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Facilitator: It’s my great pleasure to invite you to BSA Conference 2016 at Aston University. Under the theme ‘Global Societies Fragmenting and Collecting’, we’ve got, as usual, an exciting line-up of plenary speakers, paper presentations under familiar themes that you hopefully are presenting in yourselves, together with a number of open streams under a stream called ‘Frontiers’, which is dedicated to a forum for new, innovative, and multidisciplinary work.

You also need to look out for an array of other conference events, some of which you may have sampled already, including the publishers’ receptions and exhibitions, including the obvious glasses of wine later on today, the launch of different book series, including the new BSA ‘Sociological Futures’ series, BSA journal sessions from the editors and others. There are many mentoring sessions going on as well across the several days. For example, there’s one in publishing that several BSA trustees will be in evidence at, and the ‘Annual Members Meeting’, which I know you’ll be waiting to come to.

I have to say, the trustees have worked very hard on that this year. We’ve chosen a new format, and this will happen on Thursday evening. It’s your chance to come and tell us what you think about the association, what we’re doing right, and what we’re doing wrong. We have got a new format, and you get a glass of wine, so there you go; we look forward to seeing you all.

I need to do some thanks to the BSA Conference Organising Committee, and BSA staff, and all the people who have put this all in place and been responsible. Thank you very much. A few housekeeping points: you’ll be pleased to know I’ve been told about fire alarm tests, which are important; they’re boring, but they’re important in terms of they might affect your sessions. There’s a test on Thursday in the conference centre at 9:10, and then on Friday in the main building, between 8:00am and 9:00am, which is I think before the papers, there’ll be three tests at different times. So, just to warn you in advance so you’re ready for them.

On a more serious note, before I introduce the plenary speaker, I want you to join me in paying tribute to the memory of Professor John Urry, who many of you will know died unexpectedly on 18th March this year. As well as a long-standing member of the BSA – a very active member, I might say – he was Distinguished Professor of Sociology at Lancaster.

He was also a fellow of the Royal Society of Arts, a founding fellow – a founding member – of the UK Academy of Learning Societies for the Social Sciences, and he had a myriad of research interests, which many of you will know about. They spanned power in Britain, space and time, social theory, localism and regionalism, leisure and tourism, energy usage, and the complexities of global society. He had many interests and he was extremely well published, as you will know.

He made an enormous contribution to sociology in Britain, a contribution that was global in reach. He was also known to be very generous with his time, for both students and colleagues alike. Please, join me in remembering John, who will be sorely missed by the sociological community, but he’ll live on through the legacy of his work, his substantial contributions to sociological theory, and in the memories of his sociological colleagues.

Turning now to the business of today, it’s my pleasure to introduce our first plenary speaker, Professor Paula England, who is Professor of Sociology at New York University. Paula’s a long-time active member of the American counterpart to the BSA. She served from 1994 to 1996; she was Editor of the American Sociological Review, and indeed President of the American Sociological Association from 2014 to ’15. She’s won numerous awards for her work, including the American Sociological Association award for ‘Distinguished Career in Gender’ scholarship.

Paula’s early work focused upon gender inequality in labour markets and in the household. Across two books and numerous articles, she’s written about determinants of the sex gap in pay, occupation segregation, how couples divide housework, and the wage penalty for motherhood. Her most recent work examines family patterns in the US and how they differ by social class. This [is left to 0:06:04] an interest in the high rates of unintended early births among disadvantaged single young adults, and her talk today builds upon this work. Please, welcome Paula (Applause).

Can I just say before Paula begins that she’s going to speak for about 30 minutes, which means there’s lots of time for questions, comments? Then can you please stay in your seats, because the President of the BSA is going to introduce – or present, I should say – the ‘Distinguished Service to Sociology Award’. That’s right at the end. Thank you.

Paula England: Thanks for that introduction. I’m so happy to be here today and interested in what I’ll hear from your comments later on. Today, the substantive issue that I’ll focus on can be summarised by saying that people from more disadvantaged backgrounds have more unintended pregnancies and early non-marital births. Why is this?

The data that I will present are from the US, but I want to convince you at the outset that what I’m going to say about this substantive issue applies quite a bit to the UK as well. The US and the UK are similar in the following ways in this regard: there is a class gradient on unintended pregnancies, whether inside marriage or out. That’s true in virtually all countries. Then – excuse me, I’m having a technological problem here; there we go – there’s a strong class gradient on non-marital births.

That is true in most of Europe as well, but how steep that class gradient is, how different different classes are with the non-marital births being more common on the bottom, that gradient is distinctively strong in the US and the UK. Both our countries have a relatively young age at first birth.

On the other hand, I don’t want to give you the impression that all I’m talking about here is teen births, because most non-marital births in both our countries are to women in their 20s; some are to teens. There’s low durability of cohabiting unions with kids in both of our countries, and in contrast to some countries in other countries in Europe.

On all of these things, the US is more extreme than the UK, and the UK is somewhere in the middle between the US and Europe, but you’re more like us than you are like the Nordic countries, for example, so a lot of what I’m going to say applies.

What is a little different here is that, as you may know, the subject of non-marital births and single mothers in the US is embroiled in certain political controversies that may not be so prominent here – for example, the prominence of evangelical Christians and fundamentalists who are against premarital sex as a moral matter, and also against abortion. That gets all embroiled with this issue in a way that I don’t think it does here so much.

In both our countries, this issue gets embroiled in questions about since these births often lead to single mothers and they’re the ones that were under prior regimes claiming welfare and income maintenance benefits, gets involved in those politics.

I’m going to talk somewhat today about the politics of these matters, but those aren’t actually the politics that’s why I bring up this subject. I’m going to talk somewhat about politics within our discipline, about how we talk about these things, and maybe how it interfaces with outside politics.

I’m also picking this topic. I bet you have absolutely no interest in unintended pregnancies, and family formation, and whether it’s early or late. So, so that you don’t run out right now, to keep you in the room I want to say that I also am talking about a much more generic theoretical issue. The issue is: should sociological theories have a role for personal characteristics that are somewhat durable? By ‘durable’ I mean they have some staying power across situations, not necessarily that they’re innate or permanent. By ‘personal characteristics’ I mean things like skills, habits, preferences, values, worldviews.

My answer is going to be, “Yes.” Then where we get this embroiled in politics is, when we have an analysis that says that a proximate cause of some outcome is a personal characteristic, and the outcome is maybe everyone agrees a bad thing – that’s of course a value judgement, but let’s say everybody agrees on that, almost everybody – then are we blaming the victim? I’m going to argue, “No,” properly understood.

These issues apply to many substantive areas other than the one I’m talking about. In fact, everywhere where there are inequalities, there is an issue about if personal characteristics are involved in explaining that someone’s at the bottom or the top of some outcome, does that mean we’re blaming the people at the bottom?

I want to outline real briefly a theoretical position that I’m going to take here, which is very, very general. In other words, I think you could be a Marxist and see pieces of this as what you would have; you could be a student of Bourdieu, you could be a social psychologist, you could be an analytical sociologist. What I’m saying isn’t some particularistic theory; it’s really a very broad perspective, I think.

As you can see in this diagram, I’m making the claim that people are in social positions and these positions affect their outcomes. I guess there would be nothing less controversial than that for a sociologist to say, right? (Laughter) Can we get agreement on that to start out? Okay, good. Then I’m going to talk about different ways that social positions affect outcomes.

The social position I’m going to focus on today is your class background, just how much privilege or disadvantage we’re brought up in – class not defined in some very technical sense but in a very general sense. But by ‘social position’ I would also include things like what organisation you’re a member of or work in, or what occupation you work in, what social networks you’re in. Race is a social position insofar as it impacts how people treat us, as is immigrant status, gender, sexual orientation. Any of these things, insofar as they influence what people expect of us and how they treat us, it’s a social position.

Being in a social position means you face certain constraints. Sociologists all agree that constraints are important too. In fact, I think there’s an old joke: economics is all about how people make choices, and sociology is all about how they have no choices to make. Of course, that’s exaggerated; both of those statements are exaggerated.

Let me be clear about what I mean about constraints here. It includes what the position makes impossible or hard to do, but also the flipside: what opportunities and resources being in a social position gives you access to. I’m including that as constraints because it’s a variable and the lack of the opportunities is a constraint as we often use the term. Also what expectations people have of you in the position. That’s what I mean by ‘constraints’.

One way in which social positions affect outcomes, in the darkened arrows here, is that they set up these constraints, and the constraints sort of directly affect the outcomes in a way that doesn’t impact in a durable way your personal characteristics. A simple example might be your occupation constrains your income, and your income affects the outcome of what you can buy or what neighbourhood you can afford to live in.

The other way that I’ll be talking about that constraints affect outcomes is that constraints sometimes shape our personal characteristics. By ‘personal characteristics’ here, I mean things that are relatively durable – that is that we carry across situations. As I said, I mean things like skills, habits, worldviews, preferences, values.

The constraints shape us through forming these things, and sometimes, when the constraint is there long enough, we may be formed in a way that’s not quickly changeable. That’s why I talk about durable personal characteristics. Then these personal characteristics may affect a certain outcome, so my social position may affect my aspirations. Maybe that’s a personal characteristic and then that affects the outcome, for example.

Here you have this simple model, so I’m going to apply that to this substantive question about unintended pregnancies and non-marital births. First: a few facts. Using a US dataset, I’m showing you here the link between class background and having a non-marital birth by age 25, from a national dataset.

By age 25, 40% of the most disadvantaged women – I’m measuring that by their mothers’ education, those whose mother had less than a high-school education – had had a non-marital birth, and less than 15% of those whose mothers were a graduate of university. These differences are adjusted, statistically adjusted, for race, immigration status, and age, using an average marginal effects approach. All the other graphs I’m going to show you have that feature too.

So, why do we have these more non-marital births? By the way, it’s not that a higher proportion of the privileged get married before age 25; it’s really not coming through that. I want to focus on contraception, because a clear finding is that women and men from disadvantaged backgrounds, they do use contraception, but they contracept more inconsistently. There’s almost nobody that has been sexually active for, say, a year that hasn’t used some form of contraception; the issue is the consistency. I was just at the PAA meetings, the Population Association of America, where a paper was presented showing that this is true in the UK as well.

So, why is this? One thing people will point out is that if you’re from a more privileged background, your motivation for avoiding an early birth is greater. For one thing, what are you doing when you’re 18 to 21? You’re in university, where there’s a focus on schooling, or maybe partying, but not on having children. There would be greater opportunity costs to you if you dropped out than someone that’s not going anyhow. If you’ve got a career started, there’s a certain motivation in delaying to get the career further consolidated before having a child.

Those explanations that talk about a greater motivation for contraception among the privileged probably explain some class differential in intended early births, marital or non-marital, but the vast majority – three-quarters in the US – of births to unmarried women, even when they’re in their 20s, not the teens, are by their own report unintended. That is they were not trying, and in fact did not want to, get pregnant when they did. It’s hard to explain that by motivation.

To me the important finding is that even when they clearly do not want to have a baby, disadvantaged women – and men, to the extent that they’re involved in contraception – are contracepting less consistently. Here’s some evidence of that from a dataset on women 18 to 21 in the US: what per cent didn’t contracept last week among women who were sexually active and who said they desired to avoid a pregnancy. Most of all the groups are contracepting, but we see that the most disadvantaged group 9% weren’t; 3% among the most privileged group, as assessed again by their mothers’ education.

Here’s a similar analysis for a dataset that takes women in their 20s and 30s who are single and limits it to those who said they would be upset if they got pregnant. Here, too, you see a big class background gradient in the proportion, in this case, who didn’t contracept at last intercourse.

The question is: why is this? Why are people contracepting inconsistently, and more so among the disadvantaged, when they don’t want to have a baby? You might think the obvious explanation is, “Contraception costs money and poor people can’t afford the contraception.” That’s probably unlikely to be an important explanation here in the UK, where everybody does have access to the public healthcare system.

We have our very embryonic beginnings of that in ObamaCare in the US, but despite the lack of that – and there are certainly many people above who would qualify for the medical programmes we have for the poor who could still be constrained – the finding is that lack of income is not an important constraint to the ability to get, for example, the birth control pill.

The main reason for that is that an organisation named ‘Planned Parenthood’ is there in most cities and a lot of rural areas, and giving people access with a sliding scale to contraception. If you took them away, this would be very different. Many people are trying to take them away because they also provide abortions, which are very controversial in some political [quarters 0:23:12], as you know, in the US, but I digress.

The point is the studies that I have seen, even by groups that I think would be really predisposed to focus in on lack of access, suggest that lack of access is not what’s causing this class gradient. So, what is? I think that there is a personal characteristic – and I’m going to kind of use an umbrella term and call it ‘efficacy’ – that is part of why we see this class gradient on consistent contraception when people don’t want to get pregnant. What I mean by ‘efficacy’ is the characteristics involved in being able to align your behaviour with your own goals. I’m not talking about putting my goals on someone else but when their own goal is to not get pregnant.

That requires making concrete plans; for example, it takes a plan to go to the doctor, get a prescription, go get the birth control pill if that’s your method. It takes believing that you can affect things. You have to believe, for example, that pregnancy isn’t just determined by fate. You also have to believe, for example, if you’re going to use the birth control pill, that you are capable of remembering to take it every day; otherwise, you might just not even try, because it sounds too impossible.

There’s also self-regulation: can you get yourself to do the onerous thing that’s needed – for example, if you’re taking birth control pills, taking them every day? No-one puts a condom on because it feels good. Maybe someone does (Laughter), but I think that’s unlikely to be the motivation. No-one has a pelvic exam for fun that [I’ve ever \_\_\_ 0:25:09], so these things are somewhat onerous and one has to get themselves to do it; one has to remember to take the pills daily etc. It’s difficult.

To look at the effect of efficacy on contraception, which I started to think, based on other quantitative research, was important, I undertook a qualitative study of about 100 single women in their 20s, from diverse social class backgrounds. I’ll just give you a few highlights of this here.

One hint that efficacy was important came because a lot of them would tell stories of forgetting to take pills, or forgetting to make a clinic appointment, or sort of procrastinating, not getting around to it until the pills had already run out. So, to code efficacy I combed through the stories they told and looked for the following kind of things, again trying to centre in on that concept I just described: did they talk about planning – not only about contraception but about other things?

Did they talk about believing they had some control – not only about birth control but about other things in their lives? Did they talk about procrastination keeping them from goals? I would talk to them sometimes about procrastination with schoolwork when they were a student.

Did they talk about losing their temper and having some violent incident that they regretted because it got them in trouble some way and, therefore, screwed up one of their goals? Did they talk about drug or alcohol problems interfering with their goals? Again, I’m not here [just to assess the 0:27:13] drinking, because that may not interfere with anybody’s goals, but did they talk about it as interfering with some of their own goals?

I found that women of all social classes you could find people with high and low efficacy in all social classes, but on average the higher SES background women averaged higher efficacy, and those with more efficacy were more consistent in contraception. So, I think that this sort of broad, generic personal characteristic of efficacy does affect how well one is able to contracept.

Other studies have given some insight into how class might affect efficacy as I’m using this broad term here. One thing is it’s sort of in the nature of being poor that bad, sometimes catastrophic, stuff is happening to you, sometimes on a regular basis. That may lead you to feel like planning ahead is just useless because it seems like things are just not at all in your control. Of course, lots of things are out of all of our control, no matter what our class basis, but it may be especially true for those who are disadvantaged.

Those who are disadvantaged are more likely to live in neighbourhoods with more violent crime, as well as be exposed to more violence in informal settings. There are some important studies showing that exposure to violence affects people’s self-regulation and lowers it. Scarcity – just not having enough – and the depression that it sometimes causes have both been shown to lower self-regulation.

In the United States and Europe, studies show that middle-class parents engage in more time-intensive strategies of parenting than do working and lower-class parents. What’s interesting is that this is not merely because they have more time because they’re working less. Actually, on average middle-class parents work more hours in the labour market, partly because they can get better jobs etc., and nonetheless spend more hours in childcare, at least if we’re to believe the time-budget studies.

I speculate that some of this time-intensive parenting is used maybe not intentionally but serves to develop kids’ efficacy. Education has been shown to increase people’s sense of control over life, so the ‘believing you can do it’ part of efficacy may be affected by that. All of these are ways in which class background may affect efficacy generically, not only as applies to contraception.

Why would we think that these effects might create a personal characteristic that is somewhat durable? – Mainly because the treatment, so to speak, of class background lasts a long time. Being in any a social position, the effect may be stronger the longer you’re in the position, and it’s shaping your habits and your experiences. For better or for worse, most of us are sort of trapped, so to speak, in our family of origin for at least 18 years. That’s kind of a long treatment session (Laughter) – sometimes good, sometimes bad.

I want to say just a few words about abortion because obviously this less consistent contraception by more disadvantaged women and men leads to more pregnancies – and more unintended pregnancies, since a lot of times they didn’t want to be getting pregnant. That leads to the question of: will these pregnancies be aborted?

Because in any given year disadvantaged women have more unintended pregnancies, they also… Data are problematic in abortion; it’s underreported in surveys, but I think the best evidence we have suggests they’re more likely to have an abortion in any given year. But that’s mainly because they have more pregnancies.

If you look at abortion per unintended pregnancy, it strongly looks like the disadvantaged are less likely to abort conditional [on a 0:32:32] pregnancy. That might be because of lower motivation to avoid birth we talked about earlier, but in the US there is also a more direct structural explanation, which is that in the US lack of money does affect getting an abortion.

I said, “I don’t think it affects access to contraceptives,” and I think the evidence is pretty good on that for the US, but in the US it does affect having an abortion, because we have legislation that, even if you qualify for Medicaid, it may not be used to fund abortions. Some states can pay for it out of their own money; very few do. This has been shown to deter abortions among poor women. This particular constraint may not… This may be something that is different in the UK because abortion is covered under public health.

Let’s go back and just look at what I’ve said about class and unintended births in this theoretical model that I propose. Of course it’s a very general model, but applying it to the question at hand, I argue that, growing up, your class position as you grow up affects various constraints, such as the constraint of income and deprivation itself, violence you may be exposed to, what kind of parenting you’re exposed to, lots of other things – the kind of schooling you have. And that lack of money affects the outcome of non-marital births directly, non-marital births from unintended pregnancies, by making it impossible for people to have abortions.

But the indirect effect through personal characteristics, I argued, comes in part because class background conditions your efficacy, which then conditions how able you are to contracept consistently when you don’t want a pregnancy, which then affects pregnancy. Some of those are taken to term and, therefore, the birth.

I would argue that on many topics we have a situation where some outcome is affected, both in a kind of direct structural way and also through structural position affecting personal characteristics, the more indirect mechanism. These two theoretical mechanisms are, of course, not mutually exclusive.

In the example I gave, I think they’re both going on at once. Oftentimes, theories that see both the direct constraints affecting outcomes and the constraints affecting our personal characteristics, which affect outcomes, should be in our theories. But I have the perception, at least in American sociology, that often we sociologists avoid explanations involving personal characteristics – not because of contrary evidence, but because something about them makes us queasy and uncomfortable. So, I want to kind of address head-on the criticisms that I think are implicit in this discomfort that some sociologists have talking about personal characteristics.

One objection is scientific, and the objection goes something like this: “When you talk about personal characteristics, you’re ignoring social constraints,” kind of like you’ve got to look at one or the other. In fact, I think in the kind of model I’ve proposed constraints aren’t ignored; they’re simply further upstream in the chain of causation.

Indeed, a theory that says that the constraints associated with social positions are so powerful that they can change us in a way that puts some personal characteristic in there – maybe it’s not completely unchangeable, but it has some pretty good staying power – to me argues for the power of constraints.

A political objection to talking about personal characteristics is that it encourages changing disadvantaged people and leaving inequality-related constraints intact. I guess my response to this is that the model that I presented implies that one way to change personal characteristics is to change the constraints, because they were often the source of the characteristic.

Of course, another response would be: “Why not have some programme to change personal characteristics?” It’s consensual if they are, indeed, keeping people from realising their own goals. That can be done at the same time that we talk about changing the structures of constraints.

An ethical objection, and if you had to put people’s queasiness into one phrase in American sociology, that phrase would be ‘blame the victim’. Conversations can be stopped by just uttering those three words, oftentimes. That is: the objection is that when you talk about bad outcomes coming from people’s personal characteristics it sounds like you are blaming the victim.

My response is that I think to blame means to make a moral criticism. If I can be [a philosopher 0:39:16] here for a moment, the philosophers would tell us: “You can’t logically cross the [‘is odd’] gap.” That is: an empirical finding that some structure created some personal characteristic, which then created an outcome, is not a statement about who’s morally to blame, and that the fact that the characteristic is in me doesn’t necessarily mean I’m to blame for it.

In fact, you could say that if blame is to be assessed in these inequality-related things, it might… My main point there I want to make clear is that an empirical statement does not imply blame, or the absence of blame, but if we are going to also blame people, why not blame the people who had power over the constraints?

I really don’t think that talking about personal characteristics having affecting outcomes does entail morally blaming people. Yet, having said that, I realise that many people in the public, in the press, even policymakers, may indeed misread what we say to imply exactly that if we’re talking about personal characteristics.

So, I want to talk a little bit about, if we want to be, to use the words of the British-origin sociologist in America Michael Burawoy, ‘public sociologists’ – he sort of coined this term when he was President of the ASA – how can we avoid these kinds of misreadings and yet tell the truth if personal characteristics are part of the truth?

One of the things we can do is point to the constraints shaping the personal characteristics – in other words, put this in a social context. That’s one of the things we can do as sociologists. The other thing is we can suggest interventions attacking the constraints and point out that those things might – and will, eventually – affect the personal characteristics.

We can also suggest interventions making personal characteristics less consequential. Here’s an example from the world of contraception: the IUD, the intrauterine device, once it’s inserted, can stay in there for years if you don’t have a health problem that precludes it, and requires zero efficacy on the part of the woman, and is, like, 99 point something per cent effective.

So, if IUDs became a well-accepted default option for contraception, it would radically change how much efficacy is needed, pushing it down to close to zero, to avoid having an unintended pregnancy. It could radically level the playing field if social causes are creating this class gap in efficacy.

In terms of interventions attacking constraints, we can point to experimental and quasi-experimental studies that have shown sometimes how getting more money to poor families affects behavioural characteristics of the kids, including efficacy sometimes, including skills, including self-regulation and things like that.

But I think the answer is not to deny that personal characteristics are part of the story, except in cases where they aren’t part of the story, right? I guess, when there is evidence that personal characteristics are part of the story, then I think it’s dishonest and it’s bad science not to talk about that. Yet I think if we put these things in social context, which is hard to get people to listen to that part of it, it makes it more likely that things won’t be misused in ways that we might not want them to be used.

I also think another reason to be honest about this that’s more of a strategic reason is that ordinary people in the world often notice group differences in personal characteristics. Of course, our friends, the social psychologists who study stereotyping etc., they may grossly exaggerate differences; they may occasionally make them up out of [whole cloth 0:44:52], or they take existing differences and greatly exaggerate them. So, sometimes the truth needs to be saying, “These things you think are gender differences you have wildly exaggerated.”

However, sometimes these things are there and people have observed them. If we’re talking about an issue like the role of skills in labour force participation readiness or something, cognitive skills, for example, and there’s kind of this elephant in the room that people have observed these personal characteristic differences but we’re not talking about them, then we’re going to lose credibility with them. They’re going to think we’re just politically motivated and distorting reality to fit our political preferences, just as we may accuse others of that.

I think what I’m trying to argue for here is being open to studying, and seeing, and talking about both the ways in which structures of constraint directly affect outcomes that are involved in inequality, and also how those things affect characteristics of individuals that then affect the outcomes, and that we need to be talking about all of that.

Just to make clear that this is not only a story that’s of interest if you’re focusing on contraception and differences by class and family formation, I think everything that entails inequality gets involved in these debates. For example, for years I studied the sex gap in pay, and the really short version of the story is a whole bunch of the sex gap in pay is because men and women are in different occupations.

Why is that? One part of that story is employer discrimination in hiring, or employer discrimination directly in pay. That’s kind of what in my model here would be the direct constraint affecting the outcome, not going through personal characteristics. But it’s also true that gender is this quasi-lifelong treatment that drastically affects how you’re treated from the moment you’re born and that there’s this whole regime of socialisation, subtle and not so subtle, and that by the time they’re 13 years old or something, if you ask boys and girls what occupation they want to be in, in both of our countries you get decreasingly so but still very gender-typed answers.

Those aspirations are a personal characteristic, and surely they are part of the story of how people end up in the occupations they do. But in gender sociology we’ve sort of had a war about whether or not you can talk about this, because the thinking has been: if you focus on the aspirations of the young men and women as they enter the labour force, then you’re blaming the victims, the women, for their lower pay. I think somehow we have to get around that, because it is part of the story and it is coming from this whole social regime of socialisation – and it can be part of the story at the same time discrimination is.

Or take arguments about race: the whole social apparatus of how people are treated by race groups affects who develops what cognitive skills, because what are the skills your parents had because of what education they had access to? Given their experience in the labour market, what schools did the kids get to go to? Cognitive skills, a personal characteristic, are part of what perpetuates race gaps in pay. Another part is employer discrimination, and I think we need to be talking about both of those.

The point I wanted to raise with you on the theoretical and political plane is this much larger point about when and how we talk about personal characteristics as part of the social story of how inequalities get transmitted. I would like to end my formal comments there and open things up for discussion and questions. I’m anxious to hear what you have to say about any of these issues. Thanks for your attention (Applause).

Facilitator: Thank you very much, Paula, for a very invigorating and interesting talk. We’ve got about 20 minutes, I would guess, for questions. We’ve got some mics, some roving mics, I hope – yes, okay – in the two aisles, so if you put your hand up. When the mic comes to you, can you tell us who you are and where you’re from, please? There’s one down here as well. Can you watch me in the chair as you give the mic? Okay.

Male: Hello, [Paul \_\_\_ 0:50:33] from University of Bristol. Thank you very much; this is not my area, but you definitely convinced me that this is really important [as there are implications. I think there’s] an important conversation to have that efficacy, as I understand it, is the mechanism in which class gets in your [head 0:50:49]. I’m sure [there are some \_\_\_ here \_\_\_ themselves].

What I wanted to ask is I’ve seen self-efficacy being used in a few public health interventions for smoking and physical activity. That’s really interesting to watch because sometimes the way these things [are made out 0:51:08], like in schools, for example, to teach young women physical activity, is [the discourse] starts to become, because of the administrative aspect of it, “Let’s teach these young people to have better self-efficacy,” so as if we can just sort of top them up.

That’s quite interesting because [that goes right to 0:51:26] that conversation of whether efficacy is something that can be achieved on an individual level or is [represented via a structure \_\_\_]. So, I suppose I wanted to ask: how does self-efficacy actually play out in health interventions?

Paula England: Yes, so the question was in the psychology and public health literature they talk about self-efficacy, and then sometimes they try to have interventions about that. Self-efficacy is part of the concept that I was calling ‘efficacy’, but I think the other important part is the… That’s kind of the belief part: “Do I believe I can do it? Do I believe I have power over anything?” The other part, I think, is, “Do I actually have the self-regulation to make myself do it?” is another important part.

I have to say, I don’t know much about what interventions they’ve tried and have they worked or not, but I would say, if sometimes they have some effect, good. That doesn’t mean the roots weren’t social; it just means we can intervene at either place.

Facilitator: There’s a question down here at the front, another one at the front, and then I see one at the back – two at the back, okay.

Female: Is it working? Hi, I’m Sue Scott. Thanks, Paula that was a really excellent talk and very close to my heart. I’d like to have a long conversation with you, but that’s not for now. I suppose a couple of points, really. I think that maybe we do get in knots about these things. I think it’s really important for sociology to look at these issues, and especially if we want to look at both how the story gets rewritten – and not in quite the ways that public health tries to rewrite it – but it’s something about personal characteristics. I wonder whether we should be stressing that these are always already social. I’m sure that’s what you think, but maybe that term is actually a bit problematic.

Also, I suppose, particularly in the context of the examples that you’re using, that these are relational and interactional. Behind all of the data that you’ve presented about women, there is of course a male partner. I suppose what I’ve found in my research is that quite often young women feel that they have efficacy, for want of a better word, but they can’t always carry that from partner to partner, because of that interactional situation.

I suppose that I’m kind of interested in what you would say is behind the US data, because I don’t know that so well, but the likelihood of a partner coming from the same sort of background and having the same desire, or non-desire, in relation to contraception or pregnancy.

It is that sort of interactional issue, but also, in relation to practices and how we might change practices, all of the debate – almost all of the debate – [is \_\_\_ how 0:54:41] we change individual behaviour, and \_\_\_, and all of those things that you may not know about but are big debates in the UK.

In relation to sexuality, \_\_\_[0:54:53] and Stevi Jackson and I have written a bit about this recently [about] how you change the way that practice is negotiated in a very tricky interactional situation, so I suppose just interested in what you might say about that.

Facilitator: Yes, so I’ve been asked to summarise the questions, but I’ll try to do it really briefly and so I [may distort 0:55:14] sometimes. She questioned: is there a problem using the word ‘personal’ as an adjective in front of characteristics, because of course I’m saying that characteristics are partly formed by social processes.

By the way, I talked about this topic in my presidential address to the American Sociological Association, which just recently got published in the ASR, should you be interested. The title I gave to the talk was ‘When the social becomes personal,’ so it is personal, but it came from something social. I needed some term; I started with ‘individual’, but that just seemed too boring.

The other question she raised is these personal characteristics are always involved in interactional dynamics and raise the gender interactional dynamic, and maybe gender power disparities, because of course women wouldn’t be needing contraception if they weren’t having sex with men. If you’re having sex with women, you don’t need contraception.

Indeed, because people [tend to sort with 0:56:31] people of a similar social class, I think everything I said, even though the research is more on women, about efficacy applies to the men as well – the class disparities in efficacy that when they intend to be contracepting they may have more problems carrying it out. But the gender dynamics, it’s true: it’s another aspect of the thing. Sometimes women want… The couple, for whatever reason, is using condoms, but then he’s the one that has to use it or not use it, or they’re using withdrawal and he has to execute that, and so gender dynamics and inequalities by gender are certainly there, yes. So, I agree.

Paula England: A question here at the front, and then a couple at the back, and then more on the left here.

Female: Thank you. Can you hear me? Is this working? Thank you very much. I’m [Louise Ryan 0:57:29] and I very much enjoyed your paper, as well. [Kind of just] picking up on some of the things that Sue also mentioned, I think for me is the term ‘personal characteristics’. It suggests something that’s very individualising, but actually what you described are very much shared characteristics within specific kinds of groups, so I think the term ‘personal’ also made me feel a little bit uncomfortable.

Paula England: Can I ask you what term you would choose, remembering that I have to be using a term that is distinguishing this pathway from the direct [hammer to the head 0:58:02] structural thing? Do you have a suggestion?

Female: I was thinking about that as you were speaking and I didn’t, but maybe if I could think about that, or maybe somebody else has thought of one.

Paula England: Send me an email.

Female: Yes, I think it’s again that sort of dichotomy between structure and the agency, and between what we end up talking about as a structure versus an individual, but of course there’s a whole layer, a mezzo-layer in between, which is the relational that Sue was also referring to.

I really want to digest and think further about what you said, but the one thing I did want to ask you specifically was about Bourdieu, because when you were talking about habits, and lifestyle, and the kinds of characteristics you were describing, to me that was very much Bourdieu talking about [habitus 0:58:46].

I wondered if you had thought about how Bourdieu’s analysis of habitus might develop from what you’re saying, and if you think it’s not relevant, if there’s a reason why you’re not drawing on Bourdieu, I’d really like to hear that.

Paula England: So, she wants to know: what does this have to do with Bourdieu? (Laughter) I am so not an expert on Bourdieu. That’s the main thing to be said. I developed this whole line of thinking, being virtually virginal with respect to ever having read Bourdieu, except in secondary sources, because I can’t understand it, basically. I’m not smart enough; it’s above my pay grade.

However, a lot of people started telling me that “What you’re saying is very similar to the habitus and Bourdieu,” so actually when I had read the written version of… I actually went and read several books and wrote two paragraphs or something, but I still think the most important thing to be said is I’m so not an expert on it. But I think that the general model is very consistent with what he’s saying that his dispositions are deeply in there, and kind of hard to change, and yet he’s arguing are socially produced. I think both of those can be true.

Facilitator: Okay, thank you. A question on the left at the back, or two; Andrew first, I think, yes.

Male: Andrew Webster; Andrew Webster, University of York. Actually, your presentation [partly responds to the last few points 1:00:17]. I was involved about 15 years ago in a study funded by the Joseph Rowntree Foundation in respect to teenage pregnancy and choice. One of the things that really came out [and were sort of \_\_\_] by your comments about self-regulation [and this debate about, “Are we individualising things or not?” is that the \_\_\_ decision-making 1:00:33] choices by the young people involved in your study.

One of the things that in a sense [\_\_\_ became clear to us] was that we could talk about familial and neighbourhood regulation. If you put those two [together, personal 1:00:52], there was a sort of self-efficacy, but that was defined in terms of a familial and neighbourhood regulation of notions of motherhood, notions of \_\_\_, notions of [ready-made] decisions about abortion or not, and so on. So, there’s that kind of [simple relationship 1:01:07] between the regulation itself and the regulation [within the community. More of a comment than…]

Paula England: Yes. Yes, it was a comment, so I won’t summarise and answer. Thanks.

Facilitator: There’s another question behind; you.

Female: Yes, hello, [Jessie \_\_\_ 1:01:28] from Cardiff University. Thank you. I just wanted to say that I think that the main thing that I have a [problem with] about your presentation and this whole kind of argument is that it begins from the starting point that teenage pregnancy is a bad thing and is a problem that we need to fix.

I think that is kind of… Like, if you think about pregnancy and when is the right time to have a baby, it’s a social construct that it should happen later than 20, or whatever it is, and it’s a very middle-class construct for it happen later, so why is it that you consider it to be a problem? Why are you problematising the working class [and 1:02:07] people’s choices, or even maybe it’s not just choices, like we said, it’s structures, but why are they the victim, why are they a problem?

I did some research on teenage pregnancy and I was saying that actually we need to look at why do middle-class young people feel pressured to get an abortion? If you [look at it, 1:02:24] they’re both getting pregnant as teenagers, but they feel a pressure there, whereas I know a lot of people who’ve had pregnancies as teenagers and it’s turned their life around. They didn’t have many other options; they became a mother and it gave them a lot of meaning.

That’s obviously quite anecdotal, but I think that we need to stop problematising working-class practices, basically. I wondered if you wanted to comment on that. Thank you.

Paula England: Thanks for that comment (Applause). By the way, I’ve been asked to summarise questions because this is being recorded and so they may not be able to hear you in the recording. I can’t summarise everything, but you asked a very poignant question at the beginning which I think is a very valid one. You put it as a statement that my talk seems to be premised on thinking that teenage pregnancy is a bad thing. That’s actually not the premise of it, but I hear that it can sound like that.

First of all, as I mentioned, most non-marital births in both the UK and the US are not to people in their teens; our teen birth rates have been falling drastically. So, my interest is more in unintended pregnancies, and maybe I should have put that in the title.

What’s interesting to me theoretically about unintended pregnancies is that, while there is this class difference in when in the life-cycle people think it’s appropriate to get pregnant, and we may not want to as a valuative matter problematise the preferences of a certain class, most of the time most of these pregnancies are, by the women’s own report in qualitative and quantitative research, not wanted at the time that they happen, even if they take the birth to term, the pregnancy to term.

So, what I was interested in here is in those cases, which are the majority of cases, when the young woman – and usually, if you were to interview, the young man as well – didn’t want a pregnancy, why do we have a class difference? That is what I think is embedded in how class affects people directly and through forming our personal characteristics such as efficacy. I guess, I think, one could think there’s absolutely nothing wrong with it and still see the theoretical relevance of this.

I agree with you: policymakers have all sorts of reasons that I don’t agree with why they think this is problematic. You also made reference to some mums find having a baby is what really helped them to get their act together and turn themselves around, and we find that in research in the US as well.

There is a lot of debate about what the effects of a teen birth on women are, because of course it’s the selectivity problem from hell in terms of statistical analysis because people aren’t randomly assigned into this. I’ll end my comments there, thanks. I don’t know; are we taking another question?

Facilitator: Yes, there’s another question – well, another two questions down here.

Paula England: Sure, however many want.

Female: Thank you; [Jennie Bristow 1:06:06]. It relates to that, actually. I found your discussion of personal characteristics actually very interesting and quite persuasive, but I also kind of got the sense that… I suppose my question is: is planning necessarily the best outcome? Because I’m thinking back to Kristin Luker’s work in 1975 on why women might not use contraception, the ‘Taking Chances’ study, where she argued very persuasively that the desire not to get pregnant wasn’t the same as the desire to use contraception, because not using contraception [we found there were 1:06:48] lots of other things to do with intimacy, and the moment, and various contextual factors.

I thought it was also interesting that a couple of years ago here a study by academics at the London School of Hygiene on sexual attitudes and lifestyles found that – I think these figures are right – 55% of pregnancies in Britain were planned; 16.5%, I think, were unintended. The rest, so 29%, were ambivalent, which I thought was a lovely kind of categorisation because it sort of stops that binary divide that particularly people in the reproductive health world have between planned and unplanned.

I think there is just this area of grey that a lot of people operate in. Maybe the people that you’re describing, who aren’t [having 1:07:42] developed with all the, sort of, pushy middle-class efficacy values, are quite rationally taking life as it comes to them, if you like, rather than failing to do something that really might be in their interest, if that makes sense.

Paula England: Yes, thanks. She said that maybe we shouldn’t have this binary between intended and unintended pregnancies and that there’s a big grey area of wishy-washy in between, ambivalent, or whatever you want to call it. I think, actually, that point is well taken and I was trying to summarise. How we theorise that is an interesting point.

You’re also raising this issue of: is planning always a good thing? Planning is useful to being able to do certain things in the world, but there are also certain disadvantages of it. I think that’s a deep question, yes.

Facilitator: Okay. There was another question here and then another one on the right-hand side, and maybe that’s [probably 1:08:52] the end of our [round of] questions.

Female: Thank you very much. My name is [Vanessa \_\_\_ from \_\_\_]. Thank you very much for a really interesting talk. It is not my area, but I for the first time understand why I [use the word ‘resilience’], I think.

My question to you is [something… 1:09:12] I really like the fact that, although perhaps you say that personal characteristics are there, we always have to go back to the structures. In a way, an intervention that focuses on personal characteristics, in a society [where 1:09:29] everything is \_\_\_ and there is [no end of] resources, it’s only going to have a few good outcomes [if you want that], rather than focus on the structure.

My question is when we were talking about social, the social becomes personal, I think sometimes the political becomes personal characteristics, like resilience or coping with the stress. I think that it is, [as you were saying 1:09:54], our responsibility to actually deconstruct those personal characteristics of resilience, where in reality coping with the stress shouldn’t be there; we shouldn’t learn to cope with the stress. Perhaps all we need to do is take away the stress, but it is a political need in order to embed these as the personal characteristics that we need to promote [and help \_\_\_ that we are 1:10:19].

Paula England: Thanks. Yes, she talked about the importance of resilience, and I think I’ll leave that as a comment; I don’t think there was really a question there. Sorry, I didn’t hear a question. Thank you for the comment.

Facilitator: Okay, one last question over here on the right.

Female: Hi, I’m Jessica from the University of Sussex and I am the daughter of a single mother; I am the result of an unintended pregnancy. I think what’s really important that I didn’t hear discussed at all was unequal access to quality sex-and-relationships education. My mum didn’t have access to that; that’s why I exist. It’s not [from 1:10:52] personal characteristics if she had poor-quality education. That happens here and in the States, where I’m from, [what] your research was based on.

I find it really problematic that it’s not discussed, because that’s not a personal characteristic. Education, or the access you have to education, should have been a part of this discussion before we talk about personal characteristics. I’m wondering where that is in your data.

Paula England: Thanks (Applause). Yes, so sex education is a great example of a kind of structural constraint factor that, yes, we should study more. I don’t have good data on which people have and haven’t had good sex education, but my hypothesis would be exactly what you say: that it would have a strong effect.

I guess I would disagree with you a little bit on… I would say, “Lack of sex education is not a personal characteristic.” How much we know about the birds and the bees and contraception is a personal characteristic; it’s not a personal characteristic that someone is to blame for when it’s explained by the presence or lack of sex education, making my point that to say something comes through a personal characteristic is totally separate than who gets the blame. I would agree with you that the blame should go to who didn’t fund sex education in the schools.

Whereas you seem to think I should stop talking about a personal characteristic like ‘do we know about contraception?’ I think it’s important to talk about that, because that may be part of how we get change and whether we have sex education or not, or how we get research on what the impact of that is.

I certainly did not mean to blame anyone, least of all your mother, who seems to have created quite a nice daughter, but I think it’s important, if lack of knowledge is part of the mechanism, that we see that and then we see that that knowledge, which is a personal characteristic – or lack thereof, lack of knowledge is also – we look back to the social roots, just as you were doing, and talk about what we can do there in terms of policy. Thanks so much for your comments and your attention (Applause).

END AUDIO

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