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Social inequality and young pregnancy: The causal attributions of young parents in London, UK

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ABSTRACT

Although the association between young pregnancy and the socio-economic environment is globally recognised, little is understood about either the processes behind it or how young parents construe this relationship. Twenty-one semi-structured interviews were conducted in four London areas; two 'less deprived' and two 'more deprived' in order to solicit young parent's views. Thematic analysis uncovered three factors indicative of how young parents understand the social gradient in young pregnancy; the parental relationship status (openness and parental control); access to education and career; and acceptance of young pregnancy. It is suggested that differing representations of young parenthood across socio-economic subgroups correspond to differing representations, values and beliefs concerning sexual and reproductive behaviour, education and the social acceptability of young pregnancy. Further work is needed to build up a holistic picture of the influence place has on young people's sexual and reproductive health.

1. Background

The socio-economic environment has been proposed as a key factor in explaining the varying under-18 conception rates observed between (e.g. Cheesbrough et al., 2002) and within countries (e.g. Vikat et al., 2002). In England, a social gradient exists in young pregnancy[1]; more deprived areas have higher under-18 conception rates and proportionally fewer abortions compared to less deprived areas (e.g. Uren et al., 2007). In addition, it has been proposed that the more unequal the income distribution in a society the higher the rate of under-18 conception (e.g. UK compared to Japan) (Wilkinson, 1990, 1992). This could be understood as suggesting that the environment (i.e. neighbourhood) in which young people live influences their sexual and reproductive behaviour, a relationship that is central to an understanding of the social gradient in young pregnancy.

The influence of social inequalities in matters of health remains pertinent to health services research, particularly given the widening gap between rich and poor (e.g., Dorling et al., 2007) and the aim of the UK Government under Labour[2] to close this gap within the first two decades of the new century (Cabinet Office, 2001). In the present context it is noteworthy that widening socio-economic inequalities are especially prevalent in young adulthood (Davey Smith et al., 2002). In addition, differences in infant mortality rates by social class have widened since 1998 (Mayhew and Bradshaw, 2005) against the backdrop of a UNICEF (2007) report highlighting the impaired development of children born into poverty.

The reasons for the association between adverse health outcomes and socio-economic deprivation remain unclear (Brunner and Marmot, 2006). As the adverse effects of young parenthood are intertwined with factors that increase vulnerability to young pregnancy (see Ingham and Smith, 2009), understanding what lies behind these associations is vital if young parents and their children are to be protected from adverse outcomes (e.g. social exclusion and depression) and if social inequalities in young pregnancy outcomes are to be reduced (Acheson, 1998). Few studies to date have examined factors within the social and cultural realm which are thought to mediate this association (Arai, 2007, 2003a, 2003b; Lee et al., 2004; Swann et al., 2003). Clarifying the association between under-18 pregnancy and the socio-economic environment is therefore vital if the cycle of young pregnancy is to be broken (Garlick et al., 1993) and levels of social exclusion for future generations lowered (Swann et al., 2003).

If effective policies and interventions and suitable support programmes to reduce the adverse outcomes of young pregnancy are to

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[1] The term 'young pregnancy' was adopted in these studies instead of 'teenage pregnancy' as the decisions and outcomes of pregnancies conceived under the age of 18 were explored into parenthood and thus the period of interest extends past (some of) the participants' teenage years. In addition, these studies include the partners of young mothers, many of whom are not in their teenage years.

[2] They were in Government from 1997 until May 2010.

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be put in place, greater understanding of the social gradient in young pregnancy is necessary. However research must move away from treating 'social class' and 'area of residence' simply as descriptive terms and instead explore the influences (both positive and negative) which are exerted on health behaviours (i.e. sexual and reproductive behaviours) through the medium of the socio-economic environment as it is both personally and collectively experienced (Macintyre et al., 1993). Given the deep relationship between social inequality and place this will require a much greater appreciation of the 'rootedness' of both behaviours and cognition in given locales and the historical contingencies which permit such relationships to persist generation after generation. Such a perspective on inequality and place requires qualitative work able to explore people's views of place such that a more holistic picture of the influence of place on their health can be constructed (e.g. Cummins et al., 2007). Research on such 'collective' forms of memory (e.g. Hewer and Kut, 2010; Hewer and Roberts, in press) is still in its infancy and is yet to exert a notable influence on research into health inequalities. Whilst much work therefore remains to be done, Social Representations Theory (Moscovici, 2000) offers a theoretical tool which may go some way to bridge the gap between the process research which has characterised much epidemiological investigation to date and the experiential framework which is required to understand human agency in the psycho-social (and geo-historical) environment. The theory of social representations proposes that we make sense of the world through the ideas, thoughts, meanings and images which circulate and endure in the psycho-social environment. These representations are based on our past experience, present actions and social interactions, the past experiences and actions of those with whom we identity and are shared by members of a collective group (e.g. within a definable identified [by residents] neighbourhood). In this way they constitute a 'common-sense' understanding of the world. However whilst they comprise common sense and form the backdrop against which individual thought is organised and expressed they are subject to the changing milieu in which all representations arise, persist or demise. Adopting the theory in the present context requires that we examine the nature and source of social representations of young pregnancy. We must understand how these are communicated, interpreted, strengthened or weakened in different cultural groups and how, accordingly, they come to form sub-cultural values persisting through time and within the human geographical landscape. Only then can we reach a more complete understanding of the influences on young people's sexual and reproductive behaviours and design interventions to empower them to engage in informed behaviours. Moscovici's framework is particularly useful as it intrinsically embodies a relational perspective able to deal with people's movements through time and across space as factors that influence the psycho-social characteristics of place (Cummins et al., 2007).

The meaning and experience of social inequality for individuals is rarely addressed, nor correspondingly the attributions which people make in affirming or denying its existence (Blaxter, 1997; Chamberlain, 1997; Runciman, 1966) and the question of how one's identity is intertwined with inequality has been similarly neglected (Phillips and Western, 2005). Gaining an understanding of the beliefs which people from a variety of social backgrounds have about the causes of social gradients in health outcomes will add to our knowledge of the lived experience of social inequality and its mode of operation. In a rare exception, Arai (2003b) asked a sample of Teenage Pregnancy Coordinators why they thought the association between area deprivation and young pregnancy existed. Awareness of the association was reported. However, they were unable to explain the reasons behind this association and professed a desire for further information to enable them to be more effective in their job.

Qualitative research has been suggested as vital if we are to understand the causal pathways connecting place with health (Cummins et al., 2007). Consequently the aim of the current study is to investigate young parent's understanding of the social gradient in young pregnancy. What follows is a study of young parent's 'common sense' views of this social gradient. Situated within Moscovici's (2000) Social Representations Theory this will allow us to understand how young parents reason about their socio-economic position and the influence it has on their identity.

2. Methodology

2.1. Sample

Twenty-one young parents[3] were recruited using snowballing techniques; sixteen mothers and five fathers (Table 1 outlines if they had given birth or were still pregnant at the time of the interview). Inclusion in the study required participants to live within one of the four selected London Local Authorities (LAs),[4] to have a good level of spoken English and to have conceived (or their partners conceived) under the age of 18.

Four London LAs were purposely selected, based on level of deprivation and the Teenage Pregnancy Coordinators enthusiasm to help build contacts within the LA. Using the Index of Multiple Deprivation (IMD: Noble et al., 2004[5]) the four local authorities were split into two types of area; 'more deprived' (Southwark and Newham) and 'less deprived' (Kingston Upon Thames and Ealing). These classifications of area deprivation are in keeping with relational views of place, a perspective suggested in the literature as beneficial to health research (Cummins et al., 2007).

Personal deprivation was measured as it has been suggested to be a contributing factor in the relationship between area deprivation and young pregnancy (McCulloch, 2001; Smith and Elander, 2006). As none of the participants were in full-time employment at the time of conception, due to their age, their parent's/guardian's occupations were classified using the National Statistics Socio-economic Classification (NS-SEC).[6] Young parents in social class two to social class five were operationally classified as 'less deprived' and those in social classes six to nine as 'more deprived'.

2.2. Procedure

The Teenage Pregnancy Coordinators acted as gatekeepers offering access to young parents through supported housing units, community groups and charity organisations supporting young parents. To enable rapport to be built, participants were met several times by the researcher (DS) before being asked to participate in the study. All of the young parents approached took part in the study. The number of young fathers is markedly lower than the young mothers as identifying them was difficult (as suggested in previous research, e.g. Quinton et al., 2002).

[3] This term will be used throughout this paper even though some of the interviewees had yet to give birth.

[4] Local Authorities are defined in the English Local Government act of 2000 as a county council; district council; London borough council; the Common Council of the City of London in its capacity as a local authority; or the council of the Isles of Scilly.

[5] The 2004 Index of Multiple Deprivation (IMD) ranks each English Local Authority by level of deprivation (one is the most deprived and 354 the least). The IMD produces a single measure of deprivation by combining information from seven domains: income deprivation, employment deprivation, health deprivation and disability, education, skills and training deprivation, barriers to housing and services, characteristics of the living environment (two types; outdoor quality and indoor quality) and crime.

[6] The NS-SEC classification system uses occupational characteristics (e.g. position in the labour market and prospect of economic advancement) to code an individual's socio-economic status. It has been in use since 2001, and resulted from a review of existing schemes by the Economic and Social Research Council and the Office of National Statistics in England.

Table 1
Demographics of young parents.

	Area deprivation	Personal deprivation	Age at interview	Age at conception	Ethnicity	Their parent's marital status
Claire	Less deprived	More deprived	28	17	White British	Divorced
Maria	Less deprived	Less deprived	21	16	White British	Divorced
Sarah	Less deprived	Less deprived	21	17	Mixed Race	Single
Louise	More deprived	More deprived	40	16	Black British	Single
Victoria	Less deprived	Less deprived	31	16	White British	Married
Isabella	Less deprived	More deprived	17	17	White British	Father not known
Kelly	More deprived	Less deprived	19	18	Black British	Separated
Hayley	Less deprived	Less deprived	19	16	White British	Married
Frankie	More deprived	More deprived	17	17	White British	Single (never met Dad)
Kiyara	Less deprived	More deprived	17	16	Mixed Race	Doesn't see Dad
Dominique	Less deprived	More deprived	18	16	Indian	Dad died
Katie	More deprived	Less deprived	20	17	Caribbean	Doesn't see Dad
Taniya	More deprived	Less deprived	20	17	Black British	Divorced
Mary	More deprived	More deprived	17	14	Black African	Married
Cherielle	More deprived	Less deprived	19	17	Mixed Race	Married
Lauren	More deprived	More deprived	18	14	White British	Dad left at age 11
Paul	Less deprived	Less deprived	22	17	White British	Married
Finn	Less deprived	Less deprived	22	21	Albanian	Married
Sean	Less deprived	Less deprived	18	19	Black African	Married
Ahmed	More deprived	More deprived	27	26	Black African	Married
Dominic	More deprived	More deprived	21	20	Caribbean	Dad died

Participants names are pseudonyms.

Semi-structured interviews were used as '…*a way of finding out what others feel and think about their worlds*' (Rubin and Rubin, 1995, p. 1). This approach hopes to understand the young parent's social representations by placing pregnancy and parenthood in the appropriate context of their lives and providing them with the opportunity to discuss their views and experiences in a way that is meaningful and relevant to them. During the interview, the participants were told about the social gradient in under-18 conception and abortion proportions and were asked why they thought these existed. This paper focuses on these findings.

Twenty-one interviews were conducted, ranging in length from 25 to 103 min. A mix of single and pair interviews were used as past research with young males found that mixed interviews allowed them the opportunity to express themselves more openly (Frosh et al., 2002). Interviews were audio-taped and transcribed verbatim. Participants chose a pseudonym to which they would be referred to in any written accounts. Participants were given a £10 voucher for a popular UK high street mother and baby store to thank them for their time; the receipt of vouchers was not stated at recruitment in order not to act as an undue incentive to participation.

2.3. Analysis

Thematic analysis was used as it not only organises and minimises the interview accounts but also maintains detail through '…identifying, analysing and reporting patterns (themes) within data' (see Braum and Clarke, 2006, p. 79, for a more detailed exposition of the rationale). Inductive analysis allowed the young parents accounts to be explored for themes explaining their view on why the social gradient in young pregnancy exists; these were extracted for each young parent individually (vertical analysis) and comparisons made across the socio-economic environment (horizontal analysis of subgroups by area deprivation and personal deprivation). To ensure reliability, interview scripts and themes were discussed between the two authors.

3. Findings

The young parents varied in age, ethnicity and family background before conception. Table 1 displays the demographics of the interviewed young parents. The ethnicity of the participants was representative of the sampled areas compared to the census data (ONS, n.d.b); a higher proportion of young parents from more deprived areas were from BME groups compared to those in the less deprived areas (Table 1). Due to the exploratory nature of this study no restriction was set on pregnancy status and the participants ranged from currently being pregnant with their first child to having had their first baby over ten years ago, women were equally represented according to area and personal deprivation across this spectrum. The mean age at conception was 16 years for the young mothers and 20 years for the young fathers, consistent with previous research (e.g. Bunting and McAuley, 2004) which has suggested young fathers tend to be about three years older than their partners (Table 1). None of the young parents were married at the time of conception and the majority lived in single parent families (Table 1).

In the interviews young parents suggested a variety of reasons for the social gradient in young pregnancy. Their responses were grouped into three major themes; status of relationship with parents; access to education and career; and acceptance of young pregnancy. The reporting of these three themes differed slightly by gender and therefore, for each theme, results are presented separately by gender with subsequent comparisons made in the later discussion.

Interestingly, as they reflected on their experiences of being young parents, three of the young mothers did not accept that a social gradient existed in young pregnancy. They deemed financial success as a measure of socio-economic status and used this to view their individual situation. This led them to conclude that even though they became pregnant, their area was not '…*poor*…' (Hayley) as their parents were '…*comfortable with their money*…' (Hayley), thus discrediting the existence of a social gradient.

3.1. Status of relationship with parents

The young mothers perceived three specific features of the relationship between young people and their parents as being influential on the social gradient of young pregnancy; openness, control and role models. A greater level of openness was suggested as existing between parents and children in less deprived areas. Stronger parental control over their children was also

reported as being present in less deprived areas. Both of these factors were reported more frequently by young mothers in the less deprived areas than the more deprived areas as they compared their area of residence to the more deprived areas. In addition, parental role models were reported as existing in less deprived areas and absent in more deprived areas. These role models encouraged young people to think about the impact that their behaviours have on their parents and thus encouraged informed decisions regarding their behaviour.

> "I think in a richer family, you see your parents as your role models and you don't want to disappoint them, you want to make them be proud of you…" (Kiyara).

The young father's explanations of the social gradient in young pregnancy expanded on the contribution of positive role models. They claimed that positive role models were present in less deprived areas and absent in more deprived areas. Dominic (more deprived area) took the view that young people in less deprived families look up to their parents *"Now if you look at well off families, like I want to be rich and successful like my parents"*. In contrast, in more deprived areas, parents were reported as providing negative role models due to having "*…a bad reputation"* (Finn) this led young people in these areas to look elsewhere for role models. The young fathers all talked about parents in more deprived areas not being good role models due to not being financially successful.

> "…If you're from a poor family and your parents are not earning much, now if your parents are not earning much but you want to be successful and rich and what not, but if your parents are not rich and successful then you're gonna be like who can I look up to? I'll look up to superstars and stuff" (Dominic).

Dominic discussed the existence of a "*ghetto image*" in more deprived areas, consisting of "sex, drugs, money". He claimed this kind of lifestyle was glamorised in more deprived areas for several reasons; the lack of parents as positive role models, the lack of time that parents spend with their children, high numbers of single parent families, high crime rates and pressure from the media and peers. He claimed that as a result of not having parents as positive role models, young people are turning to this 'ghetto image' created by their peers and the media and creating the wrong role models. He cited the example of an American rap-star who is a global youth icon and questioned his suitability as a *"super soldier"* role-model simply because he has survived numerous shootings and stated "*…really and truly he's not the one who survived, it's the Doctors who saved him, he didn't survive. He was saved*".

3.2. Access to education and career

The lack of focus on education and employment in more deprived areas, as displayed in Dominic's quote above, was discussed by the all the young parents as an antecedent in the social gradient in young pregnancy. Education and schooling was reported by young mothers in less deprived areas as something that can help young people to focus on their future plans and delay having a child (Taniya, Lauren, Louise, Frankie, Maria, Kiyara & Sarah). Moreover, the way in which someone speaks (accent and vocabulary) was reported by the mothers in the more deprived families as being an essential indicator of one's level of education and future career prospects in less deprived areas.

> "I would say if I had a posh family and a went to a private school and boarding school and done everything that people in those areas used to do yeah, then I probably would have been brought up different like a posh person, talk different, I wouldn't have, I wouldn't talk the way I do now, I wouldn't have had a kid until I was in my 20s and got an education and that. Their families probably had everything that we never did" (Lauren).

The prospect of a future career as an alternative to becoming a young parent was reported by the young mothers as something that is associated with living in a less deprived area and thus associated with the social gradient in young pregnancy (Maria, Sarah, Claire & Dominique). Abortion as an option was perceived by a few young mothers as being associated with living in a less deprived area, they saw it resulting from parental pressure to have a traditional career. This was the only time that abortion was mentioned by the young parents when discussing the social gradient in young pregnancy, even though the researcher outlined the social gradient in terms of conception rates and abortion proportions.

> "Maybe the ways that their families brought them up, maybe there is more pressure for them to have a career and for them to have an abortion. And with the people who don't live in such a rich area they may think well my life's not going anywhere so" (Dominique).

In contrast, traditional career paths were perceived by the young mothers as being as rare in the more deprived areas. As a result, pregnancy was suggested as a viable route for young people in these areas to gain respect and achieve adult status (Taniya & Mary). In the current study, the young mothers educational attainment was related to their level of family deprivation not area deprivation. Nine stated that they had left school at 16 with fewer than two GCSE passes (Maria, Sarah, Isabella, Dominique, Kiyara, Kelly, Frankie, Louise & Lauren)—six of these were from deprived families.

> "Some girls they want to have a baby, some people complain if they don't have a baby people don't treat them as an adult, so to have a baby you're gonna be independent and be treated the same in society" (Mary).

In addition, a lack of money and a strong reliance on Government support were reported by several young mothers from both areas as accentuating risk in more deprived areas and contributing to the social gradient (Sarah, Isabella, Lauren & Frankie). Interestingly, the mothers from more deprived areas focused specifically on financial support (Lauren & Frankie). In particular, Frankie (from a deprived family and area) focuses on the behaviours of people in *'poorer areas'*, separating herself from this behaviour.

> "In the poorer areas, if they're on benefits and everything you can say they just end up with more benefits" (Frankie).

In contrast, the young mothers from less deprived areas also considered the issue of social housing as a form of Government support; Sarah claimed pregnancy is a route to escaping from crowded and unsuitable houses and Isabella believed pregnancy is a way to receive housing. This is interesting as both Sarah and Isabella lived in council housing after their baby was born (a temporary council flat and support housing unit respectively), yet they spoke about receiving social housing as something that only happened to young mothers in the more deprived areas.

> "I think in a way, some of them, probably most of them they think, yeah I'll get benefits, I'll get a house blah blah blah" (Isabella).

The young fathers saw education and employment as only being accessible in less deprived areas and thus contributing to

the social gradient. As with the young mothers, the way in which one speaks was viewed as a measure of education and a barrier to employment for young people in more deprived areas. Education or jobs were not mentioned in the more deprived areas as an influential factor.

> "If you go to an interview and speak like the street, you ain't going to get the job" (Sean).

3.3. Acceptance of young pregnancy

Finally, the level of acceptance of young pregnancy was reported by all the young mothers as influential in the social gradient; those in more deprived areas said that it was considered acceptable in their areas in contrast to those from less deprived areas who took the opposite view.

> "I suppose, I suppose for some kids its fashionable, which is the worst thing… and a lot of people they fall pregnant and then it just seems to run in a cycle round their friends" (Maria).

The influence of ethnicity on differing levels of acceptance was also mentioned in the more deprived areas as being important (Mary & Lauren). However, no explanation was given for why they thought that acceptance of young pregnancy differed based on ethnicity.

> "I think I don't know why but people from different minority background have different views, here white, Asian, black all mix and have different influence on each other, that's what happens" (Mary).

Young fathers perceived people in more deprived areas as being more accepting of young pregnancy because there are more young parents in those areas. Interestingly, both Finn and Paul believed that their areas, on the basis of the high visibility of young parents, were living in more deprived areas whereas they actually lived in less deprived areas. Paul also claimed that there was a stigma attached to young pregnancy in the less deprived areas that does not exist in more deprived areas.

> "Round everywhere, where the estate are, all the young girls get pregnant" (Finn).
> "Umm probably cos there's a lot of stigma attached to having children young, like especially in a middle class or upper class family. There's a lot of stigma attached to it like they would feel, you would feel ashamed, you've embarrassed your family and things like that" (Paul).

4. Discussion

The majority of the young parents expressed no surprise when informed about social inequality in young pregnancy and all openly discussed their perceptions of why this existed. The attributions they made to account for this relationship can be summarised by three factors; the parent–child relationship (namely openness, parental control and role-models); access to education and career; and acceptance of young pregnancy. With previous research highlighting family characteristics as influential on teenage pregnancy risk and outcomes (Allen et al., 2007; Barn and Mantovani, 2007), the present work points to the recognised importance of the parent–child relationship in young parents claims that in less deprived areas, open relationships in the family were more common; something they thought led to greater parental control over their children's sexual and reproductive behaviours. Young fathers too focused on families as role models and youth culture as influential in this relationship. Clearly young parents value the role of parents in providing children with information to construct sexual and reproductive values. With parents in the UK the least likely in Europe to speak to their children about sexual issues (Simpson, 2004) there is an evident need for services to support young parents in their parenting skills to enable them to provide their own children with information about sexual and reproductive health and thereby interrupt the cycle of deprivation and young pregnancy.

Education and access to careers have been highlighted by both young mothers and fathers as being influential in the social gradient. Previous research has reported low levels of educational attainment and poor school attendance amongst young parents (Department for Education and Skills [DfES], 2007) and those from manual backgrounds (Machin et al., 2005). Young parenthood was perceived by the young parents as an alternative to a career in more deprived areas. Therefore, the suggestion is that career opportunities and educational success may mediate at least in part the social gradient in young pregnancy. Using Social Representations Theory, we can interpret that they do this in part through the different values attached to education and young parenthood. These will in turn be influenced by prevailing notions of power and success within a community which will be circulated and transmitted through a local set of available (and dominant) social representations and evaluation of the outcome of actions rooted in these. Family relationships are an obvious means for communicating and constructing these values but they will also be formed through peer interaction and through young people's transactions with the society's major institutions (e.g. education, information and entertainment). Detailed knowledge is currently lacking regarding the specifics of how and when these exchanges lead to critical knowledge formation these current findings suggest that different means are used to inform social representations of success in more deprived areas and less deprived areas (i.e., rap-stars compared to parents respectively). The absence of positive role models in more deprived areas was reported by the young parents as a possible explanation for their lack of focus on education. Education, viewed as a way to maintain social positioning is something that is passed down through parents behaviours and attitudes—thus it is valued greater in higher social classes (Feinstein and Sabates, 2006). In addition, in areas of deprivation there is an absence of adult role models to "help keep alive the perception that education is meaningful, that steady employment is a viable alternative to welfare, and that family stability is the norm not the exception" (Wilson, 1987, p. 56). As a result, young pregnancy could be viewed as an alternative acceptable and viable 'career' route in such areas. Social Representations Theory emphasises the importance of understanding just how young people make sense of the world. The dominant representations around them will constitute for them "the principal organising agents" (Hewstone et al., 1996, p. 120) for their individual decision-making and behaviour helping them to make sense of the world and to interact with their peers. The repertoire of representations available to them, present a world of unequal opportunity and esteem contingent upon notions of success. As many of the young parents indicated, a viable response to this challenge is to elevate the importance of parenthood to their self esteem and social position. Whilst the former UK Government green paper 'Every Child Matters' proposed lowering the rate of young pregnancy through the provision of better education and employment prospects (DfES, 2003), the picture coming from this data suggest that if such policies are to bear fruit, a much greater understanding of how young people (A) interpret their cultural and socio-economic environment, (B) decide on what to them are the salient features within it and (C) decide on courses of actions relevant to these features is

needed. Within this matrix of possibilities we suggest particular attention be given to how notions of personal and social success are constructed and how these relate to young parenthood and educational attainment within the context of the socio-economic environment as it is perceived.

Differing levels of acceptance between areas were reported by young parents as influential in the social gradient. Young people in middle class schools were less accepting of sex under the age of 16 than those in inner city schools as they felt they had more to lose from the outcomes of risky sexual behaviour (e.g. pregnancy) than those in the more deprived areas where parenthood had greater value (Thomson, 2000). Further work has been conducted by the authors exploring the acceptability of young pregnancy and barriers to antenatal access (Smith and Roberts, 2009) and contrary to previous findings (e.g. Turner, 2001), participants acceptance of young pregnancy was greater if they were young parents themselves and if they resided in less deprived areas. The acceptance of young pregnancy in different groups of young people and how this may become part of the 'common sense' psychology warrants further exploration.

There are several limitations to this study which, although they have not had a huge impact on the quality of the data or the findings, need to be considered. Although the sample size is typical of qualitative studies, the restriction to four areas of London means that findings may be hard to generalise on a national or international scale. However we emphasise the importance of situating the general processes we have drawn attention to within their specific local context. It must be noted that, although everything was done in this study to eliminate the power dynamics and to preserve participants own subjectivity as richly as possible when analysing qualitative data, power dynamics will always exist due to the very nature of the research situation (e.g. the label of researcher). Therefore the accounts presented to the researcher must be considered as a product of the particular research environment with all the strengths and limitations which this implies. In addition, our own understanding of the representations held by others will be determined by the set of meta-representations within which they will be framed. It is up to others to ascertain the extent to which these prove to be fruitful at both a practical and a theoretical level. Finally, the relationship between place and health is about more than just relative area and personal deprivation as measured here. However, this qualitative study has gone some way toward highlighting other mediating routes and factors in the relationship between place and young people's sexual and reproductive health. In doing so we can begin to understand how young people's experience of place, and their experience of their place in the world, influence their health.

These findings have several implications; firstly to identify specific psycho-social factors that young people perceive to contribute to the social gradient in young pregnancy (e.g., parent–child relationship, education and acceptance of young parenthood). Secondly to use the psycho-social factors highlighted as influential in the social gradient to guide future policy and interventions and thirdly to fill existing gaps in the UK literature. Factors which are identified, in studies such as this, as influencing young people's sexual and reproductive behaviours need to be included in the design of effective pregnancy prevention interventions and efficient support programmes for young parents. The reasons perceived by the young parents for the social gradient may also be pertinent to other health issues that are associated with socio-economic deprivation (e.g. sexually transmitted diseases, smoking and involvement in crime). One of the conclusions to emerge from this work is that in order for interventions to be effective in supporting young people in making safe sexual and reproductive health decisions, the influence of social deprivation and how this affects the fabric of young people's lives (as suggested by Arai, 2007) must be incorporated into the design. In 2010, the former Government report 'Teenage Pregnancy Strategy; Beyond 2010' (Department for Children, Schools and Families (DCSF), 2010) reviewed the 1999 Teenage Pregnancy Strategy (Social Exclusion Unit, 1999) successes and outlined further plans to take it forward – with emphasis given to particular geographical 'hotspots' – areas that are more deprived with high conception rates. The data presented in the current study furthers this by suggesting that for the strategy to be effective focus needs to be placed on the socio-economic environment as a centre of meaning.

A viable theoretical framework to explore the development of this common sense is provided by Moscovici's (2000) theory of social representations. Study of the dominant social representations in different socio-economic areas will likely provide important information on how media, social, peer, family and neighbourhood influences affect young people's sexual and reproductive behaviours, and in particular how these influences constrain and shape the possible social identities around sexuality and parenthood which young people may construct for themselves. It follows that researchers should avoid designing and conducting research premised on existing socially constructed negative images of young pregnancy, a view supported by Duncan (2007). Instead an inductive and reflective approach is needed, which allows young parents freedom to discuss their experiences in the context of their lives and affords them an unbiased opportunity to discuss their intentions with regard to sexual and reproductive behaviours. To achieve this, researchers must remain mindful of how their own interpretive repertoires frame their understanding of young people, the social environment, power and inequality. This will be an ongoing task and one which researchers must approach with a genuine desire to learn from young people.

5. Conclusions

Within each socio-economic subgroup (more deprived and less deprived areas and families) differing representations (e.g. of young parenthood, education, and success) correspond to widely differing values and beliefs concerning sexual and reproductive behaviour, education and the social acceptability of young pregnancy. For example, what was deemed a viable career differed between areas and was related to the levels of acceptance toward young pregnancy. The three themes (status of relationship with parents; access to education and career and acceptance of young pregnancy) to emerge from this research should not be considered as independent factors. Acceptance of young pregnancy within the structured locale of the specific socio-economic environments in which young people live must be considered as in part not only a product of the parental relationship, but something which is also mediated in part through a complex of enduring traditions which themselves are structured by the relative permanence of the psychological, interpersonal, educational, and economic environment which shapes, through family, friends, neighbours, strangers and institutions the possibilities inherent within it. As such, acceptance and other attitudes conditioned by locality may form part of these traditions.

Several issues warrant further exploration—the acceptance of young pregnancy in different groups of young people, the role of the family in sexual and reproductive health education, the influence of culture and sub-cultures (including role models) on sexual, reproductive and pregnancy decisions in addition to the question of how identity contingent on both time and place is constructed in the socio-economic environment. As the

relationship between place and health encompasses more than just relative deprivation level, researchers must examine their sample's understanding of the socio-economic environment and the influence that it has upon their social identity. These all suggest the importance of constructive processes in shaping meaning and action in the socio-economic environment. The experiences and meanings which researchers themselves bring to the field will also play a part in how easily our understanding of the association between social inequality and health behaviours can proceed.

Conflict of interest statement

None to declare.

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