

Teenage mothers in England: Resisting, or silenced by, the regulatory framework?

Sarah Bekaert

Introduction

In an ever-tightening regulatory framework, deciding to parent in the teen years has become an act of resistance, one that young parents have to justify as they endeavour to navigate the system that should provide support, but tends to judge. In contemporary UK society, teenage mothers contend with a generalised perception that they have ‘failed’: failed themselves because they are seen to have not completed an educational trajectory that assumes upward social mobility, and failed society through not participating in the workplace and contributing to society through paying tax before starting a family. The irony is that time and again, and certainly from well before the Teenage Pregnancy Strategy (SEU 1999) the contexts of young people’s lives suggest that parenthood frequently stimulates a reengagement with education and work, and that young parents draw minimally and legitimately on the welfare support available, whilst organising a range of informal networks for support, living and childcare (Herrman 2007, SmithBattle 1995, 2000).

Nevertheless, young people in the UK live with the legacy of the Teenage Pregnancy Strategy (SEU 1999) with its goals to reduce teenage pregnancy rates by 50% and to support young parents in avoiding ‘social exclusion’ by reengaging with school or work. Recent statistics have highlighted the achievements of the 10-year strategy with continuing reduction in rates since the strategy ended (Hadley *et al.* 2016, Weale 2016). However, there is an emergent counter-narrative that stigmatisation of teenage parents may be a significant contribution to this reduction in rates (Doughty 2014, Forster 2017).

This chapter explores teenage women's accounts of repeat pregnancy decisions made in a contemporary context that problematises 'early' parenthood and assumes consequent social exclusion. For the group of women interviewed, a first unexpected pregnancy was lost either through miscarriage or abortion. The decision to abort tended to be oriented around a desire to finish education, although this might suggest more of a rite of passage to adulthood than a career plan with 'social mobility' goals (Bekaert 2018). For some, a miscarriage occurred before abortion, while deciding what to do, or despite a decision to carry on. This chapter will focus on the young women's subsequent emergent desire for pregnancy and parenthood. In their narratives, further pregnancies are 'explained' as occurring through events beyond their control such as failed contraception, being convinced they were infertile or giving their fertility over to fate. Yet despite these legitimising accounts, there is a clear embodied resistance through continued pregnancy and some directly voice wanting to be pregnant, albeit briefly, or demonstrate a quiet excitement when they are. Ironically, their accounts may reinforce feckless teen parent stereotypes through 'poor contraception' use. However, viewed reflexively, and specifically considering the power relationship between the young women and the researcher which may mirror wider regulatory dynamics, the young women may have been trying to convince the listener that they were conforming to the commitment to avoid pregnancy in the teenage years despite opening-up a space for pregnancy.

Background

A young people's clinic in a London borough, which included provision of contraception and sexual health services, was instrumental in trying to achieve government targets to reduce

the teenage 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 for teenage women. This involved an Assertive Outreach Nurse contacting the young women who had a pregnancy, offering them a contraception consultation and facilitating contraception provision. An audit of this pathway, whilst indicating the 'effectiveness' of the pathway overall, also highlighted a small group of young women who became pregnant, lost this first pregnancy either through miscarriage or 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, p. 42.) suggested, whereby young women reassume the expected trajectory of further education, work and non-reproduction after a 'lost' pregnancy; they became mothers. This warranted further examination, not so much to contribute to a reduction in the teenage pregnancy rates, but to explore the influences on their decisions.

Methodological considerations

The exploratory study drew methodologically on concepts of power, both at a relational level as well as broader socio-cultural influence, including policy and legislation. A feminist reflexive approach was taken to the research process. The contextual and relational aspects of decision-making for women discussed by Carol Gilligan in 'In a Different Voice' (1982) – which at the time provided a counter-narrative to an emergent dominant (and persistent) discourse of the 'male' rational decision-maker (Kohlberg 1981) were drawn upon to explore the layers of relationship that have an impact on the young women's pregnancy

decisions. The work of Oakley (1981) and Phoenix (2008) was also important in considering the power relations that are inherent in the interview context itself. Oakley (1981, p. 244.) suggested that the positionality of both researcher and participant would inevitably change (but not negate) the research results. Phoenix (2008, p. 66.) 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.

Conceptual considerations included the work of Foucault (1976) who 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 (p.144.). For example, this can be seen in the statutory school leaving age now at 18 years (Education and Skills Act 2016) and compulsory Sex and Relationship Education in schools (Long 2015) which indirectly and directly render teenage pregnancy and parenthood a hindrance to supposed upward mobility through education. Rose (1990) extended Foucauldian concepts of power by exploring how citizens of a liberal democracy are expected to regulate themselves. Rose reflected on a society where we psychologically shape our personal desires toward unceasing normalised expectations (1990, p. 213.). 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, p. 224.). People are 'entrepreneurs of themselves' (p. 226.), shaping their own lives through available choices. This, of course, assumes a range of available 'choices' that are not afforded to all (Phoenix 1991). Again the work of Foucault (1976) and his concept of

resistance was important in considering whether, and how, the young women 'resisted' the dominant discourse of 'non-reproduction' (Smith 2014) in their teenage years.

Method

Eight young women, aged between 17 and 19 years, identifying as either Black African or Black British, were interviewed to explore what might have been the influencing factors on their pregnancy decisions. Their names have been changed to protect confidentiality. Data analysis was undertaken through the Listening Guide which 'operationalised' the methodological approach (Gilligan *et al.* 2003, Mauthner and Doucet 1998). In this method, Taylor, *et al.* (1996, p. 253.) explored the relational in narrative through reading for who is speaking (the participant), who is listening (the researcher), and examining the social location of both in the construction of a relational psychology. The authors suggested four separate readings of the data: for the reader's impressions and emotional responses, for the participant's voice; for example, how she represents herself – referred to as the 'voice of I', for relational voices, and within this the voice of political resistance can be analysed, and finally 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, p. 244.)? With a focus on wider regulatory frameworks, and how these are infused into day to day encounters this study took the approach of Mauthner and Doucet (1998) who developed the method from a sociological viewpoint. They also suggested four main readings of the data with some variation to the original readings. They introduced an initial reading for 'plot' – eliciting the overall 'story' the participant wishes to tell before beginning the fragmentive process of data analysis, then for reader response to the participant's words, building in a feminist reflexivity to the method. For the fourth reading, they looked

wider to social structures and cultural contexts evident in participants' narratives. Several returns to the data refined analysis and identification of themes or threads through and across the young women's narratives. This chapter reflexively considers two of these themes, different, but inextricably linked: legitimising accounts for a subsequent pregnancy and a muted desire for pregnancy. An emergent tension is explored between a personal desire for pregnancy and the non-reproductive regulatory framework, and how this tension is evident in the way the young women present themselves in talk.

Legitimising stories

The young women's accounts showed that, by the time they were pregnant a second time, most of them were beyond the obligation of statutory education, arguably a marker for 'adulthood' and a freedom to decide their futures (Bekaert 2018). Nevertheless, they accounted for their pregnancies through explanations that included failed contraception, concerns around infertility, and fate being in control of events.

For example, one of the young women, Angelique aged 17, used several of these legitimising narratives to explain her second pregnancy. At interview Angelique 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.'

She also described not being able to find a contraceptive method that suited her, and how eventually 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 it's time.'

(Angelique, aged 17)

Angelique utilised several discourses to account for her second pregnancy; these 'explanations' in relation to teenage parenthood also appear in the other young women's accounts, as well as across the literature. For example, Ally and Cadeen, both aged 18, 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. 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 the 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 accepted responsibility and rejected the notion of fate in contrast to her earlier statements.

Susannah, aged 18, 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 was not 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:

'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, aged 18)

One of the main goals of the Teenage Pregnancy Strategy was to improve young people's knowledge of how to use contraception (SEU 1999). 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 did not use condoms when she had an episode of diarrhoea and vomiting whilst taking the pill, and Susannah stopped taking the pill during exam time, yet their narratives suggested that they continued to have sex with their partner and became pregnant. In a study by Burns (1999) she noted that the young women *'decide to use contraception, (but) use it ineffectively'* (p. 496.). Similarly, Ekstrand *et al.* (2009, p. 173.) found participant's unplanned pregnancies were predominantly the result of *'inconsistent'* contraception use. However, contextual factors should be taken into consideration with apparent *'ineffective'* and *'inconsistent'*

contraceptive use. The young women were concerned regarding the possible side effects of contraception, and use seems to reflect the ebb and flow of relationships and gendered expectations, where consistent use despite not being in a stable relationship might suggest lack of loyalty (Nelson *et al.* 2012) or being 'up for' sex (Bernard 2015). Overall the young women's narratives illustrated that they did engage with contraception but not in a straightforward way. Their use reflected that of the young women in a study by Goncalves *et al.* (2011) where the young 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, p. 6.) analysis suggested that using contraception demonstrated the young women's commitment to the broad expectation to avoid pregnancy in the teenage years, yet they took breaks from contraception to protect their fertility. If a pregnancy occurred they could state that they had been using contraception. Yet the general value given to motherhood enabled them to continue a pregnancy despite widespread stigmatisation of teenage pregnancy. Similarly, for the young women in the study, contraception use demonstrated a commitment to the technology of avoiding pregnancy in the teenage years, yet not using it 'properly' and taking breaks may have been used to explore their fertility.

Some of the young women voiced conviction that they were infertile, which consequently meant they felt they did not need to use contraception. Mai explained that she had sex quite often in this and previous relationships without contraception and never became pregnant:

'We never have. I didn't think I could ever fall pregnant to be honest. It never happened even with my other ex-boyfriend.'

Similarly, Danielle, aged 19, did not mention any contraception use right from the beginning of her relationship and simply stated that she did not think she could get pregnant; '*I'm unlucky like that*'. She offered a firm storyline of infertility regarding her first pregnancy and this is affirmed in her mind when she miscarries the pregnancy:

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, aged 19)

Thorsen *et al.* (2006) found a common misconception amongst young people that when they had unprotected sex and had not become pregnant they started to believe they could not get pregnant. Consequently they did not fully engage with contraception in the belief that it was not needed. Once a pregnancy has been lost either through miscarriage or abortion, a concern whether motherhood will be possible can also emerge. White *et al.* (2006) noted that teenagers who have had a previous miscarriage may have concerns that

the event may recur. Infertility may also be a 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 keen to confirm their fertility after an abortion and the young women in a study by Hallden *et al.* (2005) were concerned that pregnancy would not 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 their study chose '*not to give life now*' (Hallden *et al.* 2005, p. 798.). This desire to prove fertility may lead to a repeat pregnancy soon after a pregnancy loss. 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. 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.

Alongside contraceptive failure and concerns over infertility some of the young women in this study described a sense of fate directing their fertility. Shonda, aged 18, suggested that fate was in control of her fertility after her second abortion. She explained how she and her partner still did not use condoms after the second abortion:

'If I was meant to have a baby I would have had the baby'.

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 preferred to leave her fertility to fate:

'If it's time for me to get pregnant, then it's time'.

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 were likely to wait and see if they become pregnant. This might be through not having the financial means to buy emergency contraceptive pills nor the ability to access clinic provision, as well as differing expectations for career trajectories. SmithBattle's (1996) longitudinal qualitative study with young mothers witnessed stories that revealed a sense of resignation to whatever befell them.

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 (Bekaert 2018). 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, sometimes incurred by a pregnancy loss either through abortion or miscarriage, and having finished statutory education that motherhood became a more desired pathway despite wider society still considering these pregnancies as early, and young motherhood being highly stigmatised. Consequently, the young women mobilised legitimising narratives that seemed to be at odds with personal desire. On the one hand, they presented narratives that appeared 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 that 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 used narratives of contraceptive or infertility medicalisation which enables many of them to demonstrate engagement with normative society yet also '*develop a potent off-stage critique*' (p. 201.) – for example through hints of gaps in contraceptive use or being convinced they were infertile so no contraception was used, and therefore opening up a possibility of pregnancy. Goncalves *et al.* (2011, p. 212.) termed this '*covert resistance to normative ideologies*'. This is akin to Foucauldian governmentality (Foucault 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.

Muted desire for pregnancy

The legitimising narratives of failed contraception, infertility or fate relating to how the young women became pregnant a second time rendered a quieter narrative of desire for pregnancy and parenthood much harder to identify. At first, it appeared that the young women did not narrate a decision to carry on with a second pregnancy. On closer reading, some accounts were actually candid about wanting to become pregnant, or being open to pregnancy which would account for a lack of deliberation when they were. However, these statements were brief and easily overlooked such as Mai, aged 17, saying, '*I wanted to get pregnant by him*' or Sandra, aged 19, stating '*I'm a big girl, make my own decisions now*' when she described how she stopped using contraception once she finished school. A further reading for this for this muted narrative in the young women's transcripts was conducted. An early focus on what was said, the more frequently spoken or 'louder' narratives, 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. It is suggested that 'quietening' an expression of desire for pregnancy and parenthood, subsumed by the 'louder' legitimising narratives, may have stemmed from a desire to resist judgement in the stigmatised landscape of young parenthood.

On this return to the transcripts, a further legitimising narrative was identified; that legally there was no choice but to carry on with the pregnancy. Sandra stated that there was no decision to be made as her pregnancy was discovered when it was legally too late to have an abortion, she had to carry on with the pregnancy, despite saying she was '*four months gone*' which would be 16 weeks and still within the legal timeframe for abortion¹:

'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.'

As well as there being no possibility of being persuaded or expected to terminate the pregnancy by family and friends, neither can we, as readers of 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 framework.

It is interesting to note that alongside the legal 'defense' that Sandra offered, she was very matter of fact. She did not 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 mother that everything would be fine. This pregnancy therefore did not seem unwelcome:

¹ In England 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).

'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 was what my mum was thinking about. But I was telling her don't worry, don't worry...'

(Sandra, aged 19)

Shonda had a very short period of time between finding out about her last pregnancy and miscarrying; 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. This did not give the impression that the pregnancy was a shock event where they were undecided about what to do:

'..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, aged 18)

Mai is the only one of the young women who overtly stated that she wanted to get pregnant by her partner, 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. Angelique also did not 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'.

This was not a couple that were unsure about what to do, or even taken by surprise with this pregnancy. There was 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

Analysis has suggested that the young women gave narrative assurances of 'good citizenship', that they were adhering to normalised technologies for pregnancy avoidance in the teenage years. Legitimising narratives were offered through accounts of contraception failure, infertility and fate as responsible for a subsequent pregnancy, or being beyond the legal framework for abortion when discovering the pregnancy. There was, however, resistance to the regulatory framework through continuing with this pregnancy, a quiet excitement, and a couple of direct statements of wanting to be pregnant. The young women simultaneously located themselves within the dominant socio-political regulatory framework of non-reproduction and commitment to education, yet also demonstrated an

emerging openness to pregnancy and parenthood, contentment with, and continuation of, a subsequent pregnancy.

The young women in this study appeared to be navigating two contradictory discourses. On the one hand, motherhood as a mandate which society expects from women (Russo 1976), which has possibly been called into question by a pregnancy loss through an earlier abortion or miscarriage. Usually, women rarely have to justify having a baby because of the centrality of motherhood to the identity of the adult female. However, this view could be challenged in the case of teenage women, who are considered by society as not yet adult, certainly in relation to childbearing. 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 & O'Dell, 2011). Therefore, the young women in this study may have felt that they needed to justify a subsequent pregnancy. Alongside the dominant discourse of avoiding pregnancy and parenthood in the teenage years, they have experienced a pregnancy loss, life events such as finishing school and risk potential morbidity and mortality through gang involvement, and are in longer-term relationships. These factors may have rendered motherhood an increasingly desirable pathway which stands in tension with policy and social discourses which problematise young women who become mothers. Choosing silence regarding openness about a desire for pregnancy might have worked to successfully resist enlistment into a negative moral discourse that the young women may have wanted to avoid (Burman 2017, p. 424.).

Feminist research has tended to be concerned with 'hearing' women's voices, encouraging women to speak out and to challenge oppression. This was certainly part of an early

motivation toward this research, wanting to hear from the young women themselves about their decisions to become mothers after an earlier pregnancy loss whilst in the teenage years. Yet the reading for muted narratives, which has suggested an openness to or even a desire for pregnancy and parenthood, which the young women felt unable to speak boldly, 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. This is not to suggest that if the young women openly expressed a desire to become pregnant and their opening up a possibility for this to occur would have such repercussions but they might have invited stereotypical judgement on their ability to use contraception, to parent, and accusations of drawing on state funds before having contributed to society and such like. These represent perennial ill-informed judgements passed on teenage parents. Bhavnani (1990) has suggested that silence can be resistance; a power engineered through simple avoidance. The dominance of the non-reproductive body technology for the teenage years (Smith 2014) and the widespread judgement of the teenage mother may have led to a desire to avoid such judgement, either from the researcher, or the wider audience to the research by simply not talking about their decision to carry on with the pregnancy. Ann Phoenix (2010, p. 162.) 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'.

Silence on the subject may have been deliberately chosen. As such this was an agentic rather than passive position taken by the young women.

Bhavnani (1990) has also questioned the legitimacy of 'giving voice' to marginalised groups through research. She acknowledged that this 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' (p. 152.). Without this analysis the reasons why these voices are not being heard, nor listened to, are hidden or masked. An examination of researcher positionality in the research process and specifically the participant-researcher encounter was vital in exploring the motivation behind why the young women may have foregrounded certain narratives and muted others. Sue Wilkinson (1986, 1988) and Kim England (1994) both stress the importance of examining how the varied positionalities of both researcher and participant may inhibit or enable the research encounter. Feminist reflexivity pays attention to issues of difference and power within research relationships. Burman (1990, 1992) has highlighted the insight that can be gained through explorations of class, race, 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). The researcher was white, middle-class, middle-aged, and a professional and therefore may have influenced the research. The young women may have constructed the researcher as a representative of institutions that serve to problematise and prevent teenage pregnancy. As a consequence, the young women may

have tailored their narratives to avoid such labelling and judgement. The interaction between 'professional', and teenage 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 personnel even passers-by on the street. They were probably well-practiced in avoiding the subject of deciding to parent in the teenage years, to avoid judgement from the professionals they had encountered on their pregnancy and parenthood journey thus far.

Grenz (2010, p. 57.) 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's observation that participants 'orient' their narratives to the positionality of the researcher (Phoenix 2008, p. 66.). 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. Lisa Arai (2009) has charted how the negative aspects of teenage parenthood have been portrayed in mainstream media and the increasing policy focus on reducing teenage pregnancy and parenthood and the supposed consequential social exclusion. She notes how young mothers are 'the subject of public and policy scrutiny' (Arai 2009, p. 52.), it is unsurprising that, when given the opportunity, teenage mothers will attempt to distance themselves from these negative stereotypes and strive to present themselves as 'responsible citizens'.

Nevertheless, within the participant-researcher relationship, the young women were not silent and quiet overall. There was much discussion around housing, budgeting, partner's involvement and plans for the future, usually at the point where discussion of their

pregnancy decision-making with this subsequent pregnancy had been anticipated. This suggests that their silence on giving a rationale for carrying on was a deliberate decision, a proactive resistance (Taylor *et al.* 1996). However, another consideration is 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 *et al.*'s (1996) work. They noted how resistance to '*patriarchal social order*' can take two forms, either overt where a young woman speaks out, or '*where a girl goes underground with her feelings and knowledge...as a strategy of self-protection*' (Taylor *et al.* 1996, p. 240.). Taylor *et al.* (1996, p. 240.) were concerned that when the young women hid their feelings, these may become lost to themselves and lead to acceptance of harmful conventions of social behaviour. Considered from this point of view, the young women in this 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.

Summary

It could be argued that these young women chose not to articulate their desire for pregnancy due to normative hegemonic discourse that proscribes parenthood in the teenage years. The 'motherhood mandate' is not afforded teenage 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. The young women's responsabilisation or 'good citizenship' narratives obscured and denied their desire for pregnancy. If young women do not feel able to consult with professionals for fear of judgement, valuable opportunities might be missed

to support the young women in planning, or throughout, their pregnancies. The reflexive approach to this study has highlighted that clinicians, like the researcher, should consider their institutional positioning, and how they are perceived by the client. It should be acknowledged how 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 this service to avoid repeat teenage pregnancy. However, this research suggests that the outreach model, and indeed wider public perception, evolve to include support for teenage women within their changing personal and social landscape with widening or receding possibilities – and where childbearing in the teenage years is recognised as a legitimate choice.

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