and Rajé, F. (2007). Accessibility, mobility and transport-related social exclusion. *Journal of Transport Geography*, 15 (3), pp.151-160.

Punch, M. (1994). Politics and ethics in qualitative research. In: N. Denzin and Y. Lincoln, (eds.) *Handbook of Qualitative Research*, Thousand Oaks: Sage: pp.83–97.

Punch, S. (2002). Research with children: The same or different from research with adults? *Childhood*, 9, pp.321-341.

Putnam, R. D. (1993). *Making Democracy Work*. Princeton University Press.

Putnam, R. D. (1996). The Strange Disappearance of Civic America. *American Prospect*, Winter, pp.34-48.

Putnam, R. D. and Campbell, D. E. (2010). *American Grace: How Religion Divides and Unites Us*. New York, Simon and Schuster.

Putnam, R.D. (1995). Tuning in, Tuning out - the Strange Disappearance of Social Capital in America. *Political Science and Politics*, 28 (4), pp.664-683.

Putnam, R.D., (2000). *Bowling alone: the collapse and revival of American community*. New York. London: Simon and Schuster.

Putnam, R. D. (2007). *E Pluribus Unum: Diversity and Community in the Twenty-first Century*. The 2006 Johan Skytte Prize Lecture. *Scandinavian Political Studies*, 30, pp.137-174.

Putzel, J. (1997). Accounting for the "dark side" of social capital: reading Robert Putnam on democracy. *Journal of International Development*, 9 (7), pp.939-949.

Quillian, L. (2003). How long are exposures to poor neighborhoods? The long-term dynamics of entry and exit from poor neighbourhoods. *Population Research and Policy Review*, 22, pp.221-49.

Ragin, C. C. (1987). *The Comparative method*. Berkeley: California University Press.

Ragin, C.C. and H.S. Becker (eds.) (1992). *What Is a Case?* Cambridge: Cambridge University Press.

Rank, M. R. and Hirschl, T. A. (1988). A rural–urban comparison of welfare exits: the importance of population density. *Rural Sociology*, 53, pp.190-206.

Raphael, D. (ed.) (2004). Introduction to the Social Determinants of Health. In: *Social Determinants of Health: Canadian Perspectives*. Canadian Scholars Press Inc. Toronto.

Reay, D. (2004). It's all becoming a habitus: Beyond the habitual use of habitus in educational research. *British Journal of Sociology of Education*, 25 (4), pp.431-444.

Reay, D. and Lucey, H. (2000). I don't really like it here but I don't really want to be anywhere else: children and inner city council estates. *Antipode*, 32 (4), pp.410-428.

Regnerus, M., Smith, C. and Fritsch, M. (2003). *Religion in the lives of American adolescents: A review of the literature*. Chapel Hill, NC: National Study of Youth and Religion.

Reimer, S., and Park, J. Z. (2001). Tolerant (in)civility? A longitudinal analysis of white conservative Protestants' willingness to grant civil liberties. *Journal for the Scientific Study of Religion*, 40 (4), pp.735-745.

Reynolds, P. (1989). *Childhood in crossroads: Cognition and society in South Africa*. Cape Town: David Philip Publisher Ltd.

Rigby, K. (2000). Effects of peer victimization in schools and perceived social support on adolescent wellbeing. *Journal of Adolescence*, 23, pp.57-68.

Rigby, K. (2007). *Bullying in schools and what to do about it* (Updated, revised), Melbourne, Australian Council for Education Research.

Riina, E. M., Martin, A. and Brooks-Gunn, J. (2014). Parent-to-child physical aggression, neighborhood cohesion, and development of children's internalizing and externalizing. *Journal of Applied Developmental Psychology*, 35, pp.468-477.

Riley, A. W. (2004). Evidence that school-age children can self- report on their health. *Ambulatory Pediatrics*, 4 (4), pp.371-376.

Rimal, R. N. and Real, K. (2003). Understanding the influence of perceived norms on behaviors. *Communication Theory*, 13, pp.184-203.

- Ritchie, J., Spencer, L. and O'Connor, W. (2003). Carrying out qualitative analysis. In: J. Ritchie and J. Lewis (eds.) *Qualitative research practice: a guide for social science students and researchers*, London, Sage.
- Robison, L. J., Schmid, A. A. and Siles, M.E. (2002). Is social capital really capital? *Review of Social Economy*, 60, pp.1-21.
- Rodriguez Mosquera, P.M., Manstead, A.S.R. and Fischer, A.H. (2002). Honour in the Mediterranean and Northern Europe, *Journal of Cross-Cultural Psychology*, 33 (1) pp.16-36.
- Rohe, W. and Basalo, V. (1997). Long-term effects of homeownership on the self-perceptions and social interaction of low-income people. *Environment and behaviour*, 29, pp.793-799.
- Rohe, W. M. and Stegman, M. A. (1994). The Impacts of Home Ownership on the Self-Esteem, Perceived Control and Life Satisfaction of Low-Income People. *Journal of the American Planning Association*, 60 (1), pp.173-184.
- Rohe, W. M., Zandt S.V. and McCarthy G. (2001). *The Social benefits and Costs of Homeownership: A Critical Assessment of the Research*. Cambridge, MA, Harvard University Joint Center for Housing Studies.
- Rose, R. (2000). How much does social capital add to individual health? A survey study of Russians. *Social Science and Medicine*, 51, pp.1421-1435.
- Rosenstone, S, J. and Hansen, J, M. (1993). *Mobilization Participation and Democracy in America*. New York: MacMillan.
- Ross, D. and Ross, S. (1984). The importance of the psychological climate and subject set in interviewing children about pain. *Pain*, 20, pp.179-191.
- Royce, M. (2007). Using human resource management tools to support social enterprise: Emerging themes from the sector. *Social Enterprise Journal*, 3 (1), pp.10-19.
- Rubin, H. J. and Rubin, I. S. (1995). *Qualitative interviewing: The art of hearing data*. Thousand Oaks, CA: Sage.



Rubio, M. (1997). Perverse Social Capital: Some Evidence from Colombia, *Journal of Economic Issues*, 31 (3), pp.805-816.

Ruspini, E. (2002). *Introduction to Longitudinal Research*. Routledge: London.

Ryan, R. and Deci, E. (2001) On happiness and human potentials. *Annual Review of Psychology*, 52, pp.141-166.

Sainsbury, D. (1999). *Gender and Welfare State Regimes*. Oxford: Oxford University Press.

Sampson, R. J. and Raudenbush, S.W. (2004). Seeing disorder: Neighborhood stigma and the social construction of “broken windows”. *Social Psychology Quarterly*, 67 (4), pp.319-342.

Sampson, R. J. and Wilson, W. J. (1995). Toward a theory of race, crime, and urban inequality. In: J. Hagan and R.D. Peterson (eds.), *Crime and Inequality*, Stanford, CA, Stanford University Press.

Sampson, R. J., Morenoff, J. and Earls, F. (1999). Beyond social capital: spatial dynamics of collective efficacy for children. *American Sociological Review*, 64, pp.633-660.

Sampson, R. J., Morenoff, J. and Gannon-Rowley, T. (2002). Assessing ‘Neighborhood Effects’: social processes and new directions in research. *Annual Review of Sociology*, 28, 443-478.

Sampson, R., Sharkey, P. and Raudenbush, S. (2008). Durable effects of concentrated disadvantage on verbal ability among African-American children. *Proceedings of the National Academy of Sciences of the United States of America*, 105, pp.931-969.

Saunders, P. (1990). *Social class and Stratification*. London: Routledge.

Schaefer-McDaniel, N. J. (2004). Conceptualizing social capital among young people: Toward a new theory. *Children, Youth and Environments*, 14 (1), pp.140-150.

Schwarz, P. (2012). Neighborhood effects of high unemployment rates: Welfare implications among different social groups. *Journal of Socio Economics*, 41 (2), pp.180-188.

Scott, J. (2000). Rational Choice Theory. In G. Browning, A. Halcli, and F. Webster (eds.), *Understanding Contemporary Society: Theories of the Present* (pp.126-138). London: Sage Publications.

Sen, G. and Östlin, P. (2007). *Unequal, unfair, ineffective and inefficient. Gender inequity in health: Why it exists and how we can change it*. Geneva: WHO.

Sharkey, P. and Elwert, F. (2011). The Legacy of Disadvantage: Multigenerational Neighborhood Effects on Cognitive Ability. *American Journal of Sociology*, 116 (6), pp.1934-1981.

Shouls, S., Congdon, P. and Curtis, S. (1996). Modelling inequality in reported long term illness in the UK: combining individual and area characteristics. *Journal of Epidemiol Community Health*, 50, pp.366-76.

Siegrist, J. and Marmot, M. (2004). Health inequalities and the psychosocial environment—two scientific challenges. *Social, Science and Medicine*, 5: pp.1463-1473.

Siegrist, J. and Marmot, M. (2006). *Social inequalities in health. New evidence and policy implications*. Oxford, Oxford University Press.

Silburn, R., Lucas, D., Page, R. and Hanna, L. (1999). *Neighbourhood images in Nottingham: Social cohesion and neighbourhood change*. York: Joseph Rowntree Foundation.

Skelton, T. (2008). Research with children and young people: exploring the tensions between ethics, competence and participation. *Children's Geographies*, 6, pp.21-36.

Sloggett, A. and Joshi, H. (1994). Higher mortality in deprived areas: community or personal disadvantage. *British Medical Journal*, 309, pp.1470-1474

Small, M. and Fieldman, J. (2012). Ethnographic evidence, heterogeneity, and neighbourhood effects after moving to opportunity. In: M. van Ham, D. Manley, L. Simpson, N. Bailey, D. Maclennan (eds.), *Neighbourhood Effect Research, New Perspectives*. Dordrecht: Springer.

Smilde, D. and May, M. (2010). The emerging strong program in the sociology of religion. In: *Social Science Research Council Working Papers*. Social Science Research Council: New York.

Smith, S. (1984). Practising humanistic geography. *Annals of the Association of the American Geographers*, 74, pp.353-374.

Smith, S.J. and Easterlow, D. (2005). The strange geography of health inequalities. *Transactions of the Institute of British Geographers*, 30, pp.173-190.

Solon, G. (1992). Intergenerational income mobility in the United States. *American Economic Review*, 82, pp.393-408.

Spencer, L., Ritchie J., Lewis J. and Dillon L. (2003). *Quality in Qualitative Evaluation: A Framework for Assessing Research Evidence*. London: Cabinet Office.

Stafford, M., Cummins, S., Macintyre, S., Ellaway, A. and Marmot, M. (2005). Gender differences in the associations between health and neighbourhood environment. *Social Science and Medicine*, 60, pp.1681 - 1692.

Stake, R. (1995). *The Art of Case Study Research*. Thousand Oaks, CA: Sage.

Stanley, J.K., Hensher, D.A., Stanley, J.R. and Vella Brodrick, D. (2011). Mobility, social exclusion and well-being: exploring the links. *Transport Research. Part A: Policy Practice*, 45 (8), pp.789-801.

Stansfeld, S. A. (1999). Social Support and Social Cohesion. In: M. Marmot and R. Wilkinson (eds.), *Social determinants of Health*, Oxford: Oxford University Press, pp.155-178.

Starks, H. and Brown Trinidad, S. (2007). Choose your method: A comparison of phenomenology, discourse analysis, and grounded theory. *Qualitative Health Research*, 17 (10), pp.1372-1380.

Steele, C. M. and Sherman, D. A. (1999). The psychological predicament of women on welfare. In: D. Prentice and D. Miller (eds.), *Cultural divides: Understanding and overcoming group conflict*, New York: Russell Sage Foundation, pp.393-428.

Stern, P.N. (1994). Eroding grounded theory. In: *Critical issues in qualitative research methods*. Newbury Park, California: Sage.

Stevens E.P. (1973). Marianismo: The Other Face of Machismo in Latin America. In: A. Pescatelo, *Female and Male in Latin America*, University of Pittsburgh Press.

Stevens, A. H. and Schaller, J. (2009). *Short-run effects of parental job loss on children's academic achievement*. National Bureau of Economic Research (NBER), Working Paper no. 15480.

Stirling, P. (1966). *Turkish Village*. New York: Science Editions.

Stole, D. (1998). Bowling together, Bowling alone: The development of generalized trust. *Political Psychology*, 19, pp.497-525.

Stolle, D. and Hooghe, M. (2004). The roots of social capital: attitudinal and network mechanisms in the relation between youth and adult indicators of social capital. *Acta Politica*, 49, pp.422-441.

Strauss, A. and Corbin, J. (eds.) (1998). *Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory*. Thousand Oaks, CA, Sage.

Subramanian, S. V., Lochner, K. A. and Kawachi, I. (2003). Neighborhood differences in social capital: a compositional artifact or a contextual construct? *Health and Place*, 9 (1), pp.33-44.

Suhrcke, M. and de Paz Nieves, C. (2011). *The impact of health and health behaviours on educational outcomes in high income countries: a review of evidence*. Copenhagen: WHO Regional Office for Europe.

Sullivan, H. and Taylor, M. (2007). Theories of 'Neighbourhood' in Urban Policy. In: I. Smith, E. Lepine and M. Taylor (eds.), *Disadvantaged by Where You Live? Neighbourhood Governance in Contemporary Urban Policy*. Bristol: The Policy Press.

Sun, X., Rehnberg, C. and Meng, Q. (2009). How are individual-level social capital and poverty associated with health equity? A study from two Chinese cities. *Int J Equity Health*. 8 (2).

Sundquist, J., Malmstrom, M. and Johansson, S.E. (1999). Neighborhood environment and self-reported health status: a multilevel analysis. *American Journal of Public Health*, 89, pp.1181-1186.

Sundquist, J., Johansson, S.E., Yang, M. and Sundquist, K. (2006). Low linking social capital as a predictor of coronary heart disease in Sweden: A cohort study of 2.8 million people. *Social Science and Medicine*, 62, pp.954-963.

Swann, W. B. and Brown, J. D. (1990). From Self to health: Self Verification and Identity disruption. In: B. R. Sarason, I.G. Sarason and G. Pierce (eds.), *Social support and Interactional View*, New York: Wiley, pp.150-171.

Sykes, B. and Musterd, S. (2011). Examining neighbourhood and school effects simultaneously: What does the Dutch evidence show? *Urban Studies*, 48, pp.1307-1331.

Szreter, S. and Woolcock, M. (2004). Health by association? Social capital, social theory and the political economy of public health. *International Journal of Epidemiology*, 33, pp.650-667.

Targosz, S., Bebbington, P., Lewis, G., Brugha, T., Jenikins, M., Farrell, M. and Meltzer, H. (2003). Lone mothers, social exclusion and depression. *Psychological Medicine*, 33 (4), pp.715-722.

Tarrow, S. (1996). Making Social Science Work Across Space and Time: A Critical Reflection on Robert Putnam's making Democracy Work. *American Political Science Review*, 90 (2), pp.389-397.

Tavora, I. (2012). The southern European social model: familialism and the high rates of female employment in Portugal. *Journal of European Social Policy*, 22 (1), pp.63-76.

Taylor, M. (1982). *Community, Anarchy and Liberty*. Cambridge: Cambridge University Press. In R.D. Putnam (2000). *Bowling alone: the collapse and revival of American community*. New York. London: Simon and Schuster.

Theodore, N. (2007). New Labour at work: long-term unemployment and the geography of opportunity. *Cambridge Journal of Economics*, 31, 6, pp.927-939.

- Theron, L., Ann Cameron, C., Didkowsky, N., Lau, C., Liebenberg, L. and Ungar, M. (2011). A “day in the lives” of four resilient youths: Cultural roots of resilience. *Youth and Society*, 43, pp.799-818.
- Thompson, H., Petticrew, M. and Morrison, D. (2001). Health Effects of Housing Improvement: Systematic review of Intervention Studies. *British Medical Journal*, 323 (7306), pp.187-190.
- Thomson, H. and Petticrew M. (2005). *Is housing improvement a potential health improvement strategy?* Geneva: WHO.
- Thomson, H., Thomas, S., Sellstrom, E. and Petticrew, M. (2009). The health impacts of housing improvement: a systematic review of intervention studies from 1887 to 2007. *American Journal of Public Health*, 99, pp.681–692.
- Thrupp, M., Lauder, H. and Robinson, T. (2002). School composition and peer effects. *International Journal of Educational Research*, 37 (5), pp.483-504.
- Till, K. (2005). *The New Berlin: memory, politics, place*. Minneapolis: University of Minnesota Press.
- Tönnies, F. (1887). *Geimeinschaft und Gesellschaft*. Leipzig: Fues’s Verlag.
- Trifiletti, R. (1999). Southern European welfare regimes and the worsening position of women. *Journal of European Social Policy*, 9 (1), pp.49–64.
- Tuan, Y. F. (1974). *Topophilia: A study of environmental perception, attitudes and values*. Englewood Cliffs, NJ: Prentice-Hall.
- Tuan, Y.F. (1977). *Space and place: the perspectives of experience*. London: Edward Arnold.
- Turok, I. and Edge, N. (1999). *The Jobs Gap in Britain’s Cities: Employment Loss and Labour Market Consequence*. Bristol: Policy Press.
- Tutty, L. M., Bidgood, B. and Rothery, M. (1996). Evaluating the effect of group process and client variables in support groups for battered women. *Research on Social Work Practice*, 6, pp.308-324.

Twigg, L. and Mohan, J. (2009). Social Capital, Place and Health. In: R. Kitchin, and N. Thrift, (eds.). *International Encyclopedia of Human Geography*. London: Elsevier, pp.171-178.

Twigg, L. (2014). Geographies of space, place and population health. In *The Wiley Blackwell encyclopaedia of health, illness, behaviour, and society*. Cockerham, W. C., Dingwall, R. and Quah, S. R. (eds.). Chichester: Wiley-Blackwell Publishing Ltd.

Unger, D. and Wandersmann, A. (1985). The importance of neighbours: the social cognitive and affective components of neighbouring. *American Journal of Community Psychology*, 13, pp.139-69.

Uphoff, E., Pickett, K.E., Cabieses, B., Small, N. and Wright, J. (2013). A systematic review of the relationship between social capital and socioeconomic inequalities in health: a contribution to understanding the psychosocial pathway of health inequalities. *International Journal for Equity in Health*, 12 (54), pp.1-12.

Valente, T.W. (2010). *Social Networks and Health: Models, Methods and Applications*. Oxford: Oxford University Press.

Valentine, G. (1999). Being seen and heard? The ethical complexities of working with children and young people at home and at school. *Ethics, Place and Environment*, 2, pp.141-155.

van de Velde, S., Bambra, C., Van der Bracht, K., Eikemo, T. A. and Bracke, P. (2014). Keeping it in the family: the self-rated health of lone mothers in different European welfare regimes. *Sociology of health and illness*, 36 (8), pp.1220-1242

van de Velde, S., Bracke, P. and Levecque, K. (2010). Gender differences in depression in 23 European countries. Cross-national variation in the gender gap in depression. *Social Science and Medicine*, 71 (2), 305-313.

van den Hoonaard, W. C. (1997). *Working with sensitizing concepts: Analytical field research*. Thousand Oaks, CA: Sage.

van der Wel, K.A., Dahl, E. and Thielens, K. (2010). Health inequalities and employment in European welfare states: A multi-level analysis of EU-SILC, *13<sup>th</sup> Biennial Congress of the European Society for Health and Medical Sociology*, 26-28 August 2010 Ghent, Belgium.

van Ham, M. and Manley, D. (2010). The effect of neighbourhood housing tenure mix on labour market outcomes: a longitudinal investigation of neighbourhood effects. *Journal of Economic Geography*, 10 (2), pp.257-282.

van Ham, M., Hedman, L., Manley, D. and Coulter, R. (2012). *Intergenerational transmission of neighbourhood status in Sweden. An innovative analysis of individual neighbourhood histories*. IZA Discussion Paper No. 6572.

van Tilburg, T., de Jong Gierveld, J., Lecchini, L. and Marsiglia, D. (1998). Social integration and loneliness: A comparative study among older adults in the Netherlands and Tuscany, Italy. *Journal of Social and Personal Relationships*, 15 (6), pp.740-754.

Vartanian, T.P., Walker Buck, P. and Gleason, P. (2007). Intergenerational neighborhood-type mobility: examining differences between blacks and whites, *Housing Studies*, 22 (5), pp.833-856.

Verba, S., Schlozman, K. L., Brady, H. E. (1995). *Voice and Equality: Civic Voluntarism in American Politics*. Harvard University Press, Cambridge.

Viazzo, P.P. (2003). What's so special about the Mediterranean? Thirty years of research on household and family in Italy. *Continuity and Change*, 18 (1), pp. 111-137.

Vodopivec, M., Worgotter, A. and Raju, D. (2003). Unemployment benefits systems in Central and Eastern Europe: a review of the 1990s. *Social Protection Discussion Paper Series* 1.

Vogt, W. P. (1999). *Dictionary of statistics and methodology* (2<sup>nd</sup> ed.). Thousand Oaks, CA: Sage.

Waitzman, N. and Smith, K. (1998). Phantom of the area: Poverty-area residence and mortality in the United States. *American Journal of Public Health*, 88, pp.973-976.



Wakefield, S. E. and Poland, B. (2005). Family, Friend or Foe? Critical reflections in the Relevance and Role of Social Capital in Health Promotion and Community Development. *Social Science and Medicine*, 60 (12), pp.2819-32.

Wakschlag, L. S., Chase-Lansdale, P. L. and Brooks-Gunn, J. (1996). Not just “ghosts in the nursery”: Contemporaneous intergenerational relationships and parenting in young African-American families. *Child Development*, 67, pp.2131–2147.

Waldinger, R. (1995). The ‘other side’ of embeddedness: A case study of the interplay of economic and ethnicity. *Ethnic and Racial Studies*, 18, pp.555-580.

Warr, P. and Parry, G. (1982). Paid employment and women's psychological well-being. *Psychological Bulletin*, 91, pp.498-516.

Warren, J. and Garthwaite, K. (2014). Biographies of Place: Challenging Official Spatial Constructions of Sickness and Disability. In: K. Soldatic, A. Roulstone, and H. Morgan, *Disability – Spaces and Places of Policy Exclusion*. Routledge.

Waterman, A.S. (1993). Two conceptions of happiness: Contrasts of personal expressiveness (eudaimonia) and hedonic enjoyment. *Journal of Personality and Social Psychology*, 64, pp.678-691.

Watts, M. (1999). Collective wish images: geographical imaginaries and the crisis of development. In: J. Allen and D. Massey (Eds.), *Human Geography Today* pp. 85–107. Cambridge: Polity Press.

Watts, M. (2000). Contested communities, malignant markets. In: C. Cerner (Ed.), *People, plants and justice* pp. 21–51. New York: Columbia University Press.

Webster, D. (2006). Welfare Reform: Facing up to the Geography of Worklessness. *Local Economy*, 21 (20), pp.107-116.

Weich, S., Blanchard, M., Prince, M., Burton, E., Erens, B. and Sproston, K. (2002). Mental health and the built environment: Cross-sectional survey of individual and contextual risk factors for depression. *British Journal of Psychiatry*, 180, pp.428–433.

Weich, S., Sloggett, A. and Lewis, G. (1998). Social roles and gender difference in the prevalence of common mental disorders. *British Journal of Psychiatry*, 173, pp.489-493.

Weich, S., Twigg, L., Holt, G., Lewis, G. and Jones, K. (2003). Contextual risk factors for the common mental disorders in Britain: a multilevel investigation of the effects of place. *Journal of Epidemiology Community Health*, 57, pp.616-621.

Weiss, R. (1994). *Learning from Strangers: The Art and Method of Qualitative Interview Studies*. New York: Free Press.

Weller, S. and Bruegel, I. (2009). Children's 'place' in the development of neighbourhood social capital. *Urban Studies*, 46 (3), pp.629-643.

Wellman, B. and Wortley, S. (1990). Different Strokes from different Folks: Community ties and social support. *American Journal of Sociology*, 96 (3), pp.558-88.

Wen, M., Van Duker, H. and Olson, L. M. (2009). Social contexts of regular smoking in adolescence: Towards a multidimensional ecological model. *Journal of Adolescence*, 32, pp.671-692.

Whitacre, P., Burns, A. C. and Institute of Medicine (U.S.) (2010). *Perspectives from United Kingdom and United States policy makers on obesity prevention: Workshop summary*. Washington, D.C: National Academies Press.

White, M., Smith, A. Humphryes, K., Pahl, S. Snelling, D. and Depledge, M. (2010). Blue space: The importance of water for preferences, affect, and restorativeness ratings of natural and built scenes'. *Journal of Environmental Psychology*, 4, pp.482-493.

Whitley, E., Gunnell, D., Dorling, D. and Smith, G. (1999). Ecological fragmentation, poverty and suicide. *British Medical Journal*, 319, pp.1034–1037.

Wight, R.G., Cummings, J.R., Karlamangla, A.S. and Aneshensel, C.S. (2010). Urban neighborhood context and mortality in late life. *Journal of Aging and Health*, 22, pp.197-218.

Wilcox, C. and Jelen, T. (1990). Evangelicals and political tolerance. *American Politics Research*, 18 (1), pp.25-46.

- Wilkinson, R. (1996). *Unhealthy Societies: The Afflictions of Inequality*. London: Routledge.
- Wilkinson, R. and Marmot, M. (2003). *Social Determinants of Health. The Solid Facts*. (2<sup>nd</sup> ed.). Copenhagen: World Health Organisation.
- Wilkinson, R. G. (2005). *The impact of inequality: How to make sick societies healthier*. London: The New Press.
- Wilkinson, R. G. and Marmot, M. (2003). *Social determinants of health: the solid facts*. Denmark: World Health Organisation.
- Wilkinson, R. G., Kawachi, I. and Kennedy, B.P. (1998). Socioeconomic determinants of health and social cohesion: Why care about income inequality? *British Medical Journal*, 314 (7086), pp.1037-40.
- Wilkinson, R. and Pickett, K. (2009). *The spirit level. Why more equal societies almost always do better*. London, UK: Penguin Books.
- Wilkinson, R.G. (1999). Income inequalities, social cohesion and health: clarifying the theory. *International Journal of Health Services*, 29, pp.525–543.
- Wilkinson, R.G. and Marmot, M. (2005). *The Solid Facts*. WHO: Copenhagen.
- Wilkinson, R.G. and Pickett, K.E. (2006). Income inequality and population health: a review and explanation of the evidence. *Social Science & Medicine*, 62 (7), pp.1768–1784.
- Williams, B. (1988). Formal Structures and social reality. In: D. Gambetta, ed., *Trust: Making ad Breaking Cooperative Relations*, Oxford: Blackwell.
- Williams, R. (1983). Concepts of Health: An Analysis of Lay Logic', *Sociology*, 17 (2), pp.185-205.
- Wilson, K. and Luker, K.A. (2006). At home in hospital? Interaction and stigma in people affected by cancer. *Social Science and Medicine*, 62 (7), pp.1616-1627.
- Wilson, W. J. (1996). *When Work Disappears: The World of the New Urban Poor*. Knopf New York.

Wilson, W.J. (1987). *The Truly Disadvantaged: The Inner City, the Underclass, and Public Policy*. Chicago: University of Chicago Press.

Wood, L. and Giles-Corti, B. (2008). Is there a place for social capital in the psychology of health and place? *Journal of Environmental Psychology*, 28, pp.154-163.

Wood, L., Giles-Corti, B. and Bulsara, M. (2012) Streets Apart: Does Social Capital Vary with Neighbourhood Design? *Urban studies research*, 2012, pp.1-11.

Wood, W. and Eagly, A. H. (2010). Gender. In: S. T. Fiske, D. T. Gilbert, and G. Lindzey (eds.), *Handbook of social psychology* (5th ed.). Hoboken, NJ: Wiley, pp.629 - 667.

Woolcock, M. (2001). The place of social capital in understanding social in understanding social and economic outcomes. *Isuma: Canadian Journal of Policy research*, 2 (1), pp.1-17.

World Health Organization (1948). *Constitution of the WHO*. WHO, Geneva.

World Health Organization (2008). *The World Health Report 2008: Primary Health Care- Now More Than Ever*. Geneva: WHO.

World Health Organization (2009). *Health Impact Assessment: Determinants of Health*.

Worth, N. (2009). Understanding youth transition as ‘Becoming’: Identity, time and futurity. *Geoforum*, 40, pp.1050-1060.

Yeary, K., Kim, K., Ounpraseuth, S., Moore, P. Bursac, Z. and Greene, P. (2012). Religion, Social Capital, and Health. *Review of Religious Research*, 54, pp.331

Yen, I. and Kaplan, G. (1998). Poverty are residence and changes in Physical activity level. *American Journal of Public Health*, 88, pp.1709-1712.

Yin, R. K. (2009). *Case Study Research, Design and Methods*. London, Sage Publications.

Yonas, M., Lewis, T., Hussey, J., Thompson, R., Newton, R., English, D. and Dubowitz, H. (2010). Perceptions of neighborhood collective efficacy moderate the impact of maltreatment on aggression. *Child Maltreatment*, 15 (1), pp.37-47.

Young, I.M. (1990). *Justice and the Politics of Difference*, Princeton, N.J.: Princeton University Press. In V. Cattell, N. Dines, W. Gesler, and S. Curtis, (2008). Mingling, observing, and lingering: everyday public spaces and their implications for wellbeing and social relations. *Health and Place*, 14 (3), pp.544-561.

Ziersch, A.M., Baum, F.E., MacDougall, C. and Putland, C. (2004). Neighbourhood life and social capital: the implications for health. *Social Science and Medicine*, 60 (1), pp.71-86.

Zimmerman, M.A. (2000). Empowerment Theory: Psychological, Organizational and Community Levels of Analysis. In: J. Rappaport and E. Siedman (eds.) *Handbook of Community Psychology*, pp 43-63. NY: Kluwer Academic/Plenum Publishers.