

Risk: young women and sexual decision-making.

Draft paper

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Introduction

The concept of risk has become central to the whole issue of young people and sexual behaviour in at least two senses. First, for those working with young people ‘unsafe sex’ is one of a number of identified ‘risky’ behaviours associated with young people. Others include drugs, smoking and alcohol. Second, there is a general drive to identify young women who may be at ‘risk’ of becoming a teenage mother. This paper will consider these, and other, meanings currently attached to risk in the area of sexual health and young people. In so doing, it draws upon two recently completed research projects on Young Women, Sex and Choices. These projects, commissioned by local teenage pregnancy co-ordinators, sought to gain insights into the sexual decision-making processes of young women through talking to young women themselves, and to sexual health professionals. The paper also seeks to place these meanings in a comparative and an historical context.

When policy makers talk about young people and ‘risky’ behaviour, sex is usually mentioned alongside drugs, alcohol and tobacco. Sex for young people places them ‘at risk’ of sexually transmitted infections (STIs) and/or pregnancy. There are, of course, crucial differences between sex and the other risky behaviours associated with young people. In the first instance, sexual activity is something that the vast majority of post-pubescent people engage in. This cannot be said for drugs, alcohol and tobacco. Following on from this observation, it is clear that it is not sex as such that is deemed ‘risky’ but rather sex in particular circumstances. Those circumstances include the age of the participants and their ability to engage in ‘safe’ as opposed to ‘risky’ or ‘unsafe sex’. Such considerations invariably connect sexual health policy and practice to public and political debate on sexual morality. Many of those who argue ‘say no’ for example are drawing upon a tradition that defines sex as risk and seeks to punish those who have sex.

The paper begins by setting the current debate on young people and sexual behaviour (particularly the concern with teenage pregnancy) in a comparative context. In so doing it will discuss what might be peculiar to this issue in the UK. It will then move on and discuss historically-based explanations for this peculiarity. Finally, it draws upon the two empirical research projects and assesses the views of young

women themselves towards sexual 'risks' and sexual morality. Overall, the paper suggests that what we are seeing now in policy debate around young people and sexual risk-taking can be seen as, in part, a continuation of oppositional approaches to sex and sexuality going back at least one century, and that these debates also find their way into young women's moral framework on sexuality. The concept of risk as applied to sexual health and young people is thus seen as a social, and historical, product with different meanings attached to it, depending upon people's positioning in the sexual morality debate.

1. Comparative perspective: young people, sex and reproduction

Teenage conception rates remain high in the UK with more teenage young women becoming pregnant than anywhere else in Europe (UNICEF 2001). This is still the case even though the rate has fallen over the last couple of years. The most recent confirmed figures show that between 1999 and 2001 the under-18 conception rate in England fell from 45.3 to 42.3 (per thousand population aged 13-17), whilst the under-16 rate fell from 8.2 to 7.9 (per thousand female population aged 13-15) (ONS 2001). It is clearly too early to judge whether this is the start of a downward trend.

A number of different factors contribute towards the relatively high rates of teenage conception in the UK. The Acheson report concentrated on the social, economic and cultural inequalities affecting health and claimed that disadvantaged young people are more likely to become unintentionally pregnant (Acheson 1998). This assessment was supported in the *Teenage Pregnancy Report* (SEU 1999), but other factors were also highlighted. That Report endorsed explanations based upon: young people's poor knowledge of contraception; an accompanying lack of understanding about forming relationships and parenting; mixed messages about sexuality from the media and society in general; and low expectations amongst a significant number of young people (SEU 1999). The latest National Survey of Sexual Attitudes and Lifestyles (NATSAL) also shows that the likelihood of not using contraception increases as the age at which sexual intercourse begins go down. Non-use of contraception at first intercourse was reported by 18% of men and 22% of women who had been aged 13-14 years at first intercourse (Wellings et al 2001).

Unprotected sexual intercourse means that young people may also be at risk of contracting sexually transmitted infections (STIs). Effective use of contraception amongst young people is associated with: good quality information and education about sexual matters including school-based sex education and community sexual health services (Chambers et al 2001, Swann et al 2003). These are two important areas that the Government's Teenage Pregnancy Strategy has targeted for improvements (SEU 1999). They are clearly more amenable to local intervention than attempts to change patterns of deprivation. Indeed, the SEU Report has been criticised for not addressing issues of deprivation and poor job prospects for many young people (FPSC 1999).

The connection between teenage pregnancy and social deprivation is complex. It would be a difficult task to establish why there is such a strong relationship in the UK, whereas social deprivation in other European countries does not lead to equally high rates of teenage pregnancy. What seems to be unique to the UK is the clash between changing family structures and patterns of sexual encounters, with a strong residual conservative resistance to such changes. As a recent comparative report points out, 'those countries with the highest teenage birth rates tend to be those that have marched far along the road from traditional values whilst doing little to prepare their young people for the new and different world in which they find themselves' (UNICEF 2001: 13).

In the UK, changing family structures, characterised by a diversity of family forms and a situation in which nearly 50% of marriages end in divorce, have clearly contributed towards a situation where there is often little social stigma attached to unmarried motherhood. Live births outside marriage have risen dramatically from 8.2% in 1971 to 38.7% in 1999 (ONS 2001).

Conversely, in European countries where the nuclear family form remains strong, such as Greece, the rate of live births outside marriage is extremely low, as is the teenage pregnancy rate. Recent research has shown that in some British working class communities there is more social stigma, or 'negativity', attached to abortion than to teenage motherhood (Lee et al 2004; Tabberer et al 2000).

Whilst social deprivation and changing family structures are two important factors in beginning to explain, first, why some young women may intentionally become pregnant, and, second, why others faced with unintended pregnancy may opt for motherhood, these do not in themselves explain the high rate of unintended

pregnancies in young women. The *Teenage Pregnancy Report* (SEU 1999) estimated that three quarters of all teenage pregnancies are unplanned (SEU 1999: 55). The third factor, general societal attitudes towards sexual relationships and ongoing debate about sexual morality and young people, is important. In this debate one question posed is whether teenage pregnancy is a risk to be avoided through improving sexual knowledge or through avoiding sexual activity. One of the reasons for success in other European countries, such as the Netherlands, is that families and society are much more open in talking about sex with children from an early age. There is also a greater acceptance of teenage sexuality (Chambers et al 2001; Knijn and Lewis 2002).

There is a widespread recognition, evident amongst sexual health professionals, that one of the most important explanation of relatively high rates of teenage pregnancy in the UK is poor use of contraception, rather than high rates of sexual activity. Although the teenage birth rate is twice as high as in Germany, seven times as high as in France, and six times as high as in the Netherlands, the average age at first sexual encounter is not markedly out of line with these and other European countries. What is striking is the low use of contraception by sexually active teenagers compared with other European countries (SEU 1999: 29). Effective use of contraception amongst young people is associated with: good quality information and education about sexual matters; the quality of available sexual health services; and, significantly, the degree of openness about sexuality and the extent to which teenage sexuality is accepted by adults (Chambers et al 2001). Unprotected sexual behaviour means young people are also at risk of contracting sexually transmitted infections (STIs).

Although it is widely acknowledged that young British people are poorly informed about sex, contraception, sexual health and reproduction, attempts to improve their knowledge in the past have been controversial (Hawkes 1995; West 1999). There is a widespread, ill-informed, view that more knowledge will simply result in more sexual activity. Such sexual puritanism does little to challenge a conservative view of sex as inherently risky, dangerous and undesirable, one of the 'forbidden' pleasures of adolescence, but it does contribute towards teenagers unwillingness to seek information and advice which might minimise the risks of pregnancy and STIs (Burack 2000).

Research that has concentrated upon decision-making in relation to engaging in 'risky' sexual activity has shown that, lacking adequate knowledge and/or self-

confidence, young people struggle to negotiate 'safe' sexual encounters (Counterpoint 2001; Holland et al 1992; Thomson and Scott 1991; SEU 1999; West 1999). Extensive feminist research into teenage sexuality and contraceptive use at the height of the 'AIDS scare' highlighted the point that young women struggled to negotiate sexual safety in an unequal sexual relationships (Holland et al 1992; Holland 1993).

Conservative middle England, outraged both at the phenomenon of teenage pregnancy but also at practical measures taken to deal with the problem, continues to resist attempts to provide young people with the sexual information, resources and knowledge they need to negotiate sexual relations. This was particularly evident in the consultation period for revised guidelines on sex and relationships education (DfEE (2000). The Government responded to the family rights lobby by ensuring a framework stressing the importance of marriage, family life, love and stable relationships in bringing up children, whilst David Blunkett declared that sex education must be taught 'within a moral context' (*Daily Express* 30-8-1999).

In the UK, the idea that teenagers under the age of sixteen may be sexually active regularly provokes moral indignation. The Prime Minister himself declared in his preface to the *Teenage Pregnancy* report: 'Let me make one point perfectly clear. I don't believe young people should have sex before they are 16. I have strong views on this. But I also know that no matter how much we might disapprove, some do. We shouldn't condone their actions. But we should be ready to help them avoid the very real risks that under-age sex brings'. This belief would be echoed throughout the country and a common response has been to try and ensure that teenagers remain sexually ignorant, that they should avoid the 'risk' of sexual activity. Such conservative morality also views teenage pregnancy as one part of a much larger problem - the decline of the family. However, ironically, it is precisely the failure of successive governments to challenge such a moral framework that has contributed towards the persistence of high teenage conception rates. The tensions between an undeniable decline in the traditional nuclear family on the one hand, and continued promotion of family values by sections of the government and state, on the other hand, has contributed towards young people's lack of knowledge and confidence about their sexuality. This conservative moral framework has deep historical roots.

2. An historical legacy: the politics of sex and reproduction

For much of history women have not been able to engage in sex without a high risk of pregnancy. This was often seen as the punishment for sexual activity (Cook 2004). Contraception and abortion break the connection between sex and procreation, and thus minimise this risk. There has not, however, been an incremental process towards sexual activity without such risk/danger for women. Sexuality and contraception may be viewed as private and personal but religion and the state have been centrally involved in trying to regulate sex behaviour (Weeks 1981). Historically, campaigns around contraception and abortion were confronted by a stubborn conservative resistance, dominated by a Christian morality, which tried to maintain a model of sex as illegitimate except within the confines of marriage and for the purposes of procreation. Although this model has long broken down, strong elements of the ideology are with us still, as are some of the consequences of the decades of conservative resistance.

A strong case could be made for the reduction of sexual politics in twentieth Britain to a struggle between what might be termed progressive and reactionary movements. In parallel, contraceptive developments and abortion liberalisation turned pregnancy and motherhood from a necessary risk to one possible outcome of sexual intercourse. The first large campaign for birth control in the 1920s attracted fierce opposition. Women who volunteered to work in clinics (such as those pioneered by Marie Stopes) were regularly pelted with eggs, windows were smashed and premises were attacked (Leathard 1980). The use of the word 'whore' shouted at volunteers and painted on clinic walls revealed an antagonism towards women's sexuality that is still evident in contemporary politics. The fear of pregnancy was thought to prevent women from responding to their own desires for sexual pleasure, therefore birth control would turn women into 'whores' (Cook 2004). One hangover from the Victorian period was the identification of sexually active women with prostitution (Bland 1995). In the 1920s the nature of the most virulent opposition was concern about women daring to control their fertility and so admitting to their sexuality. As one of the main opponents within the medical professions, Dr Mary Scharlieb expressed a common sentiment: 'limitation of families is wrong and dangerous because it does not control nor discipline sexual passion, but by removing the fear of

the consequences it does away with the chief controlling and steadying influence of sexual life' (Scharlieb undated: 6). This was connected to a Christian morality that strongly asserted that the primary purpose of 'married love' should be procreation (Soloway 1982). Pregnancy is a visible sign of sexual activity, and was the punishment for taking the risk of sex outside these parameters.

Under the pressure of these forces, those in favour of the development of contraceptive services were concerned to campaign around the issue, for many years, only within the confines of marriage, as an aid to 'family planning'. Sex outside the marriage relationship was viewed as immoral and, once again, the risk of pregnancy served as a restraint. The sexual revolution, the 'permissive' era of the 1960s, the emergence of second wave feminism and the development of new methods of contraception created a radically new agenda for sexual politics. It was a period characterised by technological breakthrough, significant changes in Government policy and in which progressive forces went on the offensive.

In the 1970s, the newly revitalised women's movement campaigned for free contraception and abortion on demand. It was recognised that the ability, or inability, of women to control their reproduction is undoubtedly one of the more important factors structuring their lives. 'Women can only take charge of their lives if they can control their own reproduction. This means either sexual abstinence or the separation of sexual activity from procreation' (Greenwood and King 1981: 168).

Women's (especially young women's) access to contraception and abortion has, however, been hotly contested over the decades. Conservative resistance to pressure for progressive reform has ensured inadequate provision and the dominance of a sexual morality in which sex is still often seen as dangerous and undesirable. Such resistance was most evident in the 1980s.

By the 1980s what became known as the New Right in Britain and the United States contained within it a number of 'morality' campaigns that together constituted a conservative sexual politics agenda. In the UK, several of these campaigns were hotly contested. The New Right sought to defend the 'traditional' nuclear family and criticised those who were outside that norm (such as lone mothers) and those who challenged that norm (such as feminism). They were generally concerned with what they saw as a moral decline associated with the 'permissiveness' of the previous two decades and mounted an attack on the progressive social and political gains of the 1960s and early 1970s. It sought to reassert a traditional moral and social order

underpinned by values of individual self-interest, family and self-reliance (Williams 1999). Ideologues, such as Charles Murray, also claimed links between the decline of the nuclear family and other 'social problems': fathers abandoned families, boys turned to crime and girls became teenage mothers (Murray 1990).

The 'backlash' against the 'permissive' politics of the 1960s involved a number of extra-parliamentary campaigns that sought to restore traditional sexual morality and reverse many of the progressive reforms of the 1960s and early 70s (Faludi 1991). Underpinning all these campaigns was a conservative view of the family. Their aims included defending the family against the state, promoting sexual morality and attacking promiscuity.

One of the most important morality campaigns in the UK, led by Victoria Gillick, challenged Department of Health and Security (DHSS) Guidelines (May 1974) that stated that contraception should be available regardless of age. The campaign focused on the evil of permissiveness, on the dangers of undermining parental authority and sought to relate these to the theme of national decay. It attracted significant support and extensive press coverage. Eventually, in October 1985, the House of Lords decided in favour of the DHSS. Concern, once again, was centred upon defence of the traditional family. The debate revealed widespread anxieties focused on the view that easily available contraception encourages sexual promiscuity in young people (Hawkes 1995). This would remove the controlling factor of risk from sexual encounters.

Other high-profile, sexual morality campaigns were also underpinned by conservative views on the family and sexual equality. These included campaigns in favour of an amendment to a Local Government Bill in the UK against the 'promotion' of homosexuality or the teaching of its 'acceptability' as 'a pretended family relationship' (Clause 28). The conservative government of Margaret Thatcher enacted Section 28 (1988) and in so doing made a clear statement on the form of sexual relationship it approved of. Clause 28 was in fact one part of a general battle around sex education in which organisations like Family and Youth Concern argued that society would like to see the end of sex education altogether (Durham 1991: 110). Sex education was seen as a vehicle for an anti-family amoralism that encouraged intercourse and corrupted the young.

Over the years the bitterest political struggles have been over abortion rights. The 1967 Abortion Act liberalised abortion law but throughout the 1970s and into the

1980s it was constantly attacked. A vociferous minority sought to repeal women's hard-fought (though strictly limited) abortion rights. There was a strong notion of punishment present within the anti-abortion campaigns. Sexual intercourse should not be risk free, and pregnancy was the price you needed to pay for reckless sexual behaviour. Abortion as a political issue, however, is also fundamentally about women's position in society, the politics of the family and issues of sexuality (Luker 1984; Petchesky 1986).

The influence of these campaigns has declined significantly, although it should be noted that those working in the sexual health field today (designing sex education for example) are invariably anxious about a conservative reaction to their plans, especially around abortion advice and provision. The *Daily Mail* could be influencing such professionals towards self-censorship. Although the extremes of the 1980s are not evident now, there is an ongoing debate revolving around developments of the same underlying themes: should the emphasis be on developing policies and practices designed to help young people practice 'safe' sex and facilitating access to abortion when 'mistakes' are made, or around emphasising the danger and risks of 'underage' sex. Much of the work of the Teenage Pregnancy Unit has been concerned with improving young peoples' knowledge of, and access to, contraception. However, tensions inherent in efforts to prepare young people for 'undesirable' sexual activity, evident in Tony Blair's introduction to the Teenage Pregnancy Report, have not been resolved. One of the things we sought to do in the two research projects on young women, sex and choices (undertaken after the strategy had been in place several years) was to examine how these issues were played out for young women themselves. What are their views on, and experiences of, negotiating sexual relationships? And what do they feel about the possible risks of unsafe sex?

3. Contemporary research: 'Young Women, Sex and Choices' Projects

Two qualitative research projects were undertaken for local teenage pregnancy coordinators. One project took place in an inner-London borough (district one), the other was in a Midlands new town (district two). Both projects sought to access the views

of school-girls (4 focus groups in each area) and teenage mothers, some of whom were under 16 (14 in-depth interviews in each district). The focus of the research was investigating decision-making in relation to engaging in 'risky' sexual activity, and to becoming pregnant. The interview data was analysed thematically and independently by two researchers in each of the cases. Quotations are selected to indicate broader opinion in the group rather than the sole opinion of one respondent.

The research projects found that the debates outlined above did find their way into the young women's views on sexual activity, and also connected with the teenage mothers' understandings, and rationales, of the decisions that they had made. This was particularly the case with discussion around 'safe' sex and with the possible consequences of 'risky' sex. To varying degrees, most of the participants drew upon notions of risk and blame, and talked about the need for individuals to take responsibility for their own actions. This was especially evident when they were talking about abortion. There were, however, significant differences between the two districts, particularly around sexual morality and abortion decision-making.

Negotiating sexual encounters and taking 'risks'.

The young women were asked what they felt about negotiating safe sex. In the focus groups we asked the school-girls to speculate about why some young people might engage in risky sexual behaviour. In the groups they talked about the importance to them of starting sex when they 'were ready for it', about 'not allowing boys to take advantage', and about how a boyfriend who is only interested in sex is not worth having. However, in all these groups the girls also noted that boys were often able to black mail them emotionally:

They say you don't love me, and if you love me you would do it for me. And if you say no they will go off with someone else.

When we moved onto interviews with the teenage mothers, however, it was very clear that they had found negotiating sexual encounters on their own terms had been easier said than done. The overall picture that emerges from the individual interviews is one in which young women are not necessarily making a conscious decision about the

best time for them to start having sex. There is also not much confidence about their ability to practice 'safe sex', or indication on the part of the young women themselves that they have any confidence in their ability to control their sexual encounters. So the young mothers, not surprisingly, talked about taking risks in ways that often seemed out of their hands.

By way of contrast, young men's relationship to sexual activity was viewed by most of the respondents as relatively trouble-free: they are seen as liking sex, bragging about sex and not thinking much beyond this. Some of the young mothers said that their sexual partners had been willing to use contraception, but many complained that young men could pressurise them into not using contraception.

A common theme in the focus groups especially, but also drawn upon in the individual interviews, was the role of drugs and alcohol in making it difficult for young people to practice safe sex. Previous research has shown that alcohol and drugs often contribute towards 'getting out of it' and engaging in unprotected sex (Counterpoint 2001: 10). In our research, both focus group participants, and some of the young mothers, felt that using alcohol and/or drugs made it more difficult for anyone to practice 'safe sex'. One young mother indicated that alcohol played a part in whether she used contraceptives or not.

The first time I did use a condom, and that after that it was just when I had them with me, or he had them with him. After that I often didn't, I drank a lot, started drinking a lot.

A young sex educator (not a teacher) talked about running sessions at schools and youth clubs in which she heard many stories about the impact of alcohol and drugs on young people's sexual behaviour. In some cases she heard about school girls getting drunk '*as an excuse to be able to have sex with people*'. This is an interesting way of describing the sexual encounter. It indicates the view that those involved may have sexual desire but feel that such desire is illegitimate, indicating a lack of confidence in their ability to express their own sexuality. In other cases she talked about young men taking advantage of women on drugs. She was clear that drugs lead to less responsible sex so

‘if they’re on drugs they’ll be kind of iffy about who they’re doing it with and also totally unaware of their safety. And then because they’re unaware of that and they are on drugs, they wouldn’t remember whether they used a condom and they wouldn’t remember to go and get the morning after pill and may not even be aware of the fact that they could be pregnant’.

A number of the professionals we interviewed also talked about drugs and alcohol in relation to poor contraceptive use and to the decision to have sex at all. One told us that when they talked to young women about when they started having sex a common response is ‘Oh I was drunk, I can’t remember’. Another, who had run workshops with young people felt, ‘I think alcohol has a massive impact you know, they’d go out Thursday, Friday, Saturday and be absolutely hammered and not actually know who they’ve been with’. On such occasions condom use is obviously difficult.

Becoming a mother.

Becoming pregnant can be seen as a consequence of unsafe, risky sex. However, such an understanding is highly dependent on notions of intention. When a pregnancy is the desired outcome of sexual activity, for instance, risk is not relevant for the individual involved. We asked the young mothers about the risks they had taken and to talk us through why they had fallen pregnant. Many of them drew upon notions of responsibility and accepting the consequences (pregnancy) of ‘risky’ behaviour, but for others it was clear that becoming pregnant was not a risk but something to be welcomed. We developed a typology of three categories related to the issue of risk and intent. As with most analytical categories it is not always possible to place each individual firmly within one category.

1. ‘accidentally’ pregnant – contraceptive failure or presumed ignorance.
2. Carelessness re. practising ‘safe sex’: indifference and/or fatalism re. consequences
3. Possible intention to become pregnant

In the first two (often overlapping) categories notions of risk, blame and innocence were often drawn upon as part of a moral justification of their decision-making processes. They projected themselves as taking responsibility for their own actions.

1. 'Accident': unintended pregnancies.

The young women in this group spoke of their pregnancies as accidents, although it was clear that in many cases their sexual practice was far from 'safe'. Most of them said that they had been using contraception, and that they been completely surprised when they found themselves pregnant. Some said that they generally used condoms but on the rare occasion when they had relied on withdrawal they had become pregnant. They often said they felt 'shock' and 'horror' on discovering they were pregnant. One described herself as 'stupid' because she had not been using anything and said that she had (unsuccessfully) tried to get emergency contraception. Some had arranged an abortion, only to change their minds later

It seems that no one in this group had chosen to become pregnant. They all felt that sex education had not prepared them for sexual decision-making; indeed they were vague about what they had been taught. Some said that they had limited and often inadequate information about contraception. Several told us that they became pregnant because the contraceptive they had been using had not worked (contraceptive failure).

'Well I was on the pill and then what happened, I got an infection and I took antibiotics and didn't use any other protection. So that was that really the pill didn't work and I was pregnant'.

Of the young mothers interviewed a high proportion seem to have fallen pregnant during the gap between injections. One told us she was on the pill and could not understand how she became pregnant: *'Well they say that I didn't take it properly but I know I did so I just see it as one of them things'*. This comment also illustrates the fatalism, as regards sexual activity and pregnancy, of many of these young mothers.

Despite often describing their pregnancies as accidents these young mothers also spoke about taking responsibility for their own 'mistakes'. This meant continuing

with the pregnancy rather than having an abortion. This decision was presented as the 'right' thing to do, involved a measure of self-blame and often coincided with a fatalistic approach. Such an approach was even more apparent in the second category.

2. Indifference/fatalism. Neither planned nor totally unplanned?

Many of the young mothers, in both districts, described random, often careless, contraceptive use. This was despite understanding the risks of pregnancy and STIs. Most were more worried about STIs than becoming pregnant, and in district one, some had had themselves and their partners tested for HIV/AIDS and after that saw no need to use condoms.

One said that they had been using condoms and that she now knew that her partner was not using condoms every time – she wished she had also been on the pill. She did not seem in control in their sexual encounters

when I first got pregnant I asked him what had happened, he goes “the condom burst”, I was like “condoms don’t burst” ... when I had the baby I was “so what happened?, he was like “Oh I didn’t use a condom”. I said “why” and he goes “because I wanted to have a baby”.

Others knew that they were not using the contraception properly but decided to go ahead with sex anyway. Some of these said that this would not be the case again. Often the messages were confusing and difficult to interpret. This seems to indicate confusion about (or an unwillingness to discuss fully) their own intentions and the possible consequences of their action.

It was just one time when I never, I knew, one time when you don’t use it and you don’t think it will happen to you and that’s when it did.

It was an accident but I was stupid as well. I didn’t use anything.

I was on the pill but I didn’t take it properly (laughs) so I got caught on the pill. Well I knew to be honest yeah I knew it’s just that I guess I was stupid to

be honest, I didn't know how to take it, I wasn't as careful as I should have been. I am now though (laughs).

What is noticeable about the mothers whom we felt could be placed in this group is their ambivalence about their intentions, and what connects them is our inability (and their unwillingness) to say with any degree of certainty that the pregnancy was either completely planned or completely unplanned.

What connects these young women is random contraceptive use. It seems likely that many of them did not intend to become pregnant. One was on the pill but was not taking it properly – she described herself as careless but also said that she did want a baby sometime. Another indicated that when she did use contraception she used condoms, but that this was random. Many said that they generally used condoms, but had not on a few occasions. They had all decided that abortion was not for them personally. Most of them expressed mixed feelings about abortion saying things like 'I don't think its right'.

For many of these young mothers, their acknowledgement that they were careless regarding contraceptive use and often engaged in 'unsafe' sex does not seem to be because they lacked knowledge about contraception, but rather that they were not overly concerned to avoid pregnancy. Others told us that they were using contraception around the time they fell pregnant, but were often unable to specify what contraception they were using and why it failed. Within the space of about five minutes, one young mother told us that she had been on the injection at the time but then explained that they had not been using condoms because she was taking the pill every day. Another had fallen pregnant three times within the space of approximately four years, the first time at 13. She had not been using contraception.

'To tell you truthfully, even after I got pregnant the first time I didn't think I would get pregnant again. I didn't think of contraception. I was just a normal teenager and I didn't really think of pregnancy and having a baby or going to the clinic or anything like that'.

It was not always clear, however, which group young women could be placed in. During the course of the analysis some were being moved from one group to

another. Moving these young mothers between groups was an indication of the difficulty of being sure about intention. For example, one who was moved between group 2 and 3, had used contraception with other boyfriends but said she had not with her current boyfriend. When she was asked whether she was worried about becoming pregnant she replied:

Well this time, when I started going out with him this time we didn't use contraception but we talked about having a baby and we said if it happens it happens, if not then it doesn't happen, but if it happens then we're ready to go along with it. And so we thought there's no point in using contraception because we don't mind having a baby.

In this group, the young mothers have not really viewed becoming pregnant as a risk. It is something that has happened to them and they have to take the consequences. Underpinning much of the dialogue around their decision, therefore, was a moral framework connected risk to blame and responsibility but, in many cases, has been turned on its head. And, although many stated that they had not wanted to have a child as a teenager, the choice to proceed with the pregnancy was presented as a positive choice. They are facing up to the consequences of their 'risky' behaviour but this is not seen as punishment. Indeed, it might be described as a reward. There were also a number of cases in which it appeared that the pregnancies were intended.

3. 'Intentional'

'I was on the pill but I missed my pill because it was on purpose, it wasn't because it was a mistake. No, it wasn't a mistake'

We judged that between a quarter and a third of the young women interviewed had made a positive choice to start a family. This was for a variety of reasons, although it is interesting to note that most of those who planned the baby told us that they had been unsettled or unhappy in their lives in some way prior to becoming pregnant. The young mothers in this group told us that either that contraception had not been used in full knowledge that this might result in a potential pregnancy, or an active decision had been made to become pregnant.

I don't know I just, I know it sounds stupid but I just kept seeing programmes with people's babies and that and I just said I wanted a baby and all that. He just agreed to it really, just agreed to stop using any contraception and we went from there.

I've wanted a baby for ages. Since I was about 12. I don't know it just popped into my head.

What the young women in this group have in common is that they appeared to intend to become mothers. Unsurprisingly, given their desire to have a baby, many held negative attitudes towards abortion. They talked about how it was not right to be forced to have an abortion and about the moral issues surrounding the decision to terminate a pregnancy. The language used to justify this position drew heavily upon notions of innocence, blame, rights and responsibilities. It went across all three groups.

Abortion or motherhood: risk and responsibility

There was, however, a marked difference between the two districts in the way in which the young women discussed abortion decision-making and sexual morality. This was evident in the focus groups and also in the individual interviews. In most cases, the young mothers had been involved in some discussion and thought about whether or not to terminate confirmed pregnancies. In one of the districts, most of the comments indicate a lack of hostility towards abortion, whilst in the other a high level of opposition to abortion on the basis that it is morally 'wrong' was evident.

District One

Only a few talked about being personally opposed to abortion:

'Well I just decided because I don't agree with abortions because I feel even though the baby ain't out yet I still feel you're killing a newborn baby. That's the way I think'.

In this case, the decision not to have an abortion was 'quite easy'. This young mother presented her position as a moral choice that she generalised from. This was, however, unusual in the district. Although other mothers had made the decision to accept the consequences of engaging in unsafe sex and often presented this as a moral choice for them, they did not generalise from this.

In this district, although many of the young mothers told us that they had not intended to become pregnant, it was clear that it was not an outcome that they were very concerned to avoid. Most of the young mothers in this district could be placed in category two (indifference/fatalism). They were very matter of fact about becoming pregnant and described how quickly they accepted their new status. It was not something to be feared but a possible 'accident'. A majority of these young mothers had terminated other pregnancies. They were either indifferent or intended to have a baby. Then the decision was straightforward even though they might not have intended to become pregnant on this particular occasion.

All the young women were asked who had influenced their decisions and the main picture is of young people wanting to make these decisions alone. All the young women interviewed (individual interviews and focus groups) stressed that they should make decisions themselves. This insistence on their own agency as far as the choice for or against abortion goes, contrasts with the fatalistic approach to the 'risk' of becoming pregnant.

District Two

Two strong themes emerged from our analysis of the interview data around the issue of abortion. First, significant use of the language of choice; second, a moral framework that legitimated some abortions but not others. These themes were evident in all the interviews, including the focus groups, and therefore should be seen as significant indicators of the moral and cultural context for abortion decision-making in the area.

The young mothers' initial reaction was invariably to state that they disagreed with abortion. This is not altogether surprising as they had all made the decision to continue their pregnancies rather than terminate them. The way that they talked about abortion, however, is interesting. They used terms like "killing babies", were highly moralistic and talked about 'innocence' (of the baby) and 'blame' (of someone becoming pregnant).

I don't like the killing, I think you know the baby hasn't done anything wrong at all and it hasn't got a chance do you know what I mean, I think it's really cruel, I just don't like it. I hadn't liked it for ages, I just don't agree with it.

I'd heard about stories from people about having an abortion and that it's like young women that go out like on the piss basically they have an abortion after a one night stand it's their own fault, not the babies. All these people who do it are taking the risk so why can't they take the consequences? You just shouldn't just throw away something because it's not convenient.

They believe, in general, that abortion is 'killing' that it is morally wrong, but there are circumstances in which it is acceptable. This is when the pregnant woman can, in some way, be viewed as innocent. Her innocence thereby matches the innocence of the foetus and the immorality of abortion is mitigated. In these circumstances the exercise of personal choice is based upon firm moral foundations. However, when they talked about exercising personal choice in circumstances in which someone was careless or rash, maybe under the influence of alcohol or drugs, moral disapproval is evident.

I don't agree with that unless you've been attacked or like if they did use contraception and they did get pregnant well maybe it is acceptable then but other than, if they didn't use contraception and they did get pregnant then I think it's their fault they shouldn't have an abortion, it's their responsibility. It's their own fault. Like I say not unless I was attacked or anything.

In some circumstances, in some situations it's necessary to have it done because if someone like got raped and got pregnant it's a permanent reminder of what happened to them isn't it? In some situations it's all right...

Here the young women are drawing on a dialogue long associated with abortion politics: one of blame and taking the consequences for one's action. Radcliffe-Richards (1994) has argued that this is an inconsistent moral position and

that underlying such dialogue of blame and innocence is a concept of punishment for sexual activity.

With these two districts, it is almost as though one district reflects what I have labelled as the progressive approach, whilst the other indicates conservative attitudes towards sexual activity. Although views in each district were diverse, taking the districts as a whole there was clearly an overall difference in outlook. Notions of risk, responsibility and blame, although not absent in district one, are far more prevalent in the second district, particularly around the issue of abortion.

Conclusion

It has been argued that the twentieth century has witnessed ‘the transformation of conception and pregnancy from an uncontrollable risk to a freely chosen outcome of sexual intercourse’ (Cook 2004: 339). It is clear, however, that the concept of risk is still evident when considering sex and young people. It is, however, a contested concept. There is a connection between one’s view of the world and perceptions of risk (Douglas 1992), and this is apparent in the field of sexual health. Historically, and in contemporary debates on sexuality and young people, there is an evident conflict between those who would seek to limit sexual risk without necessarily limiting sexual activity, and those whose perspective on such risk management would be the prohibition of sex.

These debates do find their way into young women’s views on sexual behaviour but in a disparate manner. The two projects discussed in this paper add to a body of research that suggests that young women still struggle to negotiate ‘risk-free’, safe, sex. The analysis also suggests a strong element of fatalism in much of their decision-making that runs contrary to notions of risk management. Many of the young mothers interviewed were not consciously seeking to avoid the risk of pregnancy, and they are willing to accept responsibility for their actions. For others, pregnancy was very much the chosen outcome. The subjective meaning of risk for this final group therefore is in direct conflict with those seeking to drive down the teenage pregnancy rate. Finally, the concept of risk as associated with blame and responsibility is drawn upon in discussions on abortion decision-making. It is in this area that a distinctive sexual morality agenda was strongly drawn upon in one district: pregnancy was the

price one should pay for risky sexual behaviour, and attempting to avoid this responsibility was viewed as immoral.

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