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‘Why do I always get pregnant on the pill?’; reconceiving teenaged mothers’ repeat pregnancies.

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Submitted for award of Phd
City, University of London
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Abstract

Policy and research discourses tend to construct teenaged pregnancy and parenthood as negative and to be avoided. Current socio-political expectations in the UK for the teenaged years encompass commitment to education as a route to social mobility, and avoidance of pregnancy and parenthood that is assumed to disrupt this trajectory. If parenthood occurs in the teenaged years, it is problematized within policy discourses which associate young parenting with social exclusion. Teenaged women who become pregnant and abort are expected to return to education and are subject to targeted intervention to avoid repeat pregnancy.

In a nurse outreach service in an inner London borough a small number of young women became mothers after an abortion whilst in the teenaged years. Commissioners saw this as a failure of an outreach programme and constructed the young women as a 'hard to reach' group. Troubled by such labelling, this exploratory qualitative study set out to explore the influence on teenaged women's pregnancy decision-making specifically for those who had an abortion followed by birth. In-depth interviews were carried out with eight teenaged women in 2014.

This study draws methodologically on feminist reflexivity and concepts of governmentality to attend to ways in which women's sexuality is regulated through policy, clinical, and research practice. Whereas much research over-psychologises women's reproductive decisions this thesis explicitly grounds the women's narratives of these decisions in the context of their lives; often dominated by violence, poverty and uncertainty.

Analysis indicates a tension between policy assumptions of individualised decision-making and the contextualised decisions of the young women. I observe that the further the distance between the expected trajectory for teenaged years and emerging personal desire for parenthood the greater the young women's narratives were characterised by discourses of 'responsibilisation'; convincing me of their 'good citizenship'. I debate this as either a form of resistance, distancing themselves from the negative single teen mother stereotype or a lack of confidence to challenge such normalised expectations.

Furthermore, deficit models of teenaged parenting fail to acknowledge the positives that young women report. This thesis challenges such deficit models and highlights the favourable elements of parenting described, and suggest that the young women struggle to articulate a desire for parenting within dominant discourses of prevention.

Chapter 1 – Introduction

This thesis considers the tension in pregnancy decision-making as a public and personal event for a group of teenaged women. It specifically explores the highly-scrutinised area of repeat teenaged pregnancy through examining how teenaged mothers, or mothers-to-be, narrated circumstances surrounding the decision to abort a first pregnancy and continue with a second whilst still in the teenaged years. I discuss how the young women's narratives demonstrated pregnancy choices that either coincided or diverged from dominant expectations, and how these expectations might have influenced their accounts.

I examine the 'specific constraints' for a group of young women making consecutive pregnancy decisions in the teenaged years (Tabberer et al 1999, p2), focusing on those who decided to abort a first, and continue with a subsequent pregnancy. This qualitative study adds to the literature pertaining to repeat pregnancy for young women to date which has tended to focus on quantitative analysis of all repeat pregnancies (Rowlands 2010, Collier 2009, Seamark 2001). There is little research pertaining to abortion then birth in the teenaged years. Jean Clarke (2002) explored repeat pregnancy (either abortion then birth, birth then abortion or several births) with a teenaged cohort in London and the Caribbean. She noted that a pregnancy loss through either miscarriage or abortion might be an incentive for a 'rapid' repeat pregnancy. This is one observation upon which I will draw in more detail as the thesis develops.

Teenaged pregnancy decision-making as a public event

Tabberer et al (1999, p41) noted that due to the social concerns constructed around teenaged parenthood, pregnancy decision-making for teenagers has become more of a public decision than for any other age group. On reflection, despite emancipatory aims, it is not lost on me that this research project could be viewed as part of this public viewing. Ann Phoenix (1987) observed a normalised absence and pathologised presence in relation to black people in research. She described how the experience of black people is typically excluded or ignored only to appear associated with 'social problems' such as early or single motherhood (p102). This has relevance for the mothers in this study who were either Black African or Black British. One result of this study has been to acknowledge the young women's decisions in a positive way and challenge such 'pathologised presence' and forefront a view of their actions as constructive.

It could be said that public scrutiny of teenaged parents reached a critical point with the introduction of the Teenage Pregnancy Strategy (SEU 1999), a policy document with the specific target of reducing teenaged pregnancy rates. The strategy was diplomatic in couching concerns about teenaged pregnancy in terms of teenagers 'failing' to reach their full potential before parenthood, speaking of 'prospects that might be endangered' (p55). There were also concerns over their ability to provide care for their children; under the title of 'How do teenagers cope with parenthood?' the strategy suggested that 'advice on how to be a good

parent' was offered (p62). The Strategy's focus was clear: for young women to either avoid becoming pregnant in the teenaged years and therefore not disrupt their education, or if they become a parent to return to education and be 'job ready' (SEU 1999, p100) as soon as possible. In the literature review I will explore the evolving terminology, yet continuous focus, regarding the 'right' timing and context for motherhood. For this I draw on observations by Pam Alldred (1999) regarding societal judgments around 'fitness to parent' and Lisa Arai's work which maps political focus on teenaged parents from 'deviant to dependent' (Arai 2007, p119).

In brief, rhetoric in recent decades has focused on supposed negative personal and economic consequences for teenaged mothers, and poorer development for their children compared to those of older mothers (DCSF 2010, SEU 1999). This thesis does not seek to dispute such evidence (although there is significant literature that does, which I examine in the literature overview), but rather the framing of such outcomes as the consequence of individual decisions rather than socio-economic contexts.

Tabberer et al (1999) noted how a pregnancy decision for women across the age range is assumed as made within a framework of private, individual choice and, as such, the social context of women's decisions has rarely been examined. They suggested by contrast, that for teenaged women, due to current public and policy 'policing' of teenaged pregnancy

and parenthood that pregnancy decision-making has been rendered a public decision. Hence the commissioner's, and to a large extent service provider's (of which I was a part), view of a repeat pregnancy after a termination as a failure of the outreach service, as well as of the young women to herself. This study aimed to bring into relief the contexts for two differing pregnancy decisions for a group of young women who had an abortion and then decided to become a mother in the teenaged years, and, alongside, highlight the normalized discourses of the social, relational and personal that are infused in their narratives. I also explore the narrative tensions where their personal desires diverge from such norms, and resistance may be evident.

For analysis within such a relational ontology I have drawn on feminist literature that stresses the importance of hearing the voices of marginalised groups, and the challenges inherent in this in whether such groups feel able to speak openly about their experiences, or choose silence in the face of such scrutiny for fear of consequence or judgement (Taylor et al 1996, Bhavnani 1980). In exploring the relational contexts for the young women's decisions I draw on feminist authors who have called into question the assumption of detached, individualised, decision-making, typically attributed to the male, as superior positioning, or even possible (Burman 2017, Mauthner and Doucet 1998, 2008, Wilkinson 1986, 1988, Gilligan 1982).

To examine socio-political and cultural relations for the young women I have drawn on conceptual resources that add insight into the regulation of young women's sexuality through policy discourse, professional and personal relationships, and expectations for self or 'governmentality' (Rose, 1990, Foucault 1980). Power relations in everyday life affect and shape us and individual, voluntary choice is problematic (Foucault 1980, p96) as decisions take place in a web of relationship and expectation. This is a view that is rarely espoused in policy which tends to be based on a decontextualised view of decision-making.

The interview is also a relationship and I also reflexively explore the positionality and power differentials reflected in the researcher-participant relationship (Burman 2017, Craig 2004, Wilkinson 1986). In relation to narrative and research context, Gill Craig's (2004) research and Craig and Scambler's (2006) discussion regarding mother's constructions of self and child in relation to gastrostomy-fed, disabled children noted how *'discourses of normalisation permeated women's accounts of feeding, mothering and child development'* (Craig and Scambler 2006, p1123). This had resonance for the responsabilisation narratives (Rose 1990) that the young women offered in their accounts as they aligned themselves with perceived expectations of firstly the 'good teenager' and then the 'good mother'.

Craig and O'Dell (2011) commented in the editorial for 'Motherhood on

the Margins' that female sexuality and childbearing are consistently governed by middle class values as norms that construct dominant ideals of the good mother and, as a result, women who depart from these norms are constructed as the 'bad' or 'othered' mother. Burman (2003, p294) has noted that a norm is in fact a statistical abstraction and bears little relation to any concrete material entity. However, a norm positions people who differ as 'other' demands rectification, and creates a 'normalised' version of self; the person you feel you should be. There is a disjuncture between dominant social constructions of motherhood and the reality of all women's actual experience of mothering. This is explored in the young women's narratives as they negotiate their sexuality, desire for parenthood and motherhood within such regulatory frameworks, which includes the research interview.

Background to the study

This research evolved from my growing unease with the assumptions and goals of government policy, specifically the ten-year Teenage Pregnancy Strategy (SEU 1999), which focused on reducing teenaged pregnancy and parenthood, viewing parenthood at this time as mis-timed and leading to social exclusion and an inevitable poverty cycle (SEU 1999). The Teenage Pregnancy Strategy (SEU 1999) constructed teenaged pregnancy and parenthood as a risk to be 'fixed' through appropriate intervention. I had become increasingly unsettled by the risk discourse surrounding teenaged parenthood through meeting many young mothers who were successfully

parenting, noting how parenthood could mark a positive change in lifestyle such as avoiding detrimental lifestyles and becoming closer with their families.

At the time, I was working as lead nurse in a young people's clinic in a London borough, which included provision of contraception and sexual health services. This service was instrumental in trying to achieve government targets to reduce the teenaged pregnancy rate locally over the decade of the Teenage Pregnancy Strategy 1999-2009 (SEU 1999). As part of the local plan the clinic piloted an Assertive Outreach pathway to reduce repeat pregnancy among young women who had a pregnancy in the teenaged years. This involved an Assertive Outreach Nurse contacting young women who had a pregnancy in the teenaged years, offering them a contraception consultation and facilitating contraception provision. The young woman would consent to this referral from the service with which they were in contact such as Women's Outpatient's termination service, School Health, Social Care and so forth. An audit of this pathway, whilst indicating the 'effectiveness' of the pathway overall, also highlighted a small group of young women who became pregnant, had an abortion, then became a parent within two years of the first pregnancy.

Commissioners saw these young women as 'hard to reach', and a 'failure' of the outreach attempts. The phenomenon was also a conundrum for practitioners. These young women did not 'renormalise' as Tabberer et al (1999, p42) suggested after an abortion, whereby young women reassume

the expected trajectory of further education, work and non-reproduction; they became mothers. I wished to examine this further, not so much to contribute to a reduction in the teenaged pregnancy rates, but to explore what appears to be a mismatch in the young women's choices, deciding to abort the first pregnancy yet to carry on with a subsequent pregnancy despite still being in the teenaged years.

Local statistics

In this section I briefly outline relevant statistics in relation to teenage pregnancy and parenthood to give an epidemiological context to this research. However, I am mindful that presenting statistics in this way may further perpetuate assumed norms of non-reproduction in the teenaged years by focusing on the reduction of teenaged pregnancy and parenthood. As a counter-narrative, I follow with a brief discussion that troubles the assumptions inherent in a national focus on teenaged pregnancy.

The local teenaged pregnancy strategy for Hackney made great inroads into achieving the government targets set out in the Teenage Pregnancy Strategy (SEU 1999). These goals were to reduce teenaged pregnancy rates by 50% over the ten-year duration of the strategy and to support young mothers into education and work. At the outset of the strategy's implementation Hackney had higher teenaged pregnancy rates than the England average. Although it is difficult to attribute changes in teenaged

pregnancy rates to specific interventions, a multi-faceted approach through partnership working across agencies, a focus on sex and relationships education (SRE) in schools, and supporting creative interventions such as outreach work with youth organisations to promote healthy relationships and contraception, seemed to contribute to a dramatic decline in teenaged pregnancy numbers over the duration of the strategy (Kelly 2014). A recent review regarding the apparent success of the Teenage Pregnancy Strategy (SEU 1999) nationally also emphasised the duration of the strategy, and a sustained focus as instrumental (Hadley et al 2016). However, critical opinion has also suggested that it is the now entrenched stigmatisation of the teenaged mother that had led to reduced rates (Forster 2017, Doughty 2014).

At the outset of the Teenage Pregnancy Strategy in Hackney in 1998 there were 273 conceptions to young women 18 years or younger. This was a rate of 77.1 per 1000, 54% of these conceptions resulted in abortion. At that point, Hackney had one of the highest teenaged pregnancy rates in England where the average across the country stood at 46.6 per 1000, with 42% of conceptions resulting in abortion. Latest statistics from the Office of National Statistics (ONS 2017) show Hackney reported 93 conceptions for under-18s in 2016, a rate of 23 per 1000 compared to 21 per 1000 for England. The latest available data for the outcome of conceptions is for 2015 where 65% of under 18 conceptions in Hackney resulted in abortion (the national rate being 51%). It is notable that,

across England, teenaged pregnancy rates have continued to decline beyond the duration of the Teenage Pregnancy Strategy (SEU 1999).

These figures are summarized in table form below:

Year	Area	Number per 1000
1998	Hackney	77.1
	England	46.6
2016	Hackney	23
	England	21

(ONS 2017)

Table 1: Teenaged pregnancy statistics: national and Hackney

The Teenage Pregnancy Strategy came to an end in 2010 and was deemed successful, with countries across the globe looking to the strategy as a ‘blueprint’ for tackling teenaged pregnancy rates locally (Weale 2016). It was succeeded by the policy Teenage Pregnancy: Beyond 2010 (DCSF 2010) which focused on continued SRE delivery and contraception provision. Supporting young families was evident in the piloting and subsequent roll-out of the Family Nurse Partnership (FNP) programme, an intensive health visiting programme for teenaged mothers (NICE 2009). Recently a multi-agency, self-assessment tool has been developed entitled ‘A framework for supporting teenage mothers and young fathers’ (PHE 2016). This framework outlines 10 key factors including ensuring evidence-based practice, support for parents, SRE in schools, training for professionals, strong leadership as well as contraception provision and

early intervention. However, this is within the context of quite dramatic cuts to local services in recent years where support is only made available to the most 'troubled' families. A collaborative report by the Children's Society, National Children's Bureau and Children and Young People Now entitled 'Cuts that Cost: trends in funding for early intervention services', noted a 55% cut from 3.2bn in 2010 to 1.4bn in 2015 in early intervention funding (NCB 2015). It will be interesting to see whether cuts in multi-agency support will have an impact on future pregnancy rates in the teenaged years.

A counter-narrative

I would like to briefly locate the statistical data presented, and government policy and public health recommendations, in a broader context which troubles the emphasis on apparent high rates of teenaged pregnancy and parenthood and in turn the need for such concerted efforts to reduce numbers that are the focus of the Teenage Pregnancy Strategy. According to the Office of National Statistics (ONS) (2017) the under 18 conception rate is currently 21 conceptions per thousand women aged 15 to 18. The rate is not so different from the rate in 1951 which stood at 21.3 per thousand, much lower than in 1971 where the rate was 50.6 per thousand, and 1991 where it was 33.1 per thousand (Duncan 2007). Current teenaged conception rates are not far off those in the 50s, the oft-stated golden age for the family.

A closer look at actual numbers shows that 80% of teenaged conceptions are to 16-18 year olds, with very few in the younger teenaged years.

Placing this in the wider context of conceptions across the entire childbearing age range only 3% of all conceptions are to teenagers (ONS 2016). According to the ONS (2016) there is also a general trend toward delayed child-bearing in the UK. One consequence of the normalisation of delayed parenthood is that younger parenthood becomes more noticeable in this wider context (Arai 2009, p9). The average age of first time mothers was 28.5 in 2014, whilst the average age of all mothers giving birth was 30.2 (ONS 2016). Between 1944 and 1975 there was a slight drop in the average age of mothers from 29.3 to 26.4 since then the year on year average age of first motherhood has increased (ONS 2016). This has been ascribed to a variety of factors such as increased education, women's participation in the workforce and importance of career, the cost of childbearing, housing issues and instability of partnerships.

This low rate of teenaged pregnancy suggests that it may not be the number of teenaged pregnancies and parents which has prompted governmental focus on reducing teenaged pregnancy and parenthood. It may be more that the focus highlights a shift in western societal expectations for the teenaged years in recent decades. It seems to be an economic shift, where young people are expected to contribute to society in the form of school attendance and preparation for, and participation in, the workforce, as noted by Qvortrup (2005, p7), that causes societal gaze

to consider parenting in the teen years, whatever the 'rate', as unacceptable.

Parallel with the extension of obligatory schooling to 18 years in 2016 (Education and Skills Act 2016) which requires young people to be in further education or an apprenticeship until the age of 18, there has also been a shift in the definition of 'young' parenthood over recent decades. The Health of the Nation document (DH 1992) focused on those 16 years or younger, the Teenage Pregnancy Strategy (SEU 1999) increased the upper age to 18 years and younger. Interestingly the Public Health England framework for supporting teenaged mothers and young fathers (2016) refers to young mothers under 20 and young fathers under 25, further extending the age focus. Despite ostensibly extending the support available for those who require it, this could be viewed as an extension of surveillance of younger parents.

UK policy, particularly under New Labour in the late 1990s and early 2000s, has constructed teenaged mothers within a discourse of social exclusion and marginalisation, requiring action and intervention to solve the 'problem of teenaged pregnancy'. Levitas et al (2007, p21) define social exclusion as involving the lack, or denial, of resources, rights, goods and services, and the inability to participate in the normal relationships and activities available to the majority of people in a society, whether in economic, social, cultural or political arenas. Yet young women's accounts

in the literature demonstrate a different story that challenges this definition of social exclusion. This literature, upon which I will expand in the literature review, attests to teenaged parenthood as frequently experienced as a positive, restorative event that represents inclusion rather than exclusion.

It is within the context of such literature that I aim to bring into relief a group of teenaged women's accounts of their choices around family formation. This thesis contributes to the field regarding teenaged women's family formation choices by examining how the regulatory framework surrounding teenaged pregnancy, whether this be in policy or expressed in lay or personal expectations, or generalised stigma of the teenaged mother, may have contributed to a group of young women's pregnancy choices, and how they 'publicly' narrated their decisions. The thesis specifically focuses on the growing tension between personal desire for motherhood and public expectations regarding teenaged pregnancy and family formation in the young women's narratives, as they decided to abort a first unexpected pregnancy, yet continued with a subsequent pregnancy.

Research question

My specific research question began with:

How do teenaged mothers, or mothers-to-be, who have previously had an abortion, narrate their pregnancy decisions?

Within this I hoped to achieve the following aims and objectives:

- explore the relational and socio-political context of the teenaged women's pregnancy choices evident in their narratives;
- consider how the 'specific constraints' on young women's lives in relation to reproductive choices are reflected in their narratives;
- theorise and contribute to an apparent gap in knowledge regarding reproductive decisions post-abortion in some teenaged women's lives;
- contribute to a body of literature that acknowledges teenaged women's pregnancy decisions in a positive way; and
- inform practice, and specifically the Assertive Outreach approach in the host service.

A brief overview of the thesis

Chapter 2 – Literature overview

Chapter 2 locates the thesis in an historic context which had led to the recent focus on teenaged pregnancy and parenthood, as well as current debate, evidence and thought in this area. Historically I trace focus on women's fertility across the last century through the moral hygiene movement, marriage 'out of wedlock', single motherhood to teenaged motherhood and pregnancy. I locate this historical context within recent discourses of 'fitness to parent' drawing on Pam Alldred's (1999) work regarding single motherhood. I explore how political focus on teenaged

pregnancy and parenthood intersects with socially constructed expectations for childhood.

I draw together observations regarding 'reasons' identified for teenaged parenthood in the literature. Some authors look to social mobility theory to understand why young women might decide to parent in the teenaged years, locating teenaged parenting as a concern as it is perceived as hindering upward social mobility (Crowder and South 2003). Others suggest 'alternative life course' theory (Burton 1996, Geronimus 1996) where social circumstances render earlier parenthood a rational decision. Alongside this, there is a significant body of literature that focuses on the positive outcomes of teenaged parenthood. These observations challenge the dominant social exclusion and marginalisation assumptions associated with teenaged parenthood. I conclude the literature overview by outlining the specific contribution this study makes within this landscape.

Chapter 3 - Methodological approach

This study began with the aim of exploring the range of influence for young women making repeat pregnancy decisions, and exploring the alignment and emergent tension between socio-political expectations and personal desires. This chapter describes and debates my methodological approach to the study. I have taken a feminist relational approach, drawing on seminal work by Carol Gilligan in 'In a Different Voice' (1982) – as a counter-narrative to the dominant discourse of the individual rational

male decision-maker (Kohlberg 1981) that prevails in policy assumptions. I extend a feminist reflexive approach across the research process, in considering the researcher-participant relationship and interaction (Martin 2001, Wilkinson 1988, 1996, Oakley 1981), and how participants may orient narratives to their perceptions of the interviewer (Phoenix 2008).

Broader concepts of 'power' evident in people's lives are explored through Foucault's concept of governmentality, control from without (Foucault 1976, 1977) through regulatory frameworks and professional remits, and Rose's (1990) concept of governmentality which builds on a Foucauldian approach in observing how personal desires come to reflect those of the state.

These two broad considerations – a feminist relational reflexive methodology and conceptual examination of where 'power' lies in people's lives are brought together in an exploration of whether resistance was possible for the young women where personal desire may have diverged from social expectation, and whether resistance or a 'silencing' is evident in their narratives.

Chapter 4 - Method

This chapter explores the practical aspects of the research process. I discuss recruitment, interview methods, consent, ethical considerations

around maintaining confidentiality, disclosure and distress in interviews, and transcription. I explore the specific boundaries of confidentiality afforded to the participant as a nurse-researcher. I discuss how I have used, and built on, the Listening Guide (Gilligan et al 2003, Mauthner and Doucet 1998) as a data analysis tool that operationalises a feminist reflexive methodology (Mauthner and Doucet 1998), and the process by which I identified my findings.

Chapter 5 - Navigating risk in complex lives

This chapter commences with an overview of the young women's lives and experiences evidenced in their narratives across the group. I explore the unpredictable environments, underscored by violence, in which the young women were living. I consider the extent to which the young women were required to take on responsibility; explore gendered scripts around sexual conduct and childcare responsibilities; discuss the pervasive intergenerational, relationship and gender-based violence that ran through the young women's narratives, and consider the impact this might have on relationships and parenthood decisions. I offer this descriptive analysis as a counterpoint to rationalist models of decision-making, which, arguably, fail to consider the wider social context of decision-making.

Chapter 6 - An unexpected pregnancy

This chapter focuses on events and decisions surrounding the young women's first, unexpected, pregnancy. I explore who they told and who

they didn't, their partner's and mother's involvement, and the varied reactions of professionals and statutory organisations. I consider how broad social expectations are reflected in relationships and expectations for self, and ultimately the young women's decision to abort their first pregnancy. I consider this study in relation to Gilligan's (1982) abortion decision-making study, and observe a shift in rationale for the decision: from a moral ethical view to a social ethical decision made in relation to practical considerations such as completing school and available support.

Chapter 7 - Legitimising accounts

In this chapter I explore what I suggest are a range of responsabilisation narratives (Rose 1990) that the young women mobilise to convince the listener of their 'good citizenship' (Kidger 2005) and adherence to regulatory frameworks of avoiding pregnancy in the teenaged years. This chapter traces how the young women's responsabilisation narratives evolved. Initially a decision is made to abort their first, unexpected pregnancy in order to finish school, here personal goals are aligned with those of state. However further responsabilisation narratives offer 'explanations' for how a subsequent pregnancy occurred: failed contraception, infertility and fate, or draw on a legal framework for it being too late to abort. I note, and offer analysis, regarding how a decision-making process is absent amongst the responsabilisation narratives, as the young women continue with a subsequent pregnancy.

Chapter 8 – Reflecting on the young women’s narratives: a muted desire for pregnancy and parenthood

Here I explore in more detail the young women’s muted desire for pregnancy and parenthood. Drawing on work by Suki Ali (2010) I consider ethical considerations in relation to bringing an aspect of the young women’s narratives to the fore that they had not wished to be central. I locate analysis of this muted narrative in how the young women may have oriented their stories in a way that they feel is acceptable to the research audience (Phoenix 2008) which denies them a desire for pregnancy and parenthood. I discuss whether muting this aspect of their story might be a form of resistance to the stigma associated with teenaged parenthood, or perhaps represents a disempowerment as they feel unable to voice this desire. Within this tension I introduce how inevitable power relations in the researcher-participant relationship may stand in tension with feminist research aims of ‘giving voice’ to groups that are considered marginalised.

Chapter 9 – Challenging the single teenaged mother stereotype

In this chapter I suggest the young women’s desire for public acceptance continues as they embark on motherhood; evident in their voiced goals for marriage and nuclear family living, and emphasis on their partner’s positive involvement in family life. I continue the exploration of responsabilisation narratives as I consider whether these voiced desires may be foregrounded in a wish to subvert the stereotype of the single

teenaged mother, yet does little to acknowledge their current effective and creative family formations. I consider these voiced goals in relation to Kidger's (2005) observations of how young mothers, in a desire to present themselves as 'good citizens', can tailor their narratives in a way that suppresses truths of their lives.

Chapter 10 – Reflexively considering the researcher- participant relationship

This chapter brings together findings across the previous chapters that explore the young women's foregrounded narratives of 'good citizenship' and muted desire for pregnancy and parenthood in a reflexive consideration of the researcher- participant relationship. I consider how my institutional positioning, and other aspects of the way I conducted the research interview may have influenced the young women's accounts. I will argue that the power dynamic in the research interview, where I may be viewed as representative of the regulatory frameworks that assume pregnancy avoidance in the teenaged years, may have had an impact on how women present themselves, and hence the young women's attempts to distance themselves from negative stereotypes. I note the ebb and flow of power in this encounter, mindful of occasions where I may have promoted middle-class values as norm, yet also of the participants' ability to direct and resist within the interview.

Chapter 11 – Concluding thoughts; reconceiving repeat

teenaged pregnancy

The final chapter reviews the research question in relation to the thesis' findings. I reflect on the methodological approach and method, and consider the strengths and limitations of the process for this research project. I bring together the findings in a reflexive summary of my readings of the young women's accounts, and consider new findings that this research brings to the literature regarding teenaged pregnancy and parenthood. I consider further research that might be undertaken in response to several specific questions that have arisen from this research. Finally, I reflect on the implications in relation to policy and practice, whether this be within research, teaching or direct nursing care.

Chapter 2 - Literature overview

Introduction

Prompted by questioning the Teenage Pregnancy Strategy's framing of teenaged parenthood as solely negative, I was drawn to wider literature that explored and questioned the social construction of, and regulatory framework for, teenaged pregnancy (Duncan et al 2010, Arai 2009). There was a paucity of research specifically relating to repeat pregnancy in the teenaged years. Where there was, it was mostly quantitative, conflating all permutations of 'repeat' pregnancy for example repeat abortion, repeat births, birth then abortion and abortion then birth (Rowlands 2010, Collier 2009, Seamark 2001) rather than abortion then motherhood which this study specifically explored. Where there is qualitative work it has focused on teenaged *mothers* and subsequent repeat pregnancy (Herrman 2006, 2007, Clarke 2002).

This chapter will begin by briefly exploring the contributing and converging discourses from the wider literature that have led to the negative perception and policy focus on teenaged pregnancy and parenthood. As an overarching theme I have drawn on Pam Alldred's (1999) conceptual work regarding public and policy expectations regarding 'fitness to parent'. Alongside this I have drawn together literature that challenges the assumption of being unfit to parent in the teenaged years and highlight the positive aspects of younger parenthood. This counters

the dominant narratives of pathologised presence (Phoenix 1987) that tend to characterise policy relating to teenaged parenthood. I will draw the chapter to a close by reflecting on the specific contribution to the literature arising from this study.

Conducting the literature review

I have been involved in a teenaged parenthood literature metasynthesis project led by Professor Lee SmithBattle from St Louis University, USA. My role was as one of a team of reviewers that tabulated details, aims and findings of a systematic search. I am not reporting on the metasynthesis in this thesis, however the search and inclusion process, as well as databases accessed are included in Appendix 1, as I will be drawing on this literature in the review, and throughout the thesis.

I have also accessed statistical information from national sources such as the Office of National Statistics, Gingerbread (support and campaigning on behalf of single parents), and the Joseph Rowntree Foundation (a social policy research and development charity). Government reports, non-profit organisational reports, and conference abstracts were also sought. An online search of the British Library thesis repository for work regarding teenaged pregnancy and parenthood elicited Jean Clarke's (2002) comparative study of repeat teenaged parenthood for a cohort from the Caribbean and London, and Moira Graham's (2013) exploration of

teenaged parents' understanding of family. These research projects had resonance with certain aspects of my research.

Jean Clarke's thesis explored the underlying factors and meanings the teenagers she interviewed ascribed to their pregnancies. The young women's repeat pregnancies highlighted the cultural importance of motherhood and fertility, and their anti-abortion views. Whilst Clarke's study did look at repeat pregnancy, and one cohort was from a London borough that had a similar demographic to the one in which my study was located, she did not specifically look at abortion followed by birth, but at all permutations of repeat pregnancy. It was also conducted before the Teenage Pregnancy Strategy in the UK and my study aimed to explore repeat pregnancy in a political landscape post-dating the Teenage Pregnancy Strategy (SEU 1999).

Moira Graham's (2014) study looked at teenaged mother and father couples as they made the transition to parenthood. Her findings highlighted the young parents' belief in the idea of family, and suggested the uniqueness of young motherhood in the multiple transitions that young women undergo simultaneously. She also noted how fatherhood was experienced as meaningful and important and represented a marker of responsibility and transition to adulthood, and that the young couples were finding ways of being a family in a variety of ways. My study has focused on the pregnancy decision-making contexts for the young women

rather than transition to parenthood. Nevertheless, the young women's narratives in my study did attest to similar involvement of young fathers, and their views and practice of family (which I explore specifically in chapter 9).

'Fit to parent'; the social construction of mothering

Pam Alldred's (1999) work regarding the social construction of the concept of 'fitness to parent' informed my exploration of how teenaged parents have come to be viewed negatively in current UK contexts. Her work explored single motherhood faced with the 'hegemonic construction of a proper relationship' (Alldred 1999, p68) and its 'normative power'. She observed how families that are viewed as different are more likely to be seen by authority as problematic, are pathologised (p90) and are therefore subject to increased scrutiny (p78). She discussed how 'fitness to parent' is powerful as a moral discourse, however it is 'vacant of qualities...that give it meaning' (p243). Discourse is clearer when it is presumed an inappropriate time to have a child: childbearing should happen after education (which seems to stretch to university), in a stable, ideally married, heterosexual relationship, established in a career, and in your own home; but not too late as sperm and eggs degenerate and you will be too old to run around with your children, leaving a very narrow window of opportunity for having a family, if desired. I have drawn on these valuable insights regarding judgements regarding 'fitness to parent' as a foundation to an overview of the historical discourses over the past

century that have led to the current 'social exclusion' concern for teenaged parents.

Moral hygiene and 'responsible breeding'

Lucy Bland (1982) traced how, in the early 20th century, the concept of moral hygiene emerged, defined by public concern regarding parental fitness and responsibilities around childbearing. This movement was informed by evolutionary thinking: humans were thought to be an advanced species. In relation to sexuality the linking of love with sexual intercourse was thought to raise humans above other animals. There was a movement to ensure that the 'right' kind of people gave birth to healthy children of a supposedly higher genetic order. For 'responsible breeding' the mother's health became a vital element; through self-control and self-regulation she should remain fit for childbearing (Bland 1982, p386). Non-governmental organisations of the time supported educative training, particularly for *young people*, in 'hygiene', 'self-control' and the promotion of marriage (Bland 1982, p378). This 'eugenic' view was promoted by pioneering feminist thinkers of the time such as Marie Stopes. Despite progressive views on women's enjoyment of sex and contraception, she also advocated reduced reproduction amongst the poor. Her concerns regarded drawing on the resources of the rich and were similar to recent discourses of concern over specific population groups and welfare dependency (Arai 2007, p3);

'...the numbers of our population increasingly tend to be made up from the less thrifty and the less conscientious....tend by that very fact to bring forth children who are weakened and handicapped by physical as well as mental warping and weakness, and the same time to demand their support from the sound and thrifty.....'

(Stopes 1919, p47)

Unmarried childbearing

Whilst early 20th Century discourses for 'young' parenthood centred around education in appropriate sexual activity and promotion of marriage (Bland 1982, p378) by the mid-century childbearing was expected with marriage. Recently there has been much media interest in accounts of unmarried young mothers-to-be who were often sent away by their own families or communities, shamed by the situation, to self-supporting institutions, recognised by the state and often operated by religious orders. Teenaged mothers were overrepresented in these situations as they were less likely to be married (Lemos 2009). The inhumane treatment and disregard of human rights of some of these organisations has come to light in recent years. For example, a mass grave was discovered in 2014 in the grounds of a home for 'unwed' mothers run by a religious order in Ireland. Investigations revealed that many of these children died from neglect and malnourishment (O' Reilly 2014).

In the 1950s and 1960s many children were sent from England by a range of charities, for 'new lives' in Britain's colonies, with many enduring harsh living conditions (Constantine 2008). Constantine (2008) stated that child migration to the colonies was presented as a method of coping with; *'The large numbers of unsocialised, undisciplined, neglected or orphaned children and those who were simply the children of the poor...'* He goes on to highlight how children who appeared to not be in a: *'conventionally constructed and properly performing family'* were seen as a *'danger to society as well as themselves'*. This continued fitness to parent discourses from earlier in the century with focus on the children of the 'poor' and from 'non-conventional' family structures. Being a 'danger to self' preempts the concerned tone within the Teenage Pregnancy Strategy (SEU 1999), regarding teenaged parenthood 'risking' social exclusion through supposedly not being able to access the same opportunities as their non-childbearing peers.

Developmental theory and readiness to parent

Psychological and social developmental theories emergent in the 60s and 70s, such as that of Havighurst (1948) and Erikson (1968), suggested normative linear progression through social developmental stages. Within this discourse pregnancy 'out of wedlock' was seen as out of sequence in a developmental order rather than an immoral act (Arney and Bergen 1984). Explicit in these staged developmental models is the assumption that children are lesser adults, on their way to adulthood, and that young

women are 'not ready' for the adult responsibility of parenthood. Berry Mayall (2000, 2006) and Qvortrup (2005) have questioned paradigms that have separated children's lives from those of adults. Mayall challenged us to see children and young people as persons now and not merely future beings (2000, p244) and Qvortrup (2005) advocated an effort to recognise children's direct contribution to society, rather than seeing them as no more than 'beings in waiting' (p3).

Mayall (1998) observed how those who work with, and for, children (such as in health, education and welfare) tend to be trained within psychological paradigms which assume children as 'socialization projects' (p270); preparing children and young people for *future* social and economic participation in society. She points out how children, who historically have contributed to household and national economies through their work in households, fields and factories, now contribute through their agency as workers at school, acquiring the necessary knowledge for their future lives as paid workers (Mayall 2000).

Qvortrup (2005) also explored the psychological concept of the child as in a state of becoming, in relation to a prospective labour force that has to be nurtured (p4). The child is increasingly 'scholarised', preparing for participation in the workforce. Teenaged parenting does not fit the current economic self-sufficiency expectations of neo-liberal governments as younger parents are unlikely to have completed education and be in

full-time employment at this point in their lives. In fact, recent changes in the law that require young people to be in education until 18 years of age legislates against economic self-sufficiency at this age (Education and Skills Act 2016).

Such a narrow pathway of education to economic self-sufficiency disregards the complex lives in which many young people are making parenting decisions. Deciding to parent at a younger age than the expected norm, can be based on a realistic appraisal of life circumstances; some of which do centre around economics. This is not in the individualistic manner policy-makers presume, but in a relational network – such as maximizing on free childcare from grandparents whilst it is available (Arai 2009, SmithBattle 1996, Burton 1990, Furstenberg 1980). Decisions may also be based on a realistic appraisal of ‘career’ opportunities, where parenthood, sooner rather than later, represents less loss of earnings as the young women are not yet established in the workplace (Phoenix 1991), nor expect a highly remunerated career trajectory.

Nevertheless, psychological and social developmental theory prevails in assumptions regarding teenaged parenthood. Teenagers are often assumed to be ‘egocentric’ (Elkind 1967, p1030), unable to take into account the needs of others, particularly a baby (Garcia Coll and Garcia Vazquez 1996). However, Frost (2010) has argued that expectations for

continuous, focused mothering are a tall order for mothers of any age.

Frost (2010) outlined how Bowlby's (1956) attachment theory which focuses on the quality of the relationship between mother and child, and Winnicott's (1960) 'good enough' parenting, where the mother ensures she is doing just enough for her child to foster the child's growing independence, binds the woman to her child in the pursuit of a secure attachment. She criticised these approaches as being 'infantocentric'; failing to consider the needs of subsequent or existing children, the mother's needs, or contextual and circumstantial factors.

Authors observing teenaged parenthood patterns often assume a psychological deficit paradigm in their analysis. Apfel and Seitz (1991) described the 'parental replacement model' where the grandmother takes total responsibility for the teenaged mother's child. In this way the mother can; *'continue on a developmental track that avoids some of the potential pitfalls of premature parenthood'* (Apfel and Seitz 1991, p423). Flanagan (1998) and Garcia Coll and Garcia Vazquez (1996) suggested that the younger the teenager, the more immature and limited her thought processes and is hence unable to understand and respond to the needs of a baby. Others suggest that young mothers have limited understanding of their child's developmental tasks, or are less responsive and sensitive in interactions with their infants (Lesser and Escoto-Lloyd 1999, Theriot et al 1991). However, there are challenges to these assumptions. For example, SmithBattle (1995), Lashley et al (2009) and Benson (2017) while

recognising that some psychological and social development is to occur in the teenaged years, have suggested that a young mother's perception of herself and her child emerges during transition to parenthood; having a child prompts a maturation through taking on responsibility for their child. Geronimus' (1996) work also highlighted the extensive childcare experience and ability of the young women she interviewed.

The economic science of teenaged pregnancy

The most recent discursive shift regarding attitudes toward teenaged parenthood is an economic moral discourse centred around welfare entitlement and earning power. Goncalves et al (2011, p201) described this as the 'economic science of teenaged pregnancy'; how recent policy focus on reducing teenaged pregnancy centres around economic concerns such as parents not being able to financially support their child, welfare dependency, alongside enabling young people to 'fulfil their potential' (assuming this potential to be in the paid work force). This discourse appears to have emerged from political focus on the economic impact on the state of *single* parenthood. Teenaged mothers are not always 'single', yet often the two groups are conflated (Benson 2017, Graham 2013, Duncan et al 2010, Duncan 2007).

Pamela Smock (2004) traced how advances in the 60s and 70s such as the women's emancipation movement, the advent of the contraceptive pill, the amendment to the Abortion Act (1967) legalising abortion, and

increasing divorce rates, led to single mothers feeling more confident to live autonomously with their children. Single motherhood therefore became more visible. She highlighted how it was the growth in women's employment, rather than the increased availability of state welfare benefits, which provided lone mothers with income, and was a contributing factor to a visible growth in numbers as they were enabled to live independently. Politicians however, saw increasing numbers of single mothers as reflective of the 'breakdown of the family' and a drain on public resources through making (legitimate) demands on government welfare provision.

In the 1990s, political focus gradually, and subtly, turned to age. Charles Murray, political scientist in America, brought several discourses regarding 'fitness to parent' together by suggesting that *young* women who have '*illegitimate*' children and become dependent on the state lack personal responsibility because they willingly have children and remain unmarried, are *unwilling to work*, become *inappropriately sexually active* at an early age and *rely on welfare* that cost tax payer's money. His solution was the reconstitution of the nuclear family and the reassertion of the role of the father within it (Murray et al 1996, p24-53). Margaret Thatcher, then Prime Minister in the UK, influenced by Murray's thinking, stated that withdrawing welfare benefits was the only way to re-establish the traditional norms of married parenthood; and withdrawing the 'reward' would disincentivise single parenting (Hills 1998). The Child Support

Agency was introduced, with the aim of enforcing financial support for the children of 'absent fathers' (Alldred 1999).

The focus on reinstating, strengthening and incentivising the nuclear family ignored complex social issues, and changes in family formation. Many lone mothers may have come out of abusive relationships, or are not purposively single but divorced or separated. Musick and Meier (2010) have stated that the presence of two parents in the same residence is no guarantee of either financial or emotional support, or that parenting will be a shared enterprise. Whitehead (2008) found that a mother's decision to be with the father, has usually been deliberate, based on his usefulness to her and their child's needs. For women who had decided to live away from a violent or unsupportive partner, the actions of the Child Support Agency were disastrous, forcing undesired contact with a biological father. Within this, teenaged parents are less likely than older parents to be married and living in a nuclear family arrangement (Duncan and Philips 2010, Duncan 2007), and more likely to be legitimately drawing on state benefits. Consequently they are a convenient target for government focus.

Couching rhetoric in concerned terms around the 'risk' of social exclusion through teenaged parenthood, the economic discourse of teenaged parenthood continued with the succeeding New Labour government. New Labour introduced the Teenaged Pregnancy Strategy (1999, p8)

where focus was on the avoidance of social exclusion assumed to arise from teenaged parenthood. A supposed inability to participate in education was viewed as compromising their chances in the workplace. These economic concerns persist in discourses surrounding teenaged parenthood. Griggs and Walker (2008) conducted a literature review regarding the cost of child poverty for individuals and society and concluded that: *'growing up in poverty is also linked to lone parenthood and adolescent pregnancy. Having a child in early life can have a negative impact on the mother's health and life chances as well as those of her child'* (Griggs and Walker 2008, p6). The assumption is that teenaged parenthood will inevitably incur poverty, the infamous 'poverty cycle' suggest by Sir Keith Joseph of Thatcher's Conservative government (Welshman 2007). Much research, examined in more detail later in this chapter, presents a different picture, stressing how poverty precedes teenaged pregnancy rather than incurring poverty (SmithBattle 2000, Geronimus 1991) and that having a child can inspire reengagement with education and work and improve the financial situation of the family (Benson 2017, Zachry 2005, SmithBattle 1995).

New Labour (1997-2011) was the first government to specifically introduce a policy focused on reducing teenaged pregnancy and parenthood. The preceding conservative government had mainly focused on re-establishing the 'nuclear' family and introducing the Child Support Agency to force fathers to financially support their children rather than

the government providing welfare support. They had also started to focus on teenaged pregnancy in the Health of the Nation document (DH 1992) that placed teenaged pregnancy (for those aged 16 and under) alongside, chronic heart disease and HIV as a public health issue. New Labour furthered the problematisation of teenaged pregnancy through focus on supposed psychosocial risk and compromised socioeconomic outcomes of an 'early' pregnancy. MacVarish (2010) observed also that the Teenage Pregnancy Strategy (SEU 1999) extended the focus from under 16s to under 18s, instantly inflating the perceived problem. Older teenagers are more likely to take a pregnancy to term, so the emphasis changed from the problem of girls experiencing unintended conceptions to the problem of young women raising children, and their 'fitness to parent'.

The Teenage Pregnancy Strategy was a reworking of familiar discourses pertaining to 'responsible' parenthood, and the contributing citizen (Constantine 2008, Murray et al 1996, Bland 1982, Stopes 1919). Concerns were no longer couched in judgemental tropes of family breakdown and benefit dependence but in the 'caring' discourse of helping teenaged women reach their full potential and raise their aspirations (so long as this aspiration and potential was in education and work). Education around sex and relationships, reducing poverty, and supporting teenaged parents were the three main lines of focus within the strategy. With time the main activity arising from the Teenage Pregnancy Strategy was in contraception provision and SRE, and close 'support' of young mothers

through piloting the Family Nurse Partnership programme in 2006, which has subsequently been rolled out nationally. Larger systemic, and likely more costly, goals of reducing poverty fell by the wayside (Arai 2009, p127).

The educational goals within the Teenage Pregnancy Strategy to increase responsibility within relationships and avoiding pregnancy and STIs, are not dissimilar to the educative training in 'hygiene' and 'self-control' carried out by the National Council of Public Morals in the 1920s (Bland 1982) almost 100 years earlier. Contraception clinics were expanded and became more accessible to young people through the introduction of quality criteria for 'young people friendly' health services, the 'You're Welcome' criteria (DH 2011), and a large remit for personal social and health education in schools that encompasses relationships, sexual identity, sexual orientation, puberty, menstruation, contraception and abortion (Long 2015). Momentum around SRE has been consistent and it has become compulsory in all schools in England since the Children and Social Work Act in March 2017.

Specifically for teenaged parents, the national roll out of the Family Nurse Partnership (FNP), an intensive health-visiting programme for first time young mothers during pregnancy and with their child up to two years old, has legitimised state intervention in teenaged parents' lives (FNP 2015). Although holistic in its approach the programme focuses on facilitating the

young mothers' return to education and work. Support is offered from pregnancy through the first two years of the child's life to; *'improve the child's health and development' and help the young mother to 'plan (their) futures and achieve (their) aspirations'* (FNP 2015). Familiar suggestions regarding the supposed 'drain on public resources' is evident in the emphasis on the cost benefit for the state of participating in this programme;

'Through improving health, education and job prospects for mothers and their children it also creates financial benefits for those who take part, and results in substantial cost savings for the state and society in general'.

(FNP 2015)

A concerted contemporary policy focus on early intervention at an individual level, raises ethical concerns about labelling children and families, without addressing broader structural disadvantage (Gillies et al 2017, Churchill 2011). The ongoing pressure for avoidance of pregnancy and parenthood in the teenaged years at an individual level, without supportive wider structural support to do so, is the current regulatory framework in which teenagers are making their pregnancy decisions.

'Explaining' teenaged parenthood

This section of the literature overview will look at what has been suggested regarding the reasons young women may decide to parent in

the teenaged years. I will explore the three main reasons that tend to be advanced for 'explaining' teenaged motherhood – *lack of social mobility* (Crowder and South 2003, Thomson et al 2003, Musick 2002, Miller 2002, Phoenix 1991), parenthood viewed as alternative pathway (Burton 1996, Geronimus 1996), and parenthood chosen as an adaptive response to life events (Geronimus 1996, Burton et al 1995, Phoenix 1991). All these observations, whilst holding a truth within them, are problematic as they presume middle class family formation timings as the norm against which working class decisions are judged.

Social mobility theory

Social collateral, social control and social capital theory present aspects of social mobility theory that have all been presented as partly responsible for teenaged motherhood (Crowder and South 2003). Social collateral theory suggests if there were a more resource rich environment different decisions would be made. Given the 'right' resources a different (and presumably better?) path would be chosen (Crowder and South 2003).

Ann Phoenix (1991) interviewed 50 black women who had become mothers when under 20 years of age. She noted that the young women's circumstances suggested poor social collateral or range of opportunities open to them. They did not become dependent on state benefits because they were feckless but because jobs were not readily available to unqualified and unskilled young people (p5), their material circumstances would not necessarily have improved had they deferred motherhood

(p22), and they did not feel they had employment careers which would be damaged by childrearing (p64).

A social control perspective suggests that there is a greater risk of 'non-conventional' outcomes simply because poorer areas are assumed to provide less surveillance of teenage activities than do more affluent areas. Musick's (2002) statistical analysis of data from the 1995 National Survey of Family Growth (US) suggested that a teenager has a higher chance of non-marital pregnancy if from a single parent household and links this to supposed lesser ability of the parent to oversee their child's activities. Miller (2002) suggested that less oversight by parents can lead to earlier sexual intercourse and possible earlier pregnancy and parenthood. Social control theory places responsibility for teenaged pregnancy with family rather than with wider issues of reduced opportunities, poverty and inequality. It may be difficult to 'watch over' your children when obliged to work long hours in poorly paid work to support your family.

Social capital explores connections between individuals such as in family relations and community organisations that enable cognitive and social development. Social capital theory suggests that deprived areas lack social networks, which is disabling for personal development and offers reduced life choices (Crowder and South 2003). Putnam (1995) suggested that a decline in social capital may lead to social fragmentation. He

suggested that economic demands for both parents to work have led to a decline in community participation. Putnam's commentary was feted by politicians who drew on the concept of individuals getting involved in community, and consequently improving their lot and society. This is reminiscent of the UK's conservative government's 'Big Society' which aimed to empower communities by redistributing power from the state to citizens, and promoting a culture of volunteering (Cameron 2010). Critics have noted when life is characterised by financial hardship and long working hours (where there is work to be had) it is difficult to find time or incentive to volunteer for community work (Kisby 2010).

By contrast Thomson et al (2003) suggested that integration with community and family can provide considerable social capital, but that this only has value within that locality. Their interpretation was that this leaves young people 'trapped' in 'excluded' communities. This highlights that social capital in one context may not necessarily function as capital in another. For example, there can be positive value in local social capital through younger motherhood offering a recognised and valued identity, as noted in Phoenix' study (1991).

Locating responsibility for life decisions with individuals who find themselves in poorer circumstances is a convenient political and cultural ideology reflected in much of social mobility theory. Bottero (2009, p31)

comments that people who find themselves in poverty are blamed for their situation through 'dysfunctional moral practices' such as single parenthood, teenaged pregnancy, or welfare dependency. She observes that it is systemic disadvantage through low skilled, low wage, insecure jobs (poor social collateral) that incur poverty. This is where political efforts repeatedly fail to go, preferring to focus on changing the 'behaviour' of individuals through families exerting social control and increasing individual and community social capital rather than broader socio-political changes to the contexts of young people's lives.

'Alternative' pathways

Several authors have demonstrated how early childbearing is viewed positively in some settings (Burton 1996, Geronimus 1996, Phoenix 1991). Although associated terminology such as 'accelerated life course' and 'condensed family structure' is problematic as it assumes delayed parenthood as the 'right' time to parent, this work, however, does highlight the importance of considering social context in pregnancy decision-making.

Linda Burton's work in the US with African American families, suggested teenaged childbearing was an '*alternative life course strategy*' (Burton 1996, p207). She observed cultural norms of '*accelerated*' family timetable with consistent younger parenthood than the 'norm', with a consequential

'age condensed' (p201) generational family structure with fewer years between different generations. Arlene Geronimus, in her interviews with teenaged mothers-to-be in the US, similarly refers to *'compressed generations'* (Geronimus 1996, p324), where there are actively childbearing women of several generations in one family.

Geronimus (1996) also suggested that young parents do negotiate family formation around the economically contributing citizen technology, but not necessarily in the more widely accepted trajectory. For example, the young women might not have the childcare support of mothers and grandmothers if they postponed parenting. She suggested that the young women make a realistic assessment that work is likely to be of low wage and insecure, and to postpone work would not make a great financial difference. This is also seen in Phoenix' work (1991, p248) in the UK who noted that teenaged parenting for the young mothers she interviewed was often not as disruptive as for women whose education or career trajectories are such that their career breaks result in downward mobility, and are costly in terms of loss of potential earnings.

Adaptive response

Geronimus' work (1996) also explored how teenaged pregnancy could be viewed as an adaptive response to a reduced life expectancy for people living in constrained socioeconomic situations. There is an established link between poverty and poorer health (Wilkinson and Pickett 2009); by

delaying pregnancy women who live in constrained economic circumstances might not be able to conceive at all due to illness, or support lost through family illness or death. This is echoed by anticipation of a foreshortened life expectancy for the young mothers interviewed by Burton et al (1995) where having children in the teenaged years ensured parenthood before illness or crime affected their, or their partner's, longevity. A study by De Carvahlo (2007) who interviewed young women whose partners were involved in gang life in Brazil had similar findings. The young women felt that teenaged parenthood enabled permanence in a context that is marked by instability, a way of creating an ongoing relationship, and motherhood as a solution to uncertainty and solitude. These considerations may also be pertinent to a London gang context in which some of the young women interviewed for this study were involved.

Again, broader structural considerations of inequality and poverty are significant in these observations of younger parenthood. In such contexts parenthood earlier than the increasingly older norm may be a rational decision.

Positive aspects of teenaged parenting

From before the Teenage Pregnancy Strategy (SEU 1999) academic literature has attested to positive aspects of teenaged parenthood,

flagging up teenaged parenthood as a 'non-issue' or even beneficial despite the media and policy furore around the supposed negative aspects of teenaged pregnancy and parenthood in the late 20th and early 21st century (Duncan et al 2010, Arai 2007). Teenaged parenthood has been observed to bring about reconciliation with family (Furstenberg 1980) improving support for the young parents and therefore local social capital. Arensen (1994) noted how teenaged mothers reconnected with family members after having their child. SmithBattle (2000) commented on a rebuilding of earlier adversarial relationships. Gregson (2009), Macvarish and Billings (2010) and Warnes and Daiches (2011) found improved relationships between new mother and grandmother.

Supportive extended family practices have been observed to both enable the teenaged parent's growth in parenthood, and highlights how informal support and childcare provision reduces or removes the need for financial demand on state provision. This provides a counter narrative to the political promotion of the nuclear family. Furstenberg (1980) observed an intergenerational approach to family where the parenting teenager remained with her family. He noted that in this arrangement the teenager was more likely to advance educationally and economically, the family serving as a system of apprenticeship and support. Burton (1990) observed a grandparent child rearing system. Apfel and Seitz (1991) highlight the importance of intergenerational support in the African-American culture. SmithBattle (1996) comments on an intergenerational

model of care for adolescent mothers and their children. Jean Clarke's (2002) thesis explored the 'visiting union' popular and accepted in the Caribbean. The visiting union describes a couple, unmarried and living in separate households but committed to the relationship, and any children from the relationship. This is similar to the 'living apart together' family model observed by Duncan (2007, p311) in relation to teenagers in the UK and more recently increasing popularity for all ages (Duncan and Phillips 2010).

Within such varied family arrangements the concept of 'family' is meaningful and important to the young parents (Graham 2013). Moira Graham (2013) explored the contextualised experiences of eight teen mother and father couples and their transition to parenthood. She found that a belief in the importance of family shaped the young people's decisions about continuing with an unplanned pregnancy and investing in parenthood. Graham (2013) observed how this unsettles theoretical and ideological views of the family as being in crisis and breaking down.

Finally, teenaged parenthood has frequently been observed as a catalyst for positive change in the young parents' lives rather than a disruption to an anticipated upward mobility trajectory or an inevitable poverty cycle. Some of the positive practical aspects are described here; notwithstanding the joy, fulfilment and self-esteem that motherhood can bring for some teenaged women (Benson 2017).

Early parenthood does not necessarily lead to a disengagement with school, SmithBattle (1995) argued that this lack of engagement preexists the pregnancy, in fact SmithBattle (1995) noted that young mothers were motivated to pursue their education and organised complex schedules involving childcare, transport and schooling, using family and public resources to help. Stiles (2005) explored the parenting needs, goals and strategies of teenaged mothers and found that education was an important element. Herrman (2009) found that parenting teenagers had a renewed determination to complete schooling to improve their chances of providing financially for their child. Zachry (2005) suggests that teenaged women's identity and educational beliefs are reconstructed through the process of becoming a mother.

Young parents might also have childcare experience (Geronimus 1992) rather than being unprepared for parenthood (Lesser and Escoto-Lloyd 1999, Bennett-Murphy et al 2001). Researchers have shown that teenaged parenthood can lead to withdrawal from harmful lifestyles (Kaye et al 2007). Overall teenaged parenthood does not necessarily lead to poverty; a life lived in poverty usually pre-exists the pregnancy (SmithBattle 2000, Geronimus 1991). Furthermore, motherhood can be experienced by younger women as a valued social role raising self-esteem and which gives a sense of purpose (Phoenix 1981). Such literature highlights the positive aspects of teenaged motherhood. This is not the negative 'socially

excluded' picture of teenaged motherhood presented by recent policy and remaining in general public perception (Benson 2017, SEU 1999).

Discussion around social mobility, alternative and adaptive pathways highlight the relevance of teenaged women's contexts when making pregnancy decisions. Lisa Arai (2007, p137) has pointed to the decontextualisation of teenaged pregnancy and parenthood within policy, where the context in which young people's pregnancy decisions are poorly understood and their choices denigrated. This study specifically seeks to contextualise these young women's pregnancy decisions in a contemporary climate that assumes individualistic decision-making, which marginalises relational, political, economic, and socio-cultural aspects. This will, in turn, add to literature that can inform policy and practice.

The next chapter will set out my methodological approach to the research study.

Chapter 3 – Methodological approach

Introduction

In the introduction to this thesis I described my unease with the scrutiny of teenaged mothers which had prompted me to critically reflect on the targets set out in the Teenage Pregnancy Strategy (SEU 1999).

Expectations for the teenaged years to avoid pregnancy and parenthood and focus on education and work sat uncomfortably alongside the positive and effective mothering and family formation that I observed for many of the teenaged mothers with whom I worked in the Teenage Health Demonstration Site. Nevertheless, my research question at the outset of the project was in-keeping with the rational 'cause and effect' of solution focused interventionist research and assumptions within the strategy. I therefore expected an exploration of the influences on the young women's pregnancy decision-making to highlight areas for specific intervention related to nursing practice. As the research and analysis progressed this aim evolved which I trace across the thesis and discuss in the concluding chapter.

The literature overview has highlighted the tension between socio-political expectations for the teenaged years in Western society, and specifically the UK: preparation for the workplace and not reproduction; and the experience of many young women which renders earlier (than average) parenthood as a legitimate pathway. This contextual view of

young women's lives is contrary to the policy framework relating to teenaged pregnancy and parenthood which has repeatedly focused on more SRE, and ensuring access to contraception, as the solutions to reducing teenaged parenthood (DCSF 2010, SEU 1999). Such policy has reflected individualistic approaches to decision-making, and assumes young people's decisions centre around self-improvement through education to become active participants in the workforce before considering raising a family.

To explore the tension between socio-political and personal expectations for pregnancy and parenthood evident in the young women's narratives I took a feminist reflexive approach to the research process. Early on I situated this research broadly within feminist aims of hearing marginalised voices, whilst later mindful of the paternalism imbued in this goal (Bhavnani 1990). To explore the layers of relationship that have an impact on the young women's pregnancy decisions I have drawn on the contextual and relational aspects of decision-making for women outlined by Carol Gilligan in 'In a Different Voice' (1982) – which provided a counter-narrative to an emergent discourse of the rational decision-maker as male (Kohlberg 1981). I have also drawn on Ann Oakley's (1981) and Anne Phoenix' (1998) work which looked at the relational context of the interview itself and explored the power relation that is inherent in the interview context.

I have drawn broadly on Foucauldian concepts of governmentality: the 'capillary power' of government through the devices or institutions on which it relies (Foucault 1976, p84), to explore the tension between the young women's parenthood decisions and societal expectations of 'non-reproduction' (Smith 2014), and the way institutions, policy and practice serve to regulate sexuality and defer parenting. I have also drawn specifically on the work of Nickolas Rose in 'Governing the Soul' (1990), which extends Foucault's concept of governmentality where 'state' expectations have come to be reflected in personal desires. I draw on his work further with respect to 'responsibilisation' narratives: how the young women orient their narratives to societal expectations in relation to their pregnancy decisions.

A feminist approach

I have located this research in a feminist paradigm, making women's experience central to the research (rather than interview their male partner for example) (Wilkinson 1988). However, it is difficult to neatly write an account of how I approached the research as my theoretical knowledge base has grown and evolved significantly over the seven years of this project. My approach at the outset differed in focus and scope to how I engaged with the data towards the end of the project, as a result of ongoing reflexivity, another central tenet of feminist research (Wilkinson 1988). As a consequence, this chapter focuses on the work of feminist

authors upon which I drew in the early practical stages as I planned, conducted and began to engage with the data. For example, I drew on Carol Gilligan's (1982) work to explore the relational in the young women's accounts anticipating findings relating to partner and family influence on pregnancy decisions and draw on this concept in chapter 6 where I focus specifically on the young women's immediate relational network and the part it played. I also drew on Ann Oakley's (1981) work on interviewing women when considering how I would conduct the interviews. Her work articulated the more conversational approach I wished to take in the interviews, and began an engagement with a feminist approach to finding 'more appropriate theories and methods for studying the experience of women' (Wilkinson 1986, p40). I also adopted Natasha Mauthner and Andrea Doucet's (1998, 2003) formulation of a data analysis method that operationalised a feminist methodology. This chapter will focus on these methodological approaches as I present how I approached the research.

Ensuing chapters will present and discuss findings from an ongoing reflexive engagement with the research process including: arising data, identification of findings and final thesis. Sue Wilkinson (1988) sets out the centrality of reflexivity in feminist research in consideration of power, and power imbalance in research and highlights how a key feature of feminist research is that the researcher is actively reflective and self-reflective; *'engaged in a continual process of examining the nature and*

form of their research and of questioning its adequacy in fulfilling feminist objectives' (Wilkinson 1986, p39). These 'feminist objectives' are to carry out research for, and not on, women, illuminating women's social conditions and experience and to advocate for social change on behalf of women, exposing and challenging the operation of male power, whilst mindful of the power inherent in the researcher's role within the research relationship (Wilkinson, 1988, 1996).

Power within the research relationship is explored in how the young women appeared to mobilise responsabilisation narratives to convince me of their 'good citizenship' which I discuss in chapter 7 and 9, and how the researcher's words and actions can reinscribe hegemonic expectations despite emancipatory beliefs which I explore in chapter 10. Simply because I am aware of possible power imbalances in life and the research process does not mean I am exempt from replicating them in my interactions with the young women. Power is also weighted toward the researcher in how and what we choose to present as findings and I discuss this in relation to the young women's quiet voiced desire for pregnancy and parenthood in chapter 8, exploring the ethics of focusing on a narrative that the young women did not put in the foreground.

Feminist research illuminates our social conditions, and chapter 5 draws together observations that can be made from the young women's accounts of their specific social circumstances and experience (Wilkinson

1988, p495). Feminist research also highlights a need for social change on behalf of women and in chapter 11 I emphasise the broader political relevance to the findings of this study, suggesting that neo-liberal governments locate responsibility within the individual while neglecting the role of social and political oppression in people's decisions (Wilkinson 1991, p8). I suggest that persistent efforts to provide contraception and SRE will fail to succeed in achieving recent expectations for teenagers to avoid pregnancy if there is no support with social oppressions such as pervasive violence, gang involvement, and poverty – where earlier parenthood becomes a reasonable choice (as explored in chapter 5).

A relational ontology

At the outset this research drew on a relational ontology, aiming to explore the influencing factors on the young women's pregnancy decisions. Inevitably within this are the relationships of which the young women speak that played their part in their decision to abort and subsequently to carry on with a pregnancy. The young women did not make their decisions in a detached manner, a model of decision-making which appeals to typically masculine individualistic values, but in terms of the networks and support afforded by their family, boyfriend and the state.

To explore this relational aspect within the young women's narratives I drew on the work of Carol Gilligan, specifically her early work 'In a

Different Voice' (1982). In this work, Gilligan (1982) challenged established and androcentric childhood developmental models emergent at the time. Early in her career Gilligan worked with Kohlberg who, building on Piaget's cognitive development model, formed a stage theory for moral reasoning as a basis for ethical behaviour (Kohlberg and Gilligan 1971). Kohlberg had observed a difference in how boys and girls negotiated ethical decisions. He observed that boys ultimately took a law based non-relational approach, and girls took a relational approach, frequently finding it difficult to make a categorical decision, drawn between the law and the implications for individuals. Whilst Kohlberg took this 'indecision' to be of a lower order in moral reasoning, Gilligan suggested it may reflect a feminine reasoning, different, relational, but not of a lower order (Gilligan 1982, p22). This is an example of how men are constructed as being able to engage with more abstract, moral reasoning and are less field dependent, and women constructed as being more relational and, perhaps, more contextual in their reasoning. Ideas of relation underpin Gilligan's approach to narrative, and she developed the Listening Guide (Gilligan et al 2003, Taylor et al 1996) as data analysis method that operationalises such a methodological approach, which I discuss later in this chapter.

Gilligan's later studies with college students explored the difference between how men and women approach ethical dilemmas and highlighted an ethics of care in their accounts; the women in the study

preferred to solve a problem in a way that 'no-one was hurt' (Gilligan 1982, p65). Her abortion study explored how women of all ages accounted for the 'real-life' decision to have an abortion. Again, she found that women used moral language, expressing an inner tension between perceived selfishness, care and responsibility, and the dynamics of close relationships in making this decision (p74). The women expressed how there was no way of acting without consequences to others and self (p108); that there was a tension between what was felt to be right for the woman – seen as 'selfishness'; and responsibility - what is the right thing to do by others, which complicated the issue of 'choice' (p138).

Gilligan (1982) noted that this form of reasoning could be viewed as a reluctance to take a stand on controversial issues. She felt women, by locating their decisions in a web of relationships, silence their own voice by the wish not to hurt others (p51). This resonated with the 'muted narratives' of desire for pregnancy and parenthood for the young women in this study and I explore this further in chapter 8. Having said this, some of the women in Gilligan's abortion study found they were able to 'take back control' within the dilemma of 'selfishness and responsibility' (p149); finding a place where assertion no longer seemed dangerous. She also observed that the younger women in the abortion study noted a 'developmental transition' through real-life decisions (p114), perhaps not dissimilar to the personal growth of teenaged mothers observed by SmithBattle (1995), Lashley et al (2009) and Benson (2017). In relation to

developmental paradigms, Gilligan suggested that for men successful development would be to recognize that 'making connection' is safe and for women that separation can be protective and need not entail isolation (p39).

Such an exploration of how women's ways of being are constructed led to a social constructionist stance to this research. Carla Willig (2013, p7) described social constructionism as; '*Viewing human experience and perception (as) historically, culturally and linguistically mediated*'. She suggested that experiences are shaped by what has gone before and what is currently expected and this is reflected, and reinforced, in our daily talk. Although not identifying with social constructionism herself, Gilligan made a feminist critique of established ways of knowing. Nancy Chodorow's work, which explored how boys and girls are socialised into gender specific roles, also gave valuable critical insight into cultural contexts for gendered experiences (Chodorow 1978). This echoed Simone de Beauvoir's seminal work *The Second Sex*, which emphasised that apart from biological differences, all other differences between the sexes are socially constructed (de Beauvoir 1953).

'Interviewing women' and reflexivity

The importance of the relational to women that Gilligan explored is reflected in a feminist approach to the interview itself. Emily Martin

(2001, p12) stressed the importance of reflecting on wider aspects of the research encounter such as the various positionalities of both researcher and participant, as well as what happens during the interview. Exploring these wider elements gives a richer understanding of the narrative data. She used a rather mouth-watering metaphor to illustrate this:

'If we focused only on completely understanding the physical components of the cake, we would lose the person who baked it, the occasion it was baked for, and the people who were there to eat it.'

Feminist authors have challenged a positivist approach to research methodology and method, stressing the impossibility of removing the researcher's investments in research (formulated as bias in positivist paradigms), and the consequent 'effect' on the interview encounter, and view the research interview as more of a conversation, where each party will inevitably effect the resulting 'data' (Phoenix 2008, Martin 2001, Taylor et al 1996, Oakley 1981). Willig argues that this relationship should be explicitly explored and acknowledged in the analysis, revealing 'a truth' rather than an absolute truth, which in a post-positivist paradigm is deemed impossible to isolate (Willig 2013, p7).

In planning this study, I drew specifically on Ann Oakley's (1981) work regarding interviewing women to acknowledge and explore how the

positionality of the researcher might have a part in shaping the data. Oakley discussed how historically, in the phenomenological tradition for qualitative research, the possibility of researcher 'bias' was avoided in the research process through 'bracketing' (removing or suppressing) researcher response to the participant. She questioned whether it is possible as a researcher to remove oneself from the research process in such a way; and argued that the researcher's motivation to the study would inevitably shape the research process, as the data from an interview arises from the interaction between the two parties (Oakley 1981). Oakley (1981, p244) felt that viewing the researcher and participant as objective instruments of data production was impossible. She saw personal involvement in the research process not as 'dangerous bias' but the '*condition in which we meet and come to know each other*' (Oakley 1981, p260).

Oakley also questioned the ethics of responding to participants' questions with evasive and non-specific answers, which a 'bracketed' approach would advocate (Oakley 1981, p252). She suggested that the positionality of both researcher and participant would inevitably change (but not negate) the research results. The researcher has an aim, and the participant will orient the narrative to the perceived positions and aims of the researcher. Oakley advised that it is better to acknowledge this relationship, than go to great lengths to try to avoid the inevitable (p260). She suggested a full and open response from the researcher, recognising

that the interview is a social interaction which could be a mutually beneficial encounter. The participant may also have reasons for participating in the research: the act of telling their story is perhaps an opportunity to make past actions accountable, to reflect on events, or to present a certain public reality. The latter has resonance for the way young women told their stories and accounted for their actions with what I will argue appeal to 'responsibilisation' (Rose 2000) or 'good citizenship' (Kidger 2005) discourses that I explore in chapters 7 and 9.

Whilst such early feminist thought regarding the interview process focused on the conversational aspect of the interview, and sought to remove procedural barriers to participant openness, later critique explored the inherent power differentials in the interview context despite efforts to mitigate this (Burman 2017). Many feminist authors have acknowledged that the social location of researcher in relation to participant may affect the resulting narrative, hence the importance of acknowledging and exploring the detail of this in analysis (Phoenix 2008, Martin 2001, Taylor et al 1996, England 1994, Wilkinson 1988). In one example, Ann Phoenix, a black woman, discussed simultaneous normalised and personal narratives in her research interview with a white woman. She focused on how the participant appeared to assume that they shared a cultural understanding that racism is unacceptable, which appears to be taken for granted as the participant was speaking to a black

researcher. The participant described how a black girl at school was bullied and how the participant was admonished by her grandmother for not defending the girls; she also described marrying a black man and consequently experiencing discrimination first hand, and claimed negative treatment by her mother as she had slightly darker skin than her siblings. Phoenix suggested that the participant tried to align her own experience to what she assumed about the researcher. Phoenix highlighted the insights to be gained if the researcher reflexively considers what the participant orients to in their narrative, what appears to be motivating their ways of telling their story, and the identities that are brought into being or reproduced in their talk (p66). These contexts may not be explicitly oriented to but are nevertheless evident in talk (p66). In this way, the researcher can simultaneously examine normalised and personal narratives.

Taylor, Gilligan and Sullivan (1996, p235) focused on examining '*the responsiveness and the resonance in the relationship between the interviewee and interviewer*' in their study of girls' developmental psychology. The authors noted that adolescents may choose not to speak about what they know and feel, particularly to interviewers who represent authorities who do not typically listen nor respond to them (Taylor et al 1996, p246). This highlights how part of the participant's orientation to the interviewer may include a silencing of certain aspects of their lives and

being. In chapter 8 I suggest a similar silencing of the young women's desire for pregnancy and parenthood in this study and suggest this may be to distance themselves from the feckless teenaged mother stereotype and to avoid judgment.

Wilkinson (1998, p495) has noted that whilst research is 'a dialogue of knowledge construction' the power to contribute is far from equivalent between the participant and researcher even when attempts are made to remove such power differentials. Kim England (1994) has also debated the importance of considering positionality in research. She has suggested that both participant and researcher are 'positioned by a variety of factors' which can either inhibit or enable the process (England 1994, p85); we should be aware of these various positionalities and their possible effect on the research. However, she noted that simply being sensitive to such power relations does not remove them, and we should recognise that research is inherently hierarchical.

Citizen in opposition to state

In order to explore the state and interpersonal regulatory frameworks within which the young women were making and narrating their pregnancy decisions I drew on Foucault's conceptual work which explored how the 'state' exerts its power on its 'citizens', and which located the citizen in opposition to the state (1976, p85). I drew initially on Foucault's

work on power in *The Will to Knowledge*, which explores the 'polymorphous techniques of power' that have 'exploded' in the attempt to control sexuality across the centuries (Foucault 1976, p11). Foucault's concept of resistance (Foucault 1976) was also important in considering whether, and how, the young women 'resisted' the dominant discourse of 'non-reproduction' (Smith 2014) in the teenaged years.

Foucault explored how power is present in a 'multiplicity of discourses' (Foucault 1976, p33). In *The Will to Knowledge* he explored the control of sexuality through 'agencies of control' and surveillance such as education and medicine (p41), professional bodies that claim to be speaking about sex from the neutral viewpoint of science (p53). He described how numerous and diverse techniques have evolved for achieving the 'subjugation of bodies' and the control of populations, which he described as 'biopower' (p140). The devices or institutions on which 'biopower' relies he described as 'capillary' power, the 'micro-power' within 'infinitesimal surveillances' - power negotiated in day to day interactions (p84, p145).

Teenaged pregnancy and parenthood control could be said to be exerted through discourses of (sex) education, which is increasingly extended; of 'ideal' family, perceived as nuclear, and economically self-contained; of 'ideal' motherhood: white, professional, middle-class and heteronormative (Craig and O'Dell 2011). This is alongside policy

discourses which have also overtly aimed to control teenaged pregnancy and parenthood through the Teenaged Pregnancy Strategy (SEU 1999), Teenaged Pregnancy; Beyond 2010 (DCSF 2010) and the Family Nurse Partnership national roll-out (NICE 2009). Foucault also noted that alongside the biopower of agencies and capillary power of day to day manifestations of dominant discourses, there is 'continual and clamorous legislative activity' that makes an essentially normalising power acceptable (p144). This can be seen in legislation such as the age of consent (Sexual Offences Act 2003) and school leaving age now at 18 years (Education and Skills Act 2016).

Normalised expectations within society result in culturally accepted systems of behavior. Foucault referred to these as technologies of self (Foucault 1976, p90). For example, the above regulatory activity leads to the expectation that teenagers maintain a non-reproductive body (Smith 2014). A study that illustrates this well is that of Smith (2014) who used a Foucauldian methodology to explore how the contraceptive pill, heralded as a tool for women's liberation from child-bearing, has become a regulatory tool recommended by doctors and parents to young women in their teens and early 20s. Her study showed how, regardless of whether in a relationship or not, parents and health professionals recommended that the young women take the contraceptive pill. This ensured that they maintained a non-reproductive body according to normalised social ideologies regarding the right timing and context for child-bearing.

Smith (2014) did not explore repeat pregnancy in the teenaged years but did explore the governmentality evident in the pressure to, and acceptance of expectation to, maintain a 'non-reproductive' body.

Foucault states that it is this 'normalisation' through the individual's desire to avoid pathologisation and the resultant adoption of specific technologies, that ensures state desired outcomes (Foucault 1976, p89).

Foucault developed his concept of self-surveillance in his work *Discipline and Punish* (Foucault 1977). He drew on Bentham's 'Panopticon' as the ideal for prison system monitoring to illustrate how conforming behaviour can be engendered by placing the prison warden at the centre, surrounded by prisoners' cells so that he can observe all prisoners at one time. Knowing that they can be seen leads to conforming behaviour, or self-surveillance, in the prisoner. The 'disciplinary power' of the panopticon is a form of power that is constant, unnoticeable and internalised. Through 'self-surveillance' we do what is considered as the 'right thing' by choice (Foucault 1977, p209) and not through coercion.

Governing from within

Foucault placed the citizen in opposition to the state (1976 p85); his concept of governmentality centred around the myriad normalising discourses that 'discipline' people, exercised in policy, the activities of professionals, the capillary power within day to day interactions, and ultimately regulation of personal activity by 'choice'. As this study

progressed I also drew on the work of Nikolas Rose (1990) in *Governing the Soul*, who built on Foucauldian concepts of governmentality, suggesting that such normalising discourses can be internalised and, rather than being perceived as imposed, can become reformulated as personal desire.

Foucault (1976) presented his dialectic regarding power through exploring society's attempts to control sexuality. Rose (1990) explored similar concepts in areas such as the health of the population post second world war, the rise of management in the workplace, and motherhood. He charted the coercive strategies of early history such as 'hygiene' movements through to a psychological shift, where freedom and choice are viewed as synonymous with technologies of self (Scott 2016, p426). Rather than power being exerted from external sources it comes to be manifested within internal desires.

Rose charts how 'citizenship' has become a psychological matter, the psyche becoming 'a new continent' for psychological knowledge and for the deployment of the professional skills of the 'technicians of subjectivity' (Rose 1990, p32), extending Foucauldian concepts of surveillance by government agents (Foucault 1976, p200). Rose explored how citizens of a liberal democracy are expected to regulate themselves and government mechanisms construe them as active participants in their lives. Citizens are no longer dominated, but educated into '*an alliance between personal*

objectives and ambitions and institutionally or socially prized goals' (Rose 1990, p10). Rose reflected on a society that through unceasing normalised expectations, re-presented and reflected across formal and informal media, we are now subject to *'the unceasing reflexive gaze of our own psychologically educated self-scrutiny'* (p213) as we psychologically shape our personal desires toward these normalised expectations. He noted that incorporating, shaping, channelling and enhancing subjectivity have been intrinsic to the operations of government (p213).

Thus Rose observed that government expects that citizens should want to regulate their conduct and existence for their own welfare, that of their families, and that of society (Rose 1990, p224). People are *'entrepreneurs of themselves'* (p226), shaping their own lives through available choices. This, of course, assumes a range of available *'choices'*, and here, I bring the concepts of Gilligan's (1982) exploration of a *'female'* decision-making that is contextually and relationally directed into play, regarding the reality of *'choice'* for many, and specifically in relation to contextual considerations in teenaged pregnancy decision-making where there are reduced life *'choices'* (Phoenix' 1981).

In this psychological *'turn'* Rose described an *'internalised sense of duty springing from externally imposed obligations'* (p242) and how in the *'therapeutic scenario'* (which according to Oakley 1981 may be represented in the interview context) people display in their talk how they

have made responsible choices and taken responsibility for themselves (p247). He terms these practices as 'responsibilisation narratives'. I explore this concept in detail in chapter 7 and 9 regarding narratives that I suggest the young women mobilised in this study to assure the listener of their 'good citizenship' in relation to normalised expectations for the teenaged years and family formation.

Is resistance possible in such a regulatory framework?

If, according to Rose, our personal desires come to reflect state technologies, it begs the question whether resistance to such technologies is possible. Foucault observed that individuals are not completely controlled by the will of the state, that '*where there is power there is resistance*' and that there is a 'discursive element' to power (Foucault 1976, p95). He suggested that people have agency within accepted 'technologies' or 'governmentalities'. He suggested that whilst certain outcomes are expected and approved within cultural norms, other options are also available. This is reflected, for example, in Gilligan's abortion study, where some women assert their own desire within their pregnancy decision despite contrary external pressure from partner and family. In Taylor, Gilligan and Sullivan's college student study (Taylor et al 1996, p240) the young women used silence as resistance, they chose not to speak openly about their experiences and feelings as authorities had not been supportive in the past. Such silence may be resistance, yet the

participants may also feel silenced, and I discuss this tension in relation to the young women's muted narratives of pregnancy desire in this study in chapter 8. The motivation behind resistance or being silenced in talk, brings into debate the dynamic between participant and researcher which I reflexively discuss in relation to this study in chapter 10.

A narrative framework

My motivation toward narrative inquiry stemmed from a desire to hear the personal stories of young women that were lost within the overwhelming, competitive focus on achieving the numeric targets set out by the Teenage Pregnancy Strategy (SEU 1999), I wanted to hear about their realities beyond the focus on reducing pregnancy 'rates'. In this I drew on Trish Greenhalgh's (1999) work regarding the place of narrative within evidence based medicine. She suggested that medicine was in fact not a science (although draws on certain sciences such as chemistry, biology etc). What medicine does is *'integrate the overlapping stories told by patients to clinicians and test results'* (p323). Developing an increasing canon of patient 'stories' gives 'case expertise', which are all narrative based. This stressed for me the importance of hearing the young women's personal accounts to develop 'case expertise' rather than relying on government reports regarding the 'progress' of the Teenage Pregnancy Strategy (SEU 1999) and self-serving use of 'research' to support policy aims (Gillies et al 2017).

There are a wide range of definitions of 'narrative' and a similar range of epistemological significance attached to narratives (Andrew et al 2008, p1). Initially it was much easier to identify the qualitative methodological frameworks I didn't want to use rather than to pin down what my approach was. I wasn't taking a Grounded Theory approach as with such an approach the theory emerges from the data, and further data is sought to either confirm or question the emergent theory (Glaser and Strauss 1967). Essentially Grounded Theory merges data collection and analysis whereas I had a specific question in advance and a specific sample. Nor was I taking a phenomenological approach. Phenomenology considers subjective experience; describing what it is like, and extracting its essence (Willig 2013, p84). I was not seeking to describe how the young women experienced pregnancy, loss of pregnancy, and motherhood, but to draw out from their narratives how what, or who, may have shaped their decisions.

In this study, I wished to focus on the influencing factors on pregnancy decisions, which led to conceptual resources that considered the interrelation of personal desire, relationships and social structures and cultural contexts (Rose 1990, 2000, Foucault 1976, 1977) and a feminist reflexive methodology that considers the same in the interview context (Phoenix 2008, Taylor et al 1996, England 1994, Wilkinson 1988, Oakley 1981). To situate this relational ontology in an epistemological or

research framework, I drew on Ann Phoenix' work, described above, regarding how social structures and cultural contexts are reflected in how the interviewee orients their narrative during an interview. She explored how an interview is inevitably a '*negotiation of social identity in a common space of meaning*' (Phoenix 2008, p6), reflecting both the local and wider social contexts. She noted how in narrative people both demonstrate what they feel society thinks of them and justify their individual positioning within this. Through reflexively considering these positions in the interviewee's words the researcher can consider the multilayered ways in which research participants understand their situations. She noted that the important element to draw out in relation to the co-constructed interview is how local contexts, the immediate context in which the interview takes place or in other words the participant-researcher relationship, and wider social contexts are inextricably linked (Phoenix 2008, p66).

In this study, I have specifically tuned into the social and political factors that may have affected the interview. This study therefore does not focus on an experience but more on how the participant positions herself in relation to personal desires, close relationships, and social structures (which includes the researcher-participant relationship) and cultural contexts (Gilligan et al 2003, Mauthner and Doucet 1998) within an experience. This narrative inquiry approach explores how the young women's narratives follow, are constrained by, or resist larger social

patterns. This approach was operationalised through using the Listening Guide as an approach to data analysis.

The Listening Guide

To conclude this chapter I will briefly introduce the Listening Guide as the data analysis method used in this research project. I include this here as the method attempts to articulate a feminist reflexive methodology in how the data is analysed. Mauthner and Doucet (1998) have referred to the Guide as both methodology and method. The detail of how the Listening Guide was employed and developed is discussed in the next chapter which specifically looks at method.

Gilligan and colleagues (Taylor et al 1996, p235) developed a research method that acknowledged the social location of both researcher and participant which they called the Voice Centred Relational Method or Listening Guide. The method builds in a focus on examining '*the responsiveness and the resonance in the relationship between the interviewee and interviewer*' (Taylor et al 1996, p235). Specific reflexive readings for the participant's voice and the researcher's response render this relationship explicit. Within this, the 'social location' of both is brought into consideration (p235) and how, the participants '*shape themselves in accordance with dominant cultural ideals*' (p239). In developing this method Taylor et al (1996) operationalise a relational ontology to explore a co-constructed narrative.

Mauthner and Doucet (1998) developed the Listening Guide in relation to their own sociological research approach, with emphasis on readings for social structure and cultural contexts. Their work aimed to translate '*this relational ontology into methodology and concrete methods of data analysis*' (1998, p9). In developing the method, Mauthner and Doucet (1998) tried to articulate the links between their decision to use this data analysis method and the research project as a whole: reflecting a feminist focus on hearing women's voices, a relational ontology, the researcher-participant relationship, as well as consideration of the role of wider social structures and cultural contexts that are played out in talk. However, they also noted that each researcher will bring their own '*individual interpretations, understandings and versions of (the Listening Guide)*' (p10). I will be using the method according to Mauthner and Doucet's process, however I also, in line with their observations, added to the method in relation to my own developing understandings as I engaged with the data, which I detail in the next chapter.

As a brief aside, it has been pointed out to me that there are similarities between Interpretive Phenomenological Analysis (IPA) (Smith 2004) and the Listening Guide approach. With IPA the researcher describes participant experience and reflexively considers wider social, cultural and theoretical context, which has some similarity with the Listening Guide's reading for reader response, relationships, social structure and cultural

contexts. With IPA focus is on participant experiences and their attempt to make sense of these (Smith et al 2009 in Willig 2013, p95). Unlike traditional phenomenological research which describes and documents the lived experience of participants but does not attempt to explain it, IPA is interpretive (Willig 2013, p95). The difference between this approach and the Listening Guide is that IPA focuses primarily on the experience and then reflexively considers the wider context. The Listening Guide does not primarily focus on eliciting the 'truth' of an experience but more on how the story is narrated, the layers of relationship in narrative, and what this says about the social world of the participant. Furthermore, with IPA it is recommended that you note down your ideas and observations and then put them aside so that your analytic eye remains focused on the participant's meanings and experiences (Willig 2013, p85). This 'bracketing' approach stands in contrast to a feminist reflexive approach to interviewing which acknowledges and advocates a reciprocal relationship within the interview setting and which I have taken in this research, and is incorporated in the Listening Guide reading for reader response which recognises the dynamic between researcher and participant and how this is unavoidably manifested in the co-construction of data and analysis. These observations are then overtly acknowledged in the research write-up (Taylor et al 1996).

In the next chapter I will consider the research method and discuss ethical issues in conducting the research.

Chapter 4 – Method

Introduction

This chapter will explore the practical aspects of the research process which are generally centred around the planning stages with some discussion around how this played out in reality. I will discuss recruitment, interview methods, consent, ethical considerations around maintaining confidentiality, disclosure and distress in interviews, and transcription. I will conclude with a discussion of how I used, and extended, the Listening Guide (Gilligan et al 2003, Mauthner and Doucet 1998) as a data analysis tool to identify my findings.

Recruitment process

The criteria for recruitment to this study was to be a woman and have experienced an abortion with a first pregnancy and then a birth with a subsequent pregnancy during the teenaged years. This encompassed an age range of 13-18 years which reflected the age focus of the Teenage Pregnancy Strategy (SEU 1999). Prior to embarking on this study, I carried out an audit of the Assertive Outreach Nurse pathway, described in the introduction, by examining notes from a two-year period (2007-2009) for the first 140 young women referred into the service. This audit was not a part of, but prompted, this study. Five out of these 140 were identified as having had an abortion and then became pregnant and continued with the

pregnancy whilst aged under 18. This was seen as a conundrum for practitioners as ostensibly services to support the young women in avoiding repeat pregnancy had 'failed'. These figures suggested I could expect to invite approximately ten young women over a one-year period to participate in the research taking into consideration young women with whom the service was already in contact and future clients. Participants were identified as they presented to the service between January 2013 and January 2014. Eleven possible participants were identified and approached for interview, three declined to participate and eight accepted.

This was an exploratory study where the number of young women expected to meet the criteria ascertained from the audit was not high. Studies that have used the Listening Guide for data analysis vary in sample sizes: Beauboef-Lafontant's (2008) analyses of strength and depression among Black women and Edwards and Weller's (2012) exploration of young people's understanding of self over time had samples of 58 and 50 respectively. It is notable that these authors primarily focused on one reading from the guide, the 'voice of I' (ie participant voice), whereas authors that have carried out the four readings (for plot/reader response, voice of 'I', relationship and social structures/cultural contexts) have smaller sample sizes. For example, Paliadelis and Cruikshank (2008) explored the working world of nursing unit managers with a sample of 21,

Middleton (2010) looked at young women's narratives of maternal timing with 16 young women, and Balan (2005) had a sample of 5 for an examination of women and workplace transition. It would appear that a greater depth of analysis is rendered possible with fewer participants.

Recruitment was achieved through the Assertive Outreach Nurse identifying and approaching prospective participants when they attended (such as clinical appointments), handing out the project information sheet for women to take away (see Appendix 2), and identifying whether they would be happy for me to call them directly to discuss the study further. The Assertive Outreach Nurse was given simple criteria to prompt this approach: for the young woman to have had an abortion, followed by a birth or continuing pregnancy, whilst in the teenaged years. Joint review of all referrals as they came into the Assertive Outreach Pathway, by the Assertive Outreach Nurse and myself, ensured that all eligible young women were approached for the study between January 2013 and January 2014. If a young woman showed interest at this point, I telephoned them about a week later to see if she would still be interested in participating.

Ethical considerations in relation to recruitment

The study received ethical approval from the NRES Committee London South East in October 2012; reference number 12/LO/1797. The ethics committee had raised concerns regarding potential coercion to participate in the study which led to the decision that the first invitation to participate in the study come from the Assertive Outreach Nurse rather than myself. When clients that were approached by the Assertive Outreach Nurse expressed an interest in participating and to my contacting them, I would call them on the phone to explain the research aim in more detail and arrange a meeting.

Whilst I understood the rationale of the ethics committee – to mitigate potential participants from feeling pressured or coerced into taking part - initially I felt adding in another layer to recruitment risked losing potential participants. Miller and Bell (2002) described this layer as ‘gatekeeping’. They voiced concerns regarding adding an extra layer to the recruitment process and suggested that incorrect judgments might be made about who might be suitable interviewees, opinion of personality overriding study criteria, which may lead to a ‘biased’ sample. They also felt that the researcher is dependent on the gatekeeper for access to participants and, depending on the main role of the person acting as gatekeeper, questioned how easy it would be for potential participants to refuse

participation. Introducing an extra layer to recruitment may also hinder the research as the gatekeeper may not be as motivated as the researcher to invest time explaining the research to the potential participant, which may in turn affect successful recruitment. Ironically, it is also possible that the young women felt obliged to participate because of their relationship with the Assertive Outreach Nurse which would seem contrary to the aims of the ethics committee. I feel joint review of all referrals to the Assertive Outreach Service by myself and the nurse mitigated some of these concerns by ensuring all potential participants were approached.

Interviews

I chose to conduct in-depth interviews with the young women. Thorne (2008) suggests that nurse researchers tend to use the interview as their chosen data source. The pressured schedules of a clinical area often precludes in-depth discussion and clinicians tend to focus on tasks and 'quick fix' solutions. The opportunity to spend a long period of time talking with a participant is often relished by practitioners (Thorne 2008). I certainly identified with this. In-depth interviewing gave me the opportunity to gain an understanding of the ways in which the young women accounted for their relationships and the meanings they gave to their experiences.

I conducted eight single interviews; the shortest was 40 minutes and the longest 90 minutes. I tried to ensure that not too much time ensued between the young women agreeing to take part and meeting with them so other events in the young women's lives did not prevent the interview from taking place. My preferred location for the interview was their home. However, I was led by the young women as to where they preferred the interview to take place, in relation to their home situation and schedule. As well as hoping that the women would feel more at ease in a location of their choice, their preference can give insight into the young woman's life (Elwood and Martin 2000). For example, two interviews took place in the young women's bedroom in the family home, and we were visited by their mother during these interviews. This gave me a view of the level of privacy they were afforded at home, and the rapport they had with their mother. A clinical environment may influence the interview content with associations of the clinical consultation for both the participant and myself as nurse-researcher. It also risks interruptions and distractions. This may also occur in a home environment, but adds to the knowledge of the young women's context in a way a clinical location does not. Six interviews took place in the women's home (four in the living room and two in their bedroom), and two in a clinic counselling room.

The interview guide

As a novice researcher, and with the specific aims of the research project in mind, I drew up an interview guide, with prompts that might be needed during an interview (see Appendix 3). Suggestions put forward by Smith (1995, p9-26) were utilised when designing the interview guide:

considering the way in which it would be most appropriate to sequence the questions, composing appropriate questions and devising prompts and probes for each area of interest, making sure the questions are neutral and not leading nor value laden, avoiding jargon and using open ended questions. In practice this guide became a loose framework (Cohen and Crabtree 2006) as I progressed with the interviews. It was adapted in relation to how each interview developed and used, to a greater or lesser degree, according to rapport with the young woman. I also became more comfortable with silence in the interview context, giving both the woman and myself time to reflect. Rather than fastidiously following the guide, I asked some questions in the moment and in response to what the interviewee was saying. This echoed the co-constructed nature of the interview, acknowledged and explored by feminist researchers, and examined in the discussions of feminist approaches to qualitative research in the previous chapter (Taylor et al 1996, Oakley 1981). This approach however was not without analytical tension in relation to how my

questions 'in the moment' may have influenced the young women's responses, which I reflexively explore in chapter 10.

Exploring consent in the research interview

At the beginning of the interview, and in line with ethical guidance, I explained to the women the rationale for the research, provided written information according to university guidelines, and requested written consent. Information sheets and the consent form were approved by the local NHS ethics committee (see Appendix 2 and 4 respectively). Gaining consent has become central to ethical research practice and the varied definitions of consent tend to focus on participant understanding of what it is they are participating in and any possible risks in doing so. Reflexively considered this is not as straightforward as it may at first seem. Wiles et al (2005) considered whether the same set of principles and procedures in relation to gaining consent are equally applicable to research among different groups and different methodological frameworks. Research with children and young people is a case in point. Consent is often obtained through parents, which immediately disregards children and young people's autonomy. The ethics committee had expressed concern that the age, and within this they meant the possible vulnerability of the young women taking part in this study, might make it difficult for them to make an informed decision about participation. They were particularly

concerned regarding those who might be under 16 years at the point of interview – reflecting current legislative structures regarding ability to consent (set out for example in the European Network of Paediatric Research at the European Medicines Agency: Informed consent for paediatric clinical trials in Europe 2015). As such they demonstrated the familiar trope of children as incomplete adults that has been challenged by several authors (Burman 2007, p67, Qvortrup 2005, p3, Mayall 2000, p244). This approach to research participation has the potential to deny children and young people the opportunity to contribute to research and express their opinions in the name of 'protection' which, contrary to its aim, might increase their vulnerability through a lack of evidence or knowledge of children's perspectives and opinions (Mayall 2000).

The UN Convention on the Rights of the Child (UNICEF 1989) outlined how children need protection. Article 36 states the need for protection from exploitation, including research. However, Article 12 outlines children's right to express opinions in matters concerning them and Article 33 describes a right to highest quality services and research (Morrow 2008). Understandably the ethics committee must try to find a balance between protecting children and young people from exploitative research and facilitating their participation in beneficial research. According to Lansdown (2005) children and young people's 'capacity' to make decisions is dependent on the nature of the decision, their experience, and the

opportunities available to them. Viewed this way, children at all ages are capable of making informed decisions about participation in research provided they have information that is meaningful to them (Lansdown 2005). Children and young people are therefore able to consent to, and be involved in, research. However, researchers should be particularly mindful of the unique power relationship between adults and children and take steps to mitigate this within the researcher-participant relationship (Burman 2017, Berman 2003).

There are also other considerations at the point of seeking consent, such as how much information should be given: too much explanation, for example, may be overwhelming. Explanation of a feminist methodological approach to the study felt far too academic given the context of the young women's lives. Similarly, information sheets, also a requirement of the consent process, can be too formal and may deter participants through wariness of officiality (Taylor 1999). A balance must be struck between ensuring consent is 'informed' yet not alienating a potential participant with too much research jargon and bureaucracy.

In this study, the consent process was relatively informal, with the information sheet given at recruitment and at the beginning of the interview, and signed consent also obtained at the beginning of the interview. I was watchful whether this routine practice would raise concerns with the young people about anonymity and confidentiality

when they were required to print and sign their full name, however none did. I summarised the aims again, verbally at this point, couching them in terms of 'wanting to hear about your journey to motherhood and what influenced your pregnancy choice at different points in time'. I stated that the information would be used to better support young women in a similar position in the future although it was unclear how, at this stage, the findings would be used to offer better support.

It should also be considered whether consent at recruitment stands for the entirety of the research process. For example, Wiles et al (2005) argued for researchers to be vigilant throughout the interview and be aware of reluctance to participate. All the young women were happy to talk with me at length about what was important in their lives such as Angelique's violent encounter with her ex-partner, or Ally's account of how she came to England fleeing female genital mutilation (FGM) in her home country. They were also adept at directing the interview when they didn't wish to discuss something, such as Danielle closing-down a conversation about her father *'I don't really care about all that to be honest'*. The construction of young women as 'vulnerable' belies how women do exercise control and power within the interview situation. So, consent appeared continuous given the young women's loquaciousness or ability to direct discussion during the interview. It was also explained to the young women that they had the right to withdraw their participation and their data, however that once published this would no longer be

possible, whilst stressing the anonymising process within the research process (Edwards 2005).

Exploring anonymity and confidentiality

Ensuring anonymity is considered an essential aspect of research, protecting participants from being identified in research results. It supports the research process in that those participating feel they can speak more openly than they might if they didn't have anonymity.

Maintaining anonymity is of concern when working with small numbers, of a narrow age range, in a specific locality and with narrative methods, the detail of which can render the participants identifiable even when names are not revealed (Greenhalgh et al 2005). Consequently, although it is known that this is a Hackney service, I have used pseudonyms and deleted place names and other identifying details to support confidentiality and anonymity. Furthermore, the work will be in the public domain for some years after the interviews, which will also serve to protect the young women's anonymity.

In qualitative research the interviews are often in-depth and sustained, during which the participant may speak of a range of sensitive issues. Cowburn (2005) discussed how in an in-depth interview there is the potential to reveal information that may be stigmatising or incriminating.

In turn, the participant may fear that the researcher might disclose sensitive information to authorities who may then impose sanctions. The project's consent form and information sheet clearly explained the limits of confidentiality and confidentiality parameters were also explained at the beginning of the interview.

Maintaining confidentiality is a routine concern in teenaged health care; it is offered unless the young person reveals they, or another party, are in danger where a third party would need to be involved, ideally with the client's involvement. In exceptional circumstances it may be necessary to breach confidentiality without first talking to the patient or client (Ford et al 2004). This is explained clearly at the beginning of all consultations so the young person can control the information they reveal. The same principle was applied to the research process, with the added assurance that their name would be changed in the writing up of the research, and any information that would identify them such as school, or family details would be de-identified.

However, there are tensions with issues of confidentiality within the research process, and more so when professional codes of conduct, such as that for a nurse-researcher, come into play. Firstly, how the participant views the researcher may influence what is disclosed. Secondly there are

varied possible responses if there is disclosure of a crime or safeguarding issue depending on the professional accountability of the researcher. Gill Craig's (2004) research discussed the tension around researcher positioning between participants, researcher, employers, and university in the process of conducting research. She highlights the 'multiple positioning' of researchers; exploring how parents, with whom she was conducting interviews regarding the feeding routines and practices with their disabled child, might perceive her role. She explored whether parents saw her as independent or representative of the medical service provided to their child and considered what might be the implications of being present during clinical consultations as a non-clinical researcher, based within a clinical team, coordinating an evaluation of gastrostomy feeding technologies.

Linda Nutt highlighted how full disclosure of her social worker status in her interviews with foster carers may have '*risked the production of a more 'public' description of their lives-as-foster carers*' (Bell and Nutt 2002, p85); she reflects on the co-constructed nature of the interview, whereby the researcher and participant are engaged in an interaction and each choose how to present themselves to the other. The researcher and participant are in a dynamic whereby certain narratives are foregrounded, and disclosures possibly avoided due to either perceived or possible consequences.

Cowburn's (2005) research with sex offenders explored the dilemmas of ensuring confidentiality in conducting research. He identified three considerations within confidentiality that may stand in tension with each other: legal, moral and research. For example, the researcher's non-disclosure of a crime revealed in an interview could be seen as aiding and abetting or colluding with the participant, moral codes would lead one to break confidentiality to stop an ongoing or future abuse, whilst not breaking confidentiality might produce more information that would add to knowledge about a particular subject.

As a nurse-researcher, intertwined with confidentiality is the duty of care outlined by the nursing profession's governing body (NMC 2015). Also as part of a university the researcher is obliged to act on safeguarding concerns and to have a process in place for ethical approval which would involve stopping the interview and discussing with a previously identified individual - usually the safeguarding lead. In the research context, disclosure as a result of this duty of care could damage the integrity of the research relationship. Bell and Nutt (2002; p76) outline the '*multiple responsibilities and sensitivities*' that a researcher-practitioner takes on in conducting research. The Nursing Code of Professional Conduct (NMC 2015) states that the practitioner must respect people's right to confidentiality however they must also disclose information if they believe someone may be at risk of harm. Therefore, as a nurse-researcher,

absolute confidentiality within the research setting is precluded. As a result, with such confidentiality limits, which must be explained to the participant at the outset, there is potential of censored data in the research setting; the professional legal regulatory context is one of the factors shaping the construction of the interview.

I had a certain anxiety about disclosure and not being able to protect the young women's confidentiality and how this might affect the interview. The young women did freely discuss issues of a safeguarding nature, although these were historical, which could have been a wise censoring of any possible current issues. Overall the potential benefit of my research would not outweigh potential harm to participant or others if a safeguarding issue were disclosed. Therefore, I was prepared to stop the research process for those who might reveal concerning issues.

Distress during the interview

I also considered how the interview might raise issues for the participants that may require further therapeutic follow up. Due to the nature of in-depth interview the participant might tell of painful events that may be stressful to both speaker and listener. As described above, I explained the parameters of consent, confidentiality and anonymity to the young women prior to interview, supported by written information and contact

details for queries and complaints. In this way, I aimed to facilitate the young women's control over what they disclosed (Greenhalgh and Hurwitz 1999). Cowburn (2005) argued, however, that due to the intimate and therapeutic nature of the in-depth interview, research participants may disclose more than they had planned and be left vulnerable as a consequence. This should be considered prior to and during the interview. I drew up a referral pathway for those where the interview might raise issues for which they needed support (see Appendix 5). I was prepared to terminate an interview if proving too distressing. If a young woman became distressed during an interview I planned to ask her if she wanted to stop, or to perhaps take a break, and reiterate her option to opt out of the process.

Corbin and Morse (2003) however, have argued that the risk in dealing with sensitive issues in unstructured interviews is minimal. They stressed how the participant's control over the interview process in qualitative research creates a different risk profile to that of the clinical trial. They have suggested that the participant has agency and control over what is said. They felt that although qualitative interviews may cause some distress there is no indication that this is any greater than in everyday life nor that this will require follow up counselling. In fact, the interview may have therapeutic effects, give insight, and offer closure for participants. They also argued that those who might be emotionally fragile don't tend

to volunteer to be interviewed. This echoes Oakley's (1981) observations that women often participate in research for other reasons in addition to helping the researcher with their goals. The process may be mutually beneficial; for example in my study Susannah, one of the participants, used the interview as an opportunity to seek clarification on what might have caused her miscarriages.

The process of transcription

The detail to which interviews are transcribed verbatim depends on the depth of analysis needed. I viewed transcription as a vital part of the reflexive process, and my data analysis method required close examination of the participants' accounts, therefore I fully transcribed all interviews. When considering my transcription approach, I bore in mind Mergenthaler and Stinson's (1992) seven principles for *developing* transcription rules, which I felt were useful as a set of 'rules' in themselves: preserve the morphological naturalness of transcription (mimic speech patterns), preserve the naturalness of transcript structure (different speaker, new line), the transcript should be an exact account (do not prematurely reduce the text), any transcription rules should be universal (understandable by non-researchers), be complete (you shouldn't need any other guide to complete transcription), be independent (universally understandable) and intelligently elegant (keep it

simple). I chose this approach for the way it reflected speech patterns and to a certain extent reflected the layout of reported speech in literature; a form with which I was familiar and comfortable.

Although transcribing the interviews was arduous, ultimately it was a way of slowing down my thinking and formulating my thoughts in response to the stories and the way in which they were told – pace, intonation, and emotion. This was important to note in relation to the analytical approach I took to the data, where the reader of the stories reflexively considers her, often emotional, responses to the interviewees' words. It was also important in developing an in-depth knowledge of the details of the different accounts. It became apparent that this was going to be a messy process as possible 'themes' jumped out at me, and different emotional responses ebbed and flowed. It was important to take note of these thoughts as I progressed with the transcription. These notes (as part of a 'field notes diary') became an important part of the reading for reader response to the narratives in the Listening Guide data analysis method, which I detail below.

How I used the Listening Guide

As discussed in the previous chapter I used the Listening Guide as a data analysis tool which reflected, or 'operationalised', my methodological approach (Gilligan et al 2003, Mauthner and Doucet 1998). Taylor, Gilligan

and Sullivan (1996) developed the Listening Guide building on Gilligan's (1982) earlier work on the ethics of responsibility and development described in the previous chapter. In summary, their version of the method explored the relational through listening for who is speaking, who is listening, and examining the social location of both in the construction of a relational psychology (Taylor et al 1996, p235). The authors suggested four separate readings of the data. The first for the reader's impressions and emotional responses. The second for the participant's voice, how she represents herself – referred to as the 'voice of I'. The third reading explored relational voices and, within this, the voice of political resistance can be analysed if present. The fourth reading was for 'disassociation' – do the participant's words suggest 'separation of self from experience'; what is revealed of their feelings, needs and desires (Taylor et al 1996, p244)?

Taylor, Gilligan and Sullivan's (1996) development of the Listening Guide focused on the psychological; the development of self within relational contexts. Mauthner and Doucet (1998) developed the method from a sociological aspect. They also suggested four main readings of the data with some variation in these readings to Taylor et al's (1996) original version. They introduced an initial reading for 'plot' – eliciting the overall 'story' the participant wishes to tell before beginning the fragmentive process of data analysis, and for reader response to the participant's

words, building in a feminist reflexivity to the method. Similar to Gilligan's version, the second reading is for the voice of I, and the third for relationships. For the fourth reading they then looked wider to social structures and cultural contexts evident in participants' narratives. This thesis aimed to explore the regulatory framework for the teenaged years – that is legislative and political as well as relational, and expectations for self, therefore I adopted Mauthner and Doucet's (1998) development of the Guide. As my specific research and thesis developed I also added two further readings which I will describe later in this section. It is important to mention here that data analysis with this approach was not a discrete phase, after initial engagement with the data, I returned to the data several times which overlapped with writing and the development of ideas (Mauthner and Doucet 2008).

A 'reading' generally looks for instances related to the focus area, whether affirming or disconfirming a case, as well as absences where a mention might be expected. The readings I conducted were as follows. First a reading for plot recounted by the interviewer. What happens in the story? Second, a reading for reader response. For example, what are the researcher's emotions and thoughts as they go through the transcript? This places the researcher firmly in the research process and foregrounded the researcher-participant relationship. Then a reading for the young women's voice or the 'voice of I'; where was this present or absent? Where did 'I' become 'we' or 'you'? I then conducted a reading

for relationships. What were the significant relationships in the narrator's story and what were their roles? Where was there absence of relationship? Finally, I read for cultural contexts and social structures. How did the young women draw on cultural resources in telling their story? How did they speak about themselves in relation to cultural and material structures? Through these readings, the reader tunes into the multilayered nature of a story. Text related to the 'readings' were initially highlighted by using a range of coloured pencils. This provided a visual picture of readings related to each other and highlighted where the narrator placed emphasis.

Reading for plot and reader response

I first read the interview transcripts for plot - what was the young woman choosing to tell me – and then I summarised their accounts. I had noted my 'reader-response' in a field notes diary directly after the interview. I did this again during transcription, in writing a plot synopsis and during the line-by-line analysis of the transcript. I wrote a plot synopsis as soon as I had a transcript and before any other reading. This gave me a sense of the story the participant wanted to tell me before I started a more reductive process of analysis. Whilst writing the plot, I noted my immediate emotional response, as well as any other research or thinking of which I was aware, that related to the events described. I then went

through each 'reader-response' note to reflect on what it might reveal about me, the young woman or the structures within which we lived, as well as the interview context. Mauthner and Doucet (2008, p24) noted the lack of power for the participant in the data analysis process. This reflexive practice, at the point of engagement with the data, increases the listener's ability to avoid voicing over the story told with their own reactions. Noting my responses and incorporating these in the analytic process I placed myself, the researcher, systematically in the research and acknowledged how my interpretation flowed from my own personal, cultural and historical experiences (Mauthner and Doucet 2008).

Reading for the 'voice of I'

I then carried out a reading for the voice of 'I'; how did the young woman speak of herself? This was facilitated by highlighting all 'I' statements. Gilligan et al (2003) refer to this collective of 'I' statements as 'I poems'. I was mindful that deciding on how much text accompanies the pronoun was intuitive and chose to include the 'I' and enough of the accompanying text to make the phrase intelligible. For example, a segment of Sandra's I poem expresses her decision to stop contraception:

*'I came off it
I didn't want to do it no more
I came off it
I didn't go back
I thought what's the point
I've done my GCSEs
I'm a big girl now'.*

Creating these 'I poems' gave the opportunity to dwell on the narrator's sense of self, and self in relation to others. Edwards and Weller (2012) focused on 'I poems' in a case study to highlight a young person's sense of self over time. Beauboeuf-Lafontant (2008) used 'I' poems to illuminate areas of conflict between cultural scripts and individual meaning making for black women's experience with depression. She noted a lack of use of 'I'. She felt this highlighted the recognition of an inner world at odds with the women's self-presentations. Natasha Mauthner (Mauthner and Doucet 2008) interviewed women with experience of post-natal depression and observed a dissonance in their narratives between expectations and the reality of early motherhood. She described the women as 'caught between two voices', the 'latter drowned out by the former'. This has a certain resonance for the young women's voices in my study, where voicing a personal desire for pregnancy and parenthood is 'drowned out' by responsabilisation narratives, which I explore specifically in chapter 8.

I found the process of creating 'I poems' useful in focusing in on a reading without formally beginning analysis. I decided to draw out similar 'poems' for relationships in the young women's stories such as partners, parents, friends, school and social care. This was a development of the suggested process. I feel this process added insight into relationships in the young woman's life, for example all women had extensive poems about their partners. It also highlighted important elements that might have been lost in the general narrative. For example, Ally, originally from West Africa, speaks of how her sister died from FGM – her sister's poem is only 10 lines long, however this event has had a great impact on Ally:

*'My sister passed away
She done her one (circumcision)
She passed away straight away
She died straight away
She was 8
She was like a year older than me
We were meant to do it together
She got her one (circumcision)
She died straight away
She was really young'.*

Each complete poem began with the first reference to the protagonist and ended with the last, and therefore contained all references to that person. Creating a collection of poems for each young woman helped to map out

the relational and contextual aspects of each participant's story and facilitated discussion across stories. I have included a complete set of poems in Appendix 6.

Reading for relationships

These poems became an element of the next reading: for relationships, or networks of relations. Similar to the process of noting down my reader response during the plot reading I noted down my thoughts and reflections during each relationship reading. I considered what were the significant relationships in the young women's lives and whether the young women described these relationships as enabling or constraining.

Reading for social structures and cultural contexts

I then read all the transcripts a fourth time over, making notes about cultural contexts and social structures such as local expectations for the young women, such as within gang life or personal expectations within education. This reading is also embedded in all previous readings but serves to specifically consider the wider socio-political context of people's lives rather than an individual's actions and words.

Considering further readings

Mauthner and Doucet (2008) stated that the Listening Guide need not be a prescriptive approach to data analysis. They advocated for a creative approach, with layered readings as the main method. They suggested that other readings could be done according to the research aims. As I engaged with interpretive cycles, I returned more to the theoretical location of Taylor et al (1996) and carried out a further reading for the muted narrative of desire for pregnancy and parenthood, which reflected 'evidence of dissociation' (p244) - deciding to follow personal desires despite possible relational consequences, which is specifically explored in chapter 8. More recently, I have reflected that this may also be considered a closer examination of the 'voice of I', albeit muted.

Towards the end of the data analysis process, and as a consequence of exploring the participant-researcher relationship (Phoenix 2008, England 1994, Oakley 1981), I also conducted a reading for 'researcher'. This reading looked closely at the words I used, questions I asked, and how I interacted with family members who were occasionally present in a few of the interviews. This differs from the reading for reader response, which examines response to the data. The findings from this specific reading are explored in chapter 10.

Mauthner and Doucet (1998) suggested layered readings, beginning with participant voice and working 'outwards' to relationships and social structures and cultural contexts and included reflection on the researcher-participant relationship. This approach was appealing to me for this study as it served to amplify participant voices, and formally paid attention to the researcher-participant relationship and the power dynamics therein. It also drew attention to the broader discourses to which the participants oriented themselves in their talk.

A recent data-analysis model, Feminist Relational Discourse Analysis (FRDA), formulated by Lucy Thompson (2017), reached a similar configuration of readings but started from discourse analysis and then focuses in on voice. Thompson (2017) noted that as a feminist researcher a discourse analysis approach alone created an absence of participant voice, which is a 'problematic silence' in feminist research, where 'a focus on macro-level discourse can obscure the personal experiences of individuals' (p3). Thompson's method begins with a discourse analytic approach and then moves to a series of readings similar to the Listening Guide – for plot, reflection on the research process (which differs from reflexivity that interrogates the researcher's response to the participant's words as with the Listening Guide), and then the participant 'voice of I'. Similar to the Listening Guide, FRDA aims to integrate the personal and political, and engage with experience and discourse in talk (p1). Both aim

for magnification of voice in the name of institutional change (p21) and note voiced resistance (p23). FRDA also notes embodied resistance, an important consideration when considering whether women feel able to openly discuss their lives. This was a 'reading', which I located in an absence of or muted 'voice of I', which I found interesting given the embodied resistance of the young women in this study by continuing with a second pregnancy despite overt narratives of pregnancy avoidance.

From notes to theory building

At the end of the Listening Guide readings I firstly grouped my notes and observations following a chronological order across the 8 narratives; from before their first pregnancy, the outcome of their first pregnancy, second pregnancy and outcome of second pregnancy. From this chronological approach, findings in relation to how the young women narrated their pregnancy choices clustered around three main aspects: the women's narratives regarding a decision for abortion with a first unexpected pregnancy, how the young women presented a legitimising story of their journey to a second pregnancy and how the young women presented their existing parenting and hopes for family formation. This third aspect was not part of the original focus of the research that centred on the young women's pregnancy choices. However, the focus on presenting a positive account of the father's involvement and family was a significant element of all the young women's stories and I felt I would be misrepresenting the

young women's stories if it were not included, particularly in the light of negative policy discourse on absent fathers.

I then had three broad areas to guide further theoretical development: considering how wider ideologies of childhood/teenage-hood affect pregnancy choices; pregnancy and the journey to parenthood specific to the teenaged years; teenaged motherhood, fatherhood and family formation. After having spent a considerable amount of time developing this level of analysis I returned to the transcripts and conducted a line-by-line analysis around the broad chronological groupings identified thus far. The aim of this return to the transcripts was to firmly locate my findings in the data, to ensure that the theory aligned with the participant's words and that I hadn't moved away from the data whilst developing theory. This stage took shape as a huge mind map of 'post-it's' where I grouped quotes and reader response reflections from the young women's narratives around the three broad areas (see Appendix 7). This led to the strengthening of some concepts and less emphasis on minor concepts, and identification of more nuanced aspects of dominant themes. As the thesis developed and overarching themes were identified I returned several times to the data to ensure that the theoretical development was firmly rooted in the data.

Overall I identified the main 'story' of how the young women foregrounded identities of self as 'good citizens'. The young women's

narratives were characterised by discourses of responsabilisation as they negotiated the space between what they perceived as expected and what they desired. In their narratives, they worked to present themselves less as 'socially excluded' in line with policy, but as responsible citizen – assuring me, and the wider audience of the research, that they wanted to finish their education before becoming a parent or to reengage with education or to try to find work once a parent. Their accounts of how they became pregnant a second time also stressed how they were adhering to normalised expectations for non-reproduction but the pregnancy occurred despite their best efforts and that, now established as a family, they were moving towards marriage and nuclear family living.

My returns to the data highlighted narratives regarding the contexts of their lives that might make earlier parenthood a wise decision or an event that is not the catastrophe that has been portrayed by the Teenage Pregnancy Strategy (SEU 1999) and that the young women either wanted, or were open to the possibility of, pregnancy and parenthood. This 'moving beyond the obvious' (Braun and Clarke 2015, p210) and identifying the contexts of the young women's lives and their personal desires, started a parallel reflexive consideration of my personal journey throughout the research. As a nurse, I was motivated to do the research at the outset by a solution- focused, rationalist approach to the analysis of the young women's choices about parenthood, hoping to identify an

intervention or change of practice. During the research, I moved to a position that recognised women's choices and actions as located in the contexts of their lives and identified social and political responsibility in facilitating family formation choice.

These findings and ideas form the basis of my thesis to be explored in the remaining chapters. The next chapter will explore the young women's social and cultural contexts evident in their narratives before focusing on the specific pregnancy decision moments they described.

Chapter 5 - Navigating risk in complex lives

Introduction

The following five chapters present the findings from this study. This chapter specifically explores the young women's social and cultural contexts, and responds directly to Arai's (2007, p91) observation regarding the decontextualisation of teenaged pregnancy and parenthood leading to irrelevant and 'unsuccessful' policy goals. Whilst the reading for social structures and cultural contexts was the fourth reading in the Listening Guide, I have placed discussion of context at the outset of the findings chapters to place the young women's narratives within context.

This reading highlighted that uncertainty and violence were prevalent in the young women's narratives; and the chapter will focus on these areas in turn. By focusing on these aspects of their stories I do not wish to sensationalise their lives, nor present them as victims. They certainly did not present themselves as victims. The aspects of their narratives I discuss in this chapter were not usually their main story but elements that were woven across their accounts. Exploring these aspects of their lives does, however, illustrate the fragile contexts within which their pregnancy 'choices' have been made. The importance of considering these contexts is repeatedly highlighted by authors who debate the relevance of the broad-brush strokes of policy in relation to the complex reality of day to day life (Arai 2009, Salmon 2007).

In the first half of the chapter I give a demographic overview of the young women as a group. I consider the extent to which their narratives witnessed how they were required to take on responsibility in an unpredictable environment, and explore the gendered scripts around sexual conduct and childcare responsibilities. The subsequent section will explore the pervasive relationship and gender-based violence that ran through the young women's narratives. I conclude by critically exploring the literature that suggests how such fragile life contexts may be a driving force for '*an accelerated family timetable*' (Burton 1996, p201), parenting earlier than what has become the 'norm', or average.

Demographic overview

Six of the young women described themselves as Black British, one was Black African and one Mixed White/Black Caribbean. In a review of evidence for the Joseph Rowntree Foundation, Barnard and Turner (2015) highlighted how Black and Minority Ethnic groups in the UK are known to suffer disproportionate poverty compared to the general population. In turn, the link between living in poorer circumstances and earlier parenthood is well documented (Hobcraft and Kiernan 2001, Phoenix 1995).

The 8 young women spoke of 18 pregnancies in total, 4 abortions, 8 miscarriages and 6 ongoing pregnancies or births. There was a surprisingly high number of miscarriages reported, particularly with first pregnancies,

where 5 out of 8 pregnancies were described as ending in miscarriage.

This is approximately a 40% miscarriage rate overall and 60% with first pregnancy, although I am mindful that I am working with small numbers.

The rate of miscarriage in the general population is usually described as a one in five possibility (20%), although with the caveat that many miscarriages go undetected as they occur very early in pregnancy and may be experienced as a slightly delayed period (NICE 2012).

All the young women's narratives encompassed worries, concerns and significant life events. These included parental divorce, parental death, seeking asylum, gang involvement, death of friends through gang activity, and involvement in the drug trade, amongst others. I have drawn some of these events together in table (2) below. My intention here is not to catastrophise their lives but simply to highlight the events that have occurred in their lives so far.

<p>Sandra</p> <p>Did not engage with schooling Best friend died in gang shooting Sandra and her partner have been gang members Abortion</p>	<p>Carleen</p> <p>One of 8 children Mother has history of a blood clot in leg Breakdown in relationship with parents as a teenager; 'kicked out' from home and sofa surfs Went into care system Abortion</p>
<p>Mai</p> <p>Dad died from a blood clot when she was 5 years Step dad was violent towards mum Three house moves Older brother is gang member Older brother spent time in prison for drug-related offence Partner is gang member Miscarriage, with complications</p>	<p>Danielle</p> <p>Mum and dad have split up Mum works long hours Dad currently in prison Complicated miscarriage</p>
<p>Susannah</p> <p>Mum and dad separated Breakdown in relationship with dad Breakdown in relationship with mum after first pregnancy Partner has a child with another young woman 2 miscarriages</p>	<p>Angelique</p> <p>Excluded from school as violent to teacher; attended a Pupil Referral Unit Has a learning difficulty Mother has cancer Went into care system as a teenager due to brother's violence at home Experienced intimate partner violence from her first long term partner Late abortion/miscarriage</p>
<p>Ally</p> <p>Mother died when Ally was 6, possibly cancer Younger sister died aged 8 from circumcision Fled home country to escape circumcision Failed relationship with her older sister in the UK Became a looked after child Ongoing threat from uncle in home country Abortion and miscarriage Mugged</p>	<p>Shonda</p> <p>Mum and dad split up when she was 3 years Father has married 4 more times Did not engage with school; attended a Pupil Referral Unit Raped aged 15 Aborted resulting pregnancy Left home at 16 Has violent relationship with her partner Very sick with second pregnancy, leading to decision to abort</p>

Table 2: Life events described by the young women

Despite these varied and somewhat difficult life circumstances the majority of the young women gained 5 or more GCSEs. Some were at college, including one young woman who did not have any GCSEs, and one was working. The three that might be described as 'not in education, employment nor training' (NEET) were full-time mothers. The term NEET was created by the Social Exclusion Unit in 1999 in the document "Bridging the gap: New opportunities for 16-18 year olds not in education, employment or training.' This was the same year, and unit, that created the Teenage Pregnancy Strategy. The fact that the majority of the young women in my study had done well at school highlights how statistics and associated terminology can suggest a very different picture to actual circumstance. They had not 'dropped out' of school, rather they had completed school at aged 16 and done well. Nevertheless, they might have been described as NEET, the parameters of which extended into further education, when we met. This terminology ignores and devalues the caring responsibility of motherhood, other child-care, or caring for family members. Ellis-Sloan (2014, p135) in her work with young mothers in the UK, has commented that such dominant ideals of citizenship have led to young mothers being asked to prioritise their earning potential (ie reengage with education) over their parenting potential. Finally, three of the 8 young women were in the Leaving Care system: one came into the country as an asylum seeker, the other two were unable to live at home in their teen years and went into the care system. Table 3 below tabulates these observations.

Name/age/ethnicity	Age 1 st preg. outcome	Age 2nd preg. outcome	Age 3rd preg. outcome	Education/work	Accommodation
Sandra 17 Black British	15 Abortion	16 Birth	n/a	GCSEs yes Full time mother*	Lives with mum, dad and siblings
Ally 18 Black British	15 Abortion	16 Miscarriage	18 Pregnant continuing	11/12 GCSEs Working	Own accom./ex LAC**
Mai 17 Black British	16 Miscarriage	17 Pregnant continuing	n/a	GCSEs yes College – business studies	Lives with mum 3 siblings/two younger
Danielle 19 Black British	16 Miscarriage	18 Birth 10/12 girl	n/a	8.5 GCSEs Full time mother	Live with mum
Shonda 18 Black British	15 Abortion (rape)	17 Abortion (ill)	18 Miscarriage	No GCSEs 'Bunking off' Just lost apprenticeship	Lives with mum
Angelique 17 Black British	13 TOP ?miscarriage (ex)	17 Pregnant continuing	n/a	Missed GCSEs excluded College	Own accom/ex LAC
Susannah 17 Black British	15 Miscarriage	17 Miscarriage	n/a	GCSEs College	Lives with mum
Carleen 18 Black British	15 Miscarriage	16 22 month old daughter	n/a	GCSEs x8 Full time mother	Own accom/ex LAC

*Full time mother; this terminology is problematic, I wished to avoid the term NEET, which ignores the caring responsibilities of motherhood – however I do not wish to imply that mothers who combine work with mothering are in any way 'part-time'.

**LAC = Looked After Child

Table 3: Demographic overview of young women participating in the study

Unpredictable environments

Several of the young women spoke of crowded family lives, disruption and even tragedy. Both Shonda and Carleen spoke of busy and complicated family lives when they were younger, and the 'chaos' (in the words of her partner) is evident in Mai's life when we meet. Shonda described how her mother, who came to the UK from Jamaica, brought many family members over to stay with them so there were always people coming and going in the house. Her mother and father also separated when she was

younger, with her mum returning to Jamaica for a couple of years, leaving Shonda feeling unsettled;

'Yeah I still see my dad. In the summer holidays when I started school properly, every summer they would go overseas, and then when I was 11 my mum just started bringing everyone over from Jamaica, she brought my nan over, my aunty come over, my uncle come over...my house was so packed. The law was a bit different then so they wasn't so strict on people living here and stuff and um still saw my dad, he come over...he picked me up every weekend. Friday after school, stay there for the weekend, Sunday dinner in our home. They were like good friends...even though she got married to someone else... She went over there and got married over there. I was probably like 5, 6... So that was my cruddy childhood...'

(Shonda)

Shonda concluded the description of her childhood with the words, *'that was my cruddy childhood'*, demonstrating disappointment with these early years. Later, in her early teens, Shonda left home, stayed with a friend's family, started going out and partying, and became pregnant during this time. She resisted her mother's attempts to control her activities;

'...and so when I left school my mum had just had enough she didn't let me do my own thing she tried to stop me but I kept on... at the time...so I left home, and that's when social services got

involved because when they found out I was underage they had to get involved and I'd got an STI as well.

(Shonda)

Carleen also spoke of a houseful as a child, she was one of seven children and one of the oldest. In her early teenaged years she reported frequently arguing with her parents, who would '*kick her out*' of the house;

'I wasn't getting on with my parents basically they kept kicking me out and then saying that I ran away'

(Carleen)

Carleen also ended up 'sofa-surfing' with friends and became pregnant for the first time with her long-term partner;

'We (Carleen and mother) were arguing and I knew I was pregnant because I'd taken a pregnancy test... I think it was about food or something like that, something so petty. And I was like ok I'm just going to go. I stayed on my friend's sofa...'

(Carleen)

Carleen and Shonda's narratives of leaving home due to friction and overcrowding echo the findings in Meadows Oliver's (2006) metasynthesis of the life experiences of homeless teenaged mothers. This metasynthesis found three main routes to homeless teenaged motherhood: running

away from home and becoming pregnant, being forced to leave home and becoming pregnant, and being evicted because they are pregnant. Both Carleen and Shonda left home due to family conflict. Although the studies in the metasynthesis observe little or no contact with family once the young women became mothers, the outcomes for Shonda and Carleen differ, as their pregnancies lead to reconciliation with their mothers. When I met Carleen, she was living in her own flat near her mother and they see each other regularly, *'my family's just over there...'* Shonda's mother supported her through her abortion, although she stressed that Shonda shouldn't get into the same situation again;

'She (mother) was asking me what do I want to do? I was in two minds, but I wanted to have a termination mainly because of the way I got pregnant (rape) and she disagreed with it because she's a Christian. But she still supported me as long as I would never do that again... and she was there for me throughout all my pregnancy.'

(Shonda)

This reflects the findings of other authors who have noted a reconciliation with family once the young women become mothers (or in Carleen's situation deciding not to carry on with a pregnancy), the relationship between mother and daughter now in a new dimension of mother to mother and their focus being to support the new family member (Warnes

and Daiches 2011, Gregson 2010, MacVarish and Billings 2010, SmithBattle 2000, Arensen 1994, Furstenberg 1980). However, this clarity of change in relationship is not the case for Mai as I describe below.

A busy family life was evident when I met with Mai. We met in her bedroom, the middle downstairs room. Consequently, everyone who came in and out of the house and up and down the stairs passed her room. This echoes Anne Phoenix' (1991, p12) observation regarding the lack of privacy afforded the young mothers she interviewed, who were also living with their parents. This lack of privacy had an impact on my interviews, with family members dipping in and out of the conversation, depending on where the interview took place. There was a houseful of people when Mai and I met, her mother, one of her older brothers, two younger siblings and three younger cousins were all in the house. Whilst we talked we heard an argument between a couple of her siblings going on upstairs, her mother calling out at the bottom of the stairs, and her mother came in a couple of times to give her opinion on what she felt should be happening for her daughter;

'Yeah cos she's not doing well at all, ignoring the pregnancy – she went for her 12-week scan and I've bought her some mother and baby magazines to read so she knows at what stages...cos she doesn't know what is what, if she's feeling sick she thinks she's going to die. Every symptom she's going to die. She's been an absolute nightmare, and she won't read anything. You know when

you just think if I ignore it it's just going to go away...So she needs to know at what stages there's movement, when sickness hopefully stops...she won't listen she goes oh shut up...'

(Mai's mother)

Research has indicated that staying at home with parents can buffer a young mother from the changes in routine and lifestyle that occurs when they become a parent (SmithBattle 2000, Furstenberg 1980). Mai suggested she would like this help, '*...I want to know what to do....'*. However, her mother's involvement in the pregnancy concerned her, she worried that her mother would take over her role as a new mother;

'She's moving like she wants to be the mum. I can imagine like living here and she will just keep telling me what to do, obviously I want to know what to do, and if I'm doing something wrong to correct me, but I know my mum, and she's a bit much.'

(Mai)

Leaving Care

Having had experience of the care system has been linked to an increase in the likelihood of teenaged parenthood (Fallon and Broadhurst 2016) and may be a relevant social factor in some of the young women's decisions in this study. For example, although not overtly expressed in her narrative, a part of Ally's decision to carry on with this pregnancy may be linked to the fact that she is now 18 years old and in Leaving Care rather

than foster care. When we met she was in the Leaving Care system, with some financial provision and her own flat, and she may have felt more able to become a parent away from the constraints of the care system and having finished her education. Cadeen and Angelique also had experience in the care system after having left home due to friction in family relations.

Despite the dramatic reduction in teenaged pregnancy rates over the time of the Teenage Pregnancy Strategy (SEU 1999), there has not been an equivalent reduction for young women in, or leaving, the care system.

When a young person who is in foster care turns 18 they move bureaucratically, and many times physically, into the Leaving Care service and independent living. The young person is an adult but the state continues to support with finances, housing, education and careers advice until aged 19 or finishing university, if entering university education.

A literature review by Fallon and Broadhurst (2016) on behalf of the Coram foundation looking at preventing unplanned pregnancy and improving preparation for parenthood for care-experienced young people highlighted that care leavers are three times more likely to become mothers before the age of 18 than their peers who have not experienced state care. They stated that the main concern with this is that the disadvantages they have suffered will be transferred to the next generation. This is reminiscent of the 'poverty cycle' concerns of the Thatcher government and risk of social exclusion of the succeeding Labour

government for teenaged parents generally. The review described how deprivation, a lack of education and sexual risk taking are 'risk factors' for early parenthood for care leavers. It also described how teenaged mothers who have experienced the care system view their parenthood as meeting their emotional needs and parenthood as a positive experience which may be a consideration for the young women in my study who had experience of being in care.

Gendered expectations:

Gang-life and respectability

Within their busy family lives there were gendered expectations for the young women's sexual activity and involvement in childcare. For example, when Mai's brother came out of prison for drug dealing, he disowned her when he found out she was pregnant. The expectation seemed to be that she shouldn't have engaged in sexual activity, and becoming pregnant is a clear sign that she has been;

'M: Oh, cos of my older brother he'd just come out of jail and he wasn't supposed to be in (borough) so my mum had to leave...

Me: So that he could come back to the family?

M: Yeah

Me: So, is he around any-more?

M: No

Me: So how long did he stay?

(mum shouting in background)

M: Until I fell pregnant, and then he disowned me.

Me: He disowned you?

M: Yeah and he hasn't spoken to me since.

Me: So, did he move out then when that happened?

M: Yeah, he had, because he's big, he's 28, he come out and they housed him almost straight away, but obviously he was staying at my mum's house, when all this happened he just moved out for good and he hasn't come back.

Me: Did he really feel that strongly about it (her pregnancy) that he wanted to move out?

M: Yeah.'

(Mai)

Young women in gangs or affiliated to gang members such as Mai, are often expected to adhere to narrow expectations of femininity. If they fall below expectations they are seen as 'loose' and not the type for a long-term relationship (Bernard 2015). Mai's situation is suggestive of a family honour theme that is not strong in Western literature regarding teenaged pregnancy, but does appear in African literature (Dahlbeck et al 2007, 2010, Mojapelo-Batka and Schoeman 2003, Varga 2002) and some Latin American literature (Domingos et al 2013) and echoes the moral

judgements of teenaged parenthood discussed in the literature review where pregnancy is expected to occur at the 'right' time, with the 'right' person (Bland 1982). Mai's brother's reaction seems to be linked to gang life where any suggestion of 'promiscuity' garners a poor reputation (Bernard 2015).

Laidler and Hunt (2001, p657) explored how girls in gangs accomplish femininity, exploring the highly patriarchal stereotypical dichotomy of 'sexual chattels' or 'maladjusted tomboys'. They stressed how expressions of femininity are male-centred and women are generally viewed in relation to their sexuality. Traditional feminine identities of wife and mother are revered, with characteristics of passiveness, obedience, dependency, innocence and chastity valued (Laidler and Hunt 2001, p659). Young women who explore different types of femininity such as emulating the typical masculine activities of violence and overt sexuality are deemed, by the young men, not the type to marry. Consequently, girl gang members walk a tightrope of maintaining respect, not through exerting power through violence and threat, but by maintaining a respectability which involves modest clothing and conduct and restraint in volatile situations (Bernard 2015, Laidler and Hunt 2001). As can be seen from the judgement passed by Mai's brother on her 'conduct', the young women are at the mercy of male opinion. By becoming pregnant she has demonstrated that she is sexually active, contravening a valued chastity and innocence. Ironically, once she is a mother, she may be able to

command the respect that accompanies this role. However, I will discuss in chapter 9 how this respect may only be commanded within prescribed relationships such as marriage, where the influence of gang life may be a factor when the young women express strongly normative values of marriage and family later in their narratives.

Childcare experience

Exploring gendered expectations further, I also highlight the childcare experience of some of the young women in this study. The literature overview has highlighted how research that problematises teenaged parenthood often states that teenaged women are developmentally unprepared for motherhood and childcare (Bennett-Murphy 2001, Lesser and Escoto-Lloyd 1999, Theriot et al 1991). The young women's narratives were illustrative of the converse. Often teenaged parents have had significant child-care experience through being part of the informal care for family and friend's children and, as such, echo similar findings to Geronimus' (1996) study that highlighted the significant previous child-care experience of the teenaged mothers she interviewed.

Shonda was obliged to support her older sister with childcare as well as maintain her own job;

'I just spoke to (sister) yesterday because she stopped talking to me saying how she's pregnant and I don't help out with the kids...I love

my nieces to bits but I can't always help you, I'm gonna start my new job - that's another issue...'

(Shonda)

Susannah's words also indicated that she had experience with looking after young children. Her concern with her first pregnancy was not whether she could parent, but how she would manage the logistics with continuing school;

'S: I was still having doubts about...

Me: What were the doubts, were they doubts about how you would manage or whether you wanted to be a parent?

S: No, I'm used to being around little ones. It was just how I would manage.'

(Susannah)

Childcare is expensive and often parents draw on family support, where they can, to mitigate the prohibitive cost. This is particularly relevant for young parents who may not be established in the workplace and therefore may not be entitled to maternity leave and pay. Teenaged mothers may have been part of this informal network of carers as they grew up. Therefore, they may have significant childcare experience that stands at odds with the supposed lack of experience and knowledge teenagers have

regarding childcare. This counters assumption that teenagers are always inexperienced in childcare and render interventions to inform teenagers what it is like to have a child, such as infant simulator dolls, ineffective.

The theory behind the use of simulator dolls, is that spending time with a 'baby' that needs feeding, changing, consoling, and so forth, gives a sense of the reality of looking after a baby, and that this experience will be instrumental in persuading young people to postpone childbirth. Herrman et al (2011) conducted a review of literature and their own controlled study in relation to the effectiveness of the infant simulator intervention for teenaged pregnancy prevention. Whilst there was some evidence of a change in attitude toward pregnancy where the young people participating have a more realistic perception of how having a baby might affect their social life, levels of freedom, financial impact and the time and effort involved in looking after a baby, overall the studies did not support the effectiveness of the infant simulator in reducing teenaged pregnancy. Throughout the review and study there was no mention of contextual factors nor previous childcare experience of the young people participating. The studies reviewed appeared to assume that the young people participating had no childcare experience and, as such, from the evidence in this study and previous studies (Geronimus 1996), may be misguided.

Pervasive Violence

This section focuses on the pervasive violence in the young women's lives that was evident in their narratives. Violence was both threatened and experienced, occurred at a family and community level, and was often gender-based. Either experiencing or witnessing physical violence was a dominant theme across the young women's narratives through, for example, gang involvement, witnessing domestic violence, experiencing intimate partner violence, and gender-based violence of rape and FGM.

Gang involvement, with associated violence, was a recurrent thread in the young women's narratives; specifically for Mai, Shonda and Angelique.

Mai described her high-status gang member partner with awe. She recounted their early days hanging out together, speaking with admiration of *'this road boy'*. She played down his time in prison for drug dealing, saying almost laughingly that it was only because he sold to the police that he got caught;

'He was in prison for drugs... I think he was dealing, he accidentally sold to, like an idiot, to the police...'

(Mai)

Sandra describes how her best friend was shot as part of gang related activities;

Me: Yep. Tell me about your relationship with (boyfriend) then, how long have you been seeing each other?

S: ... I've been seeing him since I was in year 8.

Me: Oh, that's long. Ok.

S: So...I'm still seeing him now...

Me: Yeah... is that 5...8...how many years is that? Yeah its five years isn't it?

S: Yeah five years. Still seeing him now. Relationship's a bit awkward because of the area that I live in.

Me: Yes. Yeah.

S: And that makes it a big problem because...before in 2009 or 10 we lost our friend (lower voice).

Me: You mentioned that, yeah, so who was that?

S: Her name's (friend)

Me: Mm mmm yeah

S: We lost our friend...

Me: How close were you with (friend)?

S: She was my best friend. It was me (friend) and (friend), we all went (School)...

Me: Yeah...

S: We called ourselves the three musketeers...

Me: Yeah...

S: And everything...now she's gone it's like...

Me: Remind me what happened with her, sorry, and if you don't want to talk about it that's fine...

S: Um, she got shot in the neck in the chicken and chip shop in (area).'

(Sandra)

Sandra's narrative also revealed her, and her boyfriend's, involvement in gang activities. She spoke of how her partner had left gang life since their friend was shot and killed, but how this still had its risks as he was left open to attack from rival gangs who may not have been aware, nor respect the fact that he had left the gang. Yet he no longer had the protection of the gang he had left;

'So this is how it is. You're out on your own now...that's hard. It's hard this is why it worries me when he come round here and everything. Even for him to park his car downstairs I have to keep an eye on it... like there's been troubles where certain people have come up to him and question him....'

(Sandra)

Angelique's story demonstrated a normalisation of violence in her life – from physical attacks from her brother, being hit by her mother with her

first pregnancy, and the escalating violence of her ex-partner. The father of her baby also had a history of murder and she described his visible tattoos that evidenced his time in prison. It could be that choosing a partner with a violent history might have been a way to keep her ex-partner at bay;

'Yeah like he's different, he's so different (new partner). So, I just want to get away from (ex-partner) really. And like now he (ex-partner) can't text me and stuff...'

(Angelique)

Angelique described that it was only when she became pregnant with her new partner that she found the strength to avoid his violent and threatening behaviour, before this she would have stepped into potential violence;

'So, them times I was pregnant and that's the reason why I never went out, because to tell the truth if I weren't pregnant I would've went out to see what he would do to me...'

(Angelique)

As can be seen by these examples, for some of the young women in this study, violence, or the threat of violence, was present in their day-to-day relationships. In a metasythesis of intimate partner violence and teenaged motherhood by Bekaert and SmithBattle (2016), which explored the prevalence of intimate partner violence in young mother's relationships, a broader acceptance of violence in the young people's daily

life was noted. This literature also attested to an intergenerational violence. The violent relationships that are modelled to young people as they grow up can lead to a difficulty in recognising an abusive intimate relationship. Violence that is observed and experienced in young people's lives tends to be mirrored in their peer and intimate relationships. A study by Kaye et al (2007) explored how young mothers can escape the 'triple trap' of adolescence, violence and pregnancy. They identified four routes: minimising impact, withdrawal, seeking help or support, and retaliation. For Angelique, she was able to find the strength to withdraw from a violent relationship through her pregnancy and the desire to protect herself and her unborn child. It is notable that Kaye et al's (2007) study saw pregnancy as part of the trap, whereas for Angelique it gave the strength to remove herself from 'the trap'.

Shonda's relationship was also violent but differed in that it demonstrated a high level of violence perpetrated on both sides. For example, when she saw evidence on her partner's laptop of her partner's involvement with another girl, she hit him when he was asleep and smashed up the computer;

'He was talking to his ex on his laptop. He had conversations and everything on SKYPE I saw it and smashed it up...I smashed it because he looked at me and lied to my face and he was still

talking to her at the time I was pregnant...'

(Shonda)

When they had a drink-fuelled fight at a party she fully participated;

'...he comes down to the pub and he's like pushing, and when I pushed him he went to go strangle me and my friend had to go run down the stairs to stop him, then we started fighting and the whole fight escalated, and then he tried it with me he tried smashing my head on the car bonnet, I tried to smash his head on the steps...but it was my fault when he bit me because I was kicking his face, like how he bit me I was like this (gets up and demonstrates) and I was like... so he grabbed my leg, he was on the floor, so he grabbed my leg and went (biting sound). So that's what happened.'

(Shonda)

Research in the UK with secondary school children has noted the high levels of mutual violence in young people's intimate relationships, particularly for younger teens. This renders it difficult to differentiate between victims and offenders (Barter et al 2009). Whilst this might, on the surface, seem to remove a perpetrator-victim dichotomy, the research also reported that psychologically and physically this violence, albeit mutual, had a more negative effect on young women's self-esteem. The study showed that although girls numerically report each form of violence (physical, sexual, emotional) more frequently than boys, levels for victimisation are actually comparable. These figures were considered in conjunction with qualitative data regarding the meaning that partner

violence had for those who experienced it. Three quarters of the girls in the study who experienced physical or sexual violence stated a negative impact, while nearly a third reported a negative impact due to emotional violence. Therefore, for the majority of the girls, physical or sexual victimisation were associated with a detrimental effect on their well-being, while for the vast majority of the boys no adverse effects were reported (Barter et al 2009, p179).

Commentary by Chesney-Lind and Pasko (2013, p38) regarding girls, gangs and violence, prompted by media interest in girl's aggression, found that violence was a very small element of girl's 'delinquency' and parallels male trends in violence. They suggested that recent increased rates may have been brought about by an increase in reporting to the police what would previously have been defined as 'family-centred' issues. Until recently, the gendered assumptions of practitioners and researchers have rendered girl's behaviours 'present but invisible'. Chesney-Lind and Pasko (2013, p40) stated that despite the presence of girl's violence, ultimately young women demonstrated a resistance to fighting. Whilst girls tend to join gangs at an earlier age than boys they also leave earlier. Once the girls had earned respect from their peers the girls tended to rely on their reputations and fought less.

For the girls in Chesney-Lind and Pasco's (2013) study, fighting and violence are part of their lives, particularly in relation to gang

membership, but not necessarily something they seek out. Their violence represents protection from neighbourhood and family violence. This is reflected in Sandra's narrative where she said she would be happy to fight for the protection of her baby's father;

'I'm a crazy person too because I feel like this if anyone was to hit my child's father I will hit you back and this is how I'm thinking and because he's... well so close, too close, I will do it. Like there's been troubles where certain people's come up to him and question him and that and I open my mouth, 'so what's the problem'. Cos this is how I am. I have his back and he will have mine.'

(Sandra)

Chesney-Lind and Pasko (2013) argued that women's violence toward men troubles a feminist focus on men's violence towards women. Hence there is a reluctance to acknowledge violence committed by women in some feminist circles. This is often due to a tendency to essentialise male violence, bound up in gender constructions of violence as naturally and biologically male, rather than learned behaviour that is entrenched in concepts of masculinity and cycles of violence. This is not to detract from the fact that violence is overwhelmingly perpetrated by men to women, however the statistics related to women's violence toward men are often omitted, possibly due to small numbers, or explained away as acts of self-defence. In turn, the concept of male as a victim of violence, combined

with concepts of masculinity, can make it difficult for men to report incidents of violence. The rates of female violence in lesbian relationships, child abuse by women, and female sexual harassment in the workplace are all evidence that female violence is a real phenomenon (Chesney-Lind and Pasko 2013). This troubles romantic ideals of women as partner, mother, sister and source of safety and care.

Gender-based violence

Thus far I have explored the prevalence of violence in the young women's lives generally and violence perpetrated by some of the young women which, as previously stated, challenges the stereotypical view of women as solely 'victims' of male violence. Gender-based violence was also evident in some of the young women's narratives. For example, the threat of FGM pervades Ally's narrative. Her sister died as a result of undergoing FGM in West Africa; *'I've got a brother and a sister, but my sister passed away...cos we was meant to do the circumcision together but she done her one she passed away straight away (whisper)'*. This prompted Ally to flee her family, ultimately being found by an uncle and brought to the UK. Despite the distance from 'home' she has had to live with the threat from another uncle of being taken back to undergo the procedure;

'...I got all my GCSEs, I got D for English, that's because I was going through some stress in the exam hall cos of that because one of the situations was like my uncle texting me, I've still got the texts on my old phone....texting me to say 'I know where you are' and this is

what's a bit scary I don't know how he knows all this stuff....'I'm sending someone to get you now'...so I actually ran out of the exam hall...'

(Ally)

Shonda's narrative illustrated the gender-based violence of rape. She and a friend were with two young men at their house; one of them asked her to go into a room and fetch something, followed her in and forced sex on her. She became pregnant from this encounter. Shonda did not express that she wanted this to happen however she said that; *'I didn't class it as rape because if I really wanted to I could have left'*. This illustrates the familiar trope that simply because a woman doesn't 'put up a fight' meant that it wasn't really rape and that she could have avoided it. Salmon (2007, p48) has highlighted the strong public perception, that Shonda seems to reflect, that rape victims, if they were drunk or flirtatious, were probably responsible. Shonda's accounts of social services involvement, and her mother's reaction to the situation, being supportive but stating that Shonda should *'never let it happen again'* (Shonda's mother), did not suggest that anyone pursued rape as a line of enquiry. This would support Shonda's belief that it happened because she didn't stop it happening rather than the abusive and criminal actions of the man.

Donat and White (2000) have explored the tensions implicit in personal and public definitions of consent in relation to rape. Popular opinion and law conceptualise sexual consent as a woman's issue. Rape is said to have taken place depending on whether the woman consented or not. A woman is seen to have consented unless there is vigorous refusal. Yet this leads to submission through fear being seen as consent. Women can fail to label an experience as rape through misconceptions regarding consent or rape experiences between acquaintances. This is demonstrated by Shonda who stated that it wasn't really rape because she could have left the house, even though it was not something she had wanted. Donat and White (2000) concluded with recommending a shift in legal assessment from a woman having to prove that she didn't consent, to the perpetrator having to prove that both individuals were able to exercise choice. Some movement has occurred in the right direction in amendments to the Sexual Offences Act 2003 – where the statutory definition of consent is 'if he agrees by choice, and has the freedom and capacity to make that choice' (section 74) – where age and understanding and whether he or she was in a position to make that choice freely and was not constrained in any way should be considered. Currently in law consent has to be distinguished from submission.

As can be seen by these examples, for many of the young women in this study, violence, or the threat of violence, was present in their day-to-day relationships. Pervasive violence had become taken for granted. The

young women's narratives accounted for how they navigated risk and violence in their family, peer, and intimate relationships. This may have involved removing themselves from risky situations such as leaving home, developing strategies to withdraw from a violent partner, or reciprocal violence.

Getting on with parenthood in a volatile environment

The young women's accounts spoke of many disruptive, destabilizing and frightening events in their lives. There was breakdown of parental relationships, the death of loved ones, violence from partners or family members and so forth, which challenges the dominant Western constructions of childhood as a time of innocence (Burman 2007, Mayall 2000). In these fragile contexts, it is perhaps unsurprising that some young men and women decide to 'get on' with parenting so as to, for example, maximise on informal childcare or have a family with their partner while their partner is around. As discussed in the literature overview, Linda Burton noted an '*alternative life course strategy*' for the young mothers in her studies (Burton 1990, p123), which demonstrated an '*accelerated*' family timetable, parenting at younger ages, and an '*age condensed*' generational family structure where several generations are simultaneously having children. Whilst this terminology could be criticised for viewing young women who parent in their teenaged years through a middle-class lens of delayed parenthood – the observations of

adolescence as an ambiguous life stage for many young people, who have to take on 'adult' responsibilities, is pertinent to the young women in my study.

Geronimus (1996) noted that to postpone childbearing would miss the opportunity of having grandparent support when needed. Work opportunities are fewer or offer the least penalty for market absence (but incidentally permits more permanent attachment to the labour market at a later age) and therefore childbearing at an earlier age than the average may arise from a realistic appraisal of current opportunity. Geronimus (1996) also noted how the young mothers she interviewed were aware of the compromised life prospects of partners through involvement in crime and gang activity. The fertility timing for the women in Geronimus' studies was influenced by socially situated knowledge and were similar to the pregnancy decisions of the young women in this study. Geronimus (1996) described these realistic assessments of their life worlds as challenging perspectives of young mothers as passive; highlighting an active coping.

The reading for cultural context and social structures was one of the last readings in the Listening Guide data analysis process. To a certain extent all the preceding readings build a picture of the contexts for the young women; the story the young women tell, the researcher responses, how the young women spoke of self, and their relationships, all reflect social structures. Although the broader picture of these contexts came together

at the end of the data analysis process, I decided to begin the thesis with consideration of these contexts to give some idea of the context in which the young women make their pregnancy choices. This avoids emphasis on individualised intervention, focused on effective contraception use, and suggests considering the wider social picture where deciding on younger parenthood may be a reasonable decision, which renders fastidious contraception use as less of an imperative.

Policy, such as the Teenage Pregnancy Strategy (SEU 1999) and Teenage pregnancy; beyond 2010 (DCSF 2010), has tended to focus on relatively 'quick fix' solutions to the perceived 'problem' of teenaged pregnancy. This has been better knowledge of and access to contraception, improving negotiation skills in relationships through SRE provision in schools (to not be pressured into sex and to use contraception) and supporting young parents back into education. Foregrounding the contexts of the young women's lives in this study highlights how individual circumstances may lead to parenthood being desired or there being an openness to pregnancy (which I will explore further in chapter 8). This group of young women were part of what were seen to be a 'hard to reach group' where the assertive outreach to avoid repeat pregnancy was not successful in achieving that specific goal. This throws into question the effectiveness of a more targeted approach to reducing repeat teenaged pregnancy that is also seen in the Family Nurse Partnership (FNP) or the specialist Health Visitor that preceded the FNP. These initiatives may also 'fail' in a similar

way to the Assertive Outreach Model for some young women, due to a lack of understanding of the impact of the wider context of young people's lives.

The next chapter will begin to explore the young women's narrated accounts of their pregnancy choices. With their first unexpected pregnancy, I explore the young women's concerns and who they involve in the decision.

Chapter 6 - An unexpected pregnancy

Introduction

The young women in this study reported being taken by surprise with their first pregnancy. Several described having an abortion with their first, and in one case also with a second pregnancy, before becoming pregnant again and deciding to continue to parenthood whilst still in their teenaged years. This chapter focuses on this first pregnancy, who the young women told about it (and who they didn't), and the part the young women's relationships with family and partner played in their decision to abort. The Listening Guide readings for the voice of I and relationships were particularly useful for highlighting this relational context, and the impact this had on their choice. Tabberer et al's (1999, p41) pregnancy decision-making study suggested that a teenaged pregnancy is far more of a negotiated event than a pregnancy at a later age. This chapter examines this concept by exploring how the young women narrated their decision in relation to their partner, family, and statutory organisations, and what this suggested about their social and cultural contexts. Drawing on Gilligan's (1982) relational ontology I seek to challenge the idea of a young woman's pregnancy decision as an individualised decision and therefore challenge the fundamental interventionist approach within policy that tends to focus on personal contraception use, and a binary decision of whether to carry on with a pregnancy or not.

I drew on Carol Gilligan's (1982) abortion decision-making study where she interviewed women across the age range regarding their decision-making process when deciding to abort a pregnancy. The women demonstrated a mismatch between their desire to carry on with the pregnancy and that of their partner to stop the pregnancy. In my study, I observe a general consensus toward completing education before starting a family. Overall the young women, their partners and family members, supported a decision to abort. I observe a move from what Mojapelo and Schoeman (2003) refer to as an 'ecclesiastical' to social moral debate regarding abortion - from whether this is the 'right' thing to do, to whether this is the best time to have a child in relation to social and economic concerns. The women in Gilligan's (1982) study struggled with what would be the 'right' decision in relation to the rights of the foetus and the wishes of the important people in their lives. By comparison, the young women in my study were clear that a pregnancy that occurred before completing school would be aborted so they could finish statutory education. This social-moral aspect reflected the socio-political context within which the young women were living, where education is seen as the main route to social mobility and ultimately economic self-sufficiency. These contemporary expectations were reflected in the reactions of family, partner and self. This illustrates how the Listening Guide readings elucidate each other: relational readings highlight social structures and cultural contexts, and in turn, social structures and cultural contexts are

revealed in how the young women speak of others and their own reaction to news of this unexpected pregnancy.

Partners

Partners played a significant, and mostly positive, part in the young women's narratives. Other studies have shown partners as not involved, or directive in relation to the pregnancy decision. For example, in Tabberer et al's (1999) pregnancy decision-making study, boyfriends were, on the whole, seen as peripheral to both the decision to continue with the pregnancy and any continuing support. This stands in direct contrast to Gilligan's abortion decision study where several of the women's partners had issued them with an ultimatum: if they carried on with their pregnancy, the partner threatened to leave (Gilligan 1982, p125). The young women in this study reported that their partner didn't directly tell them what to do, however the young women took into account how the young men felt about the pregnancy when they made their decision. The extensive relational poems from the Listening Guide data analysis regarding the women's partners emphasised their partner as an important relationship in the young women's lives. The young women's accounts suggested that offers, or withdrawal, of support from their partner may have influenced or changed the young women's decision.

At the time of interview, all the young women were in a relationship with greater or lesser partner involvement in family life. The young women spoke of a range of reactions to the news of the young women's first unexpected pregnancy. These reactions, many of them positive – with offers of support from the young men, challenge the absent father stereotype that appears to accompany popular perception of teenaged motherhood. For example, Susannah was surprised by the support offered by her partner. When she found out she was pregnant before taking her GCSEs, she assumed that she would have an abortion as she wanted to complete her education before starting a family. However, her partner suggested that he would look after the baby whilst she finished school. This offer of support would have enabled her to continue with school and convinced her to carry on with the pregnancy;

'... we was deciding, I was at school, I wanted to finish school. He was ok with that, but he wasn't happy with the idea of me having an abortion... so eventually when we decided on it, we decided that if anything once I've had the baby he'll stay at home with the baby full time while I'm at school, and then I would have the baby in the evening'.

(Susannah)

Mai's partner also had a positive reaction, which Mai found quite overwhelming. He was quick to make plans, setting up space for her and the new baby in his parent's home; *'He wanted me to move into his mum's*

house he made up a bedroom for me and everything...' She described how he was also very attentive during the second pregnancy and was looking for work and encouraging her to work and sort out housing;

'Ever since I told him that I'm pregnant he's just been getting everything....and the day of the scan he come here and was filling out job applications on my lap top and was telling me yeah I need to go get a job...that he's on to me about getting a job, and going housing...I hear from him every day...he messages me every day did you take your folic acid, he's like my dad...(laughs).'

(Mai)

Mai's account demonstrated how her pregnancies, the first ultimately miscarried and current pregnancy, changed her partner's behaviour. She described how she fell in love with this 'road boy' who used to make her laugh, but since learning he was to be a father he had distanced himself from gang life and was looking for work, encouraging her to apply for housing, and planning their future together. Parenthood seemed to be a catalyst for change for her partner, where fatherhood was embraced as a positive pathway;

'I was so proud of him because he was like that road boy, he was like on the roads... Like a (borough) boy, a typical (borough) boy, just on the roads. Now he's on a course and ... He's got a job interview this morning.'

(Mai)

Conversely Angelique and Carleen had negative reactions from their partners. When Angelique telephoned her partner after the GP confirmed her pregnancy he was very worried about people's reactions and urged her to have an abortion, and this is what she eventually decided to do;

'...he was like try and get an abortion, that's the first thing he told me...there's nothing we can do, everyone's going to find out, everyone's going to be angry, your dad, your brother and everything. So I was like oh, ok, abortion in my head'.

(Angelique)

Carleen's partner was initially excited and supportive about the pregnancy, only later into the pregnancy he said that he didn't feel he could go ahead. This was prompted by concerns about how he was going to provide for Carleen and the baby, demonstrating gendered expectations regarding the role of father as 'breadwinner';

'Well he wanted the baby at first, I was always the one to say no, not yet. And then the tables turned and he started getting scared...at first, he was rubbing my belly, kissing my belly, then when it really hit him when the baby started getting bigger he got a bit scared and said I don't think I can do this. So, it was really hard and I had to...the decision...I was already far gone... he just

got a bit daunted, and he started to get frightened at times, like how was he going to provide, what's he going to do, how to find a job...'

(Carleen)

This long period of realisation for Carleen's partner with their first pregnancy led to a late abortion application. When her partner's support was no longer available, Carleen felt she couldn't carry on with the pregnancy. A similar delay in accessing abortion services, where the young women were either waiting for a reaction from their partner or their partner has a change of heart, has also been noted in other studies (Clarke 2002, Tabberer et al 2000).

In contrast to Gilligan's (1982) study, the young women's partners in my study did not threaten to leave and, with the exception of Angelique's partner, nor did they attempt persuasion to abort. Gilligan's study was conducted in the 1970's when abortion had only just become legal and, as such, a decision for abortion was less normalised than it is fifty years later, although it is not yet without stigma. For example, the young women in Tabberer et al's (1999) study stressed how abortion was seen as an unacceptable outcome to an unplanned pregnancy. However, in this study, deciding to abort appears a pragmatic, rather than ethical, decision, in order to complete education or in recognition of a lack of available support.

Whether in favour of carrying on or aborting the pregnancy, partners' reactions were significant across the young women's accounts. As reported in several research studies, the baby's father was the first person the young women told of their pregnancy (Loke and Lam 2014, Ekstrand et al 2005, Lee et al 2004), and the decision, whether it was to abort or carry on, was influenced by their partner's feelings and reactions. In a South African study with teenaged women Varga (2002) noted that the wishes of the baby's father were the deciding factor in young women's pregnancy decisions. This was also reported in Gilligan's study (1982). In my study, there were no examples of the young men having total control on the pregnancy outcome, however their reactions were considered by the young women and may have influenced a decision. Dahlback et al (2010, 2007) found young women's pregnancy decisions were affected by an assessment of partners as a stable source of emotional and financial support. This is reflected in the decisions made by the young women in my study either to carry on, such as with Susannah and Mai where partners were clear in their offer of support through childcare or financial provision respectively, or to abort with Carleen and Angelique, where partner support is either withdrawn or not given at the outset.

Mothers

Studies have shown that the young women's mother has tended to be the second most significant person, after their partner, in relation to a

decision regarding an unexpected pregnancy in the teenaged years (Gilliam 2007, Spear and Lock 2003). By comparison in this study, several of the young women did not tell their parents about their first pregnancy, or their parents found out through events beyond the young women's control, such as hospitalisation following a miscarriage.

Carleen miscarried her first pregnancy at home, unbeknown to her parents. She had not been able to talk to her mother about it as she found the prospect too daunting, worried about how her mother would react:

'C: I was at my mum's house and he was at his house and I was on the phone to him and I told him that I was bleeding, and that it really hurt and he said babe you need to go to hospital, because ...I didn't tell my mum where I was going at the time...

Me: Did she know you were pregnant?

C: No, I didn't know how she would react, I didn't know how to come to her and tell her.'

(Carleen)

Susannah had not told her mother about her pregnancy either. Unlike Carleen whose words suggest that she found the idea of talking to her mother about the pregnancy difficult, for Susannah it seems a more

definite exclusion of her mother from the situation saying, '*obviously I didn't want to tell her what I was doing*'. It is only when she had a bleed at school and was taken to hospital, that her mother was contacted and found out her daughter was pregnant in the hospital;

'I think it was about two and a half weeks after finding out I had come into school and had felt light headed on the way in, but I thought I'd get into school and see how I feel...but before the day had even started I blacked out in school and when they got me round I just started bleeding. So I didn't want to tell anyone but my friend had to tell someone so I could see someone really quick. One of the office staff drove to the hospital they contacted my mum and told her that she was needed at the hospital but didn't tell her what for. But she didn't know because obviously I didn't want to tell her what I was doing. So with that, she found out there...'

(Susannah)

Similarly, Danielle had a complicated miscarriage with her first pregnancy, but didn't tell her mother. Her mother was single, and worked long hours, hence Danielle had to be independent quite early on in life. At the time she became pregnant and subsequently miscarried, Danielle was spending most of her time with her partner;

'D: ...I found out that the baby had died so something was telling me don't tell yeah...Yeah and then after that operation they didn't

remove everything so I had to keep on going back into hospital cos I was in pain and clotting...sorry I know that's disgusting...There wasn't another operation they gave me an abortion pill to get the rest of it out but even up until October because I had the procedure in September till the end of October I had it all going on.

Me: So how did you explain all of that to the people in your, well your mum basically?

D: Um...my mum's always at work so she leaves the house at 7 and she gets home at 7 so during that time I was gone and I wasn't really at home I was mostly at my boyfriend's house so she wouldn't really know where I was kind of thing'.

(Danielle)

A study by Melvin and Uzoma (2012) suggested that sometimes parents were unaware of their daughter's sexual activity, hence a pregnancy announcement would be too difficult to make. This may have been the case for Carleen and Danielle described above. It is certainly seen in the unravelling disclosure of Shonda's first pregnancy. She had fallen out with her mother and was living with a friend's family. Social services brought her home to her mother, when it was discovered that she was pregnant, with a view to supporting Shonda in telling her mother about her pregnancy. Yet to her mother Shonda still denied she was having sex;

'...it was only when I got pregnant that social services said I had to go home and I went back home and the social worker came to see me and my mum and she was like... are you pregnant? Are you pregnant? I was like no! Are you pregnant? Are you pregnant? I was like no! Are you having sex? I was like no! Are you having sex? I was like no! I'm not having sex. She said to me I'm going to find out you're pregnant, and she found out I was pregnant.'

(Sharna)

The literature also attests to difficulties in disclosing an unexpected pregnancy to parents through not wishing to 'disappoint' them or bring 'shame' on the family, sometimes through fear of a violent reaction, or not wishing to become a financial burden (Dahlback et al 2007, 2010, Hallden et al 2005, Mojapelo-Batka and Shoeman 2003, Varga 2002). In this study, where the young women did disclose their pregnancy to their mothers there was a sense of disappointment; disappointment expressed by the parents and of having disappointed their parents by the young women. For example, Sandra's words suggested that after becoming pregnant and having an abortion, she needed to prove that she could make something of her life and this was measured through completing school;

'My mum's thoughts, my mum and dad's thoughts were like, Sandra you need to finish school...but that was my thoughts as well. I was agreeing with them, I was like yeah, I will finish school

regardless, this is one thing that I need to do to prove to everyone that I can do something with my life.'

(Sandra)

Bringing 'shame' on the family is not overtly referred to in the young women's narratives, and a violent reaction is only evident in Angelique's story: when her mother heard of her pregnancy she hit her;

'...she took the umbrella and she beat me with the umbrella because she was angry. But I understand because I lied to her and I swore on her dead mum's life that I didn't have sex and then she stopped beating me and said don't worry, when we reach home it's not finished...'

(Angelique)

Tabberer et al (1999) also interviewed parents in their study. Although most of the parents stated that they would offer support to their daughters or sons if an abortion was their decision, the young women in the study choosing this option reported that the support was not available, perhaps because it was something that wasn't discussed. As a result, Tabberer et al (1999) noticed women offered elaborate cover-up stories regarding their pregnancies. In my study, several of the young women did not give 'cover-up' stories as such – but did not tell their

parents due to concerns about their reaction or their mother not being available. Some were directed into disclosing their pregnancy to their mothers before they were ready to do so, such as through an emergency medical situation as with Susannah, or through external agencies engineering a situation where disclosure was required, as with Shonda. The way social care engineered Shonda's disclosure is illustrative of the disempowering approach of some agencies involved in the young women's lives, where they are not afforded time nor credibility in having an input on how events progress, nor confidentiality regarding their situation;

'It was only when I got pregnant that social services said I had to go home and I went back home and the social worker came to see me and my mum... I remember it from the first...it was a Wednesday she (mother) was like working, the social worker came to my house... and we had a chat. She was like: she's not going to kill you don't worry, shall we call her? I told her (mother), she came home from work she didn't say anything, she was just like 'oh hello'.'

(Shonda)

Statutory organisations

Whilst the reactions of partner and family were the focus of the young women's stories, the Listening Guide readings highlighted a less prominent theme: the negative and judgmental reactions of some statutory organisations. These reactions can make it difficult for young

people to seek support, when unexpectedly pregnant, for fear of judgment or breaking confidentiality.

Angelique's story demonstrated a disregard of her right to confidentiality by the organisation that 'discovered' her pregnancy. She hid her pregnancy for quite some time after not being able to negotiate access to abortion services earlier in the pregnancy, and her situation became apparent at school. Angelique also reported that a person who 'supports young women who are pregnant' told her mother without seeking Angelique's consent to do this. Angelique reported that she specifically questioned the support staff's actions and was told that because of her age they were obliged to tell her parents;

'A: ...they (teachers) brang me to some place like. Some place that when you're upset you go there. But this woman she helps young people, apparently young people who get pregnant in school whatever. And she went (hospital), she said that she was going to go (hospital) and tell my mum. But I don't have to go with her so I didn't go with her. Cos I was scared.

Me: Why was she going to go the hospital and tell your mum?

A: She said that she has to because I'm underage and I'm still in school...

Me: Were you 13 or 14 at that point?

A: I think 13. I don't know. One of those then. But round that age limit. But I said no you don't because he said (partner) no you don't have to, and she was like I do have to that's my job don't worry you don't have to come with me...and when I come home are you going to be there like? So, she was like she won't do nothing I'll make sure she'll understand. So, she went with some man to (hospital) and she found my mum and she told my mum.'

(Angelique)

According to the Department of Health (2003) document regarding confidentiality, children and young people are entitled to the same level of confidentiality as an adult. Angelique was 13 at this point, and although young, was entitled to confidentiality and support in her decision (DH 2003). The professionals, and later her parents, directed the ensuing events, with the apparent assumption that Angelique was not capable of making a reasoned decision regarding her pregnancy. The adults involved in Angelique's life demonstrated a 'deficit' approach rather than growing ability approach to the teenaged years (Burman 2007, p67) as discussed in the literature review. The teaching and support staff disregarded her entitlement to confidentiality by telling her parents about her pregnancy. In turn, her parents did not offer her any counselling support and denied her access to her partner during the time she was making the decision as to whether to carry on with the pregnancy or not;

'(I) think she (mother) left a letter and she wrote before you go sleep or you do anything write down on there what you want to do. Your own decision that's what she said. And then I didn't get like support like I couldn't call him, they took my phone, I couldn't call him or nothing. And I didn't go to school, unless I actually left the house, and I don't have keys, and meet him that's the only way I would meet him I can't call him, the house phone they cut it off. So, I didn't like get support and talking to anyone so it was just like my own decision and I just took his last words which was 'have an abortion'.

(Angelique)

Similarly, as mentioned earlier, Social Services were instrumental in Shonda telling her mother about her first pregnancy. Shonda had left home and was living with a friend's family when she became pregnant from a sexual assault. Through attempting to bring about reconciliation with her mother, social care engineered a situation where Shonda was obliged to tell her mum about the pregnancy.

The professionals' responses in these two examples are shaped by a view of the young women as a child rather than an emerging adult.

Consequently, the young women are denied confidentiality, legally a right for a person of any age (DH 2003). This approach was disempowering for

the young women who were not afforded the time, space and unbiased support in which to make their decision. Tabberer et al (1999) highlighted how a pregnancy decision is made in a short period of time, and this was accentuated for these young women as their situation was taken out of their control by a third party. Their parents became significant players in the discussions and ensuing events. The need to support young women with their pregnancy choices was recommended in both Tabberer et al's (1999) report and is in the more recent Framework for Supporting Young Mothers and Fathers (PHE 2016), which suggests that this support should be unbiased and unhurried with respect for the young woman's rights to confidentiality. Unfortunately, this was not the experience of some of the young women in this study.

Health care professionals also featured in the young women's stories. The involvement of health care professionals in their pregnancy decision-making received mixed responses from the young women. For some, the encounters were positive, for others the response was judgmental, demonstrating popular concepts of the teenaged years not being the 'right time' to parent. For example, Ally had a good relationship with her GP who referred her to social care when her relationship broke down with her sister and she could no longer live with her brother-in-law. This doctor also provided a confidential abortion referral and ongoing contraception advice;

'So they put me into care, cos I went to my GP first and told her everything and she's the one that referred me to the social services then they got involved and everything...'

(Ally)

Conversely Susannah's experience was different, she was angry about her encounter with a nurse at the sexual health clinic she attended to confirm her pregnancy. Aware of her rights to confidentiality and to carry on with a pregnancy she found the nurse's approach judgemental;

'The first thing I did was go to (hospital) sexual health clinic... did all the sexual health tests and stuff like that and then I saw one of the high up nurses and she was basically trying to figure out why I was trying to keep it and stuff like that...and what kind of put me off was that she was like if you don't tell your mum we're going to have to get social services involved. But that's my decision! I was like if I was to keep it that's my decision. Cos at the time I had just turned 17, but it was my decision.'

(Susannah)

The nurse's approach in this example reflected the norm of the non-reproductive body in the teenaged years (Smith 2014), which was challenged as Susannah wished to carry on with her pregnancy. In this

instance, Susannah was aware of her rights to confidentiality and to make her own decision regarding her pregnancy which differed from the disempowered position of Angelique and Shonda faced with the directive forces of school and social care. The participants in Tabberer et al's (1999, p39) study remarked how adults in professional roles such as in ante-natal clinics, midwifery, and social services did not treat them as 'adults' with the levels of social competency and autonomy that adult status assumes, and this is mirrored in the young women's encounters with social care and health professionals in this study.

Whilst Ally's relationship with her GP is more positive, this may be because Ally is seeking abortion and contraception, and adhering to the 'non-reproductive' expectation that Smith (2014) discussed. In young people's sexual health clinics we present contradictory messages to young people. Since Victoria Gillick challenged her local authority in 1985 regarding parental involvement in young people's contraception provision, professionals have worked with the Fraser guidelines whereby if the young person is 'Fraser competent' they can receive confidential contraceptive advice and provision. This accords young people, under the age of 16 (but not 12 and under) the ability to understand the context of their relationship and the detail of the medication they are taking (Gillick v West Norfolk 1985). Yet, at the same time, we have had a 10-year national policy to reduce teenaged pregnancy and parenthood which seems to deny young people an ability or right that we affirm through

Fraser competency. If a young person is able to choose not to become a parent, surely they can choose to become a parent?

It seems that 'choice' is affirmed only so long as the young person is choosing not to parent. A study in Sweden by Ekstrand et al (2009) suggested that for teenagers the availability of contraception and abortion leads to an illusion of reproductive choice: *'free to decide as long as the pregnancy is terminated'* (p176). This satisfies the desires of the state whereby young people are enabled to continue in education and move towards work, fulfilling the contributing citizen trope, and models of motherhood and family formation, that do not make financial demands on the state as noted by Burman (2007) and Craig and O'Dell (2011). It also reflects Foucault's concept of governmentality; citizens have choices but must choose 'wisely' (Craig and Scambler 2006, Higgs 1998).

Summary

This chapter has focused on the relational context of the young women's pregnancy choice with a first unexpected pregnancy, highlighting how such a choice is made within a relational context and reflecting my relational ontological approach to this research. The previous chapter highlighted further socio-cultural aspects of the young women's lives that may have contributed to a choice to get on with motherhood at an earlier age than the national norm. It is such socio-cultural and relational contexts that are often ignored within policy goals, recommendations and

interventions. These tend to focus on individualised solutions such as increasing young people's knowledge regarding sex and relationship and providing more and accessible contraception provision. Whilst these are important areas, equal attention should be paid to wider contexts such as exploring why pregnancy and motherhood precludes continuing with education; provision of unbiased, unhurried, confidential support by professionals to young people making a pregnancy decision; and support and advice for grandparents and partners, as well as wider socio-political changes to reduce poverty as discussed in the previous chapter. Taking into consideration a young women's wider relational, socio-cultural and political context when supporting her in her pregnancy decision is problematic in a time-limited, target-driven and solution-focused one-to-one clinical setting. This also has practical implications for policy, which should recognise that in some young people's settings parenthood can have real value, therefore suggesting genuine commitment to services that support young parents.

This study has reflected existing literature in respect of significant parties involved in the young women's pregnancy decisions, namely partner and mother. Yet I have highlighted a difference with respect to autonomy in the decision. The young women's narratives suggested that they are not coerced by the strong opinions of those around them but made a decision based on the circumstances and support available. Gilligan's (1982) participants appeared to dichotomise what they wanted, to have the

baby, with what those around them wanted, for her to not have a baby (Gilligan 1982, p88). In comparison, the young women in my study exhibited a range of desires in relation to an unexpected pregnancy: certain that they wished to abort, happy to carry on with support, or uncertain and working it through with their partners. Whilst Gilligan concluded that the women's voices were silenced in their pregnancy decisions (Gilligan 1982, p51), it appears more nuanced for the young women in my study who incorporated their personal goals, the opinions of those around them and the support available to her, into their own decision of whether to carry on or not.

The rationale given most often for a decision to abort this first, unexpected pregnancy, was to finish education. The internalised desire to complete education reflects Rose's (1990) concept of governmentality where personal desires have come to reflect state desires. I suggest that this presentation of self as 'good teenager', by aborting an unexpected pregnancy that occurs before completing education, is one of the responsabilisation narratives offered by the young women in their pregnancy decision-making accounts. The next chapter will explore the responsabilisation narratives evident in relation to this, and subsequent, pregnancies.

Chapter 7 - Legitimising accounts

Introduction

This chapter explores the 'reasons' the young women offered for deciding to abort a first pregnancy, and then for how they subsequently became pregnant. I suggest that the young women's accounts drew on responsabilisation narratives (Rose 1990) which aimed to convince me of their 'good citizenship' (Kidger 2005). A commitment to the socially accepted pathway of self-improvement and social mobility through education was offered as rationale for deciding to abort. Stereotypical narratives of failed contraception, infertility and fate were offered as explanations for a second pregnancy. In this regard, the young women's narratives may not differ from other women, reflecting problems of safe and adequate contraception. However, the dominant discourse of the non-reproductive teenaged body made it difficult for young women to express a desire for a child, and their responses echoed those stereotypically given to justify why someone became pregnant when they weren't supposed to. What is notable in this study is that the young women did not offer any discussion of a decision to be made with the second pregnancy; simply why they became pregnant. I identified a parallel emergent, yet muted, desire for pregnancy and parenthood for the young women, which I discuss in the next chapter. This chapter explores how these responsabilisation narratives appeared to seek to assure the listener that the young women were adhering to the

technology of non-reproduction in the teenaged years, despite the ultimate outcome of motherhood.

A commitment to education

With the young women's first and unexpected pregnancy, the predominant factor, regarding a clear decision as to whether to carry on with the pregnancy or not, seemed to be whether they had finished statutory schooling. This was reflected in, and sometimes modified by, their relationship with mother or parents and partner as explored in the previous chapter. For example, Susannah assumed she would abort her pregnancy so she could finish school. It is only when her partner offered to look after the baby while she was at school that her plan changed; *'...we was deciding, I was at school, I wanted to finish school.'* Ally doesn't discuss her first pregnancy with anyone other than the GP as she wished to complete education before embracing parenthood; *'I wanted to get my education straight.'* Sandra also expressed the desire to complete school before becoming a parent. She linked this with the dominant expectation of upward social mobility, that education is understood to bring, although her words were vague about what exactly this social mobility might be:

'At that point there I had a termination. But this was before I had to do my GCSEs...The reason being was because I knew full well that I needed these qualifications...to move on in life.'

(Sandra)

For those unexpectedly pregnant, post GCSEs (General Certificate of Secondary Education), there was more deliberation over whether to carry on with this first pregnancy. I described earlier how Carleen and her partner were all set on carrying on until her partner eventually expressed his misgivings, and quite far on into the pregnancy she decided to have an abortion. Danielle decided to carry on after some discussion with her partner:

'I guess that when I first found out when I went doctors we went home and talked about all the possible decisions we could make abortion, adoption really or keeping it...and then as the weeks went on and I had my scan, the day before my birthday in fact I was going to tell everyone I was pregnant...'

(Danielle)

In this way, the young women in this study differed from those in Tabberer et al's (1999) study which explored pregnancy decisions for teenagers in a UK setting. Tabberer et al (1999) found that the younger women had less formed opinions about what to do when they found out they were pregnant, and were less willing to express or defend these opinions than older groups. In my study, I have found the converse; the young women that became pregnant at a younger age made more of a clear decision for abortion knowing that they wanted to complete their

education before having a child. Tabberer et al (1999, p23) also suggested that the young women might be more inclined to consider abortion once they had finished school. In this study, the opposite was the case again, abortion was a more likely decision if they had not yet taken their GCSEs and carrying on more likely if they had finished school.

This difference between findings in the two studies could be due to greater acceptability of abortion almost 20 years on from their study. It also might demonstrate how schooling has become embedded in expectations from others and within self (Rose 1990). It is illustrative of Qvortrup's (2005) observation of the scholarisation of the child where increasing years of schooling are required in preparation for participation in the workforce and the assumed upward mobility this gives. This expectation, reflected by statutory organisational, parental and personal response to the occurrence of an unexpected pregnancy before completing GCSEs, results in having a child at this time being seen as disrupting and hindering this trajectory. The only option available to the *responsible* citizen is abortion. At this point the young women's personal desire appeared to mirror societal technologies for the teenaged years: to complete education. This, in turn, reflects Rose's (1990) governmentality whereby personal desires reflect state aims.

Legitimising narratives with a second pregnancy

I suggest that normalised expectations for the teenaged years continued to direct how the young women accounted for a subsequent pregnancy. Although most by that point were beyond the regulatory framework of statutory education, due to the stigmatisation of teenaged pregnancy and parenthood, they were not free to simply desire to be pregnant, which might have incurred judgement from others. Hence the young women accounted for their pregnancies through stereotypical explanations that included failed contraception, concerns around infertility, and fate, not them, being in control of events. However, despite this 'main story' their narratives simultaneously attested to contraception use in a way that opened up a space for the possibility of pregnancy. Ostensibly the young women maintained a non-reproductive norm whilst realising an emerging desire for pregnancy and parenthood.

Angelique drew on several of these legitimising narratives to explain her second pregnancy and I will commence this discussion with her story. Although I go on to discuss the themes in turn (failed contraception, concerns over infertility and fate) some of the young women's narratives draw on one, some, or all, of these 'explanations' for their subsequent pregnancy. This suggests there is no single reason or 'cause' for a subsequent pregnancy but rather reflects the 'messiness' of reproductive decision-making.

When I met with Angelique she was quite heavily pregnant. She had become pregnant a couple of months into a new relationship. In her new relationship, she said that they had used condoms occasionally because of a belief that they were infertile as a couple; *'We used condoms sometimes. I always thought I'm never going to get pregnant...and he always thought for some reason his sperm don't work.'* After not being able to find a contraceptive method that suited her, she stood back and handed her fertility over to fate;

'And that's when I found out I was pregnant I was crying more because it's not like I believed him (her ex-partner saying she would be infertile after an abortion) but I was just like wow yeah because I went on the implant ...then I went on the Microgynon, and then I just said do you know what, I know I'm just going to be with the person they will just come, like my stable boyfriend, and if it's time for me to get pregnant, then its time.'

(Angelique)

Angelique drew on several discourses to account for her second pregnancy: not being able to find a contraceptive method that suited her, thinking they were infertile as a couple, and a sense that ultimately 'fate' is in control. These 'explanations' also appear in the other young women's accounts, as well as across the literature.

Contraception failure

Ally and Cadeen reported a convoluted engagement with contraception culminating in a pregnancy. After aborting her first pregnancy, so that she could finish school, Ally had an implant fitted but later had it removed as she gained weight. It is notable how her narrative drew in the GP's approval of this course of action adding legitimacy to the decision;

'...the implant that I had had given me stretch marks on this arm...cos I had it there but it had big fat stretch marks so I went to my GP and told her and she was like oh you have to take it out cos it's not good for you cos of the stretch.'

(Ally)

She then took the combined pill, which she said failed and she became pregnant again. She miscarried this pregnancy and restarted the pill – but became pregnant again whilst using it. On one hand, she expressed shock and surprise that she had become pregnant again whilst taking the pill, *'I don't know what happened'*. However, later in her narrative she explained how she was ill and was vomiting for a time and had sex when the pill may not have been protecting her. She acknowledged that *'this one is my fault basically'*. At this point, she therefore accepted responsibility and rejected the notion of fate in contrast to her earlier statements.

Cadeen also explained how she tried several contraceptive methods.

According to her account some were contraindicated because of health conditions in the family and some due to side effects. When she stopped contraception to give her body some respite from hormones, she became pregnant. Her narrative gave the impression that she was already pregnant when she decided to come 'off contraception' and that this had occurred in spite of trying to avoid pregnancy;

'We was going to the clinic finding out what contraception would be suitable for us because of my mum's history of blood clots and so on...and so...I was having a lot of fits at the time as well, I think it was because of certain types of contraception...so I laid off contraception for a while went back on the injection and then after about three months I said I'd give my body two or three months to turn back to normal by that time I was already pregnant'.

(Cadeen)

Susannah also described how she was taking the contraceptive pill when she became pregnant the second time. However, in her account preceding this claim, there was a time when she wasn't taking the pill, where the pregnancy may have occurred, or around the time she restarted taking them, where it may not have been fully working;

'I got a call from (hospital) that's where I picked up my first bit of contraceptive pill. So. I was taking those since I was like 14, 15, and then I took a break at the end of year 11 cos I just thought it wasn't

doing much...so I just left it for a bit yeah, so somewhere in year 11, it was probably just before my exams started cos I was so stressed with like exams and stuff that I was just forgetting to take them and stuff so I just thought I'll just have a break for a while. So it was towards the end of my exams that I started taking those again. Everything was fine...so then say about June, July when friends started picking up....but I didn't think anything of it. I thought I was overworking and stuff like that. And then I thought, ok I'll do a pregnancy test, and it came up positive and I was like...I was wondering how did that happen while I was still taking the pill?' (Susannah)

One of the main goals of the Teenage Pregnancy Strategy was to improve young people's knowledge of how to use contraception, alongside improving access, and tackling social inequalities that would make early parenthood less attractive or inevitable (SEU 1999). On the surface, it might seem that some of the young women in this study used contraception ineffectively and may have benefitted from some input regarding how to use the methods accurately. For example, Ally didn't use condoms when she had an episode of diarrhoea and vomiting whilst taking the pill, Susannah stopped taking the pill during exam time, and Cadeen took a break from using any contraception. Yet their narratives suggested that they continued to have sex with their partner and became pregnant. Some studies would support this view. In a study by

Burns (1999) she noted the young women in her study '*decide to use contraception, (but) use it ineffectively*' (p 496). Similarly, Ekstrand et al (2009) found participant's unplanned pregnancies were predominantly the result of '*inconsistent*' contraception use (p173). However, once again, contextual factors should be taken into consideration when considering apparent 'ineffective' and 'inconsistent' contraceptive use. The young women were concerned regarding the possible side effects of contraception such as the stretch marks on her arm described by Ally, and the worry regarding seizures and blood clots that Cadeen described. A fear of side effects is a concern voiced by young women in a study by Biggs et al (2013) and also features in Goncalves et al's (2011) findings.

Negotiating condom use which would provide barrier contraception at unprotected times with hormonal contraception, or with unexpected sex, can also be difficult. This is perhaps through not having a condom available but, according to Burns (1999), is more likely due to insistence on condoms conveying a lack of trust in the partner. Similarly, Nelson et al (2012) found that condom use amongst young Black women in the UK was linked to trust rather than avoiding pregnancy. They found that insisting on condom use risks losing a relationship.

The ebb and flow of relationships may have been a factor in the young women not using contraception during times when they felt they were not in a relationship. Ekstrand (2013) noted that young people associated ongoing contraception with a steady relationship. Phoenix (1981) also

remarked that the young women in her study associated contraception use with preplanning sex which would have compromised their reputation through being 'up for' sex (reminiscent of the respectability theme in relation to gang-life in chapter 5), or may have suggested that they had other partners. These studies echo that of Wendy Hollway (1989) regarding making love without contraception. Hollway noted that, for the women involved, this is mainly associated with securing commitment within the relationship. Hollway noted the inability of rational decision-making models to articulate this occurrence. This may be a factor for both Susannah and Mai whose relationships had 'cooled', hence the decision to stop contraception. They were open to the renewal of the relationship, yet insistence on condom use might have hindered reengagement or perhaps suggested other relationships, or a lack of trust.

From the chronology that Susannah gave regarding her second pregnancy, she most likely became pregnant before she restarted the pills, given her gestation when she miscarried. This was during a time when her relationship had cooled over her exam time and there was less of an incentive to use ongoing contraception. This picture is formed by piecing together several sections of her narrative. Her miscarriage with the first pregnancy occurred before taking exams as her partner said he was willing to look after the baby while she finished school. She stated that their relationship cooled after miscarrying but was not officially over;

S: 'We weren't together for about 6 months. Cause after I had the miscarriage things were a bit rocky and I think that's where it all kicked off from. So we weren't talking as much...

Me: So does that mean that you weren't together, did you actually say right we're not together...

S: No, we just weren't seeing as much of each other. And then I think I heard that he was going out and being out with other girls so I was like fine if you want to do that go ahead but I don't want to be part of it.'

(Susannah)

Later she says she stopped taking the contraceptive pills as she started forgetting them as it was a stressful time with exams. This timing would most likely have also coincided with a decline in her relationship. It seems possible that she became pregnant during the time of no contraception use or before beginning again. However, in her narrative she stressed that she became pregnant when taking the contraceptive pill: *'how did that happen when I was taking the pill?'*

Similarly, Mai did not use any contraception when she had an unexpected encounter with her partner at a New Year's party. They had not officially ended the relationship although Mai had heard rumours that he was seeing other girls and they had not seen each other for a while;

'And then we went downhill from there...went downhill....ended up like not talking to each other then just pure arguments then I was hearing stuff about him apparently he had a new girlfriend he was telling me he didn't and then all of a sudden this year's come I didn't see him for a little while for like a month then I saw him like on new years and then he started talking to me again... and the whole time I didn't realise that I fell pregnant'.

(Mai)

Several of the young women in this study had used condoms at some point in their relationship, however 'inconsistent' use was evident. Condom use seemed to be linked with whether they felt they were likely to become pregnant at that point in time rather than with having one available, or not being able to negotiate their use. The latter two points are often a focus of policy, such as in the Teenage Pregnancy Strategy (SEU 1999, p9) and the Teenage Pregnancy Strategy; beyond 2010 (DCSF 2010, p6). For example, Angelique described occasional condom use, however overall it appeared she did not link sexual activity with the possibility of pregnancy; *'But I told her (mother) if I did I would use condoms and I did use condoms sometimes but sometimes I didn't. And I wasn't thinking about getting pregnant so...'*

Shonda also demonstrated sporadic condom use;

'I didn't think, obviously I knew I could get pregnant, I didn't think I could get pregnant because at the time we didn't really because I wasn't really into sex at the time cos since I had the termination I was put off sex and all of that and then um when I got with (partner) when I got pregnant I never knew and we did use condoms at times from time to time not all the time'.

(Shonda)

Similarly, Susannah only took emergency contraception when she *'did not feel right within herself'*;

'Coz every now and again I'd go and take the morning after pill, whenever I thought there was something, whenever I didn't feel right within myself I'd go and take the morning after pill just after. But I didn't think anything of it, that I could fall pregnant...'

(Susannah)

Overall the young women's narratives illustrated that they did engage with contraception but this was not a straightforward relationship. Their use reflected that of the young women in Goncalves et al's (2011) study. In their study, the young Brazilian women interviewed gave accounts of trying various contraceptive methods and finding them unsuitable, using them creatively, or linking them with negative effects on the body and therefore stopping use. Goncalves et al's (2011) analysis suggested that using contraception demonstrated the young women's commitment to

the broad expectation to avoid pregnancy in the teenaged years, yet they took breaks from contraception to protect their fertility (p6). If a pregnancy occurred they could draw on the fact they had been using contraception, yet the local value placed on motherhood enabled them to continue a pregnancy despite the widespread stigmatisation of teenaged pregnancy. Similarly, for the young women in my study, contraception use demonstrated a commitment to the technology of avoiding pregnancy in the teenaged years. Yet not using it 'properly' and taking breaks may have been used to explore their fertility.

Infertility

Some of the young women voiced a conviction that they were infertile which consequently meant they felt they didn't need to use contraception. Angelique's first partner suggested that she may not be able to have children after having had an abortion; *'He told me I'm a murderer, he said that's what I am a murderer and I won't get pregnant ever again.'* As we saw at the beginning of this chapter, several years on and with a different partner, she did not dwell on concerns over infertility but offered this up as a brief account for being surprised at becoming pregnant with her new partner; *'...I always thought I'm never going to get pregnant...and he always thought for some reason his sperm don't work.'*

Some of the young women suggested infertility as the main reason for their non-use of contraception. Mai explained that she has had sex quite

often in this and previous relationships and never became pregnant; *'We never have (used contraception). I didn't think I could ever fall pregnant to be honest. It never happened even with my other ex-boyfriend.'* Similarly, Danielle did not mention any contraception use right from the beginning of her relationship and simply stated that she didn't think she could get pregnant; *'I'm unlucky like that'*. She offered a firm storyline of infertility regarding her first pregnancy and unfortunately this is affirmed in her mind when she miscarries this pregnancy:

'D: Well I got pregnant like June 2000 and what was it, June sometime anyway or July one of them times and do you know like you know people say I don't think I can get pregnant well I really didn't. I had no reason to believe that I just thought I won't be able to have children I'm unlucky like that.

Me: So nothing gave you that impression it wasn't that you had loads of unprotected sex and never fell pregnant so you thought...

D: No cos that was like my first partner that I was proper with but I just thought in my head oh I won't be able to have children. I don't know there was no reason as to why I couldn't or why I felt like that I just assumed that I couldn't have children and then um ... (miscarriage)...

D: What happened next...I thought I couldn't have children again! So then I thought if I got pregnant I'd lose it I was just thinking whatever so I didn't use protection with him whatever and then within one month I was pregnant again with her so I was just

thinking oh my gosh. I wasn't really happy, I wasn't really like oh yeah I'm pregnant I was just like yeah whatever.

Me: Why do you think that was?

D: Because I thought she would die that's why that I didn't say anything.

Me: Did it change as you went further through the pregnancy?

D: It changed a bit. I mean I still thought like maybe later on in my pregnancy something would happen to the placenta, or something so I wouldn't actually have a baby born and have to bury her or whatever God forbid. But I didn't think I'd have a baby at the end of it.'

(Danielle)

When I met with Susannah she had recently experienced a second miscarriage and was trying to work out why it had happened again. In amongst this she voiced a concern that she might not be able to carry a baby to term;

'I got admitted on the Wednesday, discharged the Friday. On the Friday morning they came round, and they did the scan, they just did a speculum thing, where they pulled it out...Then I was just passing clots and that. But I haven't spoken about it til today (cries)...I'm worried about future pregnancies...'

(Susannah)

A study by Thorsen et al (2006) suggested that it is a common misconception amongst young people that because they have had unprotected sex and not become pregnant that they start to believe that they cannot get pregnant. One of the consequences of this misconception is that they do not fully engage with contraception in the belief that it is not needed. Once a pregnancy has been lost, either through miscarriage or abortion, a concern for whether motherhood will be possible can also emerge, which is a consideration for the young women in this study who have experienced a pregnancy loss through abortion or miscarriage with their previous pregnancy. White et al (2006) noted that teenagers who have had a previous miscarriage may have concerns that the event may recur, which is voiced by both Susannah, *'I'm worried about future pregnancies'*, and Danielle, *'I didn't think I'd have a baby at the end of it'*. White et al (2006) suggested that if young women fear they may be unable to conceive and they ultimately desire a pregnancy, then they may be more likely to try to conceive now instead of waiting until they are older.

Infertility is also a persistent concern after having had an abortion, as suggested in the taunts of Angelique's ex-boyfriend. Some of the young women in a study by Ekstrand et al (2013) were also keen to confirm their fertility after an abortion. The young women in a study by Hallden et al (2005) were concerned that pregnancy wouldn't be possible after an abortion. Hallden et al (2005), highlighted the importance of being fertile to the young women, of knowing that they were able to conceive;

although the young women in that study chose *'not to give life now'* (Hallden et al 2005, p798). In a study with young women in South Africa, Mojapelo Batka and Schoeman (2003) found that fear of future infertility was related to the social value attached to fertility and the socially shared view about the role of women as childbearers. This desire to prove fertility may lead to a repeat pregnancy soon after a pregnancy loss. Bailey et al (2001) noted that repeat pregnancies were most common among young women whose first pregnancy had resulted in a miscarriage, and Clarke (2002) linked the loss of a pregnancy, both through miscarriage or abortion, with a desire for repeat pregnancy to affirm the ability to conceive and give birth.

A desire to become pregnant again following a miscarriage or abortion is not a dominant narrative in the young women's accounts in this study. However, there is a quieter narrative that suggests they might be open to a repeat pregnancy which I explore in the next chapter.

Fate

Alongside contraceptive failure and concerns over infertility, some of the young women in this study described a sense of fate directing their fertility. This was notable in Angelique and Shonda's narratives. Shonda suggested that fate was in control of her fertility after her second abortion. She explained how she and her partner still didn't use condoms after the second abortion; *'if I was meant to have a baby I would have had*

the baby'. This interesting as this narrative was not mobilised in relation to her two previous pregnancies, both of which were aborted, bearing in mind the unusual circumstances of both – the first pregnancy a result of rape and being so ill with the second pregnancy that she felt she needed to abort.

For Angelique, after an extensive description of her ex-partner's violence towards her and the shaky start to her current relationship, she described some contraception use but, on the whole, preferred to leave her fertility to fate; *'if it's time for me to get pregnant, then it's time'*. Angelique also attributed her second pregnancy to her ex-boyfriend's partner's pregnancy. She voiced amazement that they were both pregnant at a similar time, feeling that *'she jinxed me'*. This phenomenon, whereby participants attributed their pregnancies to the supernatural influence of other people, has also been noted by Levin and Helfrich (2004) in their exploration of homeless adolescent mothers' perceptions and identity and competence in the mother role. One of the young women they interviewed suggested that her boyfriend's ex-girlfriend had *'jinxed'* the relationship by telling him not to get her pregnant, and that it was *'her fault'* (the ex-girlfriend) that she became pregnant (Levin and Helfrich 2004, p99). Interestingly, Angelique uses the same terminology to describe another woman's 'supernatural' effect on her fertility.

Handing parenthood over to fate has been a theme in narratives of young mothers in the literature (SmithBattle 1996, McMahon 1995). McMahon (1995) explored how working class women are more likely to leave pregnancy and parenthood to fate. She described how middle class and working class women responded very differently to unprotected sex. More advantaged women tended to take emergency contraception after unprotected sex whereas more disadvantaged women tended to wait and see if they became pregnant. This might be through not having the financial means to buy emergency contraceptive pills nor the ability to access clinic provision, so therefore they hoped for the best. SmithBattle's (1996) longitudinal qualitative study with young mothers also witnessed stories that revealed a sense of resignation to whatever befell them.

Summary

Most of the young women in this study reported taking proactive action with a first pregnancy, mostly due to a desire to complete statutory education. They decided to abort although some miscarried in the interim. With subsequent pregnancies the picture became more complex. It appears that through concerns regarding possible infertility, perpetuated by a pregnancy loss either through abortion or miscarriage, and having finished statutory education, alongside the longevity and ebb and flow of their intimate relationship, that motherhood becomes a more desired pathway despite wider society still considering these pregnancies as early and young motherhood highly stigmatised.

Consequently, the young women mobilised responsabilisation narratives that seem to be at odds with personal desire. On one hand, they presented narratives that seem to aim to convince the listener of their good citizenship, that they were trying to avoid pregnancy when contraceptive failure, concerns regarding infertility, or fate meant they became pregnant despite their efforts to avoid pregnancy. Yet at the same time their narratives also attested to being open to the possibility of pregnancy. Similar to the young women in Goncalves et al's study (2011), the young women in my study used narratives of contraceptive or infertility medicalisation, which enabled many of them to demonstrate engagement with normative society yet also '*develop a potent off-stage critique*' (p201) – for example through hints of gaps in contraceptive or being convinced they are infertile so no contraception was used; therefore opening up a possibility of pregnancy. Goncalves et al (2011, p212) termed this '*covert resistance to normative ideologies*'. This is akin to Foucauldian governmentality (1976) where a space is opened up for resistance to normalised expectations, rather than that of Rose (1990) where personal desire and that of state come to be the same. In the next chapter I explore the young women's emergent, yet muted, desire for pregnancy and parenthood which stands in tension with their responsabilisation narratives that stressed adherence to the normalized technology of pregnancy avoidance in the teenaged years.

Chapter 8 – Reflecting on the young women’s narratives: a muted desire for pregnancy and parenthood

Introduction

Reflexively considering the data, I realised that the young women did not specifically discuss any deliberation regarding a decision with their second pregnancy, as they did with the first. What was in the foreground were the responsabilisation narratives that I have discussed in the previous chapter. There were also further responsabilisation narratives of hopes for marriage and living together with their partner and child which I will discuss in the next chapter. The responsabilisation narratives relating to how they became pregnant a second time rendered a quieter narrative of desire for pregnancy and parenthood much harder to identify. I have located discussion of this muted narrative within feminist literature that explores silence in the research interview; what is not, or little, spoken and why (Ali 2010, Scharff 2010, Parpart 2010, Bhavnani 1990, Taylor et al 1996).

At first, it appeared that the young women did not narrate a decision to carry on with a second pregnancy. On closer reading their accounts were actually candid about wanting to become pregnant, or being open to pregnancy. However these statements were brief and easily overlooked such as Mai saying, *‘I wanted to get pregnant by him’* or Sandra stating *‘I’m a big girl, make my own decisions now’* when she described how she

stopped using contraception once she finished school. The deliberation I may have been looking for was simply not present in the young women's narratives with this second pregnancy. I suggest that 'quietening' an expression of desire for pregnancy and parenthood, subsumed by the 'louder' responsibilisation narratives, stemmed from a desire to resist judgement in the stigmatised landscape of 'young parenthood'.

Drawing on Ryan-Flood and Gill's (2010) work on secrecy and silence in the research process I acknowledged that a decision-making moment was not overtly discussed by the young women regarding subsequent pregnancies. Consequently, I returned to the transcripts to do a specific reading for 'silence', or muted narrative; what do the young women suppress or avoid in their narratives? Using a narrative framework, with a specific data analysis tool with prescriptive readings, was a possible reason it took me longer to see the much quieter narrative of a desire for, or openness to, pregnancy and parenthood. I was so busy focusing on what was said, the 'louder' narratives, that I had failed to consider what may not have been said and why, or that which was little spoken. On further reflection this may be considered a part of the reading for voice of I but paying more analytic heed to infrequent or less dominant aspects of this reading.

Early in the research process I was keen to get through ethics, to get on with the interviews, and to start working with the data. I had chosen a

narrative framework – looking for themes within the data. Furthermore, I had decided to use a specific data analysis tool, the Listening Guide (Mauthner and Doucet 2008, Gilligan et al 2003). Although the Listening Guide allows for creativity in its use, I initially used it according to Mauthner and Doucet's (2008) description, most likely because this offered me security and credibility of process as a novice researcher. As described in chapter 4, towards the end of the process, and as a result of on-going reflexive consideration, I added two more readings to the Listening Guide: for silence, or what is little spoken, and for the researcher. The reading for silence, or quieter narratives, in the data is considered in this chapter. The reading for the researcher role in terms of how my words and actions may have influenced the encounter, will be discussed as part of chapter 10 where I reflexively draw together threads across the thesis regarding the 'co-constructed' interview. Nevertheless, the influence of the researcher is apparent in discussions of the narratives the young women suppress and is briefly considered in this chapter.

Narrative 'silence'; ethical considerations

In reading for 'silence' I looked for subjects that may have been omitted or avoided in the young women's narratives. However, exploring what is not said, or little emphasised, posed some methodological dilemmas. I was using a narrative framework and I was not convinced within this framework that it was acceptable to analyse what is little or not spoken.

This was salient for two reasons. Firstly, throughout the research analysis I had frequently been reminded to return to the data and to avoid over-interpretation and here I was considering offering analysis of something that was high on absent from the young women's narratives. Another consideration was whether the young women had consented to this type of analysis. I had asked for an interview, they had 'given' me their narrative, and here I was looking for, and focusing on, what they did not put at the centre of their narrative.

I considered whether I was doing the young women an injustice by focusing on what was little spoken rather than what was emphasised in their talk. Suki Ali considered whether confidentiality is afforded the participant in research if *'the unspoken and unrepresented comes to be used as data'*. She questioned whether this *'amount(s) to a betrayal of the confidentiality and consent gained from participants'* (Ali 2010, p246).

What if the young women left this information out, or in the background, because that was where they wanted it to be. I had to consider whether I might be misrepresenting them in bringing this aspect to the fore.

It was also important to recognise that in focusing on what was not said there was a shift in power in the research process towards the researcher. Ali (2010) invited researchers to consider whether we abuse our power by focusing on what is not said or little spoken. When we have invited women to speak with us on an issue and they have given us their words,

yet we decide to look beyond the words, beyond the obvious, she questioned whether this is justifiable. She suggested *'these questions are unanswerable'* but serve to inform *'politically engaged research practice'* (Ali 2010, p246). I found myself in a 'paradoxical' situation (Scharff 2010, p84) where I was trying to answer a research question that my participants had not directly answered. I was trying to offer an 'analysis of silence' (Scharff 2010, p84).

The young women's omission of an account of their second/subsequent pregnancy decision appeared more significant when I had specifically asked about this and it was the focus of the study. Decision-making is constructed as a logical, rational and typically masculinist process, often represented as information processing models in psychological theory. However, this approach often fails to reflect women's choices. We are so accustomed to thinking that there is a real decision-making process that when we don't see it represented in a particular way we don't recognise it. Obviously, the young women 'chose' to carry on, but preferred not to detail their rationale for this to me. Even with the responsabilisation narratives regarding how or why they became pregnant again, this does not account for their decision to carry on. Analysis must therefore focus on why they consciously or subconsciously suppressed accounting for this course.

Part of this could be that women rarely have to justify having a baby because of the centrality of motherhood to the identity of the adult female, termed the 'motherhood mandate' by Nancy Russo (1976). However I feel this view could be challenged in the case of teenaged women, who are considered by society as not yet adult, certainly in relation to child-bearing. The motherhood mandate is not afforded to teenaged women, similar to other categories of motherhood on the margins, such as women with intellectual disabilities or older women (Craig & Odell 2010). However, it may simply have been that there was no decision to be made, the pregnancy was welcome and the young women prepared to carry on with it. This reflects the contradictory response to motherhood expressed by the young women; perhaps a consequence of personal choices standing at odds with the parameters of fitness to parent set by state and society.

The contrast in decision-making detail offered with the young women's subsequent pregnancy, compared to their decisions to abort their first pregnancy, might also be that women are generally expected to justify a decision to abort as it transgresses the 'motherhood mandate' (Russo 1976) described above. In fact, justification for abortion is taken beyond individual decision in law, and, according to the Abortion Act 1967 and later amendments of the Human Fertilisation and Embryology Act 1990, two medical practitioners need to agree the criteria under which an abortion can be granted. A woman has to seek 'permission' and have

extenuating circumstances as to why they 'need' to have an abortion. Furthermore, a 'cooling off' period of at least 7 days to access 'counselling' and encourage deliberation was suggested in a Termination of Pregnancy Bill in 2006. Despite this being unsuccessful, it is nevertheless informally built into some referral processes and can be an added barrier to accessing abortion services. This is particularly relevant for young people who find it difficult to access services due to constraints of education attendance and parental surveillance, typified by Angelique's difficulty in accessing abortion with her first pregnancy. This cooling off period was recommended for women to access counselling, however it has been suggested that this may increase women accessing abortion abroad or illegally. Enforced counselling also ethically contradicts choice in accessing such support (Chapman 2008).

I decided to carry on with this reading for 'silence' or 'muted narratives', recognising its value, yet with some unease. I recognised the *'uncomfortable feeling that there is something exploitative, inappropriate and abusive in claiming a privileged access to participant's unconscious...'* that Bruna (2010, p270) described and used this feeling to temper my analytic claims.

The reading for 'silence'

When returning to the transcripts to carry out a specific reading for 'silence' around decisions to carry on with a further pregnancy, three

themes became apparent in their narratives. One was that there was no decision to be made as the young woman's pregnancy was discovered when it was too late to have an abortion, therefore they had to carry on with the pregnancy, hence no deliberation nor choice was possible. This might also be read as a responsabilisation narrative, in that they were adhering to a legal framework. The second was that the deliberation time was short between discovering they were pregnant and miscarrying. This meant that there was little time for discussion with those around them about the pregnancy in this brief time, so less to narrate. Thirdly, there was the suggestion for some that this pregnancy was desired and even celebrated. Some of the young women's accounts had elements of more than one of the themes.

No decision to be made

One of the young women, Sandra, described discovering her pregnancy at a point when it was too late to do anything but carry on. She was very clear that she did not find out that she was pregnant until it was beyond the time where abortion could be accessed. Despite saying she was 'four months gone' which would be 16 weeks and still within the legal timeframe for abortion, she presented the narrative that there was legally no choice but to carry on. She stated; *'I fell pregnant and I didn't know. It was too late for me to have an abortion cause I was already four months gone.'* Later in her narrative she articulated this again, very clearly; *'This time there's no choice. There's nothing we can do apart from me keeping*

it.' As well as there being no possibility of being persuaded or expected to terminate the pregnancy by family and friends, neither can we, as listeners to her narrative, judge her for her decision. Sandra's narrative adeptly avoided judgement from a society that expects fertility control in teenagers by stressing the impossibility of any time for deliberation and locating the outcome in a legislative framework¹.

It is interesting to note that alongside the legal 'defence' that Sandra offered, she was very matter of fact. She didn't describe any linked emotion, such as regret, or distress. She spoke of how her partner and his family were happy, and how she reassured her mum that everything would be fine:

'And he was, he was happy. Like he was just happy, and his mum was happy too because it's their first grandchild. And that's his first child too, so he was happy...but my mum was thinking about me, school and later on in life. And that what my mum was thinking about. But I was telling her don't worry, don't worry...'
(Sandra)

This is in contrast with her first pregnancy that she aborted, where she described being concerned that her life was over, her parent's negative

¹ The Abortion Act (1967) set the legal limit for abortion at 28 weeks. This was reduced to 24 weeks with the Human Embryology and Fertilisation Act (1990). Lesser known is that restrictions to late abortions were lifted with this act in case of risk to life, foetal abnormality, or grave physical or mental injury to the woman. There were later proposals in parliament in 2008 for a further lowering of the abortion limit to 22 weeks and 20 weeks; both were defeated (BBC News 2008).

reaction and her own concerns about finishing school. This second pregnancy therefore did not seem unwelcome.

No time for deliberation

For Susannah and Shonda the time between discovering they were pregnant and miscarrying left them little time to explore whether they wanted to carry on with the pregnancy. Susannah miscarried her first pregnancy after there had been some deliberation about whether to continue and after having decided that her partner would look after the baby whilst she finished school. With her second pregnancy, Susannah's narrative focus was on how the decision was hers. This is particularly clear in her encounter with a nurse in a sexual health clinic who didn't appear to understand why Savannah would want to carry on with a pregnancy aged 17, to which Savannah replied; *'if I want to keep it, that's my decision'*. Unfortunately, she miscarried for the second time and described how she had been trying to ascertain whether her partner wanted this pregnancy or not throughout this process. He appeared to be non-committal, leaving the decision to Savannah;

'Um because I said to him are you sure this is what you want? We don't have to have it. I'm no forcing you to have it. You've got your daughter already, I love her like she's my own, it's not a problem. He was like if you want to have it have it, I'm not going to tell you you can't have it, if you don't want it then don't have it. But I'm no going to come to the hospital with you if you abort it, and I can

understand that. It was the way he was going on like he didn't really want it even though he said he did. So I was like ok, so I text him if you really don't want it just say. And he was like if I didn't want you to have it I would have said...and stuff like that.'

(Susannah)

Her partner offered no clear opinion. Whilst he appeared to be saying it was her choice, it also seemed apparent from her account that he didn't particularly want the baby. This situation highlighted how rationalist models don't factor in the influence of other people's 'confused' opinions and how a straightforward decision may not be easily arrived at (also seen in Cadeen's partners change of mind, leading to a decision for a late abortion discussed in chapter 6). It also reflects a relational ontology (Gilligan 1982), where women try to make decisions in a web of relationship. In this case, it was difficult for Susannah to make a decision whilst her partner prevaricated. It seems that in this case Susannah bore the burden of the decision.

Shonda also had a very short period of time between finding out about her last pregnancy and miscarrying. She was very clear about why she aborted her first two pregnancies. The first because it was conceived via a rape; *'I wanted to have a termination mainly because of the way I got pregnant'*; as well as it not being the right time in her life, *'I wanted a termination because I knew I wasn't ready'*. The second pregnancy she

aborted because she was extremely ill in pregnancy, *'I wanted to keep it, so I tried to go through with this pregnancy, but then I got sick... I think I was just 14 weeks when I had the termination. I was so ill...'* She said very little about the third pregnancy. This could have been because there was only a couple of days between discovering that she was pregnant and miscarrying; *'I probably found out on the Wednesday and miscarried on the Friday, Saturday morning'*. What she did describe, on first learning she was pregnant, was her partner's caring response when they were out at a party regarding drinking alcohol and being tired;

'..it was his cousin's birthday on the Saturday and I had a little drink and he was like you're not drinking and I'm like just one little drink it's not going to kill me, and then I had one tiny sip just to piss him off. He got angry, but he wasn't angry, angry. And then he was like come on I'm taking you home now, you're pregnant. He's like so excited. I proper remember that he was excited.'

(Shonda)

This did not give the impression that the pregnancy was a shock event where they were undecided about what to do. It could also be summarised that there was an openness to pregnancy as Shonda reports not having used contraception with her partner since the second abortion, *'but we was together, we still didn't have sex with condoms. We had unprotected sex continuously...'*, although she did not verbally express a desire to be pregnant.

A desired pregnancy

For some of the young women this reading attested to them being happy to be pregnant and happy to carry on with the pregnancy. There was no deliberation expressed in their narrative over this second/subsequent pregnancy, possibly because there had been no deliberation about whether to carry on. However, overt narrative expression of joy and excitement at being pregnant were rare.

For example, Danielle experienced a miscarriage with her first pregnancy and went on to have a successful pregnancy with her second. She reported that she did not tell anyone about the second pregnancy as she thought the pregnancy would not be successful; *'I wasn't really like oh yay I'm pregnant, I was just like yeah whatever...because I thought she would die that's why I didn't say anything'*. It seems that for Danielle, no decision was needed as she was convinced that she wouldn't carry to term. Hence there was no discussion with those around her, nor personal deliberations about whether to carry on or not. Danielle reported that she didn't use contraception after the miscarriage as she was convinced she couldn't have children. Alongside, although not overtly stated, was her apparent desire to be pregnant again after her miscarriage with the first pregnancy. When I asked her how she felt about pregnancy and parenthood after her first miscarriage, in early readings I missed the opening and closing comments to her response that illustrate her longing

for pregnancy, *'I was really envious... I was really upset for a while...'*, and focused on her sense of self-blame for her miscarriage in the central section;

'D: I was really envious...I felt bad like I felt like I'd done something wrong. I felt really bad.

Me: That you'd done something wrong? Why?

D: Because like I couldn't carry the baby, I must have done something. I was thinking its because I had a drink, maybe it's like, I don't know I was feeling really bad. And then I would see like other people pregnant or whatever and I would be like oh gosh...and my friend had not long ago had a baby and I was like oh my gosh and then she was like pregnant again...no way. I was really upset for a while.'

(Danielle)

Carleen's account also suggested that there was no deliberation about whether to continue with a second pregnancy. She explained the decision by stating the unfairness of aborting a pregnancy when there are people who cannot become pregnant. Interestingly this wasn't a voiced consideration when she decided to have a late termination with her first pregnancy (before miscarrying). With her first pregnancy, she discussed whom she did and didn't tell, how her partner was supportive at first, then changed his mind, and how she had had to make the difficult decision to terminate the pregnancy. By comparison, the decision to carry on with

her second pregnancy was communicated in two sentences, drawing on an infertility narrative to justify her choice;

'That's why we just ended up keeping her because I thought to myself there's people out there that actually want kids that can't have kids. I should be grateful that I can have one.'

(Carleen)

Mai is the only one of the young women who overtly stated that she wanted to get pregnant by her partner. She says in a brief comment *'I wanted to get pregnant by him'*, suggesting an openness to parenthood which was quickly subsumed by material concerns about where to live: either with her partner and his family or stay with her mother. She expressed feeling out of control of this decision, drawn between the strong personas of her partner, who wanted her to move in with him and his family, and her mother who was telling everyone about the pregnancy, liaising with college, buying things for the baby and generally *'moving like she wants to be the mum'*.

Angelique also didn't speak of any deliberations with her second pregnancy. In fact, in her narrative there was a sense of celebration around the whole description of discovering the pregnancy. She told her partner about the pregnancy in a creative way, leaving him a note and the positive pregnancy test to discover, which said *'Congratulations you're a daddy and I'm a yummy mummy'* and she described how he immediately

face-timed his mum to let her know;

'And he was like can I tell mum?... so he facetimed her...and he like showed her (the pregnancy test) and she was like I can't see nothing and was like look, and he picked it up and she was like oh my God, she's like one, is there two? Oh my God son, congratulations!'

(Angelique)

This was not a couple that were unsure about what to do, or even taken by surprise with this pregnancy. There is a suggestion that she may have been open to pregnancy as she said in passing that she only had one pregnancy test left; *'I only had like one more pregnancy test and I'd just left it there because I never thought I would get pregnant.'* However, despite the description of her partner's excitement, his mother's positive reaction and the suggestion of multiple pregnancy tests, Angelique never overtly said that she was happy to be pregnant during her account.

Discussion

The relative silence in the young women's narratives, regarding deliberations over what to do about a second/subsequent pregnancy, compared to discussions around previous pregnancies, is notable. It is obvious that they have carried on with these pregnancies and, may reflect a 'getting on with parenthood' in constrained circumstances discussed in chapter 5, once they have finished school and hence beyond the statutory

educational regulatory framework discussed in chapter 6. However, policy frameworks such as the Teenage Pregnancy Strategy (SEU 1999) which extends non-reproductive expectation to 18 years, and widespread social stigma of young parenthood, may lead the young women to give legitimising narratives as to how this occurred to distance themselves from the feckless single teenaged mother stereotype as discussed in chapter 7.

This chapter has explored how the young women rarely speak of their desire for pregnancy. A decision to carry on was little discussed. Possible reasons for this silence were apparent in their narratives, including: being beyond a time where a decision is required, not having the time between discovering a pregnancy and miscarrying for there to be much deliberation to report and because there was no deliberation - they wanted to carry on. Some of the young women appeared happy and even excited about this subsequent pregnancy. What is notable from this reading was that they never expressed happiness in being pregnant with this subsequent pregnancy, and only one, Mai, said that she wanted to get pregnant by her partner. This picture has been built from occasional comments about being open to pregnancy, noting a lack of deliberation with this pregnancy, a lack of description of surprise with the pregnancy, and general positive interactions with others around this subsequent pregnancy. The young women in this study appeared to be navigating two contradictory discourses. On one hand motherhood as a mandate which

society expects from ('adult') women, which has possibly been called into question by a pregnancy loss through an earlier abortion or miscarriage, as well as life events such as finishing school and potential morbidity and mortality through gang involvement, rendering motherhood an increasingly desirable pathway. On the other hand this stands in tension with policy and social discourses, which problematize young women who become mothers. Choosing silence regarding openness and/or a desire for pregnancy can work to successfully resist enlistment into a moral discourse that the young women may want to avoid (Burman 2017, p424).

Feminist research has tended to be concerned with 'hearing' women's voices, encouraging women to speak out and to challenge oppression. This was part of my motivation toward this research, wanting to hear from the young women themselves about their decisions to become mothers after deciding on an abortion for an earlier pregnancy whilst in the teenaged years. I felt that policy and practice needed to be more closely informed by the young women's experience. Yet this reading, which has suggested an openness to, or even desire for, pregnancy and parenthood, albeit muted, might be seen as a 'failure' to speak out. Parpart (2010) has observed that feminist research had tended to see a failure to speak out as a disempowered position. However, she challenged this view of women's silence on oppression in their lives with her analysis of women's ability to speak out about rape, violence, and war crimes. In these contexts, speaking out about oppression may incur further violence and

death. She observed that this is not a disempowered stance, it is a means of protection. I am not suggesting that the young women's pregnancy decision-making accounts would have the same repercussions but they might have invited stereotypical judgment on their ability to use contraception, to parent, and accusations of drawing on state funds before having contributed to society and so forth. These represent perennial ill-informed judgements passed on teenaged parents (which have been challenged in the literature review). Silence on the subject may have been deliberately chosen to avoid judgment. As such this was an agentic rather than passive position taken by the young women.

Silence as resistance (Bhavnani 1990) does not necessarily refer to a power that is seized during the interview, for example where participants state they don't want to talk about certain areas, such as Danielle steering the conversation clearly away from discussions about her father (*'I don't really care about that situation to be honest'*). It is more a power engineered through simple avoidance. The dominance of the non-reproductive body technology for the teenaged years (Smith 2014) and the widespread judgement of the teenaged mother may have led to a desire to avoid possible judgment, either from me, or the wider audience to the research by simply not talking about their decision to carry on with the pregnancy. Ann Phoenix (2010, p162) suggests that;

'Silences and secrecy are likely to arise when the participant feels they will be misread or want to defend themselves against possible

readings that they would rather not be made or are hurt or embarrassed about readings they can see being made'.

Kum Kum Bhavnani (1990) has also questioned the legitimacy of 'giving voice' to marginalised groups through research. She acknowledges that 'giving voice' may be a step toward empowerment however it is vital to carry out a simultaneous analysis of the impact and role of those who are 'potential hearers' and why they 'do not hear' (p152). Without this analysis the reasons why these voices are not being heard, nor listened to, are hidden or masked. In chapter 10 I explore my symbolic role as researcher in relation to those narratives which may have been foregrounded and muted by the young women, as well as more direct ways in which I may have influenced the data through my actions and words. In this way, I hope I have effectively undertaken this 'simultaneous analysis' or reflexively engaged with my role as 'hearer'.

The young women were not silent and quiet overall. There was much discussion around housing, budgeting, partner's involvement and plans for the future at the point where I had expected discussion of their decision-making with this subsequent pregnancy. This suggests that their silence on giving a rationale for carrying on was a deliberate decision, a proactive resistance (Taylor et al 1996). I would like to think that the way the young women avoided mentioning a desire to be pregnant, and focused on their future lives as a family, might have been a decisive move to change the

story for teenaged parenthood. This may highlight a wish to move the wider story of teenaged motherhood away from perennial tropes of: not using contraception 'properly', not being ready for parenthood and not being effective parents; to effective and successful parenthood.

However, another consideration is that the young women's silence on deciding to be pregnant or carry on with a pregnancy, may also suggest that the young women were 'silenced' in expressing a desire to be pregnant and or show happiness when they became pregnant. This view might be supported by Taylor, Gilligan and Sullivan's (1996) work. They noted how resistance to '*patriarchal social order*' can take two forms, either overt where a girl speaks out, or '*where a girl goes underground with her feelings and knowledge...as a strategy of self-protection*' (Taylor et al 1996, p240). They were concerned that when the girls' hid their feelings these may become lost to the girls themselves and lead to acceptance of harmful conventions of social behaviour (Taylor et al 1996, p240). Considered from this point of view, the young women in my study may have been silenced by a social norm that expects teenagers to avoid pregnancy and parenthood, and is judgemental when this expectation is contravened.

Chapter 9 – Challenging the single teenaged mother

stereotype

Introduction

As previous chapters have explored, the young women's accounts of their pregnancy decision-making in this study were dominated by responsabilisation narratives. Firstly, they described how they decided on abortion with a first, unexpected, pregnancy in order to complete their education, fulfilling a neoliberal focus on economic advancement through extended education and participation in the paid workforce. Then, rather than overtly voicing a desire for pregnancy, which was present yet muted, the young women drew on familiar tropes of failed contraception, infertility and fate as 'explanation' for their subsequent pregnancy. They described how they were adhering to the expectation of the 'non-reproductive' teenaged body (Smith 2014) when they became pregnant. This was a move from the responsabilisation narrative of aborting to finish education, where personal aims correlated with those of state (Rose 1990), to those where personal desire, revealed through the subsequent muted voiced desire for pregnancy, was at odds with the offered narratives that they were trying to avoid pregnancy in the teenaged years. This was more in line with Foucault's concept of governmentality where the 'state' exerts control through myriad 'capillary' interactions – yet resistance is possible (Foucault 1976, p95) – evident in the young women's continued pregnancy.

In this chapter, I discuss two further responsabilisation narratives showing how, once pregnant and continuing, or already parenting, several of the young women expressed a desire for nuclear family living and marriage with their partner. The young women continued to orient their narratives to good citizen tropes but now in the area of the 'good family'. This reflects Pam Alldred's (1999) critical discussion of the judgements of 'fitness to parent' – the young women orient their narratives to the *'hegemonic construction of a proper relationship'* (p68).

Alongside discussion of these further responsabilisation narratives, I draw together examples from the young women's accounts which attested to the different positive family formations within which they were living. This challenges the nuclear family stereotype, although there are some tensions apparent in these varied formations. Within this discussion of family, I highlight the proactive and positive involvement of the young fathers and how the young women encouraged this involvement, which challenges the absent young father stereotype, and responds to Pam Alldred's (1999, p120) observation regarding the absence of discourses of good fathers. I explore the commitment demonstrated in their relationships, which questions the revering of marriage as marker of commitment within a relationship, and consider why, despite this, a desire for marriage is expressed in the young women's narratives.

A desire for nuclear family life

Several of the young women's narratives illustrated a desire for living as a nuclear family unit. Sandra was adamant that she wouldn't be able to move her life onto *'the next chapter'* if she was not able to secure a council property in which she, her partner and their child could live. There was a sense of urgency in her words, *'there's not enough time'* and that once she was living in this independent family unit then everything would be *'sorted out'*:

'Everything changes. And it's like, you wake up and you think you have time but there's not enough time. There's time, but how we look at it, there's not enough time. Like right now, with me right now, I ain't got a house and it's like this is the biggest thing, I need my house, to give, to have a little time and be sorted out and everything. And then move onto the next chapter. If I don't have my house I'll feel like I'm still on the same chapter.'

(Sandra)

Angelique was in a mother and baby unit when we met and, despite being a little nervous about how things might work out, she and her partner had their names jointly on the housing list to move in together. Being on the list together, as a couple, which precluded being on the list as individuals, appeared to be a sign of commitment to each other and their new family;

'Cos I told him that if we live together one of us has to come off the housing list and we can't ever go separate again. Do you

understand what I mean, so we're together now as partners in the housing. So, we might as well do what we have to do. And if we feel comfortable living together then we'll do it. Cos we're first timers do you understand what I mean?'

(Angelique)

For Mai it was her partner who was keen for her to apply for housing.

Although she felt rushed, she did not say no, perhaps for fear of losing his support, or perhaps because she felt this is what they should have been doing;

'The day of the scan he come here and was filling out job applications on my lap top and was telling me yeah I need to go get a job...that he's on to me about getting a job, and going housing...'

...

S: Where do you want to be?

M: Somewhere where I can get help cos I know that he's...he's... I don't know what's going on - he wants to do everything he wants to buy me a car, he getting his...he's getting everything. Cos now he's getting money and all of that. He wants to take me shopping and that. But I'm not used to that with him, me and him are usually just chilling. Like everything's just changing. And I don't know whether I like it or not.

(Mai)

A nuclear family arrangement, of father, mother, and children, may be favoured by the young parents as it would mark a final move away from parents and towards independence, autonomy and maturity. However, the young women may also have foregrounded expressions of desire for nuclear family living as this tends to be the perceived norm, despite current statistics indicating that many families are living in non-nuclear arrangements. Latest available data from the Office of National Statistics shows that 50.6% of the population aged over 16 years in England and Wales are married (ONS 2016). The population aged 16 and over who were cohabiting, never married or civil partnered, increased from 6.8% in 2002 to 9.5% in 2015 (ONS 2016). Whilst marriage increased by 2.7% in 2014, this followed a drop of 8.6% in 2013 and remains below the rate in 2010 and 2012 (ONS 2015). The 'living apart together' approach to relationship, which describes a couple in a committed relationship yet, for a variety of reasons preferring to live apart, is increasingly popular (Strohm et al 2009, Levin and Helfrich 2004).

Historically the nuclear family has been overtly favoured by government rhetoric and policy; the conservative Thatcher government for example established the Child Support Agency to 'chase' fathers for financial support for their children, which was followed by the 'back to basics' campaign of her successor John Major (1993), which made a nostalgic appeal to 'traditional values' and accepting responsibility for yourself and

your family. Marriage is most likely favoured by state because the nuclear family, where it is assumed there is one or more working parents, makes no financial demands on the state (Craig and O'Dell 2011). This returns our discussion to the 'economic science of teenaged parenthood' (Goncalves et al 2001) and the neo-liberal goal of economic self-sufficiency. The young women may have expressed a desire for marriage as a way of escaping the responsabilisation narrative faced with stereotypical charges of single teenaged motherhood and the associated judgements of unreasonably drawing on state benefits.

Varied family formations

Whilst moving towards a nuclear family arrangement was a legitimate desire for the young parents, it does little to acknowledge their successful non-nuclear family arrangements. None of the young women I interviewed were living in a 'nuclear' family arrangement. Sandra, Danielle, Mai, Shonda and Susannah were still living with their parents, and Angelique, Cadeen and Ally were in their own accommodation through being in the Leaving Care system. Whilst the majority of the young fathers were supportive and involved, none were permanently living with the young women.

The three young women who had had their babies, Sandra, Danielle and Carleen were all either living with their family, or were very close by. They

described how they drew on the support of parents, both in an advisory capacity and for practical support. Sandra was acutely aware that she couldn't live the life she was leading, where she was able to meet with friends and have the social life she has, without *'the help of my parent's'*. Danielle also recognised how her mother's support enabled her to have free time in the evening; *'she helps out like every time she comes home she takes (daughter).'* Cadeen had her own place, and had requested one very close to her mother. Despite having entered the Care System because her parents *'kept kicking her out'* she was reconciled with her mother since having a child and they spent a lot of time together; *'Yeah, because I've matured and she's like I'm a big girl now and she has to respect that'*.

This more fluid approach to family formation reflects varied models of family that are evident in the literature pertaining to teenaged parenting. For example, for Danielle and Sandra living at home with their mothers could be said to illustrate the 'apprenticeship model' described by Furstenberg (1980), Burton (1990) and SmithBattle (1996). This is where the young woman remains with her family, in a safe and nurturing environment where she can learn the motherhood role with the close support of her family. Or the 'extended family models' as described by Furstenberg (1980), Geronimus (1996), and Owen et al (2008), where childcare is shared by family members, most often the grandmother (the young woman's mother).

This apprenticeship approach has been viewed as positive in that it gives protection to the young mother so that she is not facing all the realities of adulthood in one sudden transition (Shanok and Miller 2007, Paskiwicz 2001). Tabberer et al (1999) also noted however, that with the apprenticeship model whilst grandparent support was welcome, it could also engender continued dependence on the family of origin. Ironically, the help offered may keep young mothers dependent on their families and prevent them making the transition to adulthood in the same way as other teenagers.

Whilst Danielle and Sandra had a positive arrangement with their parents/mother regarding living arrangements and childcare, for Mai and Susannah during their second pregnancy there was tension evident between what the young women would have liked to do regarding the pregnancy and future parenthood, and the perceived or expressed wishes of their parents. Mai was living at home with her mother and siblings when we met. When I asked her where she would like to be to raise her child she had divided loyalties between her mother and partner, not feeling comfortable with the approaches of either;

'But my mum's all talking about she wants to get a smaller bed otherwise where's the baby gonna go...but he's saying he don't want me here and I just don't know what to do...Everyone's telling me what to do and I get angry when I don't want to listen.

(Mai)

Mai was concerned by what she felt was her mother's over-involvement in the pregnancy, telling her what she should be doing and concerned that her mother is '*moving like she wants to be the mum*', taking over her role. However, she also recognised the potential support from her mother, saying how she would like guidance in what to do, '*if I'm doing something wrong to correct me*'.

Susannah was also still living at home. She described how her relationship with her mum broke down after her first pregnancy;

'So we kind of like fell out, and everything I did seemed to be a problem, I went for days like just being out, I didn't like being at home, I didn't want to be at home'

(Susannah)

They weren't reconciled until Susannah became pregnant a second time and her mother took a directive response to the news, sitting Susannah down and working through with her how their life would be with a baby, and proactively drawing the young father into the family;

'Apparently I needed to grow up, stop going out all the time. It's not just me I have to worry about now....So her main concern was meeting my boyfriend properly because I was always oh mum this

is my friend, sort of. So when she met him they've had their talk.'

(Susannah)

For young mothers living with their parents, they must negotiate their dual role as both child and mother. The mother's approach to supporting their daughter's new motherhood can be either facilitative or obstructive. A study by Flaherty (1987) suggested that mothers can have a range of impacts in relation to their daughter's new motherhood. Flaherty (1987) identified seven 'grandmother functions' with regard to their grandchild: managing, caretaking, coaching, assessing, nurturing, assigning and patrolling; with an overall expectation that their daughters would care for their infants alongside their input, and that support was temporary. Some of these functions were seen in the young womens' mothers' support for their daughters in this study. Danielle's mother provided childcare; Danielle, Sandra, and Mai, lived with their mothers, and Carleen's mother provided emotional support and help with day-to-day tasks.

In my study, the involvement of grandparents, on the whole, seemed to be positive. This has been shown to have a protective effect for young mothers, facilitating growth into motherhood and protecting against depression (Shanok and Miller 2007). Conversely, the grandmothers' possible 'over-involvement' that Susannah and Mai described, which most

likely came from a desire to support their daughter, may have infantilised them; taking control of their lives, rather than facilitating their own decisions.

Partner involvement

As previously mentioned, none of the young women were living with their partners however their involvement was evident in visits, financial provision, child-care, and emotional support. This illustrated Alldred's (1999, p106) observation that simply because the fathers are not consistently physically present does not mean that they are not emotionally and practically present: *'residential matters do not necessarily indicate levels of involvement in parenting'*.

This arrangement is reflective of the 'visiting relationship' commonplace in the Caribbean and described by Clarke (2002) where the children's father does not live with the mother, nor are they married, but where the father provides support in terms of childcare, finances and so forth, and is in a relationship with the mother. Gayle Clifford's (2017) recent work regarding mother's HIV disclosure to children in Jamaica has also drawn attention to a wide range of family formation, and where the traditional nuclear family is quite unusual. She found that visiting relationships are common, children are also cared for by their father's family or by maternal or paternal extended family, and mothers often care for non-biological

children. Clifford (2017) has noted, however, that with visiting relationships the majority of practical and emotional parenting is the responsibility of the mothers. She also remarked that policy, in her study's case the WHO directives that encourage parents to disclose their own and/or their children's status to their other children, is based on cultural norms and family formation in Anglo-Northern countries which is neither appropriate nor helpful in the Caribbean context or '*in other resource constrained settings*' (Clifford 2017). This has resonance for young couples starting their family in similar 'resource constrained settings' in the UK.

Both Clarke (2002) and Clifford (2017) have described how the rights and responsibilities within a 'visiting relationship' are ill-defined but are usually shouldered by the mother. Clarke also states that typically in visiting unions the man is already married. None of the partners of the young women in this study were married however Danielle, Shonda and Susannah appeared to accept that their partners may have had other relationships. In a field note of discussion with Danielle, when the interview had finished and the recording stopped, she spoke about her partner's probable recent unfaithfulness. However, she stated that she was prepared to overlook this in relation to the duration of their relationship;

'Danielle was facebooked by a female friend to say he's slept with someone, she went to clinic to get a check up. Not best pleased, he gave a 'lame' excuse that he was drunk and could barely do it,

she's not convinced. However, prepared to put it aside as they have been together for 3 years. Seemed resigned; ambivalent.'

(Fieldnote Danielle)

Occasionally the young women spoke of their partners having had other relationships when there was a lull in the intensity of their relationship. For example, Susannah described how after her first miscarriage her relationship with her partner cooled, although she stated their relationship was never officially over. She explained that during this time he had a relationship with another girl and fathered a child with her;

'Me: So how long were you not together?'

S: We weren't together for about 6 months. Cause after I had the miscarriage things were a bit rocky and I think that's where it all kicked off from. So we weren't talking as much...

Me: So does that mean that you weren't together, did you actually say right we're not together...

S: No, we just weren't seeing as much of each other. And then I think I heard that he was going out and being out with other girls so I was like fine if you want to do that go ahead but I don't want to be part of it.

...

He's got a daughter already. From a previous relationship. She's two.

Me: Ok so that happened while you were 'on a break'?

S: Yeah'

(Susannah)

Shonda's partner also had a relationship with someone else and, as discussed in chapter 5 this was a prompt for a violent reaction from Shonda. However, despite this she seems resigned to their being together long-term as a couple;

'...We're on good terms now but because so much has happened in the space of time, so many things. It's like, it's hard to get rid of him'.

(Shonda)

The young women seemed to value their partner's commitment to them through emotional support, material provision or time; which was more important than sexual faithfulness or exclusivity as the mother of their child. It seemed that rather than drive their baby's father away through accusation and rule-setting, by responding positively to what he did provide, the young women drew on their partner's support, which was more effective in building her family for the future.

Presenting the good father

The young women appeared keen to present their baby's father in a positive light and emphasised his involvement in their lives. As such they offered a challenge to the absent father stereotype and, the often conflated, single with teenaged motherhood. For example, Danielle described how her partner provided for her material needs whilst she was pregnant;

'D: Yeah he's a brilliant dad like I must say cos I thought he would be like a typical dad. He's not he's a really good dad. He looks after her, provides for her, and provides....he's a good guy. He's a really good dad.'

Me: So when you say he provides for her, what does he provide?

D: What does he provide me? If I say to him, I haven't got no money he'll say how much do you need? Or whatever, and he'll give me money or he'll buy me. When I was pregnant I said I ain't got no clothes cos obviously my belly was big he gave me money for clothes and stuff so he was at the end of the day he's been really good.'

(Danielle)

Ally's partner was all set to provide for them financially until he had to stop working due to immigration issues;

'Scary right now it is. Before I feel happy because of his, he's helping me and everything. But now I know he's not working so I'm thinking oh my God, I have to do everything myself now...'

(Ally)

With her first pregnancy, Susannah's partner offered to look after the baby whilst she finished school; *'we decided that if anything once I've had the baby he'll stay at home with the baby full time while I'm at school...'*, and Mai's partner seemed keen to find employment and sort out their finances in preparation for their child's arrival;

M: He's sorted his money out, he wants to pay for my...he wants to pay for me to get a car, pay for my theory and that because he says he doesn't want his child on a bus so he wants to pay for everything.'

(Mai)

Cadeen is the only young woman whose baby's father did not support in any way. She reported how she didn't put any pressure on him to do so as she didn't want to jeopardise his university studies;

Me: Can your partner help in any way at the moment?

C: Because he's living on campus his rent is £700...the government

it's all a way to get money back, so I would ask him for money but I know how it is...I don't want to stress him, I don't want him to say oh I failed my course...'

(Carleen)

Reflecting on Clifford (2017) and Clarke's (2002) observation, regarding the ongoing responsibility of parenthood falling to the mother, despite the positive involvement of the young fathers in their partner and child's lives, the young mothers seemed to do the majority of child-care and appeared to be responsible for the day to day lives of their children. This may be in some part due to the strong matriarchal lines within families where the young mother still lives at home with her mother or parents. This arrangement can exclude the young fathers, who have to negotiate the maternal grandparents, as well as the evolving nature of the young couple's relationship (Shanok and Miller 2007). A study by Davies, McKinnon and Rains (1999, p41) observed also that the teenaged mothers took a gate-keeping role to parenting and 'allowed' the father to be involved with the child in the form of child-care and gifts but excluded them from parenting. Rezek (2010) explored gender roles involved in the support systems of young mothers and observed that young fathers did not make the same commitment to fatherhood as did the mothers to motherhood. They continued with the same risky behaviours in which they were engaging before becoming a father. This could in part be

because they can be excluded from a more equal parenting role when their partners and their children are living with the maternal grandparents.

Some studies suggest that a lack of involvement comes from the young men themselves. A study by Boath et al (2013) remarked that fathering was often done on the young father's terms rather than negotiated. Another study by Stiles (2005) noted how the young mothers wanted the baby's father to help care for the child but were unsuccessful in getting help consistently. In summary, the literature seems to attest to young mothers wanting the fathers to be more involved in family life, though they wish to be the gatekeepers to this involvement, and the young fathers themselves tend not to experience fatherhood as the catalyst for change that the mothers do.

For the young fathers in my study a different trajectory was observed. Sandra, Mai and Angelique described how their partners had all left gang life as a result of becoming a father and wished to be involved in their child's life. Since becoming a father Sandra's partner had come out of gang involvement and was attending college, although Sandra voiced concerns about his vulnerability due to no longer being protected by his gang and other gangs not knowing that he is no longer involved:

'It's not easy as well and not everybody knows that you're a changed person. So it's a bit too, you know, a bit too difficult. He's

like Sandra I want to go to this place I have to question him like, are you sure you need to go to this place...?'

(Sandra)

Similarly, Mai's partner was very proactive in sorting out work, accommodation and providing for Mai and their child;

'Now he's on a course and apparently not many people got onto the course but he managed to get onto it because he passed the test. He got a job interview this morning.'

(Mai)

Also, Angelique described how her partner had some significant gang-related criminal events in his past and articulated how he wanted a fresh start with Angelique; *'He's like I'm going to change and he needs someone to support him and stuff.'* For these young men, fatherhood seemed to be a catalyst for change in their lives leading to them to leave negative behaviours and reengage with education and work.

The young women's narratives suggested a positive approach to their partner's fatherhood, rather than the deficit model on which policy and agencies such as the Child Support Agency, and consequently public opinion, tends to focus. They presented the father's involvement in terms of what he was doing rather than what he was not doing. They seemed to take what Dollahite et al (1997, p15) would call an 'assets' based approach

to their baby's father's fathering. Dollahite et al (1997, p18) critiqued a deficit perspective to fatherhood because it over-emphasises fathers' inadequacies and ignores their strengths. A deficit approach, they argued, fails to acknowledge that most fathers have strong desires and motivations to be a good father. It also creates barriers to change by maintaining low expectations of fathers. Most of the women in my study presented their baby's father in a positive light and took into consideration a range of benefits to their involvement over and above a 'breadwinner' and/or co-parent role.

Other research has highlighted the positive involvement of young fathers in their children's and partner's lives. McKinnon, Davies and Rains (2001) challenged the stereotype of the absent or irresponsible young father; they observed that some contributed money or resources, provided regular or intermittent childcare and had consistent or periodic contact with their children. The young mothers in a study by Nelson et al (2012) were strongly of the opinion that the father's presence is in the best interests of the child, with less emphasis on provision of material resources. Moloney et al (2011) highlighted how young fathers wanted to be involved with their children but felt they lacked the material resources to help. A deficit approach can set standards for fatherhood in young men's minds that are a barrier to their doing what they reasonably can to support their family. This was apparent in Carleen's partner's response to her pregnancy, at first he was excited, but as the pregnancy progressed he

began to worry about how he was going to provide for them; *'he just got a bit daunted, and he started to get frightened at times, like how was he going to provide, what's he going to do, how to find a job...'*

Ultimately, the desire to present an image of their baby's father as involved, countered the irresponsible *single* teenaged mother stereotype, and is possibly a continuation of the young women's narrative responsabilisation work.

Marriage and commitment

Although living in what appeared to be positive family formations and within a committed relationship, some of the young women, notably the ones with children (Sandra, Demanai and Cadeen), voiced a desire for marriage in their narratives. Both Sandra and Demanai, with children over a year old, and in a long-term supportive relationship, expressed a desire to marry and live with their partner;

'Me: So where do you see your future with (partner), or your future generally?

S: Where do I see...hopefully, hopefully right about now our relationships perfectly fine, we're working on it and everything no rush no nothing. Hopefully my future will still be the same...keep having kids...

Me: So you'd like more children?

S: Yeah

Me: Ok

S: Hopefully he puts the ring on it...hopefully...but for now it's great.'

(Sandra)

'Me: So do you guys have plans for the future?

D: We don't know, we've not really thought ahead like that. About anything. I keep on saying I want to get engaged, get a ring. But he keeps on saying yeah, maybe...'

(Danielle)

Cadeen also discussed marriage with her baby's father, despite acknowledging that their relationship seemed to be breaking down;

'He's (her partner) planning to marry me apparently, his mum wasn't supposed to tell me but she told me, he was supposed to engage me before he went university, but because his mum told me, he wanted it to be a surprise...'

(Cadeen)

The question here might be why, when successful, committed, non-married relationships are demonstrated, was a desire for marriage expressed in the young women's narratives? Carol Smart (2007) explored a more fluid approach to emotional commitment beyond the institution of marriage, which seems to be reflected in the changing landscape of

relationships in national statistics. She suggested an understanding of family as a *'range of flexible practices'* rather than an institution (Smart 2007, p25). Within this range of flexible practices, there is a sense in which commitment has to start somewhere but not always with marriage. There are other moments at which commitment can be said to have started, for example moving in together (Smart 2007, p71). This calls to mind the family meeting that Susannah's mother called where they met and discussed the future with Susannah's partner, and their plans for a family holiday as a marker of him 'joining' the family;

'My mum seems to like him...so at least she likes him. My aunty likes him. So we were planning a trip to go away for the weekend and they all invited him as well, so...'

(Savannah)

In relation to these young women's narratives, it could be that having a child together or having had a pregnancy together, even though that pregnancy was miscarried or aborted, could be events that mark commitment between the young women and their partners. Although the cooling of several of the relationships after the first pregnancy loss suggested this is not an emotionally supportive type of commitment but more of an ongoing connection. An ongoing relationship, and often ongoing sexual relationship, with the baby's father, whether in an 'official' relationship or not, has been explored in a study by Nelson et al (2012) with teenaged mothers. They highlighted how the young women they

interviewed showed that they would always care for their baby's father because of their child together. They found that the young women would have sex with their 'baby father' even if they were not in an ongoing romantic relationship (p85). Negative behaviour from the baby's father was tolerated to keep the family together, which echoes how some of the young women in this study were prepared to tolerate their partners having other relationships. Carol Smart (2007) also discussed the importance of shared histories in her work regarding the nature of commitment. Her statement, *'the couples in these long-term relationships...just took for granted that they were 'life partners' because they had travelled so far together'* (p74), is similar to Shonda's acceptance that she and her partner belong together as they have been through many life events together: *'so much has happened in the space of time, so many things. It's like, it's hard to get rid of him'*.

The importance of 'shared history' in relation to staying together, particularly when negative behaviours are present is also challenging for dominant feminist discourses that advocate non-tolerance of constraining relationships. This calls to mind the counternarrative of bell hooks (1984) to first wave feminist direction suggesting that it did not account for the complexity and diversity of female experience. For example, she noted Black women's alignment with Black men against white middle class discrimination. For the young women in my study whilst the young women may be staying with their partner through lack of choice, or

perception of a lack of choice, they may be aligning with them to counter the dominant white middle-class professional expectations for motherhood timing and family formation.

The young women in this study do voice a desire for marriage with their baby's father despite evidence of ongoing commitment by the father to their baby and baby's mother. This may be linked to the gendered expectations within gang contexts discussed in chapter 5, young women involved in, or affiliated with gang life, tread a fine line between being viewed as promiscuous and undeserving of respect or being the type for a long-term relationship (Bernard 2015), whereas the role of wife and mother are revered (Laidler and Hunt 2001, p659). It may be that once there are children in the relationship there is an emergent desire for an outward sign of commitment to the relationship through marriage, and maintaining respect in this context.

Smart (2007) observed that some couples in her research were not happy with the idea of allowing commitment to form over years. They felt that their relationship might not survive long without external support. For them, marriage was an: *'external adhesive to help them bond the long-term relationship they wanted'* (Smart 2007, p74). This is also seen in the rating of marriage over the visiting relationship for Clarke's (2002) participants. Perhaps the young women I interviewed, a year or so into

motherhood, were also feeling this uncertainty and desired marriage as an 'external adhesive' for their relationships.

Summary

This chapter has continued the examination of how the young women may have foregrounded what might be considered as responsabilisation narratives in their accounts of pregnancy and early parenthood. It has sought to stress how they were moving towards nuclear family living with their partner and child, and their hopes for marriage, alongside describing the positive involvement of their partners in family life. These narratives may also represent a desired independence from the extended family and an 'external adhesive' for their relationship with their partner. These narratives may also have been foregrounded to distance themselves in their public narrative to me, and the wider audience of the research, from the single teenaged mother stereotype by emphasising their partner's current and future commitment. Although I am mindful that I am drawing on narratives that I have suggested are responsabilisation narratives for this 'positive' view of the father's involvement, which may suggest caution as to the 'true' extent of this support.

I would like to put forward that the varied and successful family formations that the young women were living in could be lauded as a resistance to normalised technologies for family formation. However, their voiced desire for the 'institutions' of marriage and nuclear family

formation may also represent a return to personal desires being in line with state goals (Rose 1990). Focusing on future goals of nuclear family living and marriage, obscured and perhaps denied their creative family formation through the extended family support and apprenticeship approach that their narratives demonstrated. The young women were positive in how they encouraged their partner's involvement in family life and his ongoing and evolving role in family growth. I suggest this was an effective agentic approach that countered the absent father stereotype and forged family for the future.

Chapter 10 – Reflexively considering the participant-researcher relationship

Introduction

In previous chapters I have suggested that the young women brought to the fore a commitment to education as a rationale for deciding to abort a first, unexpected, pregnancy; contraception failure, conviction of infertility or fate as rationale for the subsequent pregnancy; and marriage and nuclear family living for future family life. I have suggested that these may be 'responsibilisation' narratives mobilised to convince me of their 'good citizenship' (Rose 1990), actively distancing themselves from the stereotype of the irresponsible single teenaged mother. I have also noted how foregrounding these responsibilisation narratives silences certain realities in the young women's lives that were also evident in their narratives, albeit muted. These include a desire for pregnancy and parenthood and a challenge to nuclear family formation norms through dynamic and creative family formation models.

In this chapter I specifically explore how my positionality (my position in relation to the young women, for example in relation to culture, ethnicity and so forth), as well as my words and actions during the interview, may have elicited the foregrounding of such responsibilisation narratives as well as unwittingly perpetuated hegemonic expectations for the teenaged years. As such, I endeavour to achieve feminist reflexive aims of exploring the power dynamic in the researcher-participant relationship (Wilkinson

1986, 1988) and how the varied positionalities of both researcher and participant inhibit or enable the research encounter (England 1994).

To firstly reflect on my motivation toward this research, I have specifically drawn on the recent work of Frost and Holt (2014) who discussed their positionality as researchers in the interview setting, and how it may have facilitated or limited the encounter. Frost explored how the personal may be evident in motivation toward specific research interests. As a second time mother herself, she was interested in interviewing second time mothers about this experience. By comparison for Holt, who was 'child-free', interviewing mothers with a disabled second child, she felt her approach to be more strategic. Frost suggested that identification of similar positionality by the participant of the researcher may facilitate open discussion. Holt expressed concern that her child-free position may incur assumed naiveté regarding the subject she is exploring by the participant and consequently affect their narrative.

Reflecting on my motivation to this research, early on in the project I would have said it was strategic as the project was a response to a service need. However, on further consideration, I had my two children in 2003 and 2009, during the ten years of the Teenage Pregnancy Strategy. I empathised with the young women going through the same physiological process, scans, blood tests, nausea and tiredness who were attending the young people's service generally. At that time, in personal reflection, I

made direct comparisons regarding maternity leave and pay, the subsidised nursery place at the hospital that was available to me at the time, a husband with whom I shared a home as well as housework and childcare. Also being far from our extended family along with financial obligations, which required quite a rapid return to work. The overarching motivation to the study was strategic but very much piqued by, and entwined with, my pregnancy journey.

Researcher positioning: personal and professional

In this chapter I intend to reflect specifically on how my researcher positioning may have influenced the data and the foregrounding of what may have been several responsabilisation narratives, and also look at how I may have inadvertently led the interview direction as a further 'reading' of the data. Conducting this reading for self, my words and actions during the interview, was an important process in a project that recognises the interview as co-constructed (Oakley 1981, p260). This is a distinct reading from the second Listening Guide reading for reader response, which checks the researcher's reaction to the data; this reading explores how the researcher may have been part of constructing the data.

Feminist reflexivity pays attention to issues of difference and power within research relationships. Burman (1992, 1990) has highlighted the insight that can be gained through explorations of class, racial, gender and age difference in the research context. She stated that the interview is

collaborative and power is always present and should be acknowledged by the researcher (Burman 1992). A feminist approach suggests that this difference should be openly examined, alongside how it influences the research encounter and arising data (England 1994, Wilkinson 1988). I have explored in the methodological considerations chapter, how being white, middle class, middle aged, and a professional may have influenced the research; recognising that I may have been constructed by the young women as a representative of institutions that serve to problematize and prevent teenaged pregnancy. As a consequence, the young women may have tailored their narratives to avoid such labelling and judgement. However, it was only with a fuller realisation that the young women had not told me why they decided to carry on with a second pregnancy that I felt the reality of this. I was struck by the extent to which 'difference' between myself and the young women, may have impacted the research process. The interaction between 'professional', and teenaged mother or mother-to-be, had probably been reproduced for the young women in day to day interactions many times over in recent months with teachers, health staff, even passers-by on the street. They were probably well-practiced in avoiding the subject of deciding to parent in the teenaged years, to avoid judgement from the professionals they had encountered on their pregnancy and parenthood journey thus far.

Grenz (2010, p57) has suggested that research participants tell stories of what they believe is relevant information and tailor their narratives to

what they think the interviewer expects to hear. This is similar to Phoenix' observation that participants 'orient' their narratives to the positionality of the researcher (Phoenix 2008, p66). This is informed by how participants believe the researcher is going to interpret what is said and how what is said will be perceived by the wider public when the research is published. Bearing in mind the media focus on, and overstatement of, the negative aspects of teenaged parenthood in mainstream media and that young women are 'the subject of public and policy scrutiny' (Arai 2009, p52), it is unsurprising that, when given the opportunity, teenaged mothers will attempt to distance themselves from these negative stereotypes and strive to present themselves as responsible citizens.

Reflections on being a nurse-researcher

I feel the dual aspects of being a nurse-researcher lent both positive and negative aspects to the research process and interview. For example, the fact I was a nurse may have helped with recruitment. Some young women may have agreed to participate as they had an issue or concern they wanted to discuss where the clinical knowledge of a nurse may have been helpful. Oakley (1981) described how few women participate in research from a purely altruistic motive. Participants in research often have their own agenda or may hope to gain something in participating. She noted how people agree to participate in research for a range of reasons, which may differ from the researcher's aims (Oakley 1981). For example, in a

paper by Jude Clark (2011), exploring the ways in which women '*amend dominant narratives of African womanhood and motherhood and resist related agendas that constrain possibilities for agency*' (p2), she noted that the women had hopes that through talking with her, as an 'institutional representative', she might be able to help their children access further education and therefore upward social mobility.

Oakley (1981) suggested that in response to participants seeking information or clarification, researchers should give information, using knowledge they may have, in the best interests of the participant. This is evident in Susannah's narrative as she seeks to understand why she has miscarried both her pregnancies as she is '*worried about future pregnancies*'. Equally, it may be seen in Mai's protestations that: '*I need this conversation*', in response to her mother and brother's insistence she go to a GP appointment and not carry on with the interview.

Oakley's (1981) observation that the interview process might prove therapeutic for the interviewee seemed to be the case for several of the young women in my study. The young women appeared to use the interview to talk about certain events that had occurred or were occurring in their lives, some of which appeared unrelated to the research focus. For example, Ally spoke of fleeing her home country from circumcision and the ongoing threat from her uncle of being returned to undergo the procedure. Angelique gave a very detailed account of the attempt on her

life by her ex-partner and the events leading up to and during her late abortion. Sharna described an extremely violent fight with her partner as well as being raped in another context. The research interview context, and possibly a nurse identity, may have accelerated trust. Creating a 'safe' space with, to a certain extent, no time restrictions (unlike a clinical consultation), opened the possibility of discussing such issues (Thorne 2008).

I suggest that being a nurse-researcher may also have led to certain clinical narratives in the young women's interviews. I consider two possible reasons for this. Firstly, that the young women had a clinical issue that they wished to discuss, as with Susannah's words above. Secondly that they brought to the fore explanations and events which they felt I would appreciate as a clinician. For example, several of the young women discussed in detail their abortion or miscarriage experience. Danielle told me that on the day she was going to tell everyone she was pregnant, she had a scan where it was apparent the '*baby had died*'. I began to ask whether she had an operation to remove the '*products of conception*' - recognising in hindsight my 'professional speak' – and denoting a shift from researcher to clinician. However, before I had finished my sentence she launched into a detailed account of what happened next;

S: So then did you have to have an operation to...

D: Yeah and then after that operation they didn't remove

everything so I had to keep on going back into hospital cos I was in pain and clotting...sorry I know that's disgusting...But big huge clots and I was thinking what's going on? I was in pain I couldn't even walk...I was crying and I went to hospital and they done another scan and they're like oh there's still products remaining so they gave me some pill and I had to go through the same process again. Um yeah and that was the end of that and that went on for a long time.

S: So another operation?

D: There wasn't another operation they gave me an abortion pill to get the rest of it out but even up until October because I had the procedure in September till the end of October I had it all going on.'

(Danielle)

Susannah's account of finding out she had miscarried her second pregnancy had similar detail;

'I didn't get seen til about 10-11pm. Then they said to me there's not much they can do...they booked me in for a scan the following morning. Had the scan they couldn't see anything, but there were echoes. They said to me the sac looks like it's about 6 weeks, so she said to me...they did an internal scan...couldn't see much. Said to go do the ...wait...she said to me come back in two weeks, perhaps its not as big as we thought it was. So they booked me in for two weeks.'

(Susannah)

Susannah stated that she had not spoken to anyone about this experience in such detail until the interview, hinting at the 'permission' the research context, and possibly being a nurse-researcher, gave;

'I got admitted on the Wednesday, discharged the Friday. On the Friday morning they came round, and they did the scan, they just did a speculum thing, where they pulled it out...

Then I was just passing clots and that. But I haven't spoken about it til today (cries).'

(Susannah)

Occasionally these descriptions led to discussions about the cause of a miscarriage or what they might have done differently. Continuing with Susannah's narrative, I responded to her disclosure and distress with reference to statistical norms for miscarriage and trying to remove notions of self-blame for them having occurred. Bearing in mind Oakley's (1981) observations about the inadvisability, and impossibility, of an emotional and functional response, I responded by affirming her difficult experience and reassuring her that it was unlikely she had caused the miscarriage:

'Me: It was a pretty traumatic experience. Thank you for telling me. You probably haven't had much time to process it all in your head but how does that make you feel about pregnancy and parenthood and future pregnancies...

S: I'm worried about future pregnancies...

Me: I can imagine...

S: But I don't know...there could have been several things like I was working too hard, and there was stuff I didn't know, cause at work I do lift quite a lot of things, and with me not knowing I could've done something...

Me: The highest chance is that it was going to happen whatever you do, it wasn't quite right...it usually happens early on...'

(Susannah)

Many of the young women also talked in detail about contraception, mostly to explain how they became pregnant a second time, mobilising legitimising medical discourses of risk associated with familial health conditions or side effects. They reported how pregnancy occurred either because their contraception had failed or they were trying to find a method to suit and became pregnant during that process, as discussed in chapter 7.

Other examples might be where contraception is mentioned more in passing or in response to a prompt by me, in order to convince me that they were using contraception; that they were actively trying to avoid pregnancy and therefore complying with the expectation of non-reproduction in the teenaged years (Smith 2014). For example, at the end of Cadeen's long description of various contraceptive methods I asked: *'So your partner didn't use condoms?'* to which she quickly replied,

'Yeah, he did, I don't think he knew his size or something!' Earlier on in Savannah's transcript she had also mentioned how she used emergency contraception when she was first sexually active. Her words suggested occasional use, so may have been mentioned to reassure me that she was effectively trying to avoid pregnancy rather than an actual concerted attempt to avoid pregnancy. It may also have been a response to my focused questions about contraception;

'Me: Ok, so how long had you been having sex with him before you found out you were pregnant?

S: Um....um...about a year and a half.

Me: Quite a long time really and had you been using any contraception?

S: Er...no.

Me: So nothing at all, not even condoms for about 18 months?

S: Yes.

Me: So was pregnancy just not in your head at all or did you just think I've been doing this for so long I'm not going to get pregnant?

S: Coz every now and again I'd go and take the morning after pill, whenever I thought there was something, whenever I didn't feel right within myself I'd go and take the morning after pill just after. But I didn't think anything of it, that I could fall pregnant...'

(Susannah)

However, being a nurse-researcher may not have always been facilitative. I have discussed in the method chapter how possible research participants were few for this study. The majority of young women who were eligible and approached, agreed to participate. It is notable, however, that being a nurse did not help with trying to recruit one young woman. Whilst discussing the research with the young woman on the phone, she was hesitant. I could hear her friend questioning my motivation loudly in the background, querying why I wanted to know about her friend's situation, and advising her not to do it. For her friend, there was a clear mistrust of my motivation. Perhaps she saw me as representing the range of professionals that are seen to judge the teenaged mother, or rightly questioned my proposed forensic exploration of her friend's decisions. Sarah Ahmed (2010, p100) made a similar observation in relation to comments from some of her participants when exploring South Asian women's experiences of sexual violence and the services that they do, or do not, use. When conducting the interviews and observations with the services, there was mistrust expressed regarding the motivation for her study; *'so you are here to slag us off then'*.

Another area where being a nurse may not have been helpful was in my interactions with a couple of the young women's mothers who appeared during the interview. In Sandra and Mai's interview their mothers were curious as to why I was there and my role. In the moment, I was keen to set the mothers at ease, to dissipate any suspicion they may have

regarding my presence, and ultimately to allow the interview to continue. Both Sandra and Mai's interviews took place in their parent's homes, and in the young women's bedrooms, being the only private space they had available to them. Whilst Sandra's mum did not come into the room, she did ask through the door who I was and what we were doing. Sandra took the lead in reassuring her mother, but I was quick to try and reassure the mother that it was a meeting to support her daughter;

(Mother interrupts)

Mother: C'est pour quoi? (what's this about?)

S: C'est pour rien, interview, c'est pour rien, pourquoi? (It's nothing, an interview, nothing, why?)

Mother: Non, mais je savait pas c'était quoi justement... (nothing really, I just didn't know what it was...)

S: Elle me demandera comment c'est d'être mother et tout cela, c'est tout... (she's asking me what it's like to be a mother and all that, that's all...)

Me: Its just a chat, no examination or anything like that...

Mother: Oh, ok...

S: That's it mum.'

(Sandra)

This example from the interview with Sandra may seem quite innocuous, however I did it again with Mai's mother and, reflecting on this interaction, I feared that I may have closed down the interview with Mai

through my interaction with her mum. Mai's mum was a significant presence in the interview from the beginning, even though she wasn't in the room. There was a lot of shouting outside Mai's bedroom door (the middle room between the front room and the kitchen downstairs) as her mother was trying to round up various children and cousins to go to register at the GP – including Mai. At one point, she came into the room to tell Mai that she needed to get ready for the GP appointment, disregarding the fact that Mai was with someone. Mai took the lead in responding to this with the words; *'you're interrupting our meeting'*. I then seemed to feel the need to reassure her mother and said; *'that's ok, don't worry'*, seeking to diffuse any antagonism, but by default possibly undermining Mai. Her mother then directed the conversation at me, *'How's she doing?'* to which I responded *'she's doing alright, we're just kind of talking around stuff...'* I know I was trying, in that moment, to maintain Mai's confidentiality and not discuss with her mum what we had been talking about. However, my collusion with mum, by responding and using the word 'she', is hard to read with some distance on the interview. Mai's mother went on to list all the areas where Mai did not seem to be engaging with the pregnancy and here I really tried not to collude by saying 'mmm' but not being drawn in. Eventually mum left saying *'just sort that one out'*. Hence silence can be useful for researchers too.

I think, luckily for me, Mai was used to this kind of interaction with her mother and appeared to have disengaged while she was in the room. Mai

became reanimated when she had gone, saying '*right where were we*'. Consequently, I may not have lost rapport with Mai. However, this very easily could have shut down communication by my apparent collusion with her mother, and undermining how Mai tried to assert control over events.

Reflecting on my interactions with the mothers, I was likely practicing 'family-centred care' (Casey 1988) considering all family members in a 'care plan', typical to children's nursing. Whilst this may have enabled the interview to continue, this was after all the mother's home, and it was important to have their assent to me being present, it may also have been seen by the young women as my conceding authority to their mother over their ability, and right to authority, in events surrounding their pregnancy. In deferring to the mothers, I may have reinforced stereotypes of teenaged mothers not being able to decide when to parent, nor to have understanding regarding their pregnancy. As a nurse-researcher researching in my own work place, it was difficult to separate the role of researcher and nurse. Seeking to reassure parents, yet maintaining the confidentiality of their children, is a well-honed skill in clinical practice. Yet as discussed above, reassuring parents may not have a place in the research interview. I have set much store on the fact that there is crossover between a clinical and researcher role and of the benefits of slipping in and out of different roles, as needed by the participant. This is illustrated well when Savannah asked about miscarriage and I could

support her with factual information from my clinical knowledge. It is not so beneficial when therapeutic skills, of setting family members at ease, are employed which possibly undermined the young women's assertion in their relationship with their mothers.

Participant orientation to researcher positionality

Early in the research process I felt that the fact that all the participants were either Black British, Black African or mixed race simply reflected the ethnic make-up of the geographical area in which I was working and undertaking the research. In the opening chapter I gave an overview of the socio-economic contexts in which the young women were living. I focused on poverty as a link with early pregnancy and linked this to how black and minority ethnic groups are disproportionately affected by poverty (Hobcraft and Kiernan 2001, Phoenix 1995). In turn, earlier parenting occurs more frequently for those living in poverty. One contributing factor being less financial loss in getting on with parenting at an earlier age than those from more socioeconomically advantaged groups (Phoenix 1981).

Throughout the research, I have explored how my professional status as nurse and researcher might affect the researcher-participant dynamic and data, but did not consider how this might be infused with racial significance. However, it might be said that as a white middle class professional I have an automatic structural privilege (Vaught and Castagno

2008) and being in this privileged position I had not felt the need to engage with challenges arising from racial difference. I was very different from the participants in several areas: age, skin colour, and experience to name a few. Whilst this could have influenced data content in certain respects ie mobilising responsabilisation narratives, which possibly spoke to my professional and institutional positioning, it did not appear to close-down discussion. The young women were happy to talk at great length about many issues.

In fact, although my researcher positioning may have influenced some of the content, I don't think the young women consciously thought about me at all. This calls to mind a question from my supervisors about what I revealed about myself when the young women asked about my experience as a mother, and so forth. Reflecting on this I realised that they had never asked about me. This might be because the young women saw the interview as an extended 'consultation' where disclosure by the health professional is neither expected nor appropriate; or perhaps that I was so different that they could not see any similarities between us and therefore did not ask. Alternatively, they may simply have relished the opportunity and space to talk about their lives.

Race and class differentiation were not overt considerations in either the young women's narratives or my thinking at the time of conducting the interviews. However, on deeper consideration, they are infused across

the whole process. Delayed pregnancy and parenthood has become a middle-class norm, and as poverty disproportionately affects ethnic minority groups, early pregnancy and parenthood occurs more often in lower socio-economic groups where ethnic groups are overrepresented. Clearly there were class and ethnic differences between myself and the young women and these differences have informed our lives, and this interaction. I suggest that this is evident in how the young women foregrounded responsabilisation narratives to convince me and the wider readership of the research of their 'good citizenship' (Kidger 2005), or adherence to middle class practices as normative. It is notable that working as a nurse within a clinical service doesn't require you to think routinely about class and racial difference. Such issues tend to be 'dealt with' (and hence avoided) in culture and diversity training, focusing more on 'how to' work with people of different religions or cultural practices rather than exploring the positioning of the practitioner within health care and its consequences.

In the UK considerations of ethnicity and 'class' are closely interlinked. Beverley Skegg's (2004) work, exploring contemporary understanding of class, noted how consideration of class is bound up with other social locations such as race and gender. Skeggs has suggested that class is no longer defined by parameters of economic exchange but encompasses other moral, cultural and symbolic aspects. She stated that an understanding of class is constructed and shaped by 'perspective', a

particular attitude or way of seeing something. This is pertinent in relation to the constructed classed associations of the feckless single teenaged mother, popularised in the media (Jones 2011). Skeggs argued that the middle class draw boundaries against the working class, and hence devalue the latter (Skeggs 2004, p96-118). Delayed childbearing is a middle class norm, alongside home ownership and nuclear family living – hence earlier parenting, extended family living together and council housing are perceived as less viable. The negative perception of teenaged parenthood is a class issue in the UK when viewed from their perspective.

So what of race? The popular stereotype of the feckless teenaged mother in the UK is white, as epitomised in the character of Vikki Pollard in the comedy sketch show Little Britain, and seen as ‘not-even’ working class. Having said this, although the media and policy focus on teenaged parenthood is not popularly viewed as an ethnicity related issue, it is racially discriminatory. This is by dint of ethnic groups being disproportionately affected by poverty: younger parenthood more likely when living in poorer circumstances: and a society that fails to tackle this discrepancy.

Reading for researcher

I have suggested that my ‘structural privilege’ of class/whiteness/profession/organisation (Vaught and Castagno 2008) has been evident in the young women’s mobilisation of responsabilisation

narratives to publicly distance themselves from the feckless single teenaged mother stereotype, and avoid the associated judgement and stigma. This section briefly examines how my comments, reactions and lines of questioning in the interviews may, on occasion have also illustrated this position. Earlier on in the data analysis I focused on the participant's words, considering my words to be almost irrelevant. However, it has been insightful to explore how my words may have influenced or directed the resulting data. In this reading of the data for 'self', I considered how my questions and comments may have communicated what I consider important and consequently how the young women may have tailored their responses. Despite striving for neutrality some of my questions and focus inadvertently reproduced hegemonic norms for non-reproduction in the teenaged years.

One example is where several of the young women gave detailed accounts of how they planned further education in the near future and one of my early observations was that although they talked at length about this, there were no concrete plans. Sandra for example, was adamant that she would return to education however specific plans were not evident:

S: But my mum was thinking about me, school and later on in life. And that's what my mum was thinking about. But I was telling her don't worry don't worry...because I will go back to school, I know myself. I know where I want to be in life. So if it means I have to go back and do another 3 years I'll go back and do another 3 years

and no problem. And this is how, how can I say it, my spirits like...I've got high expectations that I need to meet and I will meet cos if I don't meet them I'll feel like a failure and I don't want to be feeling like that.

Me: So what are your expectations for yourself?

S: What are my expectations for myself? My expectations for myself is to go back to school...literally finish off the course I want to do, if its three years I have to do three years, if its two years I have to do that two years and then from there if I do that that's one part of my expectations..I'll be happy with myself and then from there I can you know...work my way up...if I have to go to uni I'll go to uni, if I have to work I'll go work, if I have to do the both of them I will do the both of them...d'you know?

Me: Have you got something in mind, like an area you want to work in?

S: Right now I want to work in a travel agency...

(Sandra)

Whilst Sandra introduced the idea of pursuing education, alongside her pregnancy and parenthood, I affirmed this focus by asking what her expectations are for herself and where she hoped to work. Her descriptions seemed to seek to reassure me of her commitment to returning to education rather than specific plans to do so.

Similarly, in Cadeen's interview I asked specifically about the future. This is perhaps not a poor question as such, but contained the suggestion that she needed to be working towards something over and above motherhood. In response, Cadeen reassured me regarding both education and work, although stressed how difficult it had been to find work due to discrimination against parents;

'S: So the future is...sorting the flat out, and then what?

C: I'm going to go back to college. I really wanted to try and find work but it's really difficult, I've never been in such a difficult position, sometimes they ask if you've got kids and then automatically alert...

(Cadeen)

With Danielle, I directly asked what her plan was for education and work, again reinforcing expectations for continued education and work and, as a consequence, devaluing motherhood as a legitimate full-time on-going role;

'S: That's really good so what was, or is, your plan education, work wise?

D: I need to go to college and I need to do a course that allows me to get into midwifery

S: Right

D: So um yeah I'm just trying to find out, not even find out, trying to apply for courses cos I know what I need it's just getting there

because obviously I'm 19 now and I've passed the free education thing

...

S: So what's your time frame on that?

D: By September I need to be in college, that's it, by September I need to be in college, I need to be in college for any more than 3 years, I want to be in uni and that's it

S: By September ...is this your kind of feeling or is someone telling you you've got to be..

D: No I'm telling myself that. For Mxxxx. I don't want her to be like oh my mum she doesn't do anything with her life.'

(Danielle)

This focus drew out some interesting findings such as Danielle now being beyond statutory school age and it not being so easy to access further education, or the discrimination that Cadeen has experienced in trying to find work as a mother. However, these may not have been areas that the young women would have discussed without my directional comments. As a consequence, in data analysis, education seemed a significant theme when actually it may not have been. Moreover, by my line of questioning, I had inadvertently reinforced hegemonic technologies of education and preparation for the workforce for the teenaged years. My direct questions about education and work may have pushed some of the young

women to offer a responsabilisation narrative of upward mobility through education as a rationale for their choices.

When I conducted this reading, I felt the discomfort of the contradictory position of being theoretically opposed to certain constructions such as paid work being valued above the unpaid work of motherhood. Yet I had unwittingly mobilised these values by asking the young women about their future, sometimes specifically naming education and work. My line of questioning seemed to reflect years of conditioning via an upbringing which stressed the importance of social mobility through education, and professional considerations shaped by the Teenage Pregnancy Strategy (SEU 1999) and its goal of getting teenaged mothers back into education.

Reassuringly, in the introduction to *Secrecy and Silence in the Research Process: feminist reflections*, Roisin Ryan-Flood and Rosalind Gill (2010, p5) considered whether it is possible *'to carry out research...and not reinscribe hegemonic social relations?'* They suggested that what is important is to minimise this where possible and overtly recognise how this might affect the data and analysis through reflexively considering the *'significance of those positions for the research'* (Gill 1998, p32). Carrying out a reading specifically looking at my words was insightful, and occasionally uncomfortable, in recognising this effect.

Summary

It was apparent that my positioning and words had significantly shaped the data arising from the interview. However, the young women were by no means railroaded nor silenced by my questions and focus, and offered some graphic narratives on a range of issues not directly related to the research. There are several examples where the young women closed down specific lines of conversation or steered discussion to areas they would prefer to speak about. For example, Danielle shut down a line of enquiry regarding her father, which she clearly didn't want to talk about. When I tried to ascertain her father's involvement in her life, she said *'I'm not really bothered, I don't really care.'* and then faced with my persistence, finally closed down the topic by saying *'I don't really care about that situation to be honest'*. Cadeen also closed down conversation regarding her partner's parents and whether they were able to support her with her daughter. She did explain when I asked why she was not keen on their support but shut this line of conversation down with a heavily sarcastic comment:

S: So you could call on them for a little bit of child care if you really needed it?

C: Yeah if I really, really needed it...

(Carleen)

So whilst there are clear examples where I unwittingly mobilised hegemonic middle class narratives for education and work, and return to

education and work for the teenaged parent, the young women were also able to close down specific lines of questioning and spoke at length about issues they wished to discuss. There was an ebb and flow of 'power' in the interview relationship where the young women demonstrated agency.

At the outset of this thesis, I discussed how feminist research recognises that the researcher is not an objective neutral observer but involved in relationships with inherent power relations (Phoenix 2008, England 1994, Burman 1992, Wilkinson 1988, Oakley 1981). In this chapter, I have specifically discussed how my identity as a nurse-researcher may have influenced some of the therapeutic and clinical content of the interview, as well as some insights into where being a nurse had disadvantages in the research interview context. I have also brought into relief how class and ethnic differences between the young women and myself may have engendered responsabilisation narratives from the young women as they sought to present themselves as 'good citizens'. From this view, the young women may have anticipated judgement arising from our differences rather than 'less fear of criticism and judgment' that similarity in personal characteristics and story may offer (Frost and Holt 2014, p96).

A narrative approach has enabled recognition that the words we use construct a reality and that this is tailored for the specific listener. The data arising from an interview is a product of a relationship in a context, therefore the relationship and context should be made explicit and discussed together with the data for a fuller understanding of the findings.

This chapter has gone some way to achieving this. Sarah Ahmed (2010, p103) discussed how reflexivity can become overindulgent, narcissistic even, when the reflexive process focuses only on the researcher and their influence on the research process and data. However, if the reflexive exercise considers how this relationship reflects wider power relations in society, this gives another layer to the data, or in Bhavnani's words '*a more complex view of how research subjects view themselves and their worlds may become available*' (Bhavnani 1990, p142). Considering differences of class and ethnicity between myself and the young women reflected wider societal and political considerations, specifically in relation to hegemonic expectations of education as route to social mobility and inclusion. Nevertheless, whilst socio-cultural expectations are mirrored in how the young women tailored their narratives and sometimes in my questioning, the young women also exercised power in how they foregrounded some narratives and closed down others.

Chapter 11 – Concluding thoughts: reconceiving repeat teenaged pregnancy

Introduction

This thesis has focused on the accounts of a group of young women regarding their pregnancy choices following an abortion as part of an initiative, and service, tasked with providing interventions to avoid pregnancy in the teenaged years. Initially I had expected that these women might provide a particular rationale or justification for their second pregnancy, following an abortion, but on interview their reasoning for ‘rapidly’ becoming pregnant again was unremarkable. I was expecting insight or information that would shed light on their pregnancy choices, instead I found myself hunting for a decision-making process around the repeat pregnancy that simply wasn’t there.

Where I anticipated this process, instead the young women gave highly stylised, and stereotypical, justification for continuing with a pregnancy following a previous abortion. These justifications were in-keeping with the type of responses I might expect from a woman of any age put in a position of ‘explaining’ their pregnancy. As discussed in chapter 8, women usually do not need to justify having a baby, due to the ‘motherhood mandate’ (Russo 1978); it is expected that women become mothers. However, women do have to justify having an abortion, and they are not deemed able to make this decision alone, legally needing the approval of

two medical practitioners. Consequently, it was easier to trace women's rationale for a termination, which reflected narratives of responsabilisation, stating a need to finish education before starting a family, and harder to illicit a decision-making process around choosing pregnancy. This may also reflect problems with the way decision-making has been constructed as a logical, rational sequence of events (which has been criticised by feminists such as Erica Burman in 2007, Sandra Harding in 1986, and Carol Gilligan in 1982 as a masculine construction) and takes no account of the 'messiness' of life events, relationships, sex and contraception (Hollway 1989). I have also argued that these young women struggled to articulate their desire for pregnancy due to normative hegemonic discourse that proscribes parenthood in the teenaged years. I have argued that the 'motherhood mandate' is not afforded teenaged woman, and pregnancy avoidance is presumed in order to fully participate in further education in preparation for the paid workforce. However, although muted, the young women did express a desire to have a baby, and, more obviously, their continued pregnancy was an embodied resistance to this regulatory framework.

Overall, this thesis has recognised this group of young women's desire for pregnancy and parenthood, highlighted their agency in moving towards this goal within a rigid regulatory framework that denies their desire for parenthood, and has attempted to acknowledge their decisions in a positive light. It has emphasised the broader and evolving personal and

socio-cultural contexts of the young women's lives encompassing: finishing education, longevity of relationships, risk through violence and gang involvement, and pregnancy loss; which render having a baby sooner an understandable 'choice' given the limits of choice afforded these women because of their social location.

In this final chapter I examine the research process, and consider what may have been its strengths and limitations. I also revisit the purpose of this research in the light of the findings; consider specific areas for future research that have arisen; and reflect on what might be translated into recommendations for practice. I will respond to the original premise of the research, but perhaps not in the solution-focused manner originally envisaged.

Theoretical considerations

At the outset of this study my main aim was to explore what, or who, may have influenced the young women's pregnancy decisions with two differing outcomes. Over the duration of the study, and facilitated by the Listening Guide readings, my approach evolved from considering participant's immediate context, such as partner and family, to wider considerations of the socio-political context of their lives and normative expectations for the teenaged years, instigated and maintained by target driven policy, and even legislation such as extending compulsory school

aged to 18 (Education and Skills Act 2016) and compulsory SRE in schools (Long 2016). Conceptually, I located this study within a framework that considers power in society: governmentality exercised through policy, government agencies and social expectations that are reflected in daily relationships (Foucault 1976, 1977). I discussed where the young women's narrated personal desires and aspirations were aligned with state goals of continuing education and childrearing within nuclear family arrangements (Rose 1990), and where resistance was evident in their continued second pregnancies and muted narratives of a desire for pregnancy, or contraceptive practices that opened up a space for the possibility of pregnancy. Engaging with such theory allowed me to go beyond individualized 'solution-focused' findings to consider the wider socio-political context informing women's choices, methodologically locating the study in a relational ontology (Gilligan 1982, Taylor et al 1996, Mauthner and Doucet 1998).

A feminist reflexive approach was attempted across the whole research process. This involved taking a critical stance on established 'standards' for research conduct that place value on removing 'bias' and replicable research processes. Feminist authors have questioned whether this detachment from the research process and resulting data is ever possible (Burman 2017, Phoenix 2008, Martin 2001, England 1994, Wilkinson 1988, Oakley 1981). Such authors have advocated for a full acknowledgement of the researcher's role, investments in the research including knowledge

production and relationships with research participants, and for transparency regarding this relationship in the research write-up. In this project, my institutional positioning became a significant analytical consideration. I have suggested that for these young women I may have symbolically represented white middle class professional views and hence was representative of the political values of delayed reproduction and commitment to education as route to social mobility to which the young women oriented their narratives. I have suggested that the young women mobilised narratives to reassure me of their 'good citizenship' in relation to these assumed values: that they were committed to education, that becoming a parent occurred despite their commitment to avoiding pregnancy and parenthood, and that once a family they were moving toward married and nuclear family living. In this way, my work echoes Phoenix' observations that participants will orient their narratives to the perceived values of the researcher (Phoenix 2008).

Identification of these stylised narratives recognised a tension evident in the research interview context: whilst the aim of the researcher may be to amplify participant voice, the participant may not feel free to fully voice their desires and opinions for fear of judgement. I have reflected on my role as a nurse-researcher, engaged at the outset in solution-focused research, hoping to some extent, perhaps, to 'fix the problem' of teenaged motherhood in line with policy. I considered my own role within networks of power as a nurse placed within a service implementing government

policy, and that I am part of the agencies and expertise that exercise power as, perhaps, an agent of social control. Therefore, the research interview context may re-inscribe relationships of paternalism that as a researcher I may have wished to avoid. This is perhaps an unresolvable tension rendered evident through taking a feminist reflexive approach. However, transparency is achieved, to some extent, by overtly recognizing, despite not always being able to resolve, this tension in the research process (Gill 1998, England 1994).

Reflections on method

Using the Listening Guide for data analysis, with its layered readings, enabled me to reflect on, yet go beyond, the individual and their immediate relational network. It facilitated an awareness of wider socio-cultural and political contexts that may have had a bearing on the young women's pregnancy decisions and accounts thereof. The method served to 'operationalise' a relational ontology and a feminist reflexive methodology (Mauthner and Doucet 1998) in exploring how the participant presented self, and self within relational networks, which included social and political structures and the power dynamics between them all. The method was also flexible in that it enabled me to add different layered readings according to the focus and development of the research. Hence the method facilitated readings that highlighted quieter or less frequently mentioned narratives, such as the young women's

desire for pregnancy and parenthood, and a reading for my influence as a researcher on the data in respect of my words and actions. Using this method has added depth to the findings through highlighting contextual aspects that receive less focus from research and which tend to emphasise dominant participant narratives as the main findings.

Clinician driven research tends to focus on individuals, groups or populations, and frequently focuses on effective interventions. The process of the Listening Guide readings has pointed to wider power structures, or regulatory frameworks, that have an impact on personal decisions. For example, an 'obvious' analysis of the data might focus on individual 'failure' in using contraception effectively. A contextual analysis has led to an exploration of why contraception wasn't used 'effectively' in relation to the wider socio-cultural context of the young women's lives. Different approaches point to different solutions. Whilst more SRE and contraception provision might be a suggestion from the former (an education through information model), an acknowledgement and understanding of the effect of socio-economic context is engendered from the latter. Although addressing the wider determinants of health is more difficult to achieve for clinicians.

This small-scale study has reflected on the experiences of an under researched group within the teenaged pregnancy literature. Although the

sample was small, it reflected the demographics of those using the specific service and those experiencing repeat pregnancy. Small samples are not unusual in cases where little research has been conducted. Whereas other approaches such as grounded theory use data saturation as a guide to sampling, this was not possible for me due to the small number of women presenting to the service. Future research could address a wider constituency of women across different services with different catchment areas, naturally this would have implications for resources.

Drawing conclusions from the findings

The importance of considering the changing context for the young women's pregnancy choices was identified as the overarching finding within this study. Between the two pregnancies, the young women got older, left statutory education behind, were in more stable relationships, experienced miscarriage and/or abortion and were affected by life events such as intimate partner violence. Some moved into the care system, witnessed the death of friends or experienced illness in the family. I have suggested that such life events may have led to an emergent openness to, or desire for, motherhood that supersedes a nebulous 'social mobility' through continued education.

Teenaged women are frequently assumed as developmentally unable to make pregnancy and parenting decisions. However, this study has problematised assumptions of being developmentally unprepared to

become a mother and highlighted how, within their varied life contexts, the dominant technologies for the teenaged years were actively appropriated or resisted by the young women. The young woman's pregnancy choices were based on their personal circumstances and support network at each point in time. The resulting challenge to policy makers is to avoid a 'one size fits all' approach to teenaged women's pregnancy decisions and recognise individual and contextualised circumstances. Whilst it is understandable that policy cannot make provision for every individual's life, the consequence of such an approach which has tended to focus on more education in SRE and contraception use, as well as improving ease of access to contraception will have limited effect. If indeed, one even accepts the focus and targets as well placed. What this study has shown is that teenaged parenthood goes beyond popularised discourses of individualised contraceptive failure and lack of access to contraception but has brought into relief the complex circumstances and contexts which inform young women's decisions about parenting.

What, therefore, can be taken into practice?

Given that most findings from this thesis point to wider personal, socio-economic and political contexts that shape the young women's pregnancy and parenting decisions rather than individual solution-focused interventions, specific recommendations for 'coal-face' practice have been

difficult to identify. There are different aspects within the findings that might be highlighted depending on the audience. For example, clinical employers will be looking at how to improve the Assertive Outreach process and may seize on provision such as facilitation of rapid access to abortion services. Public Health audiences might home in on working with young fathers to facilitate the range of support they can offer the young family. Academic colleagues will likely debate how societal expectations for the teenaged years deny young women the voiced desire for motherhood. Different messages will be taken by different audiences. This project has nevertheless highlighted some pertinent considerations for several areas of 'practice' within research, teaching and direct nursing.

There are several areas that I feel warrant further investigation arising from the findings in this study. Firstly, I was struck by how many of the young women described experiencing miscarriage. A brief search in the literature elicited little specific research pertaining to teenaged women's experience of miscarriage. A study by Brady et al (2008), exploring young women's experience of termination *and* miscarriage, noted that these experiences are generally perceived as distinct and different issues but *'become more blurred where younger women are concerned'* (p186). The authors noted that for some young women (and men) the premature ending of a pregnancy may invoke feelings of loss, grief, relief, concerns about self-identity and future reproduction; however such feelings are often 'rendered invisible' and their experiences remain 'unacknowledged and devalued' (p189). This is arguably because the dominant discourse of

teenaged pregnancy prevention leads significant adults in young people's lives to view a young woman's termination or miscarriage as a positive solution to the 'problem' of teenaged pregnancy (p187). They concluded by stating that termination and miscarriage should be acknowledged as a significant medical, social and emotional event in the lives of young people. Similarly, Clarke (2002) suggested that a pregnancy loss, either through abortion or miscarriage, could be an incentive toward a rapid repeat pregnancy. It would be enlightening to carry out a systematic search regarding teenaged women and miscarriage specifically, and an interview study to explore young women's experiences, and how experience of miscarriage might influence future pregnancy.

This study has also noted that the young women's partners had significant presence in their narratives. The young women reported various reactions from their partners to the news of possible fatherhood, including excitement, shock and concern. Some partners withdrew, but most offered support in ways they could. For some, fatherhood was a catalyst for positive change in their lives. Young fathers are frequently assumed as absent or not providing for their family, yet the young women's words troubled these stereotypes. Bunting et al (2004) carried out a literature review which suggested that while most quantitative data regarding young fathers' involvement gives a rather negative picture of paternal involvement, qualitative research highlights how many young fathers genuinely want to be involved with their children and would have

more contact and input if they could. There is little research regarding young men's desire for fatherhood, reaction to news of impending fatherhood, and their feelings as their relationship with their partner evolves. Qualitative work exploring these areas would bring the young men's thoughts and opinions into the arena.

Conceptual consideration is also called for regarding the evolving regulatory framework for the shifting definition of 'young parenthood' and its impact on young people. Historical concern has expanded from under 16's unplanned pregnancy in the Health of the Nation document (DH 1992), to pregnancy and parenthood in under 18s in the Teenage Pregnancy Strategy (SEU 1999), to the current Framework for Supporting Teenage Mothers and Young Fathers (PHE 2016) where the focus age range had shifted further to 20. As a consequence, the window of 'opportunity' for it to be socially acceptable for women to have children appears to be shifting and reflects the socially constructed nature of motherhood, bearing in mind similar surveillance and judgement for women deciding to parent in older years (Shaw and Giles 2009). Conceptual work, drawing on such legislative guidelines, popular reference and personal experience could and perhaps should, trace and explore this subtle regulatory movement from 'teenaged' to 'young' parenthood and explore what the consequences might be for young people in contemporary UK society.

Finally, in regard to future research, it will be interesting to monitor whether the recent extension of compulsory education to 18 years will have an impact on young women's pregnancy choices. Completing statutory schooling, which stood at 16 years at the time of this study, appeared to be a milestone to 'adulthood' for the young women, after which they could contemplate becoming a mother. Will this changed regulatory framework be incorporated in a similar way to other young women's decision-making? Observing conception, abortion and birth statistics, as well as a similar study to this, could explore whether a corresponding shift in decision-making will occur.

An unforeseen outcome to having undertaken this research is how the learning has informed my identity as a nurse-lecturer and in my academic support for students. In teaching, I have drawn on the critical approach to child developmental models that have been an essential part of this thesis regarding teenagers 'readiness' or 'fitness' for parenthood. I have been able to bring a critical awareness of the possibility that unquestioned developmental models that are part of the undergraduate Children's Nursing curriculum may be socially constructed, or charting how Bowlby's theory of attachment has been appropriated for different state aims since its publication, or noting the androcentric and Eurocentric credentials of most curriculum approved development models (Burman 2007). I have been able to suggest wider reading such as Lansdown's (2005) approach which considers 'capacity' as more important than chronological age as

inscribed in developmental models (as discussed in chapter 4), and Gilligan's (1982) 'In a different voice' regarding the construction of 'female' development (as discussed in chapter 3). I have also suggested alternative models such as Bronfenbrenner's (1979) ecological approach which is better suited to assess the child's needs in context and takes student thinking beyond individualised intervention to consider wider political influence.

Learning about feminist deconstruction of positivist research paradigms has also enabled me to introduce critical thought to undergraduate student teaching regarding unquestioned assumptions about the research processes. Nursing is an evidence based profession (NMC 2015), and the ability to appraise research and implement relevant findings considered an essential skill. Feminist texts that have questioned the androcentric positivist research paradigm such as that of Sandra Harding (1986), have enabled me to introduce critical thought regarding assumptions about knowledge production and bias in research. I could not presume to recommend that everyone undertake a critical feminist qualitative study however I would suggest the inclusion of specific feminist texts into the undergraduate nursing curriculum, such as Gilligan's work when we teach Kohlberg, Burman's work when we teach Piaget/Erikson, or Harding's work when we teach research methods to provide a critical counterpoint. I have noted on the periphery of the reading undertaken for this thesis, commentary on the disappearance of women's studies from academia

(Downing 2013, Mount 2008) most likely related to the popular opinion that the feminist battle has been won. It has not and therefore should be reintroduced across the curricula. Although this might be challenging given the way health science and evidence occupies a dominant position in nursing displacing feminist thinking.

Although the findings of this study move focus away from teenaged women's supposed failure to use contraception to acknowledging the young women's decisions to become a mother in a positive way and as reasonable given their wider socio-cultural contexts) I would like to conclude this thesis by coming full circle and identifying how this research project can inform nursing practice. In relation to the original premise of this project, these recommendations centre around the Assertive Outreach pathway for teenaged women to avoid a repeat pregnancy but are also relevant to nursing practice with teenaged mothers generally. Some recommendations relate to the model of care offered and others to reflection on the nurses' approach.

Angelique's difficulty in accessing abortion services highlights a need for a bespoke outreach service that is able to respond to each client's specific needs. Such a model might facilitate the young women's movement across services and offers a flexibility in service provision that takes into consideration the lack of independence that young people are accorded in UK society. The young women's narratives suggested that youth brings a

lack of independence to mobilise without parents and statutory obligations, such as school attendance, can further lengthen the time before the young woman is able to seek advice and support. It can sometimes be a barrier to seeking support altogether. An outreach service that provides this tailored support could be effective in ensuring choice and access to services are rights that are equitably available to teenaged women.

Support that is not specifically target oriented (ie avoiding a repeat teenaged pregnancy) and is able to offer the young women time for discussion may help the young women in their pregnancy decisions, offering them time to explore emotional responses and the various possibilities open to them. For example, during Mai's interview, we were interrupted several times by her mother and brother as her mother had booked her an appointment with the GP. However, she resisted attending and stressed how much she wanted to participate in this interview as she *'needed this conversation'*. This illustrates the way qualitative interviews may provide a space for some women to talk freely, given the many pressures from people around them and perceived limited choices in planning their futures. This space to talk might be worked into support models.

Findings have suggested the importance of family life to the young women and their encouragement of the father's involvement. This suggests a

shift in focus for professional support from goal-oriented targets focused on eradicating teenaged parenthood to supporting young families. Whilst the Teenage Pregnancy Strategy (SEU 1999) did suggest supporting young mothers alongside pregnancy prevention, in later documents such as Teenage Pregnancy Beyond 2010 support for young families was absent from the agenda in favour of preventive strategies. The Family Nurse Partnership (2015) does offer support to young mothers, and the recent Framework for supporting teenage mothers and young fathers' (PHE 2016) encouragingly does illustrate this shift. Whilst not homogenising all teenaged parents as in need of support, the framework does suggest targeted support for those who need it. The specific inclusion of young fathers in the document title demonstrates the importance of encouraging and facilitating young father's involvement in their family. My study supports the recognition of the range of support young fathers can provide over and above, and in addition to, financial support for those able to provide this. The findings in this study suggest an approach by professionals and policy makers that facilitates the growth of young families and the involvement of both parents, as well as the extended family network where possible.

I have also observed that the young women's responsabilisation narratives obscured and denied their desire for pregnancy. From a service delivery point of view this leads to missed opportunities for health promotion advice. If young women do not feel able to consult with professionals for

fear of judgment, valuable opportunities might be missed to support the young women in planning, or throughout, their pregnancies. Nursing practice should be evidence based (NMC 2015) and therefore personal assumptions regarding teenaged parenthood should be examined. Wider literature that witnesses the positive aspects of younger parenthood should also be viewed. In this way, nurses will deliver non-discriminatory and informed practice.

Finally, the reflexive approach to this study has highlighted that clinicians should consider their institutional positioning, and how they are perceived by the client. It should be acknowledged that policy and target driven services frequently reproduce wider societal norms and expectations rather than respond to client need. Rose (1990) observed the tendency of statutory organisations to case manage individuals and groups that are deemed to be 'at risk', which describes the current trend for 'targeted intervention' and particularly the assertive outreach model adopted by the Teenage Health Demonstration Site to avoid repeat teenaged pregnancy. However, this research has suggested that the outreach model should evolve to include support for teenaged women within their changing personal and social landscape with widening or receding possibilities. An outreach model is required where childbearing is recognised as a legitimate choice for young parents.

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Appendix 1

Teenaged mothers metasynthesis project search strategy

Databases:

Literature searches were conducted beginning in 2005 using 8 electronic data-bases:

- CINAHL
- Web of Science
- Medline
- Sociological Abstracts
- PsycInfo
- ERIC
- Social Services Abstracts
- **Dissertation Abstracts**

Search terms:

The following terms were entered alone and in combination:

teen* OR adolescen* AND pregnan* OR parent* OR mother* OR father*
An * symbol at the end ensures that all forms of the word are included in the search.

Further search strategy:

Names of authors who are known scholars in the field were also included. A retrospective search for all years of coverage for all databases was created in 2007.

Relevant articles identified from hand searching of the bibliographies of the initial articles were also retrieved.

Table of content searches for 18 journals began in 2005 and is ongoing:

- Family Process
- Qualitative Health research
- American Psychologist
- Journal of community psychology
- Public Health Nursing
- Social Science & Medicine
- Western Journal of Nursing Research
- Nursing Research
- Nursing Outlook
- Infant Mental Health Research
- Journal of Marriage & the Family
- Child Development
- Advances in Nursing Science
- Literature and Medicine

- Families in Society
- Research in Nursing and Health
- American Journal of Orthopsychiatry
- Nursing Philosophy

As of 10/11 (initial search):

- Web of Science 1767 from 1995 to 10/11
- CINAHL 2,944 from 1982
- ERIC 2681 from 1966
- Ovid Medline & Ovid PsychInfo 87,481 from 1948
- Social Science Abstracts 1987 from 1979
- Sociological Abstracts 11,538 from 1952

Total 108,348

A snowball approach was also used to locate additional articles.

Appendix 2

Interview Guide

Interview guide: Parenthood shortly after termination of pregnancy

1. What was it like growing up?

Prompts:

- Family
- School
- Relationships
- Aspirations/dreams

2. Can you tell me about the contraception you have used, what was good, not so good?

Prompts:

- If none, explore
- How was contraception use linked to relationships?

3. Tell me about your experience as a parent

Prompts:

- Joys and challenges
- Extended family support/friends
- Partner/baby father
- Work/education
- Living arrangements

4. In the light of the fact you have had an abortion previously, what influenced your decision to choose parenthood now?

What influenced your decision to stop your first pregnancy?

Prompts:

Opinion of family/friends/partner

Differences between then and now

Appendix 3

Information Sheet

Becoming a mother within 2 years of an abortion. Exploring young women's relationship, contraceptive and parenthood journey in the teenage years.

You are being invited to take part in a research study. Before you decide whether or not to take part, it is important for you to understand why the research is being done and what it will involve.

Some young women become a parent within a short time of having an abortion. I would like to find out more about these young women's relationship, contraceptive and parenthood choices. From what we learn we hope to improve our relationship, contraceptive and pregnancy service.

I would like to listen to young women's stories of their journey to parenthood. I will be recording the interviews and making some notes during our meetings. What you say will also be written down. You will be given a copy to check the content and to keep. I will be meeting with young women taking part in the study over 2011 and looking at the results in early 2012.

Why have I been asked?

Because you have had an abortion and gone on to become a parent within 2 years in your teenage years. I plan to interview about 10-20 young women who have a similar history.

Do I have to take part?

No, if you do you will be given this information sheet to keep and be asked to sign a consent form. You are still free to stop at any time.

Not taking part in this study will not affect your right to attend and treatment at CHYPS Plus.

What will happen if I take part?

We will meet for about an hour. We will talk through your relationship, contraception and parenthood history. I will record our conversation. You will receive a written copy of this recording. We can meet in your home, at CHYPS plus or another location where you feel comfortable and where we can have a quiet conversation.

Are there any risks?

No. You will not be identifiable from the information gathered.

What are the benefits?

Talking with you and hearing your story will help us understand young women like yourselves in the future and help us shape services to better serve their needs.

Will what I say be confidential?

All information collected will be confidential (subject to legal limitations). We will choose a false name so that data cannot be linked directly to you. Paper versions of your story will be stored in a locked cupboard and electronic copies

What will happen to the results?

The results will be used for an academic research project, which will help us shape our service at CHYPS Plus. There will be publications from this data. I will let you know of any publications (this may be quite a long time after our interview).

What should I do if I want to take part?

Let one of the CHYPS Plus staff know or tell me directly.

Who is organising and funding the research?
I am conducting the research as a student of City University and employee of City and Hackney Community Services. The research is self-funded.

Who has reviewed the study?
The research has been approved by the NHS Research Ethics Committee.

Who do I contact for further information?
Sarah Balaas, Advanced Nurse Practitioner, CHYPS Plus
07557295238, 020 8919 5040

Any concerns?
If you have any concerns about the way in which the study has been conducted, contact the research and development team at City and Hackney Community Services, City Hall, 020 7655 4066.

Thank you for taking the time to read this information.
January 2011.

CHYPS Plus | The House | Lower Clapton Health Centre | 36 Lower Clapton Road | London E5 0PD
Tel: 020 8919 5040 | Fax: 020 8919 5039

Appendix 4

Consent form



CONSENT FORM

Becoming a mother within 2 years of an abortion.

Exploring young women's relationship, contraceptive and parenthood journey in the teenage years.

Sarah Bekaert, Advanced Nurse Practitioner

CHYPS Plus | The House | Lower Clapton Health Centre | 36 Lower Clapton Road | London E5 0PD

Tel: 020 8919 5040 | Fax: 020 8919 5039

Please initial box

1. I confirm that I have read and understand the information sheet for the above study and have had the opportunity to ask questions.
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving reason.
3. I agree to take part in the above study.

Please tick box

- | | Yes | No |
|--|--------------------------|--------------------------|
| 4. I agree to the interview being audio recorded | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I agree to the use of anonymised quotes in publications | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I agree that my data gathered in this study may be stored (after it has been anonymised) in a specialist data centre and may be used for future research. | <input type="checkbox"/> | <input type="checkbox"/> |

Name of Participant

Date

Signature

Name of Researcher

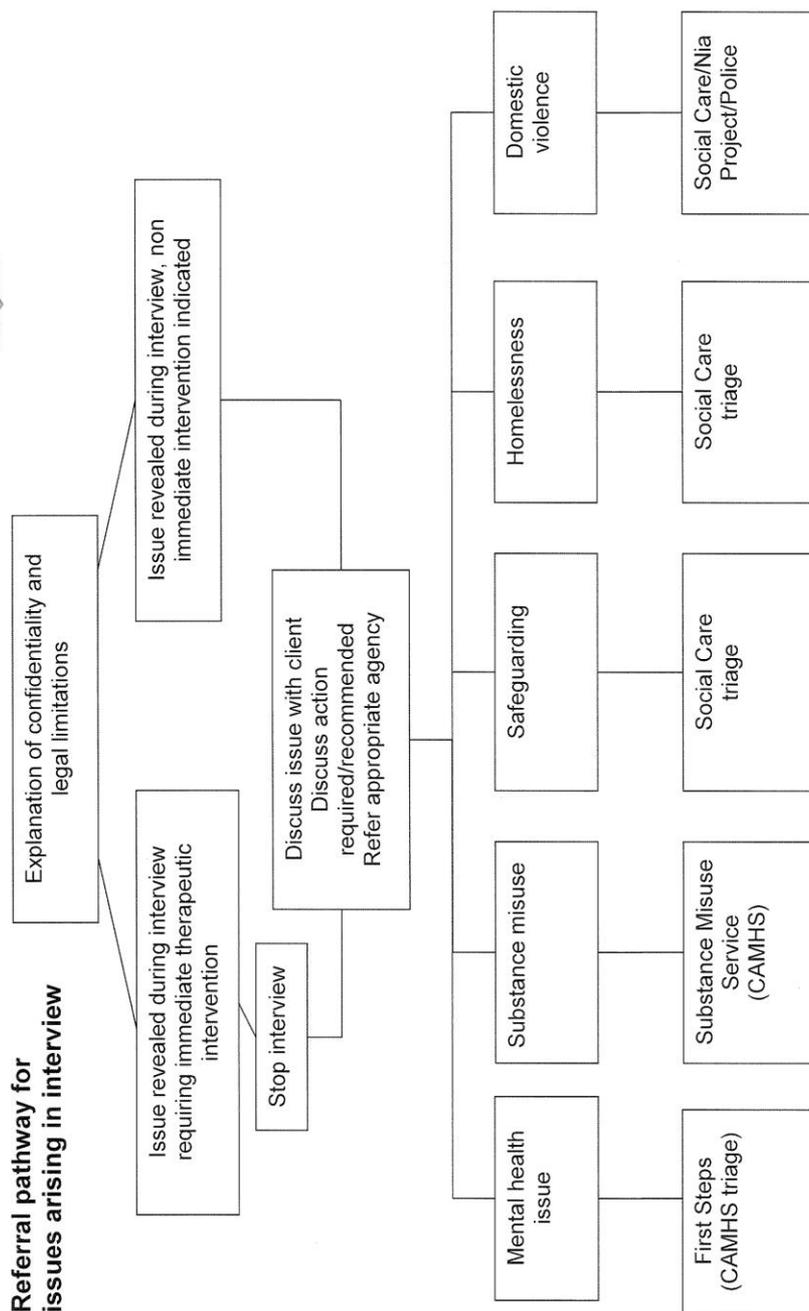
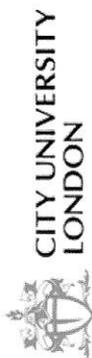
Date

Signature

Sarah Bekaert, ANP, CHYPS Plus, 5/3/12, version 1

Appendix 5

Referral pathway



Sarah Bekaert, ANP, CHYPS Plus, 5/3/12, version 1

Appendix 6

Sandra's poems

<p>I poem</p> <p>I was born in xxxx hospital I'm a xxxx resident I grew up in xxxx I went xxxx primary school I went xxx primary school I've lived in xxxx I've lived near xxxx I studied in xxxx That's when I fell pregnant</p> <p>I was in year 10 I was supposed to be getting 11 GCSEs but I came out with 7 I didn't come out with the results I really wanted At least I came out with something Either I got kicked out or I stand by their rules I was a very naughty child in xxxx I was just very bad, I was the boss That was my behaviour, until I grew out of it I start school at 12 o'clock, I exclude myself from my friends They helped me out massively</p> <p>I had a termination This was before I had to do my GCSEs I knew I needed these qualifications I have my child and I've still got my GCSEs I wasn't gonna, you know, keep it</p> <p>I was speaking to him I haven't made a decision I wanted him to agree with it</p> <p>I was agreeing with them (parents) I will finish school I need to prove to everyone</p>	<p>I can do something with my life I did what I had to do I'm doing something really bad I crushed certain people's hearts</p> <p>Sandra you can't have another termination I agreed to that I have to know what I am doing with myself I went to get contraception</p> <p>It was my first love I really wanted to be careful</p> <p>I didn't get the injection there I went back to CHYPS I got my depo done I didn't agree with it until he had a chat with me I told him I would be going on the injection</p> <p>I came off it cos I didn't want to do it no more I came off it I didn't go back cos I thought what's the point I've done my GCSEs I'm a big girl now I didn't tell him that I'd come off it I went wrong I didn't tell him</p> <p>I fell pregnant again I didn't know I just didn't have them side effects I was just a normal person I fell pregnant I fell pregnant I fell pregnant and I didn't know I was already 4 months gone</p>
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<p>I was going to school I did my one year No I didn't get to finish my one year Yeah I didn't get to finish my one year I done a little bit of it I dropped back</p> <p>Sandra you're pregnant I was like I know I just didn't want to tell you Me and babyfather we're already spoken about it I'm going to keep it</p> <p>I was telling her don't worry don't worry I will go back to school I know myself I know where I want to be in life I have to go back I'll go back I've got high expectations I need to meet I will meet If I don't meet them I'll feel like a failure I don't want to be feeling like that</p> <p>Finish off the course I want to do If I do that, that's one part of my expectation I can work my way up If I have to go to uni I'll go to uni If I have to work I'll go to work If I have to do the both of them I will do the both of them I want to work in a travel agency Im going to go back to school I am looking for small bureaus that I can work in When I've finished school I'll decide whether I wanna go uni or work or do both of them</p>	<p>I ain't got a house I need my house If I don't have my house I'll feel like I'm still on the same chapter I can still go to school If I had my house I'd be going school anyways</p> <p>I can't keep relying on people I have to do everything myself I usually have so many papers on my mirror I wake up I need to apply for this job I do it I rip it off I done that already This is how I work I set myself goals to move on in life</p> <p>I say there's not enough time I'm still young I party I love my friends and everything I still go out I love my friends I'm on the bus I'm thinking what am I doing tomorrow I say there's not enough time</p> <p>If I didn't have (daughter) I'd still be going to school I wouldn't be focusing I would still be the same old Sandra Telling everyone I'm tough I'm only doing to make myself feel better I'm not supposed to do that in life Having (daughter) I realise I wasn't supposed to do that</p>
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<p>Would I think to go to uni? I woulda said no I used to be like...I'd be like no, I'll go tomorrow This is how I used to be I know these little things will help me I need it to move on</p> <p>I've been seeing him since year 8 Relationships awkward because of the area I live in</p> <p>She was my best friend It was me, xxx and xxx, we all went (school) I weren't there I was on my way I was at home doing my hair I usually call her I thought everything was going to be fine I weren't pregnant I was still in (school) I was xxx's best friend</p> <p>If I didn't meet xxx I wouldn't have met (boyfriend) I tell him everything How I'm feeling and everything</p> <p>I have to question him It worries me when he comes round here I have to keep an eye on it I'm a crazy person too I will hit you back... I will do it I open my mouth... this is how I am I have his back and he will have mine I'm a bit scared I will question them Do I really want to go there? I'm putting myself too at risk</p> <p>I wouldn't be staying in xxx If I want to be living with him I have to be thinking about him too I grew up in xxx</p>	<p>I wouldn't want my child to grow up in xxx with what I've been through I'd like her to experience a different area A different experience than what I had I wouldn't want her to get involved in the gang thing I'll tell her about my life</p> <p>I can do everything with the help of my parents I'm still young I go out with my friends I have a jolly time When I come home I'm a mother I'm still 18 I'm still in my teens I tell them no that's my little sister I'm still young I don't want to be telling everyone I've got a child You have to get to know me to know who I am I'll tell them yeah I have a child, what's the problem? I'm young I'm having my fun I'm looking after my child</p> <p>I had a child but I still act the same</p> <p>I'm definitely a teenager that's different because I live both lives I live my mother life And my friendly friendly life I'm allowed to do that</p> <p>I wasn't going to have an abortion anyways I can't keep playing with my body like this I might not have kids again if I keep doing it Something might go wrong if I keep doing it I wouldn't want to do it again</p>
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'Sandra's' poem

To whoever is not in Sandra's good books will learn the hard way
Sandra you're not keeping this
Sandra, what do you want to do?
Sandra, how was it, was it nice?
Everyone was like, Sandra you're pregnant
My mum's reaction was like, oh my god Sandra, again
I would have been the same old Sandra
It used to be like Sandra, go to this lesson...Sandra go to that
She'd be like Sandra I'm going to this place
He's like Sandra I'm going to this place
When people ask me, Sandra do you have a child, I tell them no
Sandra do you have a kid, I'll tell them yeah...what's the problem?
He told me, Sandra next child you have, you can't have an abortion

Partner's poem

My child's father knew
I was speaking to him trying to let him know that I haven't made a decision
I wanted him to agree with it
He was not too sure about it
He was half hearted
I think he wanted it
But at the same time he was scared as well

He was 18
He supported me
He supported me throughout
He came to the hospital too
He came, he was there...and he was there

That's the way he was speaking to me

Sandra you can't have another termination

I was with him and he cant' put up with me keep doing terminations
He was the one that brought up the fact of contraceptions
We were really, really like, you know, careful
Was was really really careful

I didn't agree to it until he had a chat with me...my babyfather
I told him I would be going on the injection

He was ok with it
I didn't tell him that, that I'd come off off it
I didn't tell him
We had to deal with it when I fell pregnant

I didn't agree to it until he had a chat with me
I told him I would be going on the injection

He was ok with it
I didn't tell him
Me and my babyfather's already spoken about it
And he was happy
He was just happy
That's his first child too, so he was happy

Xxxx, I've been seeing him since I was in year 8
I'm still seeing him now
Still seeing him now

We lost our friend
We lost our frined

This made me and xxxx closer
He was xxxx best friend
If I didn't meet xxxx I wouldn't have met xxxx
This is why we have a good bond

<p>He's not only my child's father, he's my best friend I tell him everything Telling him how I'm feeling That's how me and xxxx know each other</p> <p>We usually speak on the phone After we lost xxxx it's like everything changed</p> <p>He was xxxx's best frined I was xxxx's best friend If I didn't meet xxxx I wouldn't have met (boyfriend)</p> <p>I got friends whose got kids We all get together We do babymother nights We have fund</p> <p>Family My mum knew His parents knew My mum's thoughts, my mum and dad's thoughts - Sandra you need to finish school I was agreeing with them</p> <p>And my sister was there My mum and dad they weren't there, they were at work But my sister was there</p> <p>I crushed certain people's hearts, but there's other people here to support me</p> <p>My mum didn't know My family knew, and his family knew My mum's reaction was like oh my God Sandra, again His mum was happy too because it's their first grandchild</p>	<p>My mum was thinking about me, school and later in life</p> <p>I can do everything with the help of my parents</p> <p>School I went xxxx girls school I went xxxx I studied in xxxx While I was in xxxx, that when I fell pregnant In xxxx its either I got kicked out, or I stand by their rules I was a very very naughty child in xxxx Xxxx made me realise it's either you get your GCSEs or you get kicked out Start school at 12 o'clock, stay at xxxx and finish at 5 They helped me out massively</p> <p>I would have been the same old Sandra back in xxxx, bullying people</p> <p>It was me, xxxx and xxxx, we all went xxxx.</p>
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Appendix 7

Thematic Mind Map

