

Understanding Teenage Pregnancy and Stigma
A Comparative and Analytical Study

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For
'Grace'

Contents

| | |
|---|----|
| Acknowledgements | ix |
| Abstract | x |
| Chapter 1: Introduction | 1 |
| Societal Perspective | 3 |
| Political Influences | 4 |
| Media Influences | 5 |
| Campaigners Influences | 6 |
| Public Opinion Influences | 6 |
| Public View | 7 |
| Conclusion | 7 |
| Chapter 2: The Social Construction of Teenage Pregnancy | 12 |
| Structure and Agency | 15 |
| Statistics in Perspective | 17 |
| Social Constructs of Teenage Pregnancy | 20 |
| Age | 23 |
| Consent | 23 |
| Children Act | 23 |
| Decision-Making | 24 |
| Cultural Attitudes | 25 |
| Challenges | 26 |
| A Child in Law | 26 |
| Maturity | 27 |
| Marriage Opportunities | 28 |
| Physical | 29 |
| Maternal Maturity | 29 |
| Child Development | 30 |
| Legal | 31 |
| Historical Legislation | 31 |
| 1956 Sex Offenders Act | 31 |
| 1967 Abortion Act | 32 |
| 1944 Education Act | 33 |
| Sexuality | 33 |
| Historical | 34 |
| Eugenics | 34 |
| Marie Stopes | 37 |
| Alfred Kinsey | 38 |
| 1960s Background to Permissive Society | 40 |
| 1980s Rising Teenage Fertility Rates and Seeking | |
| Victorian Attitudes | 42 |
| Cultural Expectations | 46 |
| Moral | 46 |
| Contraception | 48 |
| In Law | 49 |
| Disclosure | 50 |
| Professional Power | 50 |
| Outcome | 51 |
| Single Parenthood or Marriage | 52 |
| Termination of Pregnancy (Abortion) | 53 |
| Conclusion | 53 |

| | | |
|------------|--|-----|
| Chapter 3: | Stigma and Teenage Pregnancy: Analysis and Location in Contemporary British Society | 55 |
| | Theoretical Overview | 56 |
| | Goffman and Jones | 56 |
| | Historical Analysis | 56 |
| | Theoretical Analysis | 58 |
| | Policy and Practice | 59 |
| | Erving Goffman | 60 |
| | Edward Jones and Co-authors | 63 |
| | Locating Teenage Pregnancy within Goffman and Jones Theoretical Framework | 67 |
| | Stigma within a Historical Context | 67 |
| | Sociological Theories Associated with Stigma | 69 |
| | Deviance | 69 |
| | Durkheim, Goffman and Deviance | 70 |
| | Symbolic Interactionism and Goffman | 71 |
| | Labelling Theory | 72 |
| | Stigma and the British Contribution | 74 |
| | Scambler, Stigma and Medical Sociology | 76 |
| | Conclusion | 78 |
| Chapter 4: | The Research Methodology | 81 |
| | Factors Influencing the Construction of Theory | 81 |
| | The Awareness and Perspective of the Researcher | 81 |
| | Understanding the Research Subjects | 82 |
| | Issues Emanating from the Relationship Between Teenage Pregnant Women and Stigma | 83 |
| | Research Ideology | 85 |
| | Feminist Methodology | 87 |
| | Giving Empowerment to Teenage Women and Teenage Pregnant Women Using Maria Mies' Methodological Guidelines for Feminist Research | 90 |
| | Conscious Partiality | 90 |
| | Active Participation in Action, Movements and Struggles | 91 |
| | The Research Method Must Include a Process of 'Conscientization' | 92 |
| | To Collectivise their own Experience | 92 |
| | Sensitive Methodology | 93 |
| | A General Definition of a Sensitive Subject | 93 |
| | The Challenge of Researching a Sensitive Subject | 94 |
| | Ethnographic Involvement | 94 |
| | The Constructs of the Research Method | 96 |
| | The Comparative Study | 96 |
| | The Interview | 97 |
| | Supplementary Interviews | 97 |
| | The Boundaries of Methodology | 98 |
| | The Feminist Bias | 99 |
| | The Possibilities of Exploitation | 99 |
| | Feminist Research for Social Policy Development | 100 |
| | Conclusion | 100 |
| Chapter 5: | Research Design and Fieldwork Issues | 102 |
| | Research Sites | 102 |
| | East Surrey | 102 |
| | Liverpool | 104 |
| | Method | 105 |
| | Access | 105 |

| | | |
|------------|--|-----|
| | Research Sample | 106 |
| | Consent | 108 |
| | The Interview | 108 |
| | The Interview Content | 109 |
| | Social Constructs of Teenage Pregnancy | 109 |
| | Stigma, The Concept | 110 |
| | The Pilot Study | 111 |
| | Data Collection | 112 |
| | Maintaining Anonymity | 112 |
| | Unobtrusive Method of Data Collection | 113 |
| | Establishing a Database for Qualitative Research | 114 |
| | Analysing the Transcripts | 116 |
| | Meeting the Challenges of Research Design | 118 |
| | Communication | 118 |
| | Trust | 119 |
| | Appreciating the Needs of Others | 120 |
| | Specific Considerations on Women Interviewing Women | 120 |
| | Answering Respondents Concerns | 122 |
| | Intergenerational Experiences | 124 |
| | Conclusion | 125 |
| Chapter 6: | Social Construction of Teenage Pregnancy: Findings and Analysis | 126 |
| | The Research Sample | 127 |
| | The Disqualified Interviews | 127 |
| | Validity and Reliability | 128 |
| | Numbers: An Important Element of Comparative Analysis | 129 |
| | Research Findings | 130 |
| | Age at the Time of Interview | 132 |
| | Respondents Religion | 135 |
| | Respondents Ethnic Origin | 139 |
| | Respondents Accommodation | 143 |
| | Respondents Type of Occupancy | 146 |
| | Respondents Position in their Family | 149 |
| | Parents' Employment | 152 |
| | Age of Respondents Mother and her First Baby | 155 |
| | Respondents Family and Friends Teenage Pregnancies | 157 |
| | Education | 160 |
| | Respondents Experience of Exams, Education and Employment | 163 |
| | Respondents Uptake of Formal Sex/Relationship Education | 166 |
| | Respondents Interests in Sport/Recreation | 169 |
| | Respondents Experience of Smoking/Alcohol/Drugs | 172 |
| | Respondents Experience of Contraception/Method | 175 |
| | Baby's Father | 179 |
| | Education/Employment of Baby's Father | 181 |
| | Maintenance of Relationship with Father | 183 |
| | Emergent Themes and Analytical Framework | 185 |
| | Conclusions | 191 |
| Chapter 7: | Findings and Analysis: Understanding Teenage Pregnancy and Stigma: | 194 |
| | The Presentation of Findings and Analysis | 195 |
| | Concealability | 196 |
| | Course | 204 |
| | Disruptiveness | 207 |
| | Aesthetic Qualities | 211 |
| | Origin | 214 |
| | Peril | 216 |

| | | |
|-------------|---|-----|
| | Intergenerational Interviews | 218 |
| | The Collective Relationship of the Six Dimensions of Stigma | 226 |
| Chapter 8: | Conclusions | 223 |
| | Re-examination of Theory | 225 |
| | Goffman: Theoretical Contribution | 225 |
| | Jones: Theoretical Framework | 227 |
| | The Main Findings | 230 |
| | The Thematic Structure Influencing Teenage Pregnant Women | 230 |
| | Tensions & Contradictions Underpinning Social Acceptance & Rejection | 231 |
| | Findings: Recommendations for Changes in Social Policy | 232 |
| References: | | 240 |
| Appendix 1: | Information leaflet | |
| Appendix 2: | Informed consent form | |
| Appendix 3: | Interview guides | |

List of Tables

| | |
|--|-----|
| Table 1:1 Thesis Guide: Demonstration of the Links Between Each of the Chapters | 10 |
| Table 1:2 Thesis Map: Relationship Between the Social Construction of Teenage Pregnancy and Stigma | 11 |
| Table 2:1 Live Births to Women Under Age Twenty 1951-1992 | 18 |
| Table 2:2 Termination of Pregnancy | 19 |
| Table 2:3 Maternity's | 19 |
| Table 6:1 Age at Time of Interview | 132 |
| Table 6:2 Respondent's Religion | 135 |
| Table 6:3 Respondent's Ethnic Origin | 139 |
| Table 6:4 Respondent's Accommodation | 143 |
| Table 6:5 Types of Occupancy | 146 |
| Table 6:6 Family Position | 149 |
| Table 6:7 Parent's Employment | 152 |
| Table 6:8 Age of Mother and First Baby | 155 |
| Table 6:9 Family and Friends who become Pregnant | 157 |
| Table 6:10 Education | 160 |

| | |
|---|-----|
| Table 6:11 Experience of Exams, Education and Employment | 163 |
| Table 6:12 Uptake of Formal Sex/Relationship Education | 166 |
| Table 6:13 Interests in Sport and Leisure | 169 |
| Table 6:14 Experience of Smoking/Alcohol/Drugs | 172 |
| Table 6:15 Experience of Contraception at Time of Pregnancy | 175 |
| Table 6:16 Age of Baby's Father | 179 |
| Table 6:17 Baby's Father's Employment | 181 |
| Table 6:18 Maintenance of Relationship with Father | 183 |

List of Figures

| | |
|--|-----|
| Figure 6:1 Major Themes Depicting Stigmatisation of Teenage Pregnancy | 188 |
| Figure 6:2 Themes of Influence | 189 |
| Figure 6:3 Tensions Between Binary Oppositions Leading to Social Death | 190 |

List of Bar Charts

| | |
|--|-----|
| 7:1 Bar Chart of Dimension of Concealability | 196 |
|--|-----|

| | |
|---|-----|
| 7:2 Bar Chart of Dimension of Course | 204 |
| 7:3 Bar Chart of Dimension of Disruptiveness | 207 |
| 7:4 Bar Chart of Dimension of Aesthetic Qualities | 212 |
| 7:5 Bar Chart of Dimension of Origin | 214 |
| 7:6 Bar Chart of Dimension of Peril | 217 |

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ABSTRACT

The understanding of teenage pregnancy and stigma is achieved through the grounded analysis of ninety- five respondents from two contrasting demographic areas in England. The works of Erving Goffman and Edward Jones have influenced the directing of the research and the analysis. The dual combination of Goffman and Jones have complemented to develop the thesis both sociologically and psycho-sociologically. This study draws upon both these disciplines to understand how teenage pregnant women and non-pregnant teenage women are socially constructed in 1990s Britain and how their experiences and perceptions of stigma are enmeshed in their daily lives. The study is a qualitative piece of research with some quantitative data to clearly define the life experiences and aspirations of teenage pregnant women. The research reflects a positive empathy towards feminist research by incorporating its ideology into the methodology. The result has been a piece of research that voices and analyses the concerns of women. The research concludes that teenage pregnant women are united by many social inequalities irrespective of where they live. The major sociological finding is that this shared ownership of disadvantage does not extend to mutual social and emotional experiences. Those teenage pregnant women from Liverpool, where the rate of teenage pregnancy is high, experience much greater social acceptance than respondents from East Surrey where the teenage pregnancy rate is low. In conclusion, the similarities of social inequalities do not determine which teenage pregnant women will enjoy relative social approval and which will be offered a life card of social death and social stigma.

CHAPTER ONE: INTRODUCTION

Introduction

The stigma of teenage pregnancy may be better understood when we find the “hidden “ voices of the feminine experience of women’s lives. Understanding how the power of stigma influences the social constructs of teenage pregnancy is the focal point of this research. It is achieved by giving primary consideration to the notion of gender. The significance of gender is that it is rooted in the sedimentation of the experiences of stigma felt by teenage pregnant women (Berger and Luckman, 1966). With reference to social construction, the term sedimentation refers to the way in which perceptions are retained in an individual’s experiential consciousness. That is, a person comes to recognise these experiences as memorable, and they thus become part of their repertoire of social action. In this way those experiences may become transmitted through inter-generational cultural pathways. This study draws upon the methods borne out of feminist epistemology and focuses on the values and norms associated with teenage pregnancy in relation to the stigmatising process.

The experience of stigma has a profound effect both in its emotional impact and its social response. The stigmatising process is rooted within human nature and from the earliest times to present day there are examples, gathered through stories, anthologies and historical accounts, of one society or another stigmatising their neighbouring communities. The diversity and complexity of the human capacity to stigmatise is found in numerous symbolic expressive forms in literature, film, media and news reports. The motives behind the stigmatising process are also very complex. However, once they are understood they highlight explanations of individual and group behaviour that then create the conditions for this divisive state to be corrected. In modern times the most profound act of stigma revolves around, what is now termed as, ethnic cleansing. From the mass slaughter of millions of innocents, merely because they were of another race, creed or culture, or simply because they were different, is stark testimony to the dark side of human nature when the responses to the stigmata are left unchecked.

Stigma heightens our senses to the notion of difference and creates a tension within the self to the context in which the stigmatised person is perceived. In healthcare settings these senses of difference are professionalised, and thus to some degree legitimated, as they occur within a medical framework in which the stigma of disfigurement is rationalised. By this it is meant that stigma within the 'gaze of the clinic' (Foucault, 1973) is more accepted as a medicalised account rather than it would be in the local swimming baths, in which it would be seen as a distortion of body image. Furthermore, outside of the illness context the stigmata are often viewed as a blemish legitimating ridicule, avoidance, fear or disgust. For example, whilst the professional may accept the noise of an autistic child in the residential home, societal members are generally reluctant to accept such disturbance in the supermarket. Similarly, the amputee in a hospital context raises few responses; however, the same person attending the local swimming baths may evoke interest, stares, and mockery. Outside of the life-death scenario the relationship between our health and stigma is relative to the context in which the sign symbolises meaning. For example, health is of central importance to most people, whether it is the hidden dysfunctional muscles in muscular dystrophy or the visible imperfections of acne on the skin. Excepting the life-threatening and incapacitating nature of the former disorder the context of stigma revolves around the full array of feelings, emotions and social behaviours that constitute Goffman's (1990) presentation of self within the social status of the community. The stigma of cancer equates with the stigma of acne depending on the context in which society responds to it and its felt impact by the receiver of the stigmata. This illustration of our stigmatising response to various conditions of 'disorder' serves to indicate the extent to which the concept of difference is confused with that of deviance.

In dealing with the theory relating to professional and lay discourses as narrative explanatory frameworks we note that there is a growing body of work (Hatch and Wisniewski, 1995; Hinchman and Hinchman, 1997). These productions focus on lay person's stories that serve to link their social identity with their social action. At a conceptual level Somers (1994:614) explains this thus "... that people are guided to act in certain ways and not others on the basis of the projections, expectations and memories derived from a multiplicity but ultimately limited repertoire of available social, public and

cultural narratives". Therefore, clarifying the meaning of difference in professional settings is reflected in the way in which these personal accounts are constructed. In one there is a professional legitimisation, and in the other a socially legitimated response, with the two not necessarily in agreement. Stigmatising conditions may attract responses that are determined by their perceived origin. For example, a woman who contracts a sexually transmitted disease from being raped will receive a different response than if she had contracted the same disease through prostitution. And again, a person who has lost his sight in a bomb blast may well be responded to differently depending upon whether he was a victim or the bomber. In short, the origin of the stigma has some influence over the societal response to it.

The fluidity of stigma is reflected in the historical analysis of health and disease. For example, as a society we have long felt more at ease with a stigmatising disorder if we can establish an association between the illness and the behaviour of the person so afflicted, even when the association is spurious (Foucault, 1973). This was the case with such stigmatising diseases as, say, leprosy when the causal relationship was perceived as referring to the person being considered evil. In a similar and contemporary vein, a relatively new stigmatising disorder is that of HIV which is socially associated with promiscuity, homosexuality, and drug abuse. Again, an example of the different responses of stigmatisation to the perceived origin of the condition can be seen if the HIV infected person received this as a result of contamination of blood products.

Teenage pregnancy is a controversial issue that has received, and is continuing to receive, social, moral and health commentaries which are sustained through media hype, social panic and political focus relating to both family and religious values. Yet, despite, or because of, this considerable interest and human concern there is confusion regarding the issues in relation to the society in which the debate takes place. From the writings, discussions, research and arguments we are left with many strands of ideas and notions that are often linked together whilst at other times they are mutually excluded. Within these debates and analyses there are many societal views of teenage pregnancy which will need exposing to provide clarity in an otherwise confused and confusing area. The following sections serve to introduce the arguments and dilemmas that are confronted

when attempting to debate the issue of teenage pregnancy within the confines of British culture (Gordon, 1997).

Societal Perspective

This first section summarises the main perspectives offered by those influential groups who have expressed a specific interest in, and concern for, teenage pregnant women. In attempting to unravel this complex area it is important to understand that the motivations of those debating teenage pregnancy will no doubt be influenced by their own particular ideology or the fulfilment of a particular agenda.

Political Influences

Whether politicians lead or follow public opinion is open to debate and conjecture. However, what is central in either perspective is the extent to which they can impact on policy in relation to teenage pregnancy. Political thought and action is only likely to be considered appropriate, in practical terms, when they directly impact upon the behaviour of that society. The relationship between political influence and power would indicate that we should be concerned as to the extent that political factors will determine the social response to teenage pregnancy and, in terms of consequences, the enforcement of policy ought to enhance the quality of life of all concerned. This is a particularly thorny issue when the social members involved in decisions regarding teenage pregnancy also include the unborn. For example, the influences that both the anti-abortionists and the 'right to choose' lobby can bring to reform legislation. However, through more subtle political measures the impact on everyday life of the teenage pregnant woman may be exacerbated. For example, the recent Government's suggestion that the enforcement of policy may include calibrating state benefit payments or gate keeping access to accommodation will have the corollary of bringing added pressure to bear in other aspects of young people's lives. This may in turn, create further hardship and distress for teenage pregnant women (Social Exclusion Unit, 1998).

Politicians, through their ability to wield power and produce headlines, also have a more easy access to media attention, although this can sometimes produce negative as well as positive results for them. Politicians who choose to attract media attention by

championing a particular cause do put themselves at risk to some degree, however, this is usually achieved by linking into lobby groups who represent a wide social membership. For example, the pro-life lobby who have connections with church organisations, can influence many members of society through figurehead politicians representing their cause. In a two-way relationship there is a pay-off for both the politician in the form of votes and the lobby group who add power to their cause (Pascall, 1997).

Media Influences

Above and beyond that mentioned in the foregoing section on 'political influences' the media have two further functions in relation to teenage pregnancy. Firstly, it is the vehicle of communication of values for those wishing to exercise their influence over others. This may be in the form of written views and commentaries stated in newspapers or on public platforms. It might be verbal statements communicated over radio and television (Philo, 1994). In answering the question of 'so what?', the important point is that the method of delivery is central to the impact that the media can have on teenage pregnancy. For example, 'professional' presenters, as well as politicians, are often trained in public speaking and through practice and experience can often express their views more eloquently than their non-trained counterparts. Advertisement companies know only too well the power of the means of communication rather than what the content of the message is about.

Secondly, journalists who carry the mantle of reporting events, opinions and perspectives are also in a position of power to influence social values. In attempting to sensationalise a particular story journalists and editors may emphasise a specific theme whilst omitting other information which may detract from the overall message. Editorial licence is a powerful means by which newspapers, and other reporting sources, can exercise their own ideological perspectives. A good example of this is the 'political ownership' that most British newspapers have in this society and the way in which one particular story can be re-worked to read from differing political views.

Campaigners Influences

Campaigners, lobby groups and voluntary organisations are driven by commitment to a particular cause, whatever that cause represents. Teenage pregnant women have both supporters and critics from a number of fronts and are subject to a barrage of arguments, all of which are often claimed to be 'for the best'. Those who act as advocates may claim that the women's bodies are theirs and theirs alone and have no responsibility on the social mass, whilst the protagonists may claim that they speak for the unborn child who has no other 'voice' by which they can be heard. In any event what is important is that all views strongly expressed tend to place upon the teenager a pressure to conform which can have deleterious effects on both physical and emotional health (Brandt and Røzin, 1997). Such campaigning influences are noteworthy because they tend to be specialist in their topic area and experienced in their lobbying. Furthermore, they also tend to express their views in a forceful and passionate way.

Public Opinion Influences

In democratic societies the views of the masses are usually of central importance in affecting the social body (Goode and Ben-Yehuda, 1997). The weight of public opinion can affect changes in the law, government, and social policy. It is well appreciated that such mass opinion can have both negative and positive reactions, for example, the sabre-rattling jingoism that may accompany the outbreak of hostilities and the response to disasters abroad are but two possibilities. The strength of public opinion in relation to teenage pregnancy falls broadly into the two established camps of those libertarians who consider education regarding contraception is the extent to which society ought to intervene and those who claim that it is representative of the declining moral fibre of the society. Indeed, we ought to be aware that public opinion has a close relationship with the media, in that the latter group need to represent the main public views in their reporting of events as in a mirror reflecting back society's perspectives.

Public View

The public view of teenage pregnancy is all-important for the developing adolescent who finds herself in the potential position of being pregnant, as it is this weight of culturally determined opinion that will contribute to the person feeling stigmatised (see map

below). If the teenager is unaware of the social perspective of the condition then they are unlikely to feel the stigmatising force. On the other hand, if they mis-perceive a social sanction and it is in fact not applied then their perception alone is sufficient to create the feelings of stigma. Over the previous decade, the public view of teenage pregnancy has centred on a range of social issues. These have formed into an amalgam of concern that has resulted in a raised anxiety leading to what is known as a moral panic (Goode and Ben-Yehuda, 1997). Moral panic has been fuelled and fanned with the 'new social policy' of both the current and previous government's focus on the family as a central tenet of contemporary society. Unfortunately, this focus has been less on the positive values of togetherness and the sharing of responsibility and more on the negative connotations of financial status and dependency (Jones, 1987). In this latter instance the emphasis on absent fathers contributing to the care and upkeep of dependent children, although one may say an appropriate matter in itself, was set amidst an ethos of targeting those already in contact and re-adjusting payments for those who already had agreements. The relevance of this is that the policy failed to address the issue of absent fathers and also created increased tension in those already contributing to their offspring. This triggered a feeling that other fathers had 'escaped'.

Prior to the initiation of the Child Support Agency mothers continued to receive state benefit, even if they chose not to enter the father's name on the birth certificate. With the Child Support Agency insisting upon the identification of the father to maintain payments this placed pressure on the young pregnant woman to reveal her personal details. Thus, public and political influences came together to create a moral panic which was to be policed by a concern on finances.

Conclusion

This overview of teenage pregnancy, in relation to the process of stigmatisation has set out a complex area, but one, which is important to investigate further in order to assist a group of vulnerable people in our society. From the societal perspective we have noted that political influences, however motivated, can, and do, have a profound effect on the plight of young women who become pregnant (Weeks, 1995). Interfacing closely with the political domain is the role of the media who operate in accordance with a set of

social values and report a representation of those standards. Thus, they can influence the public either by strengthening extant views or in evoking others. Also, working in close proximity to both political and media influences are the lobby groups and campaigners, in both for and against perspectives, whose aim is to effect political views through the weight of public opinion, and in turn change policy and legislation. The cultural aspects of public opinion were noted to in relation to the changing status of teenage pregnancy and recent departmental developments in the form of the Child Support Agency. This latter body has greater ramifications than would have at first appeared. Finally, the eugenics movement was outlined in relation to American and British societies and their slight differences between 'unfit to marry' in the former and 'unfit for motherhood' in the latter. In the name of 'science', 'medicine' and legislation any action can be brought to bear on marginalised groups of society and it is through investigation and inquiry that we can hope to unravel the structures that contribute to legitimating such action. In Chapter Two of this thesis the above issues will be explored in more depth and will be focused on the British experience that pertains to this programme of research.

The general theories relating to the creation and the sustaining properties of stigma are dealt with in Chapter Four. Briefly stated here, the work of Goffman (1963) is employed who saw stigma as the creation of the spoiled identity. In this theory the individual is 'contaminated' by physical abominations, irrational behaviour, or tribal differences. Further to this, the later work of Jones et al (1983) will be used to highlight the impact on the individual of social reactions to the afflictions. Whilst the former work is strictly sociological the latter is more social psychologically orientated.

Chapters six and seven of this thesis deals extensively with the data from this current research and draws together the relationship between the social construction of teenage pregnancy and stigma. The motivation for undertaking this research is rooted in the current debate as indicated in this chapter as well as Chapters Two, Three and Eight. The importance of this study, for the author, involves an awareness created over many years of clinical practice that young teenage pregnant women can suffer deep personal feelings of isolation and emotional pain. They are a vulnerable group due, in part, to their youth and gender and can become ostracised and marginalised. They have little voice in the

larger society and may be viewed as deviant and immoral. The impetus of this research is to take a step towards a deeper understanding of the nature of these processes and make a small contribution to providing an equal opportunity of choice for those teenagers who find themselves pregnant and stigmatised.

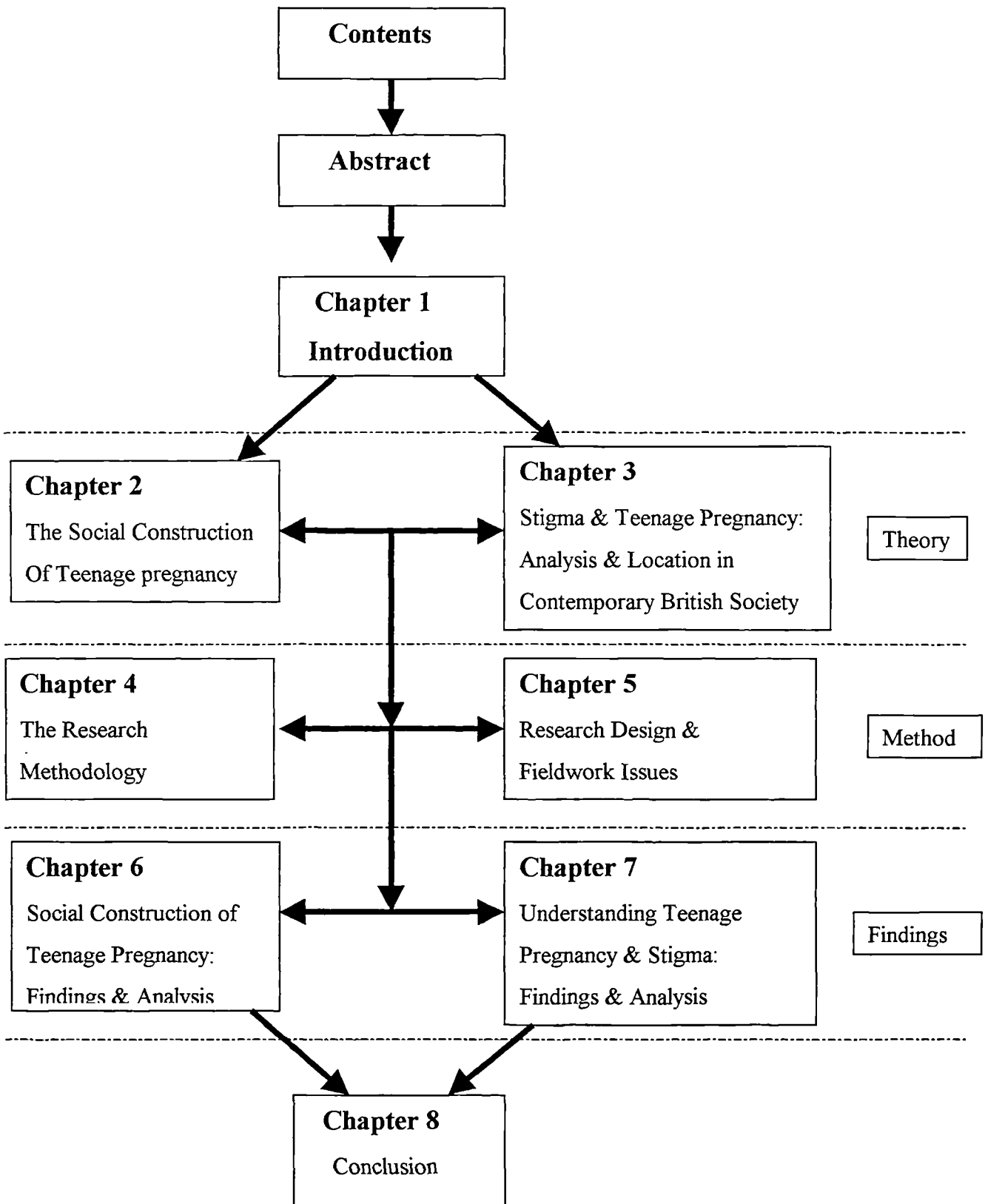


Table 1.1 Thesis Plan: A guide and a demonstration of the links between each of the chapters

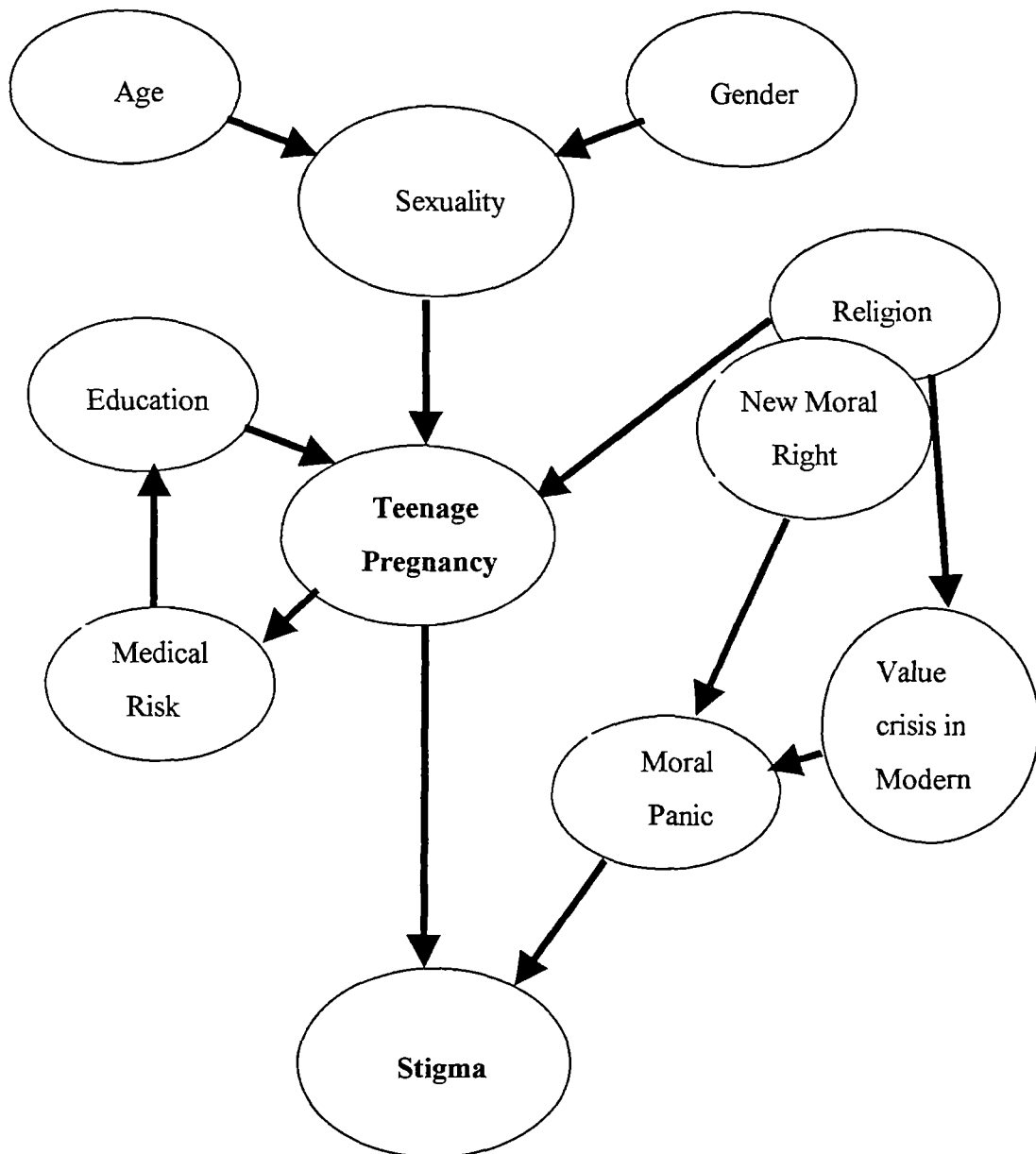


Table 1.2. Thesis Map: The relationship between the social construction of teenage pregnancy and stigma

CHAPTER TWO: THE SOCIAL CONSTRUCTION OF TEENAGE PREGNANCY

Introduction

In the introductory chapter the location of teenage pregnancy is grounded in the area of 'gender' sociology. The debate about whether teenage women become pregnant of their own free will or because of the influence of the prevailing social forces, such as peer group pressure, media influences and the sexuality of role models, is a crucial argument in seeking to understand the social construction of teenage pregnancy. The sociologist Anthony Giddens (1979, 1984 and 1984) has written very productively on structure and agency and this is discussed on the following page. Teenage pregnancy is so frequently misunderstood, because there is too often a focus on only one particular social phenomenon that is seen as wholly responsible for the event itself. For example, to attribute poor housing as the sole cause of teenage pregnancy is to believe that one piece of the jigsaw will make the complete picture (Harding, 1996). The social construction under analysis in this chapter considers the relationships of the various social structures, the social processes and the experiences of teenage pregnancy by teenage pregnant women themselves as theoretically underscored by Giddens (1984; 1996) work on structure and agency. As an example we could take the social construct of education, the process by which it is delivered, and the subsequent experience to indicate how these components are interrelated (see above thesis map, table 1:2). In addition to this we can then identify how these relationships can fit into the theoretical map of teenage pregnancy and stigma depicted in the previous chapter. To continue with education, as an example this is a social experience that underpins many more social interactions, for instance future educational and employment opportunities. It is at this point that we can begin to explore and evaluate the connections and relationships embedded within the social construction of teenage pregnancy.

The government has a strong perception that teenage pregnant women are a marginalised and socially excluded group that is expressed by Tony Blair in the following extract from the Teenage Pregnancy Report 1999:

“Teenage mothers are less likely to finish their education, less likely to find a good job, and more likely to end up both as single parents and bringing up their children in poverty. The children themselves run a much greater risk of poor health, and have much higher chance of becoming teenage mothers themselves. Our failure to tackle this problem has cost the teenagers, their children and the country dear”.

(Teenage Pregnancy Report, 1999:5)

Furthermore to elucidate this relationship, and to outline a framework on which to build the social construction of teenage pregnancy, it is important to unravel the historical foundations and to set the analysis in contemporary British society. In this chapter it will be undertaken through an examination of six central components of society's values in relation to teenage pregnancy. These six components emerged through a thematic analysis of contemporary literature and are seen as contributing to the overall understanding of the sociology of health appertaining to teenage pregnancy. Firstly, the social constructs of teenage pregnancy are explored in relation to such social aspects as politics, journalism and education. Secondly, the significance of age (see the legislation in consent section below) in relation to teenage pregnancy is examined from the position of consent, the challenges faced by young teenage pregnant women, and both emotional and physical development. Age³ is again a major issue within the third component, concerning the legal aspects of maturation. Fourthly, sexuality⁴ is intrinsic to the social construction of teenage pregnancy and this is examined within the historical context, followed by the physical, emotional, cultural expectations and moral perspectives. The fifth component is the complexities of contraception in relation to law, disclosure and the affects of professional power. The outcome, whether it is single parenthood, marriage, partnership without marriage or abortion, is the final component of this critical analysis of the social construction of teenage pregnancy.

The Social Exclusion Unit is one of the most significant government initiatives that both recognises and seeks to address the challenges of teenage pregnancy in contemporary British society. The Teenage Pregnancy Report (1999) published by The Social Exclusion Unit draws together 185 papers to produce a document that identifies and addresses the challenges of teenage pregnancy. The focus of social exclusion as a

central tenet of U.K. government policy also suggests strong links between social cohesion and the welfare of marginalised groups. In forming the Social Exclusion Unit (SEU, 1999) the government have identified several groups in contemporary society as being, both, vulnerable to further isolation and requiring special intervention. These groups are considered by the Social Exclusion Unit as targets for additional financial support and social interventions to enhance their potential for inclusion into mainstream society. Although at one level this can be interpreted as a strategy of social control, at face value it can be also seen as a benevolent concern for marginalised individuals and groups. Notwithstanding this polarised debate it is interesting to note that the three central pillars of the government's SEU relate to their (believed) end product, that of crime. These 'pillars' being truancy, unemployment and poor housing (SEU, 1998). Again it appears significant that along with drug abuse, poor education and prejudism, teenage pregnancy is considered as a loosening of the cohesive fabric of British society (SEU, 1998). The significance of the government's negative perceptions of teenage pregnancy is borne out of their knowledge of the vast array of inequalities associated with teenage pregnancy and both the experiences of teenage pregnant women and their own experiences as interested parties. The health care agenda and the social agenda being inextricably linked and mutually dependent upon each other.

The research for this thesis has come at a time when teenage pregnancy, because of the existence of the SEU, has a heightened political and social profile. The implications of such national attention and concern for this teenage pregnancy makes it essential to have a 'filtering' process, as there is a growing accumulation of information and procrastination about teenage pregnancy from many sources. Written evidence from the results of this research project has been submitted to the SEU, demonstrating the importance of transposing research findings into the social policy agenda. The relationships that develop from gender and structure and agency are significant in understanding firstly, the social construction of teenage pregnancy and secondly, how it relates to this research. The following section is a critique of structure agency, forming the anchor for the debate-taking place throughout the remainder of the chapter.

Structure and Agency

In attempting to understand the nature of social action we are led to contemplate the action of the individual within a complex web of social relations. To what extent the individual is socially acting according to, what may be termed, their own free will and to what extent their actions are determined by social forces is a contentious debate (Giddens, 1993) with profound differences between philosophical positions. These philosophical perspectives have been identified by Giddens (1984) as a polarisation between structural functionalism and the hermeneutic traditions of sociology. As Giddens (1984) noted "what is at issue is how the concepts of action, meaning and subjectivity should be specified and how they might relate to notions of structures and constraint". These elements appear to be central to the issue of teenage pregnancy, particularly in relation to the issues of gender and power. For example, a young pregnant woman may be embroiled in a complex web of pressures relating to her youth, position in family and peer group, and her own thoughts and emotional state. These influencing her decision-making processes and possibly evoking issues of condemnation. Whilst it is clearly important to deal with notions of blame and sanction within the relationship between social exclusion and teenage pregnancy we must treat such terms as 'purpose', 'intention', 'reasons', 'motives' etc with a great deal of caution. Caught up in a network of interrelated forces between social action, the human mind/body relationship, response mediation to the social world, and the reflexivity of the self, such aspects as 'intentions' and 'motives' are not easily separable (Giddens, 1984). The stigmatised teenage pregnant woman is thus caught up in a web of social forces, which are brought to bear on their social life.

Giddens (1984) set out a stratification model of the social actor (agent) as individuals mediate their behaviour in response to reflexive monitoring. This monitoring is maintained, not only because of their actions but also because of the response of others. "That is to say, actors not only monitor continuously the flow to their activities and expect others to do the same for their own; they also routinely monitor aspects, social and physical, of the contexts in which they move". This monitoring, results in altered behaviour and is termed the rationalisation of action, which can, incorrectly, be assumed to incorporate the element of motivation. Elsewhere Giddens (1993) distinguishes between this reflexive monitoring and rationalisation of action from the concept of motivation by highlighting that the basic distinction is concerned with reason relating to the grounds of action whilst motives refer to the wants that prompt the

action. In Giddens' notion of agency there are also several elements which combine to provide an overall structure of action and include unconscious motivations as a feature of conduct, practical consciousness, and unintended consequences. What this indicates is a similarity to, but break from, Freud's traditional psychoanalytic theory of ego, super-ego, and id. However, in Giddens' model there appears to be a closer focus on the relations of power within the human structure and their actions within the social world. Again, the relevance for the teenage pregnant woman can be viewed as a potential loss of power for the pregnant individual through the subjugation of their wishes, in our understanding of the complex interplay of these social forces.

In attempting to understand teenage pregnancy and the consequences leading to stigma we will need to apprehend the relationship between agency and power. Giddens (1979; 1984) points us to this direction. He argued that in order to be able to act in the world this entails being able to intervene, or alternatively to refrain from intervening where we otherwise could have done, with the end result of influencing social processes or states of affairs. Being a social actor will thus involve the individual being capable of 'making a difference' in a set of conditions; in short to exercise some sort of power. When a person cannot effect this, this leads to a social 'flow' towards marginalisation and exclusion. Thus, the teenage pregnant woman may be under pressure to make decisions based on what society expects rather than on what she wishes.

Finally, in this section, the concepts of structure, system and duality of structure will be outlined. At one level when we perceive of a social structure we may view this, conceptually, as something that exists outside of human action, offering guidance for behaviour as well as sanctions that can be applied. On the other hand, we may also conceptualise structure, not as something external to human action, but something that *relates* with the individual. As Giddens (1984) more eloquently put it "... not as a patterning of presences but as an intersection of presence and absence: (where) underlying codes have to be inferred from surface manifestations". Thus, we can differentiate between structures (system) and structure (a transformative relation) which leads us to the duality of structure that Giddens considers so important. He argued that the constitution of actor (agent) and structures are not two distinct phenomena (a dualism of subject and object) but actually represent a duality. "According to

the notion of the duality of structure, the structural properties of social systems are both medium and outcome of the practices they recursively organise" (Giddens, 1984).

This current research is rooted in the sociological literature (Giddens, 1984) relating to the social structure that is based upon the constitution of the actor as a pregnant teenager (Lawson and Rhode, 1993; Sharpe, 1994; Luker, 1996). This entails, the examination of social forces, social processes and the experiences of 'becoming' a pregnant teenager from a gendered sociological perspective. In undertaking this research it will be necessary to focus on how the study of gender in contemporary society can be elucidated through empowerment, and to what extent the teenager is able to make decisions regarding her own destiny. As a starting point, in this research, specific statistical information will be outlined regarding the frequency of teenage pregnant women across numerous research sites to make comparisons with the United Kingdom.

Statistics in Perspective

These statistics are a frame of reference, articulating the actual number of teenage pregnant women and what their outcomes are. The figures give some indication of the trends of teenage pregnancy, and they are to be read in conjunction with the main body of text, to illustrate how tabulated data may contribute to a subjective interpretation which formulates, or re-affirms, the social values. The tables presented in this section are taken from a paper published on the British Medical Journal Website (BMJ Website, May 15 1999). The authors have brought to our attention a fundamental issue that is embodied within teenage pregnancy, namely the sexual health of teenagers. The authors identify first, that teenage births, in England and Wales are the highest in Europe, and second that there is great cause for concern in relation to the termination of pregnancies and the issue of sexually transmitted diseases. Although there are problems of definition the following quote summarises current professional anxieties:

"there is substantial sexual ill health among teenagers in England and Wales. This is distributed inequitably, and recent data are consistent with a worsening trend. The potential for health gain through health gain through primary behavioural prevention is considerable" (Nicoll et al, 1999:1322).

| Country | Rate/1000 Women aged 15-19 |
|-------------------|----------------------------------|
| England and Wales | 29.8 |
| Austria | 15.6 |
| Belgium | 9.1* |
| Denmark | 8.3* |
| Finland | 9.8* |
| France | 7.0* + |
| Italy | 7.3** |
| Germany | 9.4* |
| Greece | 13.1 |
| Ireland | 16.1 |
| Netherlands | 4.1+ |
| Norway | 13.5 |
| Portugal | 20.9 |
| Spain | 8.2* |
| Sweden | 7.7+ |
| Switzerland | 4.0+ |

Table 2: 1- Live births to Women Under age of Twenty

~ Source of data: Council of Europe. *Recent demographic developments in Europe*. Strasbourg: Council of Europe Publishing, 1997.

* 1995 data

** 1994 data

+ Rates are based on maternal age at end of reporting year, which reduces the rate compared with rates based on age at time of birth.

Studying this table reveals that England and Wales have the highest birth rates of the listed European countries among women aged 15 –19 years. The source of this finding is found within the rate of 29.8 in England and Wales and the second highest rate is in Portugal, with a rate of 20.9., this is nearly a third less. These countries do have variations of religion and income, but they are outweighed by their similarities of a European culture. The experience of Sweden shows that this is a national statistic that with strategic intervention can be overturned. The Swedes addressed their high teenage pregnancy rates with a high profile national educational programme, tackling relationships, sex education and sexual behaviour. The Swedes attribute their success to their education and indeed they now boast one of the lowest rates of teenage pregnancy in Europe (Lindahl, 1991).

| United Kingdom | 1995 | 1995 | 1996 | 1996 | 1995-6 |
|---------------------------|-------|---------------|-------|---------------|--------------------|
| Terminations Of Pregnancy | No. | Rate per 1000 | No. | Rate per 1000 | % rate inc. (95%) |
| <16 years old | 3999 | 4.3 | 4550 | 4.8 | 14.5% (9.7 – 19.4) |
| 16-19 years old | 30296 | 20.6 | 34752 | 23.2 | 12.5% (10.8–14.2) |

Table 2:2 -Terminations of Pregnancy

In 1996 there were 86,174 conceptions in females under the age of twenty years, of which 30,296 were terminated and 55,878 led to maternity (still or live birth). Nicoll and co-authors report that terminations among teenagers rose in 1996 compared with 1995, by 14.5% in under 16s and 12.5% in 16-19 year olds (Nicoll et al 1999:1321). They express their concern for the substantial inequalities; the highest rates of termination are found in urban districts and the variation in statistics in the rate of termination varies from 2.2 to 10.5 per 1000. These inequalities are reflected in this study where the research sites are located within two contrasting demographic areas; Liverpool and East Surrey.

| United Kingdom | 1995 | 1995 | 1996 | 1996 | 1995-6 |
|-----------------|-------|---------------|-------|---------------|-------------------|
| Maternity's | No. | Rate per 1000 | No. | Rate per 1000 | % rate inc. (95%) |
| <16 years old | 4035 | 4.3 | 4279 | 4.6 | 6.7% (2.2-11.4) |
| 16-19 years old | 55878 | 38.0 | 59612 | 39.8 | 4.6% (3.4-5.8) |

Table 2:3 Maternity's

Between 1995 and 1996 the maternity rates rose for both the under 16 year olds (6.7%) and the 16 – 19 year olds (4.6%). Similarly, with the terminations of pregnancy, the maternity rates have risen across all health regions, though unequally. The rise in teenage pregnancies is considered a failure in terms of social health and educational policy (SEU, 1998).

Social constructs of teenage pregnancy

An underlying question that is raised in any serious analysis about teenage pregnancy, is simply; ‘Is there a consensus of opinion that teenage pregnancy is a ‘problem’ to society?’ This and the following chapters answer this question through the review of literature and the analysis of the research findings. We begin to address this question by identifying the concerns as to the reasons for these views and begin to ask why the negative values about teenage pregnancy in Britain continue to persist? Immediately, the profound implications of the significance of gender become apparent and we can observe that the social discourse between “the establishment” and teenagers (pregnancy), usually, excludes fathers, irrespective of whether they are teenagers. The following extract from Jeffery Weeks (1995) identifies some fundamental issues that have implications for the social construction of teenage pregnancy. The most important of which is that teenage pregnancy is in the front line of social concerns and that teenage pregnant women receive comment and criticism from the ‘establishment’ of British life, namely church, academia, politics, journalism, broadcasting and education. In his article, Weeks focuses teenage pregnancy within the sphere of sexuality, which it can be argued, is essential when analysing the social construction of teenage pregnancy. Weeks portrays a sense of urgency, suggesting that society has little time left to put its moral house in order.

“We live in a world of uncertainty, where good guides and firm guarantees that we can reach any particular destination are in short supply, and where the goals themselves are indeterminate. Nowhere is this uncertainty more acute than in the domain of sexuality, which has been the subject in the recent past of apparently endless panics, controversies, anguished moralising, and the rebirth of the value issue. It seems a long time since a British Prime Minister (Harold Macmillan, in the early 1960s) could say with insouciance that morals and values were best left to the bishops. Today, the question of values has reached the centre of the political and cultural agenda, with sexuality as the magnetic core. Illegitimacy and the future of the family; surrogate parenthood and embryological research; teenage pregnancy and the ‘age of consent’; divorce and the fate of marriage; violence and explicit sexual imagery; sex education and child sex abuse; sexual diversity and sexual identity; the changing claims of women and the ‘crisis of masculinity’; the balance between individual freedom and collective obligations; disease and sexual health; these and other topics have become the focus of public agonising and personal anguish, the major theme of social policy debates and the lodestars of drifting politicians in search of a coherent but eternally elusive ‘big idea’” (Weeks, 1995:4).

This analysis by Weeks is a critique of how teenage pregnancy is rooted in the issue of sexuality and is reflected in the values and morals of society that give legitimacy to appropriate sexual behaviours. To construct teenage pregnancy we must first deconstruct the many confusions and complexities of its terminology and also the many variations of individual experience. Only when this is achieved and the emerging themes of social construction are revealed that the interview guide can be created. Social commentators continue to have a propensity to perpetuate confusion offering a whole sale rather than dissected analysis of teenage pregnancy. Such confusion is to be found in the following newspaper article, where Harding offers a general theme on issues of morality in British society. Buried within these quotes and writings are many issues of potential concern including the central focus of teenage pregnancy.

On December 23rd 1996, The Guardian published an article by Luke Harding, entitled '*Charge of the Right and Proper Brigade*'. The report included profiles of seven prominent people who hold a particular stance on a certain moral issue. It is these people, whom Harding has described as "Britain's new moral minority - the new moral army." It is these people who have replaced those of the sixties, seventies and eighties, for example Mary Whitehouse, who Harding argues were "the few eccentric and colourful figures on the fringes of national debate." Harding's new moral army included Dr. Adrian Rogers, prospective parliamentary Conservative candidate; Jack Straw, then Shadow Home Secretary; Anne Atkins, agony aunt and vicar's wife; Virginia Bottomley, Heritage Minister; Dominic Lawson, Editor of the Sunday Telegraph; Frances Lawrence, teacher; and Melanie Phillips, Observer columnist. Each of these people's particular view has arisen from a relevant belief or experience that pertains to some form of moral code (Harding, 1996). Harding asserts:

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"These new moralists are an eclectic bunch. Most are from the religious right, but some are from the secular or quasi-religious left. There are some strange bedfellows - Christian socialists snuggling up at night with fiery born-again fundamentalists" (Harding, 1996).

Of these seven there are three who hold views which are directly relevant to the current position of teenage pregnancy. Firstly, there is Dr. Adrian Rogers, a GP and an

acknowledged campaigner of family values with strong Christian Ethics, who describes homosexuality as "a sterile godforsaken disease-ridden occupation". He is also against abortion and has refused to prescribe oral contraceptives to girls under sixteen. In addition, Rogers blames the current "moral decline" on "intellectual degenerates" like Germaine Greer. Secondly, there is Anne Atkins, who believes sex outside of marriage is wrong and describes homosexuality as a sin. In his comparison of Anne Atkins to Mary Whitehouse, Harding illustrates that through the media, it is only a very short time before people like Atkins have become national names:

" ... and Mary Whitehouse, veteran television campaigner, has retired, exhausted, from the front-line of moral battleground. What distinguishes new moralists like Anne Atkins is that they project themselves with chilling efficacy as representatives of mainstream opinion" (Harding, 1996).

That is, mainstream opinion equating with the strength of the societal values.

Thirdly, Melanie Phillips believes "the chattering classes have ignored the real moral anxieties of ordinary people." She is an anti-libertarian who has criticised progressive education and claims that "people are feeling very adrift. Their old moral beliefs fuelled by religious belief have been eroded. Morality has been privatised and this makes people feel very insecure. They don't have anything to hang on to" (Phillips, 1996).

The following extract by Sociologists Macintyre and Cunningham-Burley (1993), approaches the traditional perspective somewhat differently and prompts us to look at teenage pregnancy in a less fatalistic and more circumspect way, thus, challenging the moral panic in which even sociologists can become engulfed.

"Until recently most commentators have not appeared to see any need to justify their concern with adolescent pregnancy. This failure to specify why we should be worried often proves particularly irritating because it leads to a lack of precision about the nature of the perceived problem of adolescent pregnancy. It is often taken for granted that conceptions (or births or abortions) occurring in the teenage years are problematic" (Macintyre & Cunningham-Burley, 1993:6).

Macintyre and Cunningham-Burley (1993) argue that high rates of teenage pregnancy are in themselves seen as problematic as it is a highly culture-bound perception. This chapter argues that such an unfocused perspective does not in anyway develop our understanding of teenage pregnancy and through deconstructing the following issues some degree of clarity is hopefully achieved. The significance of this process, which is demonstrated in the final four chapters of this thesis, to the research is that the significant themes emerge from the literature and can be classified into a semi-structured interview format.

Age

Age is the epicentre of teenage pregnancy. Furthermore it is the fundamental social construct of this research because the complexities of teenage pregnancy are precisely because of age and the teenage years are arguably the most problematic as they are the years of transition from childhood to adulthood. Every aspect of this research is a reflection on the significance of age. This chapter examines its convoluted route throughout the following components forming the basis of its social constructs.

From mapping out age we can identify how the themes of age can be formulated into the research method. Within this section are the three signposts that have directed the line of enquiry:

a) Consent

In this section consent, as an issue of age, is viewed in relation to the origins of choices and decisions made by teenage pregnant women and is concerned with the Children Act 1989, decision-making regarding planned and unplanned pregnancies and cultural attitudes.

Children Act 1989

The Children Act is one of the most significant pieces of structural legislation in post-war Britain. The underpinning philosophy of the Act is concerned with the protection of children. Much of the history of the Children Act lies within a number of individual cases involving an inter-agency approach that has failed to protect the child from harm. Such cases have caused considerable concern and anxiety for both professionals and the

general public. The relevance to this research concerns how a child's outcome, particularly if they are vulnerable and need the protection of the Children Act, can to some degree be determined by this legislation. For example the Act requires those professionals working within the Child and Adolescent Mental Health Service to be conversant with child protection issues and to be able to formulate an inter-agency programme for the child. The service must consider both the needs of parents and children, but where there is conflict between the parents and the child, the needs of the latter take precedence. In addition to this protection, and confounding the issue, is the fact that the Child and Adolescent Mental Health Service may be involved in the assessment and treatment of the abuser of the child. Furthermore, the Service may well offer their specialised expertise in the cases where the abuser is a child or an adolescent themselves. In addition to this the Child and Adolescent Mental Health Service will be required to work with the Adult Psychiatric Service, who in turn may provide programmes for sex abusers (HMSO, Working Together, 1989). All in all, this complicates a very sensitive area of practice.

The 1989 Children Act, seeks to protect vulnerable children, some of whom will have teenage pregnancies, however, it is impossible to ascertain if the Act has, in reality, prevented any unwanted teenage pregnancies. The Act respects the sexuality of children and offers support to those who do become pregnant (The Children Act, 1989). In conclusion, the fate of one of Britain's most socially excluded and vulnerable groups (SEU: Teenage Pregnancy Report 1999) could be much more precarious if the professional care and expertise such as social workers, teachers and health professionals, were not guided by the Children Act legislation.

Decision-making; planned/unplanned pregnancy

Identifying the key areas of choice that surround the issue of teenage sexuality is central in understanding the experience of becoming pregnant. This notion of choice will be explored in five key areas of decision-making with regard to teenagers becoming pregnant. Firstly, the decision-making process begins with the choice arising from structure and agency (see beginning of chapter) and the analysis of a teenager making independent decisions or being pressurised into a particular decision. Secondly it is

whether to have sexual intercourse or not. Thirdly, the choice of whether to use contraception or not given other factors such as access to such prescription or advice. Fourthly, there is the choice concerning whether the pregnancy is planned or unplanned in relation to preparation for motherhood and finally, there are choices leading to the decisions regarding the outcome of their confirmed pregnancy.

Nancy Adler, a psychologist and Jeanne Tschann, a psychiatrist have put forward a number of theoretical models, that can be used to examine the *motivation* involved when teenage pregnant women choose this course of action. Adler and Tschann (1993) describe the theory of a reasoned action model that involves the individual's attitude toward taking action and their view of the social pressures to engage or refrain from conforming behaviour. Motivation is influenced by a number of fundamental factors, including; economic and educational opportunities, social class, ethnicity and status. These interact in a complex manner in which opportunities for choice of action can govern social outcomes. Whether a teenage pregnancy is planned or unplanned is an issue that is central to this research and the findings show how what would appear to be a relatively straightforward question in a medical model is much more complex when applied to theoretical social model.

Cultural Attitudes

Research studies from other countries, particularly the United States, have shown a keen interest in attempting to untangle the web of cultural attitudes that may influence the outcome of teenage pregnancy (Simms 1993). Of particular relevance to this study are the cultures relating to those respondents who are of Kashmir and Pakistan descent and have been brought up within the United Kingdom. These cultures have beliefs and practices that have been re-located from their country of origin to the U.K. The findings and analysis in Chapters Six and Seven demonstrate how vitally important the role of gender is in the afore mentioned cultures. Here the gender roles of women are clearly defined, for example the expectation of women to bear children very early to prove fertility and provide their spouse with a child. It is vitally important that these cultural differences are taken note of in this research. To place the cultural values and beliefs in relation to teenage pregnancy, it is often advisable to analyse the motivational force that

underscores becoming pregnant. Motivation is, of course, influenced by a number of fundamental factors, including; economic and educational opportunities, social class, ethnicity and social status. However, motivation also links into the cultural expectations and values that govern belief systems.

The following research report originates from the United States and although the reference to the Hispanic community is not directly relevant to this study the implicit tensions illustrate how different cultures approach the teenage pregnant issue of abortion:

"...black adolescents may value early childbearing relatively more than do other groups and find abortion to be relatively unacceptable. Hispanics also value childbearing, but at a somewhat older age; abortion may not be acceptable to them. White adolescents tend to value later childbearing and favour the alternative of abortion. Asians delayed childbearing, but the findings are not clear about whether they consider abortion acceptable" (Adler & Tschann, 1993:147).

Thus, we can see a complex cultural diversity of the experience of the marital status in the value structures that are relevant to teenage pregnancy, childbearing and abortion.

b) Challenges

The experience of teenage pregnancy presents a network of challenges for both the researcher undertaking the study and the teenage pregnant woman herself. The following subsections focus upon those challenges that act as the statutory and structural guide to the decisions and choices made by teenage pregnant women.

A child in law

Some of the main challenges facing teenagers in their adolescent years refer to the social changes that can occur to them with each developing year, and these difficulties are both aided and hindered by the legislation that surrounds the teenager. The teenagers are assisted by the law defining certain behaviours that young people are legally allowed to do, such as drinking alcohol at a specific age. This is hindered by the rigidity of a particular age equating with a perceived level of maturity to undertake such behaviours, such as driving a car. Further anomalous examples could relate to the law allowing

marriage at sixteen years of age but not legalising the driving of a motor vehicle until the following birthday. The legal watershed for many activities in British culture is the age of sixteen, particularly those relating to sex and teenage pregnancy. When a young person reaches the age of sixteen they feel a different person from when they were fifteen as they have transcended a legal milestone (Moore and Rosenthal, 1993) but this does not necessarily equate with how others perceive them, particularly parents. The age of sixteen offers considerable more individual responsibility and freedom but is tempered by increased obligations and expectations. What is relevant to this thesis is that before the age of sixteen, sexual intercourse is illegal, and this will be dealt with later under the section on *Law*.

Maturity

The problem of analysing teenage pregnant women (as defined by the word 'teenage') as a whole group, provides another level of complexity. There are very real differences between the younger teenagers and the older teenage women in relation to the social pressures of propriety. Whilst a thirteen year old is legally considered a child, the nineteen year old is in law viewed as an adult, and it would be a mistake to conflate the expectations, needs and levels of maturation between the two groups. Any analysis of teenage pregnancy must take into account the changes in development, both physical and psychosocial, which women undergo during the teenage years. Although this research project is not concerned with teenage women under the age of sixteen, as discussed in chapter five, it remains mindful of the specific difficulties (involving sex under the age of sixteen) that this age group presents. Mothers under the age of fifteen are twice as likely to give birth to premature or low birth weight babies and their offspring are more likely to die in the peri-natal period. In addition, the maternal death rate is 2.5 times higher than for mothers between the ages of twenty to twenty-four years old (Bury, 1984: Corbett & Meyer, 1987).

Macintyre and Burley (1993) highlight several major areas of concern which demonstrate how teenage pregnancy is so culturally created. For example, teenage sexuality, not being married and physical and psychological immaturity, are immersed in the sexual gendered divisions of society. All of these areas are often implied and sometimes stated

explicitly to be concomitants of teenage pregnancy although their cause and effect relationship remains tenuous. This cause and effect relationship is largely the focus of this study and this thesis attempts to bring some clarity to this issue. More often, however, they are managed as a totality and considered as a gestalt of 'the problem' (Macintyre & Cunningham-Burley, 1993). Other areas concerning contributory factors have been proffered. For example, Ashton and Seymour (1988) had previously argued that two of the main reasons for our concern with teenage pregnancy is firstly economic:

"Teenage pregnancy is associated with a variety of physical problems for the mother and with increased pre-natal and maternal mortality. From the economic point of view, as measured by the costs to society of unplanned pregnancies, family planning has shown to be extremely cost-effective".

And secondly, with regards to abortion:

" Quite apart from the absolute moral opposition to abortion which is held for example by the Roman Catholic Church, there is reason for public health concern about the increased risks faced by teenagers undergoing abortion as a result of the delays which they experience prior to obtaining their operations...emotional and physical damage, including impairment of future fertility" (Ashton, Seymour, 1988:119-120).

Here we see an example of the interplay between subjective and objective phenomena as an attempt to construct rationality through vacillating from the calculation of economics to moral concerns (Peckham, 1992). In this way the logic of the reasoning process encapsulates both realms of the philosophical objective-subjective divide.

Whilst a number of reports have indicated that other factors may be associated with teenage pregnancy Peckham, (1992) and the Social Exclusion Unit (1998) have suggested that poverty, poor housing, education, and reduced employment opportunities are significant and binding links.

Marriage Opportunities

Under present law, it is illegal for anyone to marry under the age of sixteen years. For those who would only consider becoming parents if they were, in fact, married, then this law will clearly influence the final outcome of their pregnancy. As a society we recognise

that for some people, pregnancy without marriage is not a realistic option and this may depend upon cultural and or religious rules of conduct. It would be a mistake to assume that marriage is a life event that no longer holds meaning for teenage women in today's society as the influences of cultural and religious norms continue to exercise a powerful influence. The sanctity of marriage may not be so appealing for many people, but being married is still a state of social legitimisation that some teenagers aspire to given the fact that they feel the pressure of social sanctions. The findings of this study show that marriage options are not only determined by age they are of course also dependent upon other factors such as partners; many teenage pregnant women do not have long-standing partners. It is commonly stated that teenage pregnant women in contemporary society do not feel obliged to marry, however, this is only one side of the coin and we can see that marriage options are affected by numerous factors.

c) Physical

The physical maturity of teenage women is a central concern to understanding teenage pregnancy. The following sub-sections seek to deconstruct and clarify the widely held belief that many of the problems associated with teenage pregnancy are embedded in the 'physical immaturity' of teenage pregnant women.

Maternal maturity

The physical maturity for teenage pregnant women to bear children continues to be the subject of considerable debate with the central arguments relating to the thread of this thesis, namely the notion of gender and also the poor outcomes that are discussed here. These outcomes have identified teenage pregnant women as having a greater risk of maternal illness, miscarriage and neonatal death (Luker 1997). The medical opinion is concerned with a number of obstetric and gynaecological factors for example reports that restricted hormone development may influence both premature and postmature labour. What is clear from the literature is that the older the teenager is, the more able they are to cope physically with childbirth (Lawson & Rhode, 1993).

Others reporters on teenage pregnancy outcomes have argued that it is unlikely to be associated only with youth, and that other sociological indicators have a more important

role to play in our understanding of the problem. Airline T. Geronimus and Jane Menken have made significant contributions to this debate. Menken's work is located within the United States, but the findings are equally relevant to teenage pregnant women in Britain, many of whom share similar experiences with their American contemporaries. Both Geronimus and Menken have argued that these poor outcomes associated with teenage pregnancy are due to the effects of poverty rather than being very young (Geronimus, 1990; Menken, 1980). Like much research dealing with inequalities and social exclusion in the United States, there is a focus on ethnic minorities and although Britain does not have the same ethnic ratio the lessons are, again, pertinent. Britain is a multi-cultural society and it would be important that ethnicity is considered within this current research, thus embracing the contribution of Menken.

Child Development

The controversy regarding the significance of maturation continues as we examine the implications of teenage pregnancy on the development of the child. This is one of the most emotionally loaded issues that teenage parents are confronted with. However, we should be cautious when judging teenage pregnancy in relation to child development for 'nature' and 'nurture' are so entwined, that it is difficult to separate the two. We must place the following piece of research in context and be mindful that a child growing up in cycle of deprivation will be disadvantaged irrespective of the parental age. Research findings do not always concur when we endeavour to make an evidence based assessment of the effects of teenage pregnancy on the physical development of their offspring. Where there is a poor outcome of teenage pregnancy the challenges presented to the obstetrician may well be passed on to the paediatrician. The following piece of research demonstrates how punishing and incapacitating poverty is and the fundamental importance for inter-professional partnership in both understanding and addressing consequences of teenage pregnancy. Solan and Mozlin (1997) have identified visual disorders in the children of teenage mothers. They have linked these visual disorders with poverty and elucidate from research studies that neurointegrative and concomitant visual problems can be the result of malnutrition, low birthweight, teenage pregnancy and maternal complications of pregnancy. The authors recommend that optometrists play a

vital role in their communities to ensure that impoverished and socially disadvantaged children are taken care of (Solan and Mozlin 1997).

d) Legal

The legal structure of the law has been briefly touched upon above and here a closer scrutiny is paid to the legislative framework that surrounds teenage pregnancy. The chronological milestones which young people have to reach before they can legitimately pursue certain activities reflect society's perception of how adulthood should be reached through stages of maturation. The incongruity of some of this legislation is the cause of much bewilderment amongst young people. The law is socially constructed in the same way as teenage pregnancy, in that its values become embedded into the behavioural repertoire of the actors in the cultural framework.

Historical Origins of Legislation

The following pieces of legislation, that are relevant to teenage pregnancy, are more fully appreciated when they are examined within a historical framework. The public anxieties of a particular social concern is usually reflected in the law of that society and when new concern emerge, for example, genetically modified foods, legislation reform is demanded. Individuals or groups who profoundly believe that there should be new legislation or that the law should be reformed, have demonstrated that the power of their public protest can be an agent for change, as we noted above in the section on media. The following Acts of Parliament are the result of the knowledge, concerns and aspirations of Britain at the time that they were passed and is relevant, either directly or indirectly, to teenage pregnancy. Much of this legislation is geared towards protection of women in relation to sexual intercourse.

1956 Sexual Offenders Act

The punishment for unlawful sexual intercourse is dependent on the age of the female involved. Here the law gives a clear message of the profound differences of maturity between thirteen and sixteen years of age. The law applies the same rule with sex under the age of sixteen as the law of indecent assault, namely, that coition; "unlawful sexual intercourse" with a girl under thirteen (in effect a prepubescent girl) is punishable with

imprisonment for life (the same as rape). With respect to intercourse with a girl under the age of sixteen, this is punishable with a maximum prison sentence of two years under section six of the 1956 Sexual Offences Act. Williams (1979) notes that this latter sentence is the same for indecent assault and draws our attention to the fact that intercourse is only triable in the Crown Court, indecent assault is a dual offence (Williams 1979). In law the difference in the three years (of thirteen and sixteen years of age) is also the difference between a life sentence and a term of two years. The stamp of the law both guides and reflects the profundity that society feels about children having sexual intercourse.

1967 Abortion Act

The relevance of the 1967 Abortion Act to teenage pregnancy is again associated with age. Williams (1979) states that the punishment can be the same for rape (a life sentence) and adds “the doctor can take the youth of the patient into account in judging the probable effect of a continuation of the pregnancy on her mental health”. Here again the Act probably invites a degree of benevolent hypocrisy on the part of the medical profession since the real argument for terminating in these cases may be social rather than medical (Williams 1979). For example, the Abortion Act of 1967 achieved a number of objectives that were of concern. Firstly, abortion allowed women to have some control over their fertility, secondly, abortion became legalised before the twenty eighth week of pregnancy, and thirdly abortion transferred from being under female control (abortionists) to male dominated control (the medical profession) (Simms, 1983). In addition the Abortion Act of 1967 reflected the liberalisation of sexuality in the 1960s, despite its turbulent passage through Parliament. David Steel, the Liberal Member of Parliament, is remembered above all his achievements not for being Leader of the Liberal Party or a founding member of the Social Democratic Party, but for putting before the House, the 1967 Abortion Act. This fundamentally altered women's lives and made the statement that Britain was one of the most sexually tolerant and liberal countries of 1967. Today, the 1967 Abortion Act is being re-considered. Although a rare event, the legal right for a medical practitioner to abort a foetus up to and including twenty eight weeks gestation today raises significant ethical arguments which were not applicable thirty years ago. Knowledge and technological advances have dramatically improved the survival

rate of premature babies. Therefore the twenty eight-week water shed for termination of pregnancy is for many people unacceptable as many babies born at twenty-eight weeks or earlier do progress to lead normal lives. The incongruity of how legislation and age seem so frequently at odds with each other is in part due to the era in which the Act was passed. The Abortion Act of 1967 has been sited to demonstrate that legislation needs to be re-examined and reformed to remain relevant to contemporary thinking and developments.

1944 Education Act

The issue of education has been shown to be of major importance to the research findings related to teenage pregnancy, and its significance should not be overlooked. The relevance of the 1944 Education Act lies within the decision making power of educational authorities to raise the school leaving age to sixteen, again the notable year of our societal development. For those women who choose to become pregnant as soon as possible, the school leaving age of sixteen prevents them from being totally free of the educational system. Those women who do become pregnant frequently experience considerable difficulties with pursuing their education, not only because of social and educational isolation but also because of the demands that a new-born baby brings. Furthermore, examinations are often forgone and the lack of facilities for these mothers to pursue education leads to an abrupt end of their school life (Whitehead, 1999).

Hill (1983) has identified how the Conservative governments of between 1951 and 1964 had to inject more resources into education due to the 'baby boom' of the post-war years. It was a time for new teachers, new schools and new innovations to accompany the new spirit. The significant changes of that era were firstly the fast growth of higher education and the raising of the school leaving age to sixteen achieved in 1973 despite many delays in the implementation of this reform first announced in 1964 (Hill 1983). Again, we note the influence of political forces that were briefly outlined in Chapter One.

Sexuality

Integral to examining the social constructs of teenage pregnancy is our understanding of the issue of sexuality in relation to teenage women. The dynamics of their sexuality are intertwined with the complex issues contributing to the overall experience of teenage pregnancy. Consequently to this research and this is a central pivot of understanding the relationship between gender and society. This section examines the sexuality of young people under five subsections, (a) historical, (b) physical maturation, (c) emotional development, (d) cultural expectation, and (e) morality.

Historical

The following paragraphs consider teenage pregnancy within a historical theoretical framework. This perspective reveals a considerable amount of information that clarifies how society has arrived at its present stance on teenage pregnancy. The historical perspective is pursued in Chapters Five and Seven, where the intergenerational interviews reveal how the passage of time has altered society's perception of teenage pregnant women. The historical framework brings together the social constructs of legislation, the processes by which these are reached and the experiences that people have that ultimately lay down these historical events.

In his critique of sexuality, Weeks (1994) adds to the historical analysis put forward by Sharpe by stressing that "sex is relational, is shaped in social interaction and can only be understood in historical terms of the cultural meanings assigned to it..." (Weeks, 1994:12). Our social understanding of sexual implications became a more open matter in 1914, under the presidency of Edward Carpenter, which subsequently led to the foundation of the British Society for the Study of Sex Psychology. The health of the women during the inter-war years has been well documented by Helen Jones, yet despite some advances the immorality issue pertaining to teenage pregnant women continued to resonate:

"To be unmarried and pregnant was one of life's greatest calamities. Unmarried pregnant women found themselves shunned, isolated and labelled 'delinquent'. The women tried to conceal their pregnancy because of the stigma and their lack of money;

they were less likely to attend antenatal clinics than married women, and more likely to work almost up to the birth of the baby. An unmarried mother might have the door slammed in her face by relatives, private landlords and even local authorities preferred to offer their council housing to 'respectable' families" (Jones, 1994:66).

In 1918, the National Council for the Unmarried Mother and her Child was established, and offered practical information and advice concerning their situation, and as the workhouses or Public Assistance Institutions closed homeless mothers were accommodated in Mother and Baby Homes. Jones (1994) claims that as the century progressed, the anecdotal evidence suggests that the incidence of pre- and extra-marital sex increased. Certainly, the statistical reports of pre-marital conceptions increased and as more women became exposed to pregnancy outside marriage "the stigma associated with unmarried motherhood very gradually declined..." (Jones, 1994:66). However, what can be said of this decline is that it was indeed 'very gradual' and probably more subtly changed in process rather than in content.

Eugenics

The historical legacy of eugenics is perpetuated into contemporary expressions of concern and disapproval of teenage pregnancy. Within the debate on teenage pregnancy there is often a particular view expressed that concerns 'teenage pregnant women as being unfit mothers'. However this is expressed, whether in terms of lack of parenting skills or having not yet had time to enjoy their youth, there is an inherent value judgement that has historical reverberations to the eugenics movement. The phrase 'unfit mothers' conjures up range of judgements relating to being 'too young', 'too immature', or 'too immoral' and carries the weight of prejudicial conviction that considers them either as 'mere children themselves' or 'sexually deviant'. They are castigated as being dependent upon the state and a burden to society. Furthermore, teenage pregnant women will often find themselves attached to other groups of, so-called, deviant assemblies such as prostitutes, the homeless, and the criminal (Social Exclusion Unit, 1999). It is suggested that the roots of the unfitness of teenage women for motherhood can be rooted, in sociological and not cultural terms, in the latter half of the previous century. It was at this time that there was a growing interest about sexuality and an anxious concern of the trend towards homosexuality.

The legitimate forum for the campaigners against teenage motherhood was the English eugenics society. Two influential eugenicists associated with this movement are Karl Pearson, who advocated a new 'science of sexology' and Sir Francis Galton who was the actual founder of the eugenics society. Galton prescribed to the belief that society needed people of high intellectual capacity and as a community he saw how this could be achieved through mechanisms of social control. The other main advocate, Pearson, took the eugenicist perspective into the realms of racism and argued that the high birth rate of the poor was a threat to civilisation (Bullough, 1994).

The eugenics movement also developed in the United States where Pearson's views were readily accepted and found fertile ground given the state of American society and the eugenics debate. Luker (1997) has argued that the eugenics movement in the U.S.A was concerned with 'fitness to marry' since childbirth outside of marriage was considered unacceptable. Luker also notes how the Americans addressed their concerns with those who were deemed unfit for marriage through legislation and social ostracism. The Binet Intelligence Test was used to identify those who were 'feeble-minded' and then they were prohibited from becoming legally married. The law was further strengthened with the introduction of enforced sterilisation. By 1932, 12,000 eugenic sterilisation procedures had been performed throughout the United States (Luker, 1997). This course of action sent out a very clear message to the American people and served to reinforce their intolerance of those people deemed unfit to marry. For those teenage pregnant women who were deemed 'intelligent' enough to marry their morality was brought into question. The moral structure of sexually active unmarried teenage women who became mothers were then seen as unfit for parenthood and in effect were labelled as contributing to the moral decline of the American people. Fortunately, this stigmatisation process did not receive enforcement through legislation and had to remain a socially determined form of exclusion.

The eugenics movement is a key to understanding how moral forces can interact with political and economic factors to provide the ground for excluding individuals and groups who do not fit the traditional values of that particular society. There are lessons

to be learnt in this production of stigma and its consequences. Both the American and British experience of eugenics have been highlighted here as both perspectives, which are not overly dissimilar, are indicative of the cultural stigmatisation of teenage pregnancy. The zeal and energy of the eugenics movements became the catalyst for other related social movements that developed in the twentieth century, both as advocates for, and protagonists against, teenage pregnancy.

Certain notable figures emerged to influence the plight of teenage pregnant women but for the sake of space the two to be focused on here will be Marie Stopes and Alfred Kinsey.

i. Marie Stopes

A focus on certain central questions were beginning to take shape at this time which were concerned with a gap in the knowledge base of women. For example, what help was offered to women during this period? How could they learn about sex? And, how could they prevent unwanted pregnancies or plan their babies? For many women, this void was filled by the work of Marie Charlotte Carmichael Stopes (1880-1958). The contribution made by Marie Stopes can be seen as an integral part of the progression of the emancipation of women. Marie Stopes's interest in sexuality came from her own experience of painful ignorance of her first marriage to Reginald Ruggles Gate, which was annulled because, according to Stopes, it was not consummated. Two years later, in 1918, Marie Stopes married an aircraft manufacturer, Humphrey Verdon Roe. Together Roe and Stopes founded, in 1921, the Mothers' Clinic for Constructive Birth Control in London, which was the first of its kind in England. Today, these premises are the Marie Stopes clinic offering services on women's health and contraception.

There was a great deal of interest in the clinic and also Stopes's book; 'Married Love', which by the end of 1923 had twenty-three re-prints and had sold over 400,000 copies. Marie Stopes did much to raise women's issues but, politically, she did not occupy the left. She believed strongly in the institution of marriage and that sexual happiness should come from within this partnership. Marie Stopes held firm Christian beliefs, was against homosexuality, and disapproved of abortion. Undoubtedly, her work was most

successful with the middle classes. Stopes tried to make birth control respectable to all women but as Weeks (1994) asserts she had little idea of how working class women actually lived:

"Stopes displayed nevertheless a deep ignorance of working class life. She extolled, for instance, the virtues of the cap, which she wrote, 'could be fitted at any convenient time, preferably when dressing for dinner. Her advice to new mothers in Radiant Motherhood that they should spend at least six weeks in bed recovering would have been equally laughable for most working-class women'" (Weeks, 1994:191).

The irony was that this 'champion' of women's issues arose from the middle classes and continued to be riven with concerns regarding the morality of all levels of society.

Bullough has articulated Marie Stopes's contribution:

"Her great achievement was to move the topic of birth control in much of the English-speaking world from the confines of the physician's office to public discussion. But equally significant was her emphasis on the importance of sex in the life of a woman. Stopes believed that both love and sex were essential parts of marriage" (Bullough, 1994:139).

Weeks (1994) has argued that: "Two factors have to be taken into account in trying to assess Marie Stopes's influence: firstly, her personality and beliefs: and secondly the social space she occupied" (Weeks, 1994:189). The personality of Stopes was very much affected by her disastrous first marriage and her willingness to talk openly about this, struck a familiar cord with many women. Secondly, unlike the Malthusian League, Marie Stopes concerns went far beyond merely preventing unwanted pregnancies. She also wanted help for those couples who were presumed to be infertile and also those couples who wanted to plan their families according to their own timing. Teenage pregnant women seeking help would have certainly been treated empathetically by Marie Stopes but she would not have been sympathetic to their youth or unmarried status.

ii. Alfred Kinsey

However, by contrast the American sexologist Alfred Kinsey respected sexuality as an integral part of human nature irrespective of marital status. Like Marie Stopes, Kinsey's background was not medicine but pure science and both were regarded as eminent

scientists and researchers. In 1938, Kinsey's interest in sexuality arose from co-ordinating a course on marriage at Indiana University. The university believed that Kinsey's teaching did not offer the moral tone, which was required for the course, and he was subsequently offered a post to pursue research on sexuality. The work of Kinsey is important in understanding the social construction of teenage pregnancy as it opened up the world of sexuality to the American people. Furthermore, because of his application of scientific methods he made sexology a respected discipline in its own right. Kinsey contributed to research methodology through his rigorous interview techniques, which were designed to detect fraudulent answers by use of a complex coding system, and a quick delivery of questions. By his open discussion of sexual variations he demystified much of the ignorance of sexuality during the inter-war years. This assessment by Bullough illustrates that Kinsey believed sexual experience was an integral part of an individual's personality:

"What he did was to demystify discussions of sex as much as it was possible to do so. Sex to him, became just another aspect of human behaviour, albeit an important part. He made Americans and the world at large aware of just how big a part human sexuality played in the life cycle of the individual and how widespread many kinds of heterosexual and homosexual activity were" (Bullough, 1994:180).

However, he had his critics. Thurman Rice, a professor of bacteriology, believed, unlike Kinsey, "that sexual behaviour could not be analysed by scientific methods, as it was a moral subject, not a scientific one" (Bullough, 1994:169). Again, in social constructionist terms, we note the tension between objective science and subjective morality.

Back in Britain, the outbreak of the Second World War, brought further social change and upheaval. Helen Jones has documented the fall in morality and rise in illegitimacy between 1939 and 1945 with one of the greatest concerns being the illegitimacy rates amongst women in the Armed Forces. The steep rise in illegitimacy again brought condemnation towards women but not against men.

"Between 1940 and 1945 more than 300,000 illegitimate babies were born in England, Wales and Scotland - over 100,000 more than in six years preceding the war. In fact the illegitimacy rate is an unreliable guide to sexual mores or habits. The proportion of babies conceived out of wedlock (this includes the figure for those women who

subsequently married as well as those who did not do so) was well below the pre-war level (except in 1945). The apparent increase in pre-marital sex was caused by fewer women marrying when they discovered they were pregnant" (Jones, 1994:95).

Lack of knowledge and a certain embarrassment ensured that many women were still unwilling to seek contraceptive advice. Sex education, legal abortion and accessible contraception followed rather than led this sexual activity, consequently the number of teenage pregnancies rose steadily. During the 1960s, adoption was a recognised outcome to teenage pregnancy and 20% of all babies born outside marriage were adopted. However, by 1983, the number of babies going for adoption was very small and termination of pregnancy and teenage women keeping their own babies were much more likely results of these teenage pregnancies. Professionals bemoaned the scarcity of babies for adoption for infertile couples wanting children of their own.

The 1960s - a background to the permissive society

This was a decade, densely packed with events, policies, and lifestyles that had conflated to produce a social upheaval surrounding issues of sexuality. Many people consider the 1960s as a post war boom time when Britain was in a whirl of drugs, sex and prosperity. What is important for teenage pregnancy is that it was also a time when teenage pregnant women, to a certain degree, shifted from being a totally stigmatised group of people to being a more acceptable product of a new generation. Yet one would be mistaken for looking at the 1960s as a period of history when the nation shed all sense of traditional values and morality in relation to teenage pregnancy. There was a move to challenge the new relaxation of the structure of society and the 1960s were a decade of paradoxes and to understand these, it is important to examine both sides of the coin. Durham asserts that "For both the moral crusades and the developments they seek to reverse, the crucial decade is the sixties" (Durham, 1991:6). Durham describes the views of the sixties, which represented the opposing factions of the politics of this period:

"Both parties after the war had embraced the view that consensus around full employment, state welfare and a mixed economy would secure economic success and popular support and, from the late fifties, major strands of opinion were attracted to the idea that an affluent and more fluid society needed a more liberalised approach to moral issues. On the right, 'Progressive Tories' were often favourable to moral reform while, in the Labour Party, 'revisionists' such as Anthony Cropland and Roy Jenkins

espoused the view that a reforming government should deal with the many restrictions that still constrained citizens' lives" (Durham, 1991:7).

Durham continues to explain to his readers that the legislation involving sexuality and morality of the late fifties did not come about through legislation but private members bills, put forward by individual Members of Parliament. The 1960s made those issues, involving sexuality, which were previously private, a public concern; where the Church, pressure groups and reforming bodies became involved and the issue of sex became a public affair.

Some notable events of the 1960s, for example the trial over the publication of 'Lady Chatterley's Lover' successfully defending the expression of artistic freedom became more socially acceptable, alongside other events such as the 1967 Abortion Act and the decriminalisation of homosexual acts between consenting adults. Legislation involving family planning and divorce may have helped to change public perception of teenage pregnant women. However, teenage pregnant women continue to a target for blame and stigmatisation by zealous pressure groups. This included those involved in the Church, campaigning for Christian values, and the very prominent anti-abortion campaign, led by the Society for the Protection of Unborn Children, which was vocal in its opposition to the Abortion Act. Mary Whitehouses's vigorous 'Clean-Up TV Campaign' was opposed by the equally vigorous liberalisation of the expression of sexuality, through the media into people's homes. Philip Norman in his analysis of Mick Jagger, who symbolised this epoch of 'sex, drugs and rock `n roll' in terms of his relationships with women from the 1960s to the 1990s encapsulates the contradictions of the swinging, and not so swinging, sixties:

"What tends to be forgotten, however, is that the values of the 1960s were not about love, peace and miniskirts. There was also rampant and unchallenged chauvinism, epitomised by Rolling Stones songs such as Under My Thumb, 19th Nervous Breakdown and Look at that Stupid Girl. Hence Jagger's enduring view of women as chattels and his determination that never shall any mere female get her hands on his money". (Norman, 24.1.99:6).

Behind his energy and his image, Mick Jagger was fundamentally considered an impoverished person in his respect and concern for women. The permissive sixties are

certainly associated with the increased sexual activity outside of marriage, although the introduction of the oral contraceptive pill did not affect many teenage women who continued to rely on their partners to use a condom. Lack of knowledge and a certain degree of embarrassment ensured that many women were still unwilling to seek contraceptive advice. Sex education, legal abortion and accessible contraception followed, rather than led, this sexual activity. Consequently the number of babies available for adoption was very small and the termination of pregnancies and teenage women keeping their own babies were much more likely outcomes.

The 1980s; rising teenage fertility rates and seeking Victorian values

A striking characteristic of the 1980s is how many of the ideas of this latter decade can be identified with that of the 1880s. Indeed the Conservative government of the 1980s frequently referred to the values of the Victorian age as an era to which we ought to aspire to. The administration of Margaret Thatcher attempted to halt what the government perceived to be the disintegration of morality. They argued that a reliance on government subsidies and an increased dependency on state benefit produced a lack of self-motivation and stifled the development of entrepreneurial skills. For some, the representation of teenage pregnant women could be charged with some or all of these allegations providing a backdrop on which to base all manners of degenerative aspects. This section discusses the ways in which the 1980s influenced the tensions between how teenage pregnant women perceived themselves and how society viewed them. There were a number of significant people, during the 1980s, who were already known in earlier decades, but who had now reached a position of status. These were people who articulated their views through television, radio and newspapers, they gathered support and they influenced public thinking. The morality debate of the 1980s had many issues to address including film censorship and the rights of the unborn child. This discussion has two very significant issues which it will be argued has contributed to the social construction of teenage pregnancy-these were the Gillick Judgement and the impact of AIDS.

The work of John Ashton and Howard Seymour focuses on teenage pregnancy within a framework of the general health of young people. This approach views teenage

pregnancy within a context of the specific requirements that teenage people (young women and young men) have:

"In general terms, the health risks to young people are those related to the consequences of any inexperienced person exploring new worlds, in this case the physical, interpersonal and intrapsychic environments. Inevitably, there will be casualties...if adolescents are helped to equip themselves with the knowledge and skills necessary to optimise their control over their own situation, and if this is done in a supportive family and social context" (Ashton & Seymour, 1988:117).

The following extract goes some way to explain their argument, in that the health of young people must be a priority for society. Furthermore that they should be acknowledged as a positive group of people in the community: "However unpopular young people often seem to be to the adult community, they are of fundamental importance to it. Adolescence is a form of biological and psychological revolution and renaissance which affects each generation and provides society with one of its main resources of creativity" (Ashton & Seymour, 1988:115).

These authors turned to the experience of other countries to ascertain why, in comparison to Britain, their teenage pregnancy rate was lower. They then adopted a number of policies which they believed contributed to lowering teenage pregnancy and included Healthy Cities; the World Health Organisation (1981), Global Strategy for Health for All by the Year 2000, Geneva (WHO, 1981). Liverpool, in the north west of England was one of the cities involved in producing an action plan for health promotion based upon the 1981 WHO, Health for All Principles, which included Planned Parenthood. '*Think globally; act locally*' (Green, 1992:90) was a strategy put forward to ensure that local communities shared the global concerns of which teenage pregnancy was a major consideration. One of the projects involved addressing the health needs of people who lived in two poor council estates in Liverpool. The involvement of local people in the delivery and implementation of formal health care and social services was a key issue, and included an accessible supportive structure for teenagers to receive advice on health and contraception.

Ashton argued that Britain, in its approach to the challenges which teenage pregnancy presented, could learn from the Swedish experience. Ashton examined the work done in Sweden, from which the National Swedish Board of Education. They developed a policy programme that accepted sexuality in young people, within a relationship, as a positive force based on the belief that 'breaking down the conspiracy of silence between the generations' would change the socially constructed perceptions of teenage pregnancy. Back in Liverpool, Ashton was keen to involve all members of the community with the inclusion of the Archdiocese in open discussions on teenage relationships and their sexuality. This clearly showed a commitment to the declaration concerning a shift in positive perceptions of youth.

Ashton's contribution to our understanding of teenage pregnancy has been his investigations in countries outside Britain that are faced with similar social constructs. Ashton has argued that for teenage pregnancy rates to fall, then a change of philosophy and attitude about sexuality is required. His work is significant in understanding the shortfalls in sex and social education in British schools. Ashton has argued that there is much to learn from the experience of others and his ideas about sex and social education have been embraced into some of the policies set out in Chapter Eight.

Physical

Outwardly, the recognition by society that a young person is reaching adulthood and hence becoming sexually mature is seen in their developing adolescent physical attributes. The terminology used and the timeframe for these changes is often obscure and this is due to the wide range in age when physical maturation occurs. Physical development is accompanied by emotional changes. Together these combine to create the sexual awareness and sexual expression that may lead to sexual intercourse and for some this will ultimately be a teenage pregnancy. This section examines the rise to adolescence by both girls and boys. Including the maturation process of boys is also relevant to our understanding as both genders' sexuality are inextricably linked. It is not fully understood what triggers the occurrence of puberty, but it has been suggested that its earlier occurrence may be due to better diet and increase in body weight (Leistol 1982). Today, puberty begins at about ten to twelve years and its appearance is apparent when the hypothalamus in the brain triggers the pituitary gland to release the hormones,

gonadotrophins, into the blood stream. In girls, this stimulates the ovaries to produce oestrogen and androgen whilst the testes in boys are stimulated to produce androgen and testosterone.

The physical changes can be divided into two groups. Firstly, the primary sex characteristics which are connected with fertility and reproduction. These include the external genitalia and the specific internal developments of gender, for example the ovaries and the uterus in the woman. The secondary sex hormones include breast development in girls, facial hair in boys and pubic hair in both sexes (Moore & Rosenthal, 1993). Both boys and girls experience profound growth spurts accompanied by a change in their physique. Moore and Rosenthal provide an account of sexual maturation for both boys and girls and argue that this occurs between the ages of ten and sixteen years. For girls they add to the primary and secondary sex characteristics the onset of menstruation and this introduces the hormonal variation required for ovulation and fertilisation. The additional characteristics for boys include the ejaculation of seminal fluid and the voice changing to a deeper register, these hormonal changes can also lead to acne (Moore & Rosenthal, 1993).

Emotional

Such vast and far-reaching physical changes have a significant emotional impact on teenage people. Any analysis of the emotional aspects of sexuality must embrace the traumatic and confusing experiences of coping with a body that is progressing from childhood through the turbulence of adolescence to adulthood. The hormonal changes that take place during this time have effects on both an individual's behaviour and mood. (Buchanan, Eccles & Becker, 1992). The significance to teenage pregnancy in understanding the emotional and physical changes of sexuality is found within a social context. It is here that we find the link between sexual behaviour and the opportunities, barriers, expectations and cultural norms of how a teenager transfers such sexual curiosities from within themselves to a real experience.

Within the broad headings of mood changes and anxieties are specifically recognised concerns expressed by teenagers. These include their perceptions of their own body

image. A study of 6000 adolescents between the ages of twelve and seventeen years showed that 70% of girls wanted to be thinner (Duncan et al, 1985). Fundamental themes that have emerged from this research are grounded in the images of society, and their expectations of ideal men and women, which are reinforced by the dynamics of the family. A number of studies have linked the influences of the family with the experiences of sexuality of their adolescent members. Such research indicates that there may be a tripartite relationship between sexuality, family dynamics and teenage pregnancy. This thesis has not researched the sexual attitudes and behaviours of the parents of teenage pregnant women, but it is suggested here that their own sexual influences and behaviour could be enmeshed within the many issues that cause teenage pregnancy. For example, buried within the inequalities of poor education and unemployment are the day to day social interactions of parental sexual influences that are subconsciously absorbed by their children. With respect to teenage pregnancy it is suggested that these are negative influences where sexual anxieties are transmitted from one generation to the next. Schonfield has identified three areas of behaviour that demonstrate patterns of family dysfunction in relation to sexuality and argues that this leads to adolescents feeling anxious and insecure about their bodies and their sexuality. Firstly, there are families who cannot tolerate anything that deviates from normal development for example spots or crooked teeth. Secondly, there are parents who experience difficulties about their own image, sexual experiences and sexuality and project this onto their child. Finally, there are children brought up in families where the parents express concern to them because they believe the children are not growing up quickly enough or growing up too quickly (Schonfield 1969).

Cultural Expectation

Expectations of sexuality and sexual experience are rooted in the cultural norms of the society of origin. For example, from other research studies ethnic minority respondents demonstrated how they were both influenced by their values from their traditional home life and their values from their new adoptive country. Many young people, such as the above respondents, are faced with dual cultural expectations. For example, children of mixed ethnic backgrounds have a complex web of values to navigate from their own cultural formation, as well as those from the cultures of new found friends, and those

imparted via formal teachings from the new country. The importance of peer relationships is noted by Conger:

“Adolescents are also more dependent on peer relationships than younger Children, simply because ties to parents become progressively looser as the adolescent gains greater independence. In addition, relations with family members are likely to become charged with conflicting emotions in the early years of adolescence-dependent yearnings existing alongside independent strivings, hostility, mixed with love, and conflicts developing between intra-familial and external cultural values and social behaviour” (Conger 1979:66).

The shift of influence from parents and family to friends and peers is significant in any understanding of teenage behaviour. For the family values to be passed onto the next generation they must be particularly strong and embedded within fundamental cultural values. The pressures for many young people, who are challenged by these conflicts of dual culture, are such that reaching a compromise is impossible. Cultural expectations can be an enormous burden for many young people, but for teenage women who are pregnant and are answerable to two cultures than the demands are greater.

Moral

This section brings us full circle with a return to the issue of teenage pregnancy as one relating to a question of social concern. Angela McRobbie, described the British attitude towards teenage pregnancy as one of "subdued moral panic" (McRobbie, 1989). Since then, the moral panic of teenage pregnancy has remained and now alongside this moral panic, there is also a belief that the traditional family has evolved into something with a much more complex, fluid, and flexible structure, of which teenage mothers are a part.

An important development of the 1990s with regards to teenage pregnancy has been the introduction of the Child Support Agency. The significance of this is that for the first time all mothers claiming state benefit have been obliged to supply the father's name. Fathers have been forced to acknowledge their parentage and be financially supportive towards their children with this leading to many repercussions for all age groups involved. For pregnant teenagers, and teenage mothers, society now has more information on the other half of the parental equation. So often in the past, unless it was volunteered, very little was known about the fathers and it was difficult to establish who

they were, their age, their employment and their education, who they live with, other children that they may have, their family life, their culture, ethnicity and religion. Although questions of civil liberties would defend the right to privacy on these matters, official bodies (and researchers) have complained that they have found it difficult to locate fathers and analyse their position in the relationship, or their contribution, to the decision making process regarding the pregnancy or its termination.

Finally, Britain in the 1990s is a multi-cultural and a multi-racial society, but sadly it is also a society tainted by discrimination. This final paragraph acknowledges and discusses the ways in which society treats black teenage pregnant women in comparison to their white counterparts. Phoenix (1993) articulates the concern:

"In societies in which black family structures are considered to be responsible for producing inner-city problems of poverty and crime, associating blackness with another stigmatised group (teenage mothers) produces moral panic. Single, black mothers under 20 are feared to be producing problematic children and to be draining the state's resources while so doing (Phoenix, 1993:86).

Although there are different cultural influences which are an integral part to understanding the social constructs of teenage pregnancy in both black and white women, there are also similarities. For example, it is a wrong assumption that black women are younger than white women, when they become sexually active (Staples, 1993). Poverty is frequently associated with teenage pregnancy and is closely associated with single black women, in both the United States and Britain, where they are bringing up children as single parents. In the United States, it is rare for black teenage women to marry, yet in Brooklyn it was found that unmarried black men were much more likely to maintain support for their children and continue their education than whites or Hispanics (Sullivan, 1993). More than in any other decade the nineties have shown that to understand teenage pregnant women we must avoid assumptions, respect differences, appreciate that teenage sexual relationships are a part of youth, and to focus our resources so that parenthood is planned for the most beneficial reasons for all concerned.

Contraception

For the purposes of this project the issues surrounding teenage contraception can be dealt with under the following sub-headings.

In Law

In 1981 Victoria Gillick wrote to her local health authority asking for written assurance that her four daughters would not be given contraceptive advice, or an abortion, without her consent. Although Mrs Gillick did not receive these assurances, and subsequently lost her case in the High Court, the Court of Appeal eventually upheld her request. The Department of Health took the Judgement to the Law Lords who ruled in December 1984 by two to one in favour of The Department of Health. This ruling has remained unchanged. Mrs Gillick may have caused considerable anguish to many people, but her actions sparked off a debate on teenage sexuality which was to last the decade. A major conflict arose through some parental perspectives adding pressure to the debate in relation to their belief that their children would not engage in sexual conduct in the first instance. Although a less than subtle family strategy it can be seen that this may well cause unmarried teenagers who are engaging in sexual activity some degree of pressure to deny this. Here, there is a further tension between the primary and secondary socialisation process. The social dialectic is concerned with the appropriate temporal structuring of sexual relations in which younger teenagers are not expected, in our cultural configuration, to engage in sexual activity until the appropriate time. At one level both parties, parent and child, know this. Yet, at another level both parties also know that each other understands that the teenager (by probability) is engaging in sexual conduct. This is viewed as an explicit agreement between parties and an implicit disagreement between value and behaviour.

At this time, health professionals and educators were unsure as to whether to teach sex education and provide family planning services. Whilst some people felt uneasy that the freedom and dignity of young people would be lost by too early an education of sex, others expressed moral concerns which were based on the relationship between education and actions; that is, if they knew about sex they would engage in the activity. Politically, the New Right (which includes the Conservative Family Campaign and the now dissolved Federation of Conservative Students) were described as "a term for a disparate array of organisations and individuals and it would not be feasible to comb through all its elements in search of discussion of moral issues." (Durham, 1991:143). It

was a prominent force that emerged in favour of supporting Victoria Gillick, as a responsible mother, exercising moral control over her children. The Family Law Reform Act 1969 has significant implications for the social construction of teenage pregnancy, because it sets the legal age of consent at sixteen years for a young person to receive medical or surgical treatment.

Disclosure

The issue of disclosure can cause great anxiety to many teenagers in respect of a range of issues, many of them involve the decisions that they have taken in relation to risk. Examples of such risk taking include drug-misuse, absconding from school and the vast array of complex issues associated with teenage pregnancy. Of particular relevance to this thesis are the decisions of disclosure in relation to sexual activity and teenage pregnancy. Teenage women have to work through a long process at the end of which time they decide to disclose or not as the case may be, and in the former case who they ought to inform. Such issues include telling parents and friends if they have boyfriends, are having sex, using contraception, and in the event whether they become pregnant or not. The background to the decisions they make is found within their relationships that they have formed with their families, partners and social networks.

The issue of disclosure is also an important factor to be considered for those people who have received the information. They too feel responsibilities and are faced with dilemmas of trust and professional confidence or even guilt. The first person that is told is often the vehicle to tell other significant people. For example, research has noted how teenage pregnant women sometimes test the 'water' by telling their best friend first or they may disclose their pregnancy to the parent they are closest to, who will then tell the other parent.

Professional Power

Professional power continues to carry some influence for many teenage pregnant women. This is particularly true for those who do not have close relationships or significant people in their lives, and who may not have access to the experience of others in dealing with people in positions of power. Professional 'medicalised' power can be portrayed as

something that is quite paternalistic which suggests that the socially weakest teenage pregnant women are the most vulnerable to the influences of doctors, midwives, teachers and social workers. At its most extreme those professionals with personalised convictions can dictate the fate of teenage pregnant women, advising and gate-keeping services, to affect whether it be towards abortion or parenthood.

Outcome

This section examines the outcomes of teenage pregnancy; single parenthood, abortion, miscarriage, still birth, marriage or partnership, and adoption. When we refer back to the obstetric and gynaecological section we can see that the outcome for teenage pregnant women is closely associated with these forgoing issues in relation to the social context that the young woman finds herself. No one knows how many miscarriages take place each year, women often don't know they have had a miscarriage and if they do, medical aid is not always sought. However, it is likely that miscarriage is the outcome for a significant minority of teenage pregnant women. This has not been included in the five outcomes examined below because the intent is not known. For example a teenage pregnant woman may opt for single parenthood, but have a miscarriage before she is booked into the antenatal clinic or she may have decided to have a termination of pregnancy and has a miscarriage before her abortion. The sociological significance of this research is the teenage pregnant woman's chosen outcome rather than any gynaecological precursor that may change that state. Of course the verb to choose must be used with caution. For as we have seen, those choices offered to teenage pregnant women may be limited; for example, she cannot choose to marry the father of her baby if he doesn't want to marry her.

Single Parenthood or Marriage

Single parents are made up of people from many backgrounds including both men and women who are lone parents because of divorce, separation, death or never having married. Those teenage pregnant women who carry on to become mothers, are for the most part, single parents (SEU, 1999). The challenges presented to society by teenage single parenthood are an extension of teenage pregnancy and these are further enmeshed in the complexities of economics, morality and social control.

The changes and complexities of teenage marriages are borne out in the statistics that show a rise in teenage pregnancies and teenage births born outside marriage, to single parents (Halsey 1993). The changes in statistics are due to a number of social developments, for example increased sexual activity, and the availability of contraception and abortion. Teenage marriage became very popular between 1938 and 1960 and during this time the number of teenage births doubled. However, after the 1960s, teenage marriages have fallen into decline and by 1985 there were less than a third of births to married teenagers that occurred in 1966 (Halsey 1993). Today there is no sign of the reversal to teenage marriage and the trend of single teenage parents looks set to continue (SEU, 1999).

The analysis would be incomplete without considering the popularity of births that are registered at the same address. Teenage mothers are more likely to live at separate addresses compared to older mothers. In 1985 the rate of jointly registered births was 57.2 for women under twenty and 82.5 for women aged thirty-five and over (OPCS Birth Statistics, 1991). It is suggested here, the stark alternatives of being married or single are now compromised by partnership, that is not a legal arrangement but may carry all the emotional, social and economic commitments of marriage itself.

Termination of Pregnancy (Abortion)

The rise in termination of pregnancy is of concern to all those of us who are interested in the welfare of teenage pregnant women. The rise in termination of teenage pregnancy is presented in the figures in table 2:2 and it would be a mistake to assume that this rise in termination of pregnancy is indicative of a procedure that is without physical, emotional or social risk. Even today, there are teenage women who feel, for a number of reasons, that they cannot have a legal abortion that involves the disclosure of her name, status and identity. Of course, it is possible that a teenage pregnant woman may take it upon herself to induce her own abortion and the extent to which this happens today is difficult to ascertain. No doubt there are occasions when teenage women feel forced to take such radical and dangerous action. We must not forget that despite the social changes and greater accessibility of gynaecological services for young people, there remain a small

number who are afraid of the consequences of their disclosure and it is this group who are of greatest risk of 'getting rid' of their pregnancy. They have not been included in the outcomes, because although there is intention, we actually don't know if self-induced abortion, which was widely believed to have taken place before the 1967 Abortion Act, is practised today.

Conclusion

This chapter has provided the theoretical framework for the social construction of teenage pregnancy. British society unintentionally or purposefully constructs teenage pregnancy into an entirely feminine experience. Its gendered construction has such a profound impact on the women themselves that together with the age factor it determines the outcome. The complexities of teenage pregnancy are dependent upon the values society places upon sexuality and morality over a period of time. Whilst respecting the individual experiences of teenage pregnancy the discipline of sociology is more concerned with the values by which society pressurises women as a group and stigmatises those that do not conform. Morality and sexuality are not static concepts and therefore the perception of teenage pregnancy alters with society's changing views. These changing values are both a reflection of historical events and the contemporary influences of society's attitudes and aspirations. The negative values associated with teenage pregnancy are symptomatic of society's social conscience, which is then projected upon teenage pregnant women, and is one of concern for their health and well being as it may cause stress and anxiety. It is also a wider social concern, one that Badman (1993) raised in his discussion on Nature and Culture in terms of teenage pregnant women as the 'weeds in the garden' and the gardener and the farmer. Both see them as destroying the order and the neat design of the plot. Just as the weed is the unwelcome guest in the garden, teenage pregnant women maybe the unwelcome guests of society (Badman, 1993).

In January 1997, 'The Moral Maze' returned to radio and the social commentator Polly Toyobo presented a new radio programme called The New Commandments. Programmes such as this aim to analyse the state of British society and teenage sexuality and teenage pregnancy did not escape the social commentator's pen. Such media

coverage demonstrates that Britain continues to be restless and anxious to find values on which to work towards a united society. Teenage pregnant women represent the two sides of the coin; they are vulnerable and often poor, but they also have rights to demand economic security from the state and collectively they are part of the new group of families, which society is forced to accept. Not surprisingly, then, that some teenage pregnant women feel that society has marginalised them.

The themes that have emerged from this social construction and the connecting relationships identified. These processes and structures are now formulated to investigate the experiences of teenage pregnant women and the methods, findings and analysis are produced in the following chapters.

CHAPTER THREE: STIGMA AND TEENAGE PREGNANCY: ANALYSIS AND LOCATION IN CONTEMPORARY BRITISH SOCIETY

Introduction

The previous chapter identified social exclusion as being one of the most important challenges of teenage pregnancy. This argument is underpinned by firstly, a critical analysis of the literature of teenage pregnancy and secondly by developing the themes as indicated by the newly formed governmental Social Exclusion Unit (1998). The significance of the Social Exclusion Unit to this thesis is twofold. Firstly, it is a recognition by the government that there are minority groups within our society who are socially excluded from mainstream life. Secondly, the government singled out teenage pregnancy as being one of those minority groups. The relevance to this study is that we now have a political acknowledgement of the social exclusion of teenage pregnancy and a government think tank that is proactively seeking to address the concerns of teenage pregnancy. The previous chapter outlined the role of the Social Exclusion Unit, and this current chapter will develop those introductory ideas by focusing on the interface of social exclusion and social stigma. By undertaking this process the theoretical framework and its relationship to teenage pregnancy within contemporary British society will hopefully become clearer. It is felt particularly important, and relevant to this study, to illustrate the stigma of deviance associated with teenage pregnancy. The following extract from the research study highlights the key emotional responses, and sociological indicators, that are considered by those individuals from non-pregnant teenage women.

“ I know my family would be ashamed of me if I got pregnant. They’d make my life hell and they’d make me have an abortion. They wouldn’t even let me have the abortion in Reigate. I feel really sorry for girls who get pregnant. People think they’re promiscuous and slogs and live off the state. But some girls are on the pill and they still get pregnant. Why do people think it’s always their fault ?”(East Surrey Control Group).

The interviewee who gave this response was an A- level student, aged eighteen years old, attending a Sixth Form College. Her response suggests that within contemporary British society some people both hold and express hostile views towards teenage

pregnant women and reflect her views on teenage pregnancy arising from a series of negative associations that have been made by members of her family and community. The central question here is why teenage pregnant women cause such conflicting emotions of hostility and pity? Clearly, the above respondent associates teenage pregnancy with promiscuity and shame and this respondent has taken the difficult position of disagreeing with her parents that may suggest a generation factor in acceptance and tolerance. With reference to the framework of stigma analysis, teenage pregnancy is quite clearly a confirmation of teenage sexual activity and as such is often considered a form of deviant¹ behaviour. It is here, firmly located within the paradigm of deviant behaviour that we find the type of stigma that is most closely associated with teenage pregnancy. To understand the stigma of deviant behaviour we need to firstly understand the concept and its location in contemporary society.

Theoretical Overview

The analysis begins with a critical appraisal of the contributions made by Goffman and Jones, which provide the theoretical framework for understanding the dynamics of both teenage pregnancy and the stigmatising process. Later related themes such as labelling theory and the creation of difference will be developed.

Goffman and Jones

The contribution made by Goffman and Jones to this thesis is presented in the following critique, with the analysis divided into three sections. Firstly the historical analysis will deal with the different contexts in which both authors were writing, secondly, the theoretical analysis will deal with the main themes from their work, and thirdly the issues of policy and practice will be drawn out.

Historical Analysis

The historical section is central to our understanding of Goffman and Jones. The location of Goffman and Jones in different times and places is an indication that we should be cautious with any direct analysis as with the passage of time contexts change

¹ Deviance is a key issue and is discussed later in the chapter.

and 'stocks of knowledge' expand and deepen. Goffman's book, 'Stigma-the management of spoiled identity', is an essay that although is not regarded as his greatest work, this is reserved for a number of essays published later in his life, it has had the most immediate and long lasting impact on both the academic and the lay community at large. Goffman's work was born out of the high profile Chicago School of Sociology, of the 1960s and the references Lemert are indicative of the intellectual fervour of that particular institution. Characterised by an uncluttered simplicity, Goffman's working frame is narrow and compressed, whilst Jones' perspective is broad and capacious. Indeed, the very style of the writing itself, particularly in the use of terminology such as employing the word 'Negro' as Goffman did, which may have been at that time conventional but by the time Jones was writing had become totally unacceptable. Referring to the works on stigma, Jones' and his colleagues produced a book that is not only of greater volume but is also more complex and sophisticated and the reasons for this are three fold..

Firstly, the twenty-year difference separating the time the books were written and printed say extensive theoretical developments in our understanding of human interaction in social situations. Although Goffman had the benefit of drawing upon his own previous writings, and his position as a resident academic in the Chicago School, was certainly a fertile place for any sociologist of a symbolic interactionist perspective, the hinterland on which he could draw was limited. Goffman was largely confined to American writings, which is all that basically existed in 1963, although we could also add that Goffman himself appeared content with this narrow focus. On the other hand Jones could, and did, refer to a rich source of research projects concerning a range of related issues relevant to stigma and prejudice.

Secondly, the authorship of Jones's text reflects a contemporary approach to writing, where a number of authors can offer a wide range of expertise across the disciplines of both psychology and sociology and also draw upon the acknowledged references and writings in their particular field.

Thirdly, there is a speculative element referring to whether Goffman would have produced a work of greater complexity if he had been working in contemporary times. The information that we have available suggests that Goffman was a solitary character and preferred to work alone. We should remember that Goffman as a scholarly youth crossed from North Atlantic to a remote island in the Hebrides to research his PhD. The academic interaction Goffman had with his colleagues is not entirely clear, but he was not a collaborative author. Furthermore, his ability to communicate in a pure form has taken over his often-ambiguous research methods. When we take these issues into account, the essence of the simplicity and clarity of 'Stigma', namely those three classifications of 'tribal', 'irrational behaviour' and 'abominations of the body' belong also to Goffman's own identification, of a sociologist who endeavoured to communicate his ideas to a wider audience. An indication that 'Stigma' may remain largely unchanged.

Theoretical Analysis

The most fundamental evidence that characterises the contrasting approaches of Goffman and Jones's work is found within Goffman's classifications of 'stigma' and Jones dimensions of 'stigma'. The classifications that have already been mentioned in the above section are of course 'tribal', 'irrational behaviour' and 'abomination of the body'. Jones and his colleagues have put forward six dimensions of stigma that inform the reader of the experiences of the person who is stigmatised and these are concealability, course, disruptiveness, aesthetic qualities, origin and peril.

It is not clear from Goffman's writings where he actually found the origins for these now famous classifications. However, his experience as a sociologist of observing and writing about human nature over a long period of time together with the reading material and references that were available would have sedimented his ideas into the classifications that he ultimately produced.

By contrast, Jones and his co-authors have clearly drawn upon an extensive reference List and their own academic interests and clinical skills. The confusion that has always surrounded the origins of Goffman's ideas in opposition to the descriptions of research projects on stigma and prejudice relating to many health care and social issues, that fill Jones's text.

In the 1960s, the issue of power was not everyone's agenda. The force of one group over another, namely the power of men over women was only just beginning to take a profile in the public arena. For this we must thank the early feminists who so clearly articulated the unbalance of power in every sphere of life. Had Goffman engaged in the power debate whether it be a gender issue or the power of the then administration, recruiting the poorest young men to the Vietnam war, but his writings indicate that he nothing less than what we would call to-day 'a power by-pass'. By contrast, Jones and co-authors through their attention to psychology are deeply concerned with power relations and how the individual feels and navigates and may recover from stigma.

We are indebted to Goffman for producing a piece of writing which contains in addition to his classifications a series of descriptive terms that have remained in constant use by those who wish to make a contribution to stigma. Examples of this include 'courtesy stigma' which is stigma by association and the 'discredited and discreditable' which are terms that describe how we control information. The memorable contribution made by Jones is of course the six dimensions of stigma, but even this cannot meet the Goffman's classics and part of this may be attributed to the Goffman's stigma was in fact 'the first born'.

Policy and Practice

Finally, there is the issue of policy and practice. Ultimately, the objective for all of us who are concerned with stigma is about working towards a change that will at least dent the culture of prejudice and stigma and we are as much concerned with the perpetrator as with the victim. Both Goffman and Jones shared a passion to identify and inform that is both steeped in stigma and ignorant of its presence and implications for both society and the individual.

Goffman's contribution was that he alerted the world about stigma in a way that had prompted others to write. Some of these writings have been incorporated into policy documents and proposals that call for a greater awareness and change. For Jones, the impact has been more closely connected to those in clinical psychology and researchers interested in stigma. The ideas put forward by Jones and his co-authors have given a

new impetus to stigma, to advance our understanding, whilst retaining Goffman's unique appreciation and contribution which will not always be viewed as his 'subject'.

Erving Goffman

Contemporary sociological analysis of stigma has its origins in the work of Erving Goffman (1922-82). When Goffman's work on "*Stigma – Notes on the Management of Spoiled Identity*" was published in 1963, both the academic and lay reader were provided, for the first time, with a comprehensive sociological map of stigma. The following definition of stigma by Goffman illustrates his ability to reach a wide audience offering a meaning which captivates the imagination irrespective of their sociological background, particularly in relation to the 'popular' sociology evident in that era. Although an absolute definition of stigma is difficult to encapsulate, this account by Goffman is a good starting point on which to develop further sociological analysis:

"While the stranger is present before us, evidence can arise of his possessing an attribute that makes him different from others in the category of persons available for him to be, and of a less desirable kind - in the extreme a person who is quite thoroughly bad, or dangerous, or weak. He is thus reduced in our minds from a whole and usual person to a tainted discounted one. Such an attribute is a stigma..."
(Goffman, 1961;12).

This extract focuses Goffman's understanding of stigma from the viewpoint of society and shows how the individual can socially emerge as different. His concern with understanding how and why some members of society choose to stigmatise a particular social group is important in understanding the reasons for the stigmatising process. A notable achievement of this work is that it provokes the reader, irrespective of their sociological background to critically consider the dynamics of stigma from either an experiential or theoretical perspective. The value to this is that it is a proven framework for generating research and analysis on the attitudes of society towards marginalised individuals and groups.² The impetus of "Stigma" was a result of Goffman's observations of the society in which he knew best; the mid-America of the 1950s and 60s. Undoubtedly, the culture of Goffman's time and place and 1990s Britain is very

² This is an introduction to Goffman's work and it will be developed throughout this chapter.

different. However, when analysing stigma these different societies and different times are not only divided by contrast but also united by similarities of the social processes that underpin them. Indeed, the value of Goffman's analysis of stigma is that it has remained a text of shared identification and meaning for people across many societies, despite the criticisms of cultural specificity of middle-class America. This mutual empathy can be recognised in Goffman's analysis of the societal and personal experience of stigma. There are a large number of vignettes in Goffman's text that are personal experiences from stigmatised individuals and it is suggested that it is these personal accounts that ground the book in the life world of the marginalised 'Other'. Goffman uses the following extract to illustrate his identification of moral career as an emergent concept within the creation of difference and the shared learning experiences of particular stigmatised individuals within a wider marginalised group.

"This illustration is provided by a homosexual in regard to his becoming one: I met a man with whom I had been at school...He was, of course, gay himself, and took it for granted that I was, too. I was surprised and rather impressed. He did not look in the least like the popular idea of a homosexual, being well built, masculine and neatly dressed. This was something new to me. Although I was perfectly prepared to admit that love could exist between men, I had always been slightly repelled by the obvious homosexuals whom I had met because of their vanity, their affected manner and careless chatter. These, it now appeared, formed only a small part of the homosexual world, although the most noticeable one..." (Goffman, 1961:53)

The similarities between the tensions inherent in potentially stigmatised individuals about to announce their stigmata, in whatever form, and the gay person 'coming out' in 1960s Chicago is clearly established in the extract above. It is located in their anxiety of being part of a minority and disrespected group and their contradictory feelings of being part of a group of people who are 'quite ordinary' in a human sense.

Like the gay man in Goffman's extract, teenage pregnant women analyse themselves in relation to other teenage pregnant women and society as a whole.³ The gay person in Goffman's text highlights the complex world of 'difference' and 'sameness' as

³ The findings in Chapters Six and Seven analyse the research results and the relationship between teenage pregnant women and non-teenage pregnant women.

dilemmatic relations within the concept of stigmatisation. The gay speaker understands all too well that he will be stigmatised as different, as odd, as 'queer', and yet within the notion of being different he also wishes to be publicly seen as the same, as 'normal', within his own group. The 'gayness', as stigmata, as a blemish, is covered or hidden by a veil of normality. This again creates tensions and contradictions between a desire to be the same as others within a marginalised group and an acknowledgement of difference between them and the wider, and more powerful, normative society.

Locating stigma in relation to teenage pregnancy and its analysis as a major thread of social interaction of contemporary society is the fundamental objective of this thesis. An important feature of the research is the significance that teenage pregnant women place on their 'normalness'. Goffman, and later Jones, provide the framework and signposts to address the issues why teenage pregnant women, participating in this research, do experience perceptions of stigma. When a person becomes the perpetrator of stigmatisation towards a teenage pregnant woman, that individual will according to Goffman's analysis, experience a number of emotional reactions. The origins of a teenage pregnant woman's perceptions of stigma are grounded in her experience of how these emotional responses are manifested. According to Goffman those individuals who stigmatise teenage pregnant women believe them to be "thoroughly bad, or dangerous, or weak... reduced in our minds from a whole and usual person to a discounted one." (Goffman, 1990). It is very difficult to conceal such feelings of extreme condemnation and whilst there are some whose prejudice is subconscious there are other perpetrators of stigma, who indeed wish consciously for their feelings to be known. Although Goffman did not develop a sophisticated analysis of the power relations within institutional and social structures his work most certainly set the scene for others. Goffman initiated an understanding of social deviants as a marginalised social group, at a superficial level, which was taken up by Horowitz and Liebowitz (1968) who developed a perspective of conflict to this analysis. They saw deviance as a tension between the superordinate (those who have the power to make the rules) and the subordinates (those who break the rules) which locates this perspective in the realms of rebellion and defiance, so redolent of that era.

The following paragraphs demonstrate how the unique and different approaches of Goffman and Jones complement each other to anchor the theory of the research methodology in this current project.

Edward Jones and co-authors

The second important contribution comes from Edward Jones and his co-authors. Their work; '*Social Stigma - The Psychology of Marked Relationships*' (1983) has been influential on the research and subsequent understanding of the nature and social impact of stigmatised individuals. Edward Jones, the editor of the work on 'Social Stigma' wrote²

"We intend to focus in this book on a particular category of social relationships - those in which one participant has a condition that is at least potentially discrediting. We shall be concerned with the cognitive and affective underpinnings of such relationships and with the behavioural problems they entail. We shall also be concerned with the course and development of such relationships over time" (Jones et al, 1983: 6).

A fundamental contribution emanating from the work of Jones and his colleagues at this period was the strong emphasis on affective psychology. The personal experiences of marginalised individuals are very much associated with emotional feelings of depression, anger and humiliation

²At the time, this book was published, the remaining authors held the following positions; Amerigo Farina, Professor of psychology at the University of Connecticut. Hazel Markus, Associate Professor of Psychology at the University of Michigan. Dale Miller, Professor of Psychology at Simon Fraser University. Robert Scott, Associate Director of the Centre for Advanced Study in the Behavioural Sciences. Chapter Eight, was written independently by Dr Rita de Sales French

This book is essentially a work of social psychology. Edward Jones puts forward the following aims and objectives which were put forward by the authors:²

The range of contributors, representing varying disciplines, examine stigma from broad perspectives with Jones's overall analysis being concerned about "social relationships that involve at least one person who is vulnerable to being labelled as deviant and thus, being stigmatised" (Jones et al, 1983:1). Thus, the significant value of Jones's contribution is the relationship between societal values and the perceptions of the marginalised individual as a de-valued person. Therefore, it is the feeling of stigma as perceived by vulnerable individuals, which in this context deals with the personal responses such as fear, anger, worthlessness, and depression etc. The emotional impact of these engendered feelings, whether or not explicitly evoked by the societal response to the stigmata, is implicitly felt as a corollary of those social expectations. The result of this, according to Jones (1983), is the development of a mental strategy to deal with the social implications of the stigma. These he terms the 'six dimensions': concealability, course, disruptiveness, aesthetic qualities, origin and peril. In dealing with the notion of teenage pregnancy in relation to the stigmatising process we can now locate Jones six dimensions as a conceptual framework for exploratory analysis:

1. **Concealability.** In social terms this refers to whether the pregnancy is hidden or visible and deals with the question 'to what extent is its visibility controllable or the wish to control it desirable?'
2. **Course.** This is concerned with the pattern of change in relation to social expectations of the pregnancy and examines what the anticipated social consequences of the outcome are.
3. **Disruptiveness.** This refers to the extent to which the pregnancy blocks or hampers the social interaction or communication with the social network.
4. **Aesthetic qualities.** This dimension refers to the extent to which there are signs and symbols of pregnancy that make the possessor repellent, ugly or upsetting.

5. **Origin.** This refers to the aetiology of the circumstances that led to the pregnancy in relation to the accounting of blame and investigates who holds the responsibility for the pregnancy.

6. **Peril.** This refers to whether the pregnancy poses any social danger and if so, how imminent or serious it is.

(Adapted from Jones et al 1983:24)

Goffman too, shows a deep concern with the relationship between deviance and stigmatisation. However, it should also be acknowledged that some theorists are unhappy with using the term stigma and deviance as interrelated ideas. For these critics both stigma and deviance are concepts from earlier writings in sociology as a form of perversion that does not fit easily in to contemporary sociological language which views the 'Other' as socially constructed. However, of its critics, society continues to identify and strongly stigmatise those individuals who are perceived as having characteristics that they associate with deviant behaviour particularly when this deviancy has sexual connotations in relation to difference. Whilst accepting that the use of linguistic terms continues to evolve, many of the emotional and social reactions that people experience, in relation to the semantic, do not always change at the same pace.

Locating teenage pregnancy within Goffman and Jones's theoretical framework.

This section considers the underpinning reasons why teenage pregnant women in our society become stigmatised both individually and collectively. Society alienates those people who possess a characteristic that is different and perceived to be inferior to the acceptable norm. All societies set normative standards of behaviour for their cultural members that are based on shared values and prescribed modes of action. If a person is considered able to achieve these standards but chooses not to do so it is highly likely that they will be pathologised as aberrant, disordered, or bad and thus de-valued accordingly. However, if their failure to achieve the prescribed standards is viewed as an inherent weakness on their part then culpability remains, but generally lessened. On the other hand should the individual be considered unable, for extraneous reasons, such as impairment or sickness, to achieve these standards their responsibility is suspended. This

is always presuming that they would desire those standards if able to do so. Thus, one trajectory of stigma could refer to the extent of responsibility that can be attributed to their choice of behaviour. Goffman identified another trajectory that locates stigma, not in relation to personal choice or an individual's mode of action, but in relation to their responsibility for the stigmata itself. The three major types of stigma are:

“First there are the abominations of the body - the various physical deformities. Next there are blemishes of individual character perceived as weak will, domineering or unnatural passions, treacherous and rigid beliefs, and dishonesty, these being inferred from a known record of, for example, homosexuality, unemployment, suicidal attempts, and radical political behaviour. Finally there are the tribal stigma of race, nation, and religion, these being stigma that can be transmitted through lineages and equally contaminate all members of a family” (Goffman, 1990:14).

These three early identifications of stigma require further elucidation to place the concepts in contemporary society. Page (1984) argues that ‘physical deformities’ is too restrictive in terms of its deprivation pertaining to congenital abnormalities or malformations of human structures and suggests the simple term ‘physical’ ought to replace it. Through this all physical marks of the human form can be related to the meaning structures of the person so affected. Similarly, ‘blemishes of individual character’ is given a behavioural manifestation (Page, 1984). Page argues that the term ‘conduct’ more suitably fits this dimension of stigma (Page, 1984). Although not made explicit, this argument suggests that the stigmata of character cannot be seen without the production of conduct to which it is related.

Within the context of stigma, teenage pregnancy is identified most closely with Goffman's ‘blemishes of individual character’, or Page's ‘conduct’, although there are some individuals who fall into more than one of these three categories. In these complex circumstances the burden of stigma may be increased both within and without their cultural group. For example, a teenage pregnant woman who has a visible birthmark or who belongs to an ethnic minority group may be multi-stigmatised across all three dimensions. Since Erving Goffman, there has been a considerable amount of research carried out on very specific areas of stigma. For example, those with a mental illness such as schizophrenia (Penn and Guyan, 1994: 567-78) who found that those receiving

such a label suffered a considerable degree of marginalisation which exacerbated their actual clinical condition. Furthermore, the majority of research that address stigmatised groups report stress provoking responses to the process despite their professional backgrounds. Such backgrounds include sociology, anthropology, medical sociology, psychology and medicine with varying approaches offering different perspectives on stigma but with similar findings. An example of this type of research comes from the following psychological perspectives such as the findings of a study on exploring stress derived from the minority status of gay men as a stigmatised group:

“The concept of minority stress is based on the premise that gay people in a heterosexist society are subjected to chronic stress related to their stigmatisation ... Odds ratios suggested that men who had high levels of minority stress were twice to three times as likely to suffer high levels of distress” (Meyer, 1995 : 38-56).

Studies involving teenage pregnancy and stigma are frequently associated with the closely related concept of teenage sexuality usually from the narrow sense of normative prescriptions of what is considered appropriate sexuality, beliefs and behaviours. One such study by Page, 'Felt Stigma And The Unmarried Mother' (Page, 1985), shares some common ground with this research and will be referred to in more depth in subsequent chapters as the thesis develops. The two sides to the stigma 'coin' refer to the specific roles played by the perpetrator and victim. However, the multifaceted complexity of the issue is such that both perpetrator and victim may interrelate at a number of levels in which roles are reversed and, in turn, one become the other. It may be that a victim of one type of stigma may simultaneously be the perpetrator of another type of stigma.

Stigma within a historical context

Today stigma has a negative connotation, but, etymologically, the original definition of stigma originates from the Greek word for a tattoo mark; the brand name with a hot iron impressed on people to show that they were devoted to the services of the temple. By contrast, individuals were also marked if they were slaves or criminals, which suggest that stigma is not a static concept but is influenced by the social changes over any given epoch.

Today, society's beliefs and attitudes continue to influence the meaning of stigma as we understand it in our cultural context. The profound and dramatic world events that shake the foundations of a society cause its individuals to re-consider, reflect and re-prioritise what is really important to their individual cultures. It is at such times that notions of stigma are shaken and formed, and what was considered to be obviously deviant or aesthetically repellent at one time now becomes blurred. Society changes its normative prescriptions according to its structure, function and influences, logically leading to questions relating to the causation of this change. It is suggested that whilst some situational conditions move to a state in which they appear to carry less potential to create stigma others arise to increase the likelihood of creating difference. There are also strong cultural differences in what is considered a stigma as well as regional variations within wider social contexts. From national valuations to gang-cultural codes the variety of rules and taboos, which are transgressed, can elicit the process of marginalisation and the formation of stigma.

The moves towards the acceptance of a certain form of behaviour, a particular ethnic group, or a specific physical abnormality is dependent upon the development of a society's cultural heritage which may be determined by key historical and social landmarks creating the values of that society. The origins of such stigmatisation, lie in the group feeling threatened by an individual, or a number of individuals, who are perceived to disunite, undermine and contaminate the larger society. Such reactions not uncommonly arise from a fear of the unknown and the unfamiliar. To illustrate this point, Goffman gave the example of the gay community of Chicago during the 1950s. Originally, this group was very small and perceived as threatening to society through their promiscuous behaviour. As the numbers of the group increased, the residents realised that they did not undermine the structure of Chicago life and eventually the homosexuals lost some of their deviant persona and became integrated into mainstream Chicago society (Goffman, 1963). In recent times the emergence of AIDs has once again focused society's attention onto the gay community. For the most part this has been at best ambivalent and at worst open hostility, that has tended to group gay men as a minority who are engaged in developing societal structures of sexuality and enacting immoral promiscuous lifestyles. To-day, the sexuality of the gay community and their

sexuality is overshadowed by AIDs with related health care problems considered an unwarranted drain on public monies which ought to be channelled into what is believed to be more deserving sicknesses. This development of events has been an impetus for society to reassess its relationship with the gay community. Gay men are now frequently, and collectively, perceived as playing a significant role in the spread of AIDS world wide despite the knowledge of other modes of transmission. Thus, society's perception is entwined with a number of issues relating to gay men as being promiscuous, immoral, subversive and contagious. Their experiences of stigmatisation have undergone a revival as they are once again grouped together as deviant members of society.

Sociological Theories Associated With Stigma

Stigma is not an isolated sociological concept as it is closely associated with many other aspects of the human condition. There are a number of theoretical perspectives, which are particularly important and highly relevant in gaining a greater understanding of the knowledge of the process of marginalisation. The theory of deviance is central to the analysis of stigma and in a relational sense to teenage pregnancy.

Deviance

Deviance, like stigma is a fluid concept and, again, changes over time. Therefore, decision of what is deviant and what is not deviant is a process, which can only be defined by a particular society. Deviance is a form of social behaviour as defined by that group for their purposes and function. It is the social group which define their norms and decides what forms of behaviour lie outside of those regulatory frameworks.

In its relationship with stigma, deviance is most closely associated with Goffman's '*moral behaviour.*' For example, when society chooses to stigmatise on moral grounds it is actually making a statement about what it believes to be deviant. As deviant behaviour is culturally relative that which is considered to be deviant in one culture may not have the same structural components in another. For example marriage amongst the Muslims of Pakistan for thirteen year old girls is an accepted, welcomed cultural practice. In Britain, this is not accepted and marriage is illegal until the age of sixteen years.

Durkheim, Goffman and Deviance

The significance of the French sociologist Emile Durkheim (1858 - 1917), to this research lies in his work on deviance and his influence on Goffman, particularly in relation to his research methodology. Tom Burns in his analysis of Goffman's work examines the influence which Durkheim has had on his research method: "For the most part, Goffman relied on Durkheim for the causal explanation of social order in general, as well as of the order maintained in social interaction. The bias - the Durkheimian bias - of the kind of causal explanation he found adequate to his needs also affected his interpretative explanation" (Burns, 1992:360).

Thus, the attempt to explain social order through the interpretative paradigm must address the issue of the Durkheimian bias. Goffman like many of his contemporaries adopted a sociological framework that was both interpretative and causal. Goffman was fundamentally an interpretivist but he was also mindful of the significance in offering a causal explanation of social order. Although the notion of deviance emerges from the social order in the final chapter of *Stigma* Goffman alerts the reader to show caution when considering this relationship:

"It is remarkable that those who live around the social sciences have quickly become comfortable in using the term 'deviant', as if those to whom the term is applied have enough in common so that significant things can be said about them as a whole. Just as there are iatrogenic disorders caused by the work that physicians do (which then gives them more work to do), so there are categories of persons who are created by students of society, and then studied by them" (Goffman, 1963:167).

Manning suggests that Goffman's "principal criticism of the sociology of deviance was that there is little chance of ever finding a general theory of deviance without which the study of deviance is no different from a broad concern with social problems" (Manning, 1992:96). For many, deviance is very much associated with theories of rule breaking (Keat, 1971) although it is clear from his writings that Goffman found this an inadequate explanation. It is likely that his identification of the three broad groups of stigma brought clarity to his own analysis, for his own purposes, and the growing number of inquiring Americans who wanted to understand the post-war society that they had fought so hard for.

Finally, Philip Manning elucidates three main issues about Goffman's study of deviance. Firstly; despite the general explanation of rule breaking in everyday life, the sociology of deviance needs to be broken down into discrete investigations that embrace the differing types of deviance. This is because as Goffman argues, it is wrong to assume that deviant behaviour has something in common with other forms of rule breaking behaviour. Secondly, the whole question of what the rules of everyday life are in relation to each cultural group need to be carefully considered. Lastly, the association between certain forms of deviance that results in some individuals being '*discredited*' has to be closely examined and made explicit. This behaviour may be regarded as immoral which requires a more philosophical investigation and it stimulated Goffman to consider '*stigma*' more in terms of a sociological concept, which was more engaging and had a greater explanatory potential than that of '*deviance*'.

Symbolic Interactions and Goffman

Durkheim's positivist methodology, was a constant strive to demonstrate that sociology should be acknowledged as a science by the academic community and was a major influence on Goffman. However, Burns (1992) also acknowledges that the "*causal* explanation ... affected his *interpretative* explanation' (Burns, 1992:360) which to some degree limits his work. Goffman took his interpretative explanation from the study of *symbolic interactionism* that originates from a particularly fertile and exciting time and place in American sociology. Herbert Blumer, of the then newly founded Chicago School was responsible for the term '*symbolic interactionism.*' The Chicago School, particularly in the inter-war years can boast a number of prominent symbolic interactionists such as George Herbert Mead and Charles Cooley along with the later Howard Becker and Erving Goffman. The concept of symbolic interactionism, rests on one individual being able to imagine the social role of another and the ability to imagine ourselves in other social roles. Furthermore, the adoption of the role of the other will also depend on our capacity for an internal dialogue with ourselves. Blumer and others have analysed the complexities of this reflexive process and below are the three main principles of symbolic interactionism that he put forward:

(a) *'human beings act towards things on the basis of the meanings that things have for them'*,

(b) *these meanings 'arise out of social interaction'*

(c) *social action results from a 'fitting together of individual lines of action.'*

(Blumer, 1991:645).

Thus, there is a close relationship between the individual and the group, and the wider social context in which they operate. Outside of this a deviation leads to the production of stigma.

Labelling Theory

The importance and relevance of Howard Becker rests on his contribution to the study of deviance and his formulation of labelling theory. Unlike many of his predecessors, Becker's approach to deviance was not put forward as a pure theoretical sociological concept, but rather a dynamic force which occurs within a framework of sociological interaction. In this context deviance is a product of the social world and the effect of the operationalisation of the values, and their meaning, in which symbolic interactionism is concerned.

The following extract from Becker's *'Perspectives On Deviance, The Other Side'*, outlines the relationship between the labelling of deviance and the social group who are applying it:

"Social groups create deviance by making the rules whose infraction constitutes deviance, and by applying those rules to particular people and labelling them as outsiders. From this point of view, deviance is not a quality of the act the person commits, but rather a consequence of the application by others of rules and sanctions to an "offender." The deviant is one to whom that label has successfully been applied; deviant behaviour is behaviour that people so label" (Becker, 1963:3).

Thus, we can see the concepts of labelling theory and stigma as highly relevant to teenage pregnancy as a perceived deviant form of behaviour. They are the necessary socially instruments of the social constructs of the stigmatisation of the teenage pregnant women. As labelling theory is constructed around how relationships are formed by the influences of society and specific groups within that community this is a particularly

relevant perspective for understanding teenage pregnancy as socially constructed deviance. Particularly, as prior to the rise of the labelling perspective, little had been said about females or gender, and the power dynamics of masculinity were absent completely. Then, Becker (1963) observed: “that, generally, men made the rules for women in society” but sadly made very little of this. To what extent this relates to the males formulating the rules of labelling for teenage pregnant women remains to be explored.

Edwin Lemert has also considered the relationship between deviance and labelling theory. His identification of the point at which deviance becomes labelled is helpful in the understanding of society's perception of stigma in relation to teenage pregnancy. Lemert does this by firstly identifying *'primary'* deviance as deviant behaviour in which we are all to some degree engaged, but which is not labelled as such as the negative social reactions are not evident enough to evoke the label. However, when the behaviour becomes overt enough to initiate the negative responses it becomes a primary deviance. It is the *'secondary'* deviance, which occurs when an individual embarks upon a course of action in which he has little thought of the presentation of his own character or image to that society. It is this that turns from primary to secondary deviance as the label begins to form and the person engages in defiant behaviour as a means of defence, attack, or adjustment to the original problem created by the societal responses. The deviant, having been labelled as such, lives up to his name as *'deviant'* and is set in the self-fulfilling role of enacting the deviant behaviour (Lemert, 1972). This is a persuasive argument and how such a belief is carried forward into society's projection of stigma and is an important aspect for this research project relating to teenage pregnancy.

Becker's approach to deviance and labelling theory offers an alternative to Durkheim's positivist approach. Durkheim's use of statistical data to study suicide and deviance went some way to reinforce the science element of sociology. However, the 'science' issue was not a priority for the later Chicago School of the 1950s and 60s. Becker and his symbolic interactionist colleagues were happy to explore the social world and its subsequent influences on deviancy which were as important as the study of the 'deviant' himself. This approach is well suited to the understanding of teenage pregnant women and their social stigmatisation as it allows the research methods of qualitative approaches

to be fully employed, using for example, the 'thick' descriptive narratives, as discussed further in Chapter Four.

A fundamental argument against labelling theory suggests that individuals frequently have a greater say in their own destiny, than the theory assumes. People do have a moral choice in their social action, as argued by Bourda (1970). An important criticism that this study addresses is that labelling theory also overlooks the psychological disposition of the individual before the 'deviance' occurred. Later we will discuss, amongst others, the contribution made by Sumner (1994) that includes a highly critical account of Becker and labelling theory.

Stigma and the British Contribution

The British contribution to stigma in recent years has been concerned with its influence on social policy. The application of social policy in relation to certain groups, has become a political issue with all parties, from varying perspectives, attempting to address the problem. For example, the search for a new morality in Britain, combined with an economic need to reduce dependants on the welfare state has brought back a belief in Victorian morality of the 'deserving' and 'undeserving' poor. In contemporary society one may ask who are the 'undeserving' poor. Similarly, unmarried mothers with illegitimate children were labelled as 'undeserving' a hundred years ago and this theme has again emerged in contemporary Britain.

The issue of whether teenage pregnant women of today fall into such a category forms a major thrust of this research with the political tone of the 'right' suggesting that there is at least a social intolerance of unmarried pregnant women. From this it can be seen that the concerns of teenage pregnant women proliferate into many areas of social policy; education, health, housing, social benefits and employment and training, and these form the major areas of exploration in this current research. Additional concerns lie with those who are interested in the structure and function of society; academics, the church and ethicists, as the exploration of the relationship between teenage pregnancy and society, within a social policy perspective, highlighted in Chapter Two.

The portrayal of teenage pregnant women in Britain is frequently one of contrast and polarisation; vacillating between vulnerable, neglected and poor to manipulative, destructive and opportunistic. Teenage pregnant women do attract fierce debate and attention and when society becomes particularly panic stricken about its own moral direction and future, it is this group of women who find themselves under intense scrutiny (Musick, 1993; Acheson, 1998). The contribution to the understanding of stigma by Graham Scambler and Robert Page are important to this study, from social policy and medical sociology perspectives. Scambler's work in relation to this research is discussed later in the chapter and Page's contribution was reviewed in Chapter Two.

For generations, deviance has been taught as an integral part of undergraduate sociology programmes as an academic subject in its own right. Indeed, this chapter has argued that deviance continues to play a role in the understanding of contemporary society.

However, with the publication of Colin Sumner's book *The Sociology of Deviance: An Obituary* this perspective has shifted somewhat. Thirty years ago, Goffman documented his concerns of deviance as a major sociological theory and now Sumner's historical and cultural analysis has resulted in his rejection of the concept of deviance, advocating that deviance should be replaced by a theory of censorship. An example of the rejection of the sociological issues associated with deviance is found in Sumner's demolition of Becker's contribution to labelling theory that reads thus:

"Even more strangely, the man seen as the leading 'labelling theorist' of deviance never produced a systematic theory of the labelling process, or becoming deviant. In fact, he never wrote much at all about the labelling process, and indeed never claimed to be a theorist" (Sumner, 1994:231).

Sumner has argued, that Becker's strength rests with his popularity and that this can be attributed to his ability as a communicator. Sumner hints that as a jazz musician, who campaigned for the legislation of marijuana, Becker could well be seen as in sympathy with deviant behaviour:

"My own theory of social censures suggests that it is rare that a stigmatisation or censure is anything other than an expression, sublimation or rationalisation of larger social divisions, such as those of social class" (Sumner, 1994:225).

Both Goffman and Sumner, argue that stigma is not a mutual experience shared by all societies: “Killing is murder in some contexts and heroism in others. Sex in some contexts is a sign of deep love, and in others a sign of profound hate” (Sumner, 1994:225). However, the question of the universality of stigmas is not rooted in individual issues across societies, but whether the concept of stigmatisation, as a sociological process, transcends cultures. This research on teenage pregnancy will adopt the central issue of comparing the sociological dynamics of sub-groups within society that may give rise to the stigmatisation process. It is argued that the experience of each individual within each group will highlight the continuing power of this process. Such an example taken from Goffman who begins his book on 'Stigma' with a letter from a young girl, writing to Miss Lonely Hearts. Innocently, it describes, the isolation of never being able to be part of a group, and feeling personally responsible for being born with a disfigurement:

“I have a big hole in the middle of my face that scares people...What did I do to deserve such a terrible fate? I asked Papa...maybe I was being punished for my sins ... Ought I commit suicide? Sincerely yours, Desperate” (Goffman, 1961).

This thesis argues that the above extract is not about rationalisation or sublimation. It is however concerned with the relevant experiences of those who are subjected to the reality of social stigma and conjoins the importance of personal accounts with the fact that deviance had become an object of moral and political conflict (Sumner, 1994).

Scambler, Stigma and Medical Sociology

Scambler has and continues to make a significant contribution to our understanding of stigma in contemporary British society. His work on epilepsy, when re-located to the teenage pregnancy debate has considerable relevance and opens new pathways for a deeper understanding of the experiences of stigma. The personal anxieties of how teenage pregnant women try to cope with their conspicuous position in society is enlightened by Scambler’s identification of *enacted* and *felt* stigma. With regards to *enacted* stigma, teenage pregnant women experience very profound and damaging episodes where they recall being discriminated against. Enacted stigma does not include

the 'legitimate' stigma against teenage pregnant women. For example, providing home teaching for school pupils who are sick but not for teenage pregnant women. It does however, include the discrimination against teenage pregnant women because of society's moral values. There are a number of examples of this given in Chapter Seven. Name calling and being excluded from various groups are illustrations such discrimination. This of course can extend to *courtesy* stigma or stigma by association, where for example siblings of the stigmatised teenage pregnant woman may be suffer bullying in the school playground.

Secondly, Scambler has identified *felt* stigma and this is divided into two parts. The experience of *shame* felt by teenage pregnant women. Chapter Seven gives examples of how the respondents coped with their feelings of shame because of their perceptions and experiences of inferiority. This included staying inside and venturing outside only when they could disguise their pregnancy, for example wearing a loose coat, when they knew they would be meeting other people. Scambler argues the second part is the most important; *oppressive fear of enacted stigma* (Scambler, 1984:215). Clearly, there is a degree of shared experience between teenage pregnant women and people suffering with epilepsy. Anticipation can be an anxiety riven experience, and when it is experienced by those of us who have a 'label' of a condition that society has deemed shameful, brings considerable pain and misery.

Scambler has examination of stigma within a framework of health and illness has embraced his analysis of the sick role, bringing in the work of Parsons, Gehardt and Friedson. The importance of these contributors lies particularly with Parsons who observed a fundamental link between illness and deviance. Friedson's analysis of the sick role, stretches beyond that of Parsons and Gehardt which is observed by Scambler: "Contrary to Parsons, Friedson sees the physicians' social control functions as extending far beyond the policing of the sick role and possessing negative as well as positive potential for society" (Scambler, 1993:187).

Both the medical and social nature of teenage pregnancy relates to Scambler's identification of certain conditions that become stigmatising and he goes on to look at

the powerful '*force of a label*'. The issue of why some medical conditions are stigmatising is relevant in gaining a deeper understanding of the stigma associated with teenage pregnancy. As pregnancy is not only a naturally occurring, and necessary, human condition, and highly celebrated in some circumstances, it also becomes a 'condition', a 'state' within the context of the social relations that accompany it. Scambler identifies a number of conditions as being stigmatising, these include AIDS, psoriasis, epilepsy and severe burns, and argues that these 'stigmatising conditions can be defined as conditions that set their possessors apart from 'normal' people, that mark them as socially unacceptable or inferior beings' (Scambler, 1993:187).

Illness involves deviance and stigma on two levels. First, by individually deviating from the social 'norm' and being labelled 'sick' and secondly, by having a condition which is socially uncomfortable to the rest of society. The deviance may involve appearance or behaviour, such as psoriasis and burns which are conditions that are visually stark, attracting attention because of their deviance from what is socially expected. On the other hand, AIDS and teenage pregnancy are issues of behaviour which are, for some, symbolic of deviant sexual behaviour and an indication of the collapse of society's morality. In addition, the sympathy, society may feel towards a person suffering from psoriasis is not always shared with teenage pregnancy due to their perceived responsibility for the condition. Psoriasis is a painful complaint, of which the victim has no control. By contrast, teenage pregnancy has a reputation for involving an individual's personal social action through choice, and the label of stigma, can be particularly harsh when it is concerned with this level of blame and responsibility.

Conclusion

The theoretical background and the platform for the developing research methodology rests on two of the major contributors to the analysis of stigma; Erving Goffman and Edward Jones. Their individual contributions and differing approaches have deepened the understanding of stigma, providing the essential foundation for this current project. Goffman, as a sociologist, particularly through his work on '*Stigma*' is extremely well known in both professional and lay arenas. Many sociologists and psychologists will be

familiar with both *'Stigma'* (1963; 1990) and *'The Presentation Of Self.'* (1990). This point has been noted by Burns:

"The most notable feature of his work, that which brought him, though anything but a 'pop' sociologist, a very large and international reading public, was the exploration and description of those 'ultimate behavioural materials', the 'glances, gestures, positioning and verbal statements that people continuously feed into the situation'. He brought to this work a quite exceptional talent for classifying his observations, which was one of his most valuable - and enviable qualities as a researcher"

(Burns 1992:358).

'Social Stigma - The Psychology Of Marked Relationships' is written jointly by six different authors. The joint authorship lacks the instant recognition that is much more achievable with single authorship whose name can be readily associated with it. Edward Jones and co-authors published their book in 1983, twenty years after Erving Goffman wrote *'Stigma'*. There was some research and analysis on topics related to stigma during these intervening years and many of these papers referred heavily on Goffman's original work. So as Jones and co-authors had the benefit of Goffman's work and beyond, Goffman himself had considerably fewer writings to draw upon and as already discussed his thoughts of stigma began with an analysis of deviance. Goffman and Jones have approached stigma from different disciplines and perspectives. Goffman, as a sociologist was concerned with the dynamics of the inter-relationship between the individual and society and in the Preface to *'Stigma'* Jones acknowledges the past contribution made by social psychology to stigma

The principle objective of this chapter has been to map out the various dimensions of stigma, which will unite with this research to understand the social impact of teenage pregnancy and the stigmatising process. There are four central issues that were considered important in gaining this joint understanding of subject and method. Firstly, to fully appreciate the concept of stigma in its present form(s) it was necessary to examine stigma in a historical perspective. For many sociologists, the tracing back of stigma to deviance is a crucial starting point, for example, Durkheim's rules of deviance

have been, and continue to be, a pivotal reference point for research that seeks to explore and develop the notion of stigma. Secondly, stigma is undoubtedly complicated by its historical relationship with deviance and the overlapping of the two concepts have contributed to the changing dynamic of stigma. Such phenomena are dependent upon a society's time and place, as well as cultural, moral and political values. Goffman and Jones have demonstrated how stigma can be tethered and brought into focus with the latter author's six dimensions providing a useful framework for application to research.

Thirdly, although this thesis is primarily concerned with stigma as a sociological subject and its relationship with teenage pregnancy, to ignore the deep psychosocial nature of stigma would be to omit the painful impact of stigma on an individual level. This research includes the emotional aspects of stigma, including the experiences of shame and isolation, which are very much intertwined with the larger societal perspective. Finally, the emotional and psychological impact of the feeling of being stigmatised (Whitehead, 1995) was felt to be a central theme in developing the research method and strongly influences the remainder of the thesis

CHAPTER FOUR: THE RESEARCH METHODOLOGY

Introduction

Teenage pregnancy and stigma are issues of great sensitivity and emotional charge. Therefore, it is particularly important that the research method and the epistemology are sensitive to the demands of the research subjects but also fulfils the rigorous requirements of the social sciences. In constructing knowledge we need to be clear as to the origins in relation to the possible interpretations from social forces. As Maynard (1994) observed: "Epistemology is concerned with providing a philosophical grounding for deciding what kinds of knowledge are possible and how we can ensure that they are both adequate and legitimate" (Harding, 1987:10). For our purposes 'adequacy' and 'legitimacy' are concerned with establishing a philosophical basis for reliability and validity in the social sciences. Therefore, the following sections discuss the properties of teenage pregnancy and stigma and how these effect the plan of the research method. The logical construction of the research method emerges from an exploration of the issues relating to the problem.

Factors Influencing the Construction of Theory

The influences upon which the construction of theory is dependent include a number of criteria based on (a) a personal perspective, (b) an understanding of the research subjects, and (c) an awareness of the sensitivity of the research issues. In essence, the construction of theory involves establishing the philosophical basis of the research within the framework of the method, including the practical considerations of conducting the work in applied settings.

The awareness and perspectives of the researcher

The construction of the research theory (theories) for this methodology began with personal experiences and ideologies that have developed over a period of time. It began with a belief that any research that concerns stigma would have elements of discourse, which would be potentially uncomfortable for the respondent, and in addition stigma was an experience that would have different variations of meaning for many people. The concerns regarding researching teenage pregnant women were connected with issues of

their potential position of vulnerability and being exploited by hierarchical research methods. The following pages demonstrate that the fragility of the research subjects must not detract from a serious investigation that aims to provide a deeper knowledge of the teenage women and their relationships with the concept of stigma. These personal perspectives were the baseline of thought from which the construction of theory was to ultimately derive, which informed the research strategy.

Understanding the research subjects

In Chapters Two and Three we have critically discussed, in depth, the construction of teenage pregnancy and stigma as academic and experiential subjects. This section examines teenage pregnancy and stigma from a research perspective and considers the significant challenges that this involves given the enmeshing of subject and object.

The challenges presented by teenagers to the researcher have been put forward by Furnham and Stacey (1991) The following extract from their book, *Young People's Understanding of Society* contextualises the complexities and choices which young people face:

"... there is some general agreement about how young people move through stages in acquisition of their knowledge of the institutions and functioning of the social world. The determinant of this development are factors from within and without - that is, the youngster's present understanding leads him or her to interact with the social world in a particular way and, hence, gain certain experience. Young people construct and test reality in the social world" (Furnham and Stacey, 1991:18).

Here, the tensions and contradictions between various social pressures that form stresses for the adolescent person are clearly presented. Although as yet we are not clear as to what these forces actually are, nor do we know the processes by which they operate, it is axiomatic that teenage pregnancy creates an intensity of social pressures to conform to expected values.

Frith (1995) has argued that we need to focus more closely on a sociology of youth because there is an identifiable cultural matrix that forms the next generation of society (Frith, 1995:303). Thus, research methods for this population must try and understand

this youth culture if it is they who are to take the next step in understanding the complex nature of the issues relevant to them. Teenage sexuality and pregnancy are clearly very sensitive issues in youth culture. They are drawn between both physical and social maturational processes and individual and group dynamics.

Issues Emanating from the Relationship between Teenage Pregnant Women and Stigma

Teenage pregnant women are not just a minority group of women, they are a group of women whom some in society regard as deviant. Teenage pregnancy is caught up with, both, teenage sexuality and issues of morality, and it is this factor which gives teenage pregnancy its association with deviant forms of behaviour. Stigma, as a corollary of deviance, is a concept that has varying associations with different people across cultural groups and a working definition was provided in Chapter Three for the purposes of this research. When researching these types of issues - stigma and teenage pregnancy - they can give rise to emotional reactions in the participants themselves. An important, but difficult, part of the research process is to convey a personal belief in wishing to understand more about teenage pregnant women's perception of themselves and also society's perception of them, without either contributing to the stigmatising process or prejudicing the production of information. This was achieved, in part, by indicating that the researcher was interested in the participant as an individual and not just being interested in a deviant group, merely because deviance is considered to be a sociological concept.

It was found that the most effective way of dealing with other people's emotional responses was to provide background data, establish some statistics, and then to ask questions and provide answers which clarified the respondents own thoughts. Teenage pregnant women are undoubtedly a vulnerable group within society and their vulnerability is associated with the emotional aspects of their socialisation requiring a degree of sensitivity in designing the research method. The fieldwork contact with teenage pregnant women and their families requires acute receptiveness in a number of areas. Firstly their age; the teenage years are often years of uncertainty and the development of their personality is still forming. Secondly, their social position; they may be living alone in a hostel and often not where they would like to be (Wolkind and Kruk

1985,78:12-6). Thirdly, their emotional state is often unstable; feelings of depression and rejection are not uncommon amongst teenage pregnant women (Fielding and Williams 1991: 47-52). Finally, there is the pregnancy itself that can be a very anxious time, especially if the pregnancy is 'unplanned'. In addition, there are a number of established obstetric problems that are associated with teenage pregnancy, for example, prematurity, increased peri-natal mortality and maternal mortality rate (Bury, 1984; 24-27; Corbette and Meyer, 1987; 3-5 as cited in Peckham 1992). Therefore, the research method needs to be carefully constructed to accommodate all of these factors and must be one which allows a deep appreciation of women as individuals in a group who may well be vulnerable participants in the research process.

The central theme of this research is to understand the relationship between stigma and teenage pregnancy and this section addresses the question as to how these can be adequately researched within a framework that is also empathetic and sensitive. The challenge of researching stigma is that any form of enquiry on an issue that is already considered a social blemish will be threatening to the respondent. This concern was discussed by Lee (1993) when he identified specific areas where research can become threatening:

"The first is where the research poses an 'intrusive threat', dealing with areas which are private, stressful or sacred. Although it can be argued that all research has the potential to fall under the rubric of sensitivity it appears that it is not the topic per se that is sensitive but the relationship between the topic and the social context within which the research is carried out. Furthermore, what constitutes the sensitivity of a topic is not universal, in that, what is sensitive to one person may not be sensitive to another, and what is sensitive to one culture may not be so to another. The second relates to the study of deviance and social control and involves the possibility that information may be revealed which is stigmatising or incriminating in some way" (Lee, 1993).

Lee (1993) termed this 'an intrusive threat that usually involves the disclosure of private information which is "likely to be problematic because privacy itself produces pluralistic ignorance". That is, each subject only knows her/his own feelings and they are often unsure how 'normal' they will be perceived by the researcher. In addition, research is often problematic when it impinges on political alignments, if 'political' is taken in its

widest sense to refer to the vested interests of powerful persons, institutions, or the exercise of coercion or domination. In these situations researchers often trespass into areas which are controversial or involve social conflict (Lee, 1993:4). In these situations there is often an element of sanction that the subject perceives as a possible danger to them. When researchers are, or are perceived as, involved in the unearthing of what can be viewed as incriminating evidence it is understandable that participants may develop a fear of scrutiny (Payne et al, 1980). Therefore, these elements of sensitivity must be taken account of in the construction of a research method that is responsive to personal needs of the participants as well as being rigorous in gleaning the relevant information for study.

Research Ideology

In formulating the research method we can now draw on emergent beliefs from a number of sources. The construction of theory is based upon the influences of the personal awareness, the research subjects and its relationship to practice. We may now set out a number of questions that underpin the construction of the research method:

- A. What contribution can this research make to the present understanding of teenage pregnancy and stigmatisation?
- B. By what method of enquiry will this understanding be best achieved?
- C. What is the nature of the relationship between the researcher and the process of investigation?
- D. How best to effect the bracketing of personal researcher empathy and beliefs regarding teenage pregnant women?
- E. How do we address the issue of subject vulnerability?

These fundamental questions were the basis of deciding what the criteria of the ideology was going to be and from these certain principles emerged:

To be sensitive to all participants in the research process.

To be sensitive to the cultural contexts in which the research is undertaken

To gain acceptance in to the research sites.

To allow an examination of the relationship between the researcher and the respondent
To allow the experiences and perceptions of vulnerable and oppressed women to be expressed.

In attempting to fulfil these requirements it became clear that feminist critique incorporated these principles as a methodological framework. However, there are other research methods that also satisfy some, but not all, of the criteria, for example qualitative approaches such as ethnography and sensitive research. Although these are research methods in their own right they may also be incorporated as features of the feminist research framework. Therefore, the ideology for this research does not adopt an '*us*' (feminist critique) and '*them*' (other research methods), but is mindful of how a number of research methods can complement each other to enhance the overall understanding. To place the research methodology within a framework of feminism is to adopt a very specific sociological position and the following paragraphs define what that position means for the purposes of this research.

Firstly to adopt the feminist critique requires an understanding of feminism not from a loose journalistic standpoint but from an analytical academic perspective. The most attractive characteristic of feminist methodology for this thesis is beginning at a starting point where the gender differences have been established in relation to power and control. Once this has been established the feminist research approach can be delineated. This knowledge will provide the confidence to communicate the process to others and to justify why this method is deemed to be the most appropriate for the topic under investigation. As the majority of people who work in the research sites are unfamiliar with the theoretical underpinnings of research ideology this method allows for a degree of collaboration in the process. Therefore, it is advantageous to be able to communicate with them about the general principles of feminist research. Finally, understanding that the research will take a specific path and knowing that it will be judged from a feminist perspective does provide further impetus to the work.

Feminist Methodology

"Ultimately any feminism is about putting women first; it is about judging women's interests (however defined) to be important and to be insufficiently represented and accommodated within mainstream politics/academia" (Oakley, 1981:85). Ann Oakley put forward this broad definition of feminism but, as Mayes argues, it is a definition which is "open to the charge of sexism for it implies putting men second" (Mayes, 1981:85). This research adopts an approach that attempts to define women's issues, interpretations, and knowledge from their own perspective; not reducing the male gender to a secondary position, as in the issue of teenage pregnancy they feature quite large, but to place the women's views about their problems as paramount. Redclift (1985) termed this 'taking sides' and argued that it should not be based on choosing between personal and commercial benefits but on assisting the subjugated to raise awareness, and ultimately change, our society. In addition to this, the contribution made by Oakley, within feminist medical sociology (Oakley, 1981; 1990; 1992), particularly in relation to the understanding of pregnancy and childbirth (Oakley, Rajan and Robertson, 1990), makes this approach highly significant for the purposes of this study.

Feminism in the 1990s is now a wide and diverse theory, which has moved considerably since the macro concerns of the 1960s, which was fundamentally absorbed by the need to fight oppression and patriarchy. The feminist movement now absorbs many forms of political perspectives and it is more accurate to talk of feminism's rather than feminism (Oakley, 1981). However, the broad sweep of feminism arises from the need by women to understand, document and overturn the many forms of oppression to which they are subjected. These and other oppressions, feminist academics argue, have in the past been ignored as areas of research by the largely patriarchal universities, with research methods that have not had the facility to grasp the experiences of women. A natural development of feminist theory was for feminist academics to develop a methodology that will reveal the 'hidden women'.

Examining the origins of feminist methodology in relation to this research gives an appreciation and relevance of both subject and research. Feminist methodologists believe that past research methods have too frequently concentrated on collecting data by

methods which are quantitative, positivist and patriarchal. Maria Mies highlighted her concerns of dominant quantitative social science research methodology in the following way:

“My first doubts about the scientific relevance and ethical justification of this methodology were raised when I was working as a teacher and researcher in a Third World country. Here I realised that the research situation as such, due to colonialism and neo-colonialism was a situation of clear dominance between research subject and subject object, which tended to lead to distorted data” (Mies, 1993:65).

For this thesis, the recognition that dominance can exist in research and that striving to prevent such domination entering the research process, is the basic attraction of feminist epistemology and methodology. Feminist research is frequently involved in researching groups of people who are known to be subjected to some forms of oppression and a major mechanism for overturning this structure is the use of collaborative techniques. The findings of such research frequently expand the understanding of the subject being studied in relation to the participants involved, whether it be in broad based areas such as housing, health or education. The ultimate challenge for feminist research is for the findings to carry enough weight so that they will influence the decisions made by policy makers, and perhaps for the researchers themselves to be involved in such policy development. However, social policy that is sympathetic to women is more often the result of an accumulation of factors only one of which is the results of feminist research projects. One such area where there has been a significant feminist debate alongside feminist research is in the medicalisation of childbirth:

“The sense of women's exclusion from a key event of their lives developed in the 1970s and 1980s, with increasingly active obstetrical management of childbirth on the one hand, and a constellation of women's political action, research, writing and consumerist activity on the other” (Pascall, 1997:170).

Feminist researchers were amongst the key players involved in the identifying and exposing of many issues of power relating to the medicalisation of childbirth. They also challenged many of the practices and questioned how relevant, safe and advantageous they were. Feminists also argued that the approach to childbirth was fundamentally different between obstetricians (who were mainly men) and pregnant women. The lack of

appreciation of the former was what the latter considered to be important in relation to their situation. Oakley discusses the often conflicting medical and maternal roles and what this means for medical sociology:

"The disjunction between medical and maternal frames of reference is linked to other differences of opinion about the risks and responsibilities of childbirth. These have been given a good deal of attention by sociologists over the past few years ... A sociological perspective on birth can put a broader context round these issues of risk and responsibility ... it is evident from research on women's experiences of childbirth that many women feel that what medical management above all prevents them from doing is taking responsibility for their own behaviour and decisions during the process of childbearing" (Oakley, 1993:137).

Pascall's assessment of Oakley's feminist research of women during labour demonstrates how feminist research can be the voice of 'ordinary' women and how this can mobilise public opinion to influence traditional doctrines of the establishment:

"Her work thus highlighted the uncertain longer-term effects of medical management on women and babies, and illuminated the narrowness of vision that saw birth as the end-product. Such work fuelled the consumer and women's health movements in their challenge to medical control. Subsequent work on social support adds to these findings" (Pascall, 1997:171-2).

Giving Empowerment to Teenage Women and Teenage Pregnant Women by Using Maria Mies' Methodological Guidelines for Feminist Research

As a feminist methodologist, Maria Mies is particularly involved with action research. These guidelines demonstrate the pace, the doing and the energy of her particular methodology. Action research has been defined as: "the study of a social situation with a view to improving the quality of action within it...". (Elliott, 1982). Whilst Rapoport (1970) saw it more in terms of the contribution it could make to the wider society as: "a strategy for using scientific methods to solve practical problems in a way that contributes to general social science theory and knowledge". Action research is a dynamic process, which is constantly changing and evolving our practice over time. This evolutionary concept is exemplified by the central tenet of action research that is its cyclical nature of research constantly folding back into practice under further investigation. From this developing cyclical theme there emerges another important tenet of action research is the

method by which data is collected. Whereas in other methods of inquiry the data collection instrument, once piloted, would remain unchanged and rigid, in action research this is not the case. Following each cycle the evaluation also includes an assessment of the most appropriate method of eliciting information and producing the change that is required.

Conscious partiality

To invest the necessary time and energy in a research project requires the researcher to have a deep and committed interest in the subject that is being researched. In contrast to having no interest, or an indifference to the respondents, this research has developed an awareness of the respondents in relation to the personal perspective of the researcher. This '*double consciousness*' within the concept of conscious partiality facilitates greater enquiry and meaning within the interview as it is based on a collaborative approach. The collaborative principle involves a two-way alliance between the 'scientist' and others, which is why participants should be 'friendly volunteers'. As the researcher must cultivate an attention span which "embraces the translations back and forth among intuitive purposes, theoretical strategies, behavioural methodologies, and external effects" (Torbert, 1976) they require other participant's keen attention and sincere responses. In the collaborative approach each actor can gain increasingly valid knowledge of a given situation only as there is disclosure of other's views. However, it should be pointed out that this form of interpenetrative inquiry puts those involved at risk.

The recognition that interviewing teenage pregnant women can be, however subconsciously, an interview of the powerful over the weak is a central issue for this research design and researching from below rather than from above is a positive move to overturn this position. This thesis has aimed to eradicate the traditional acceptable dominance of research, and in doing so reduces the potential exploitation of a vulnerable group. Mies adds a further dimension to this discussion:

"Women scholars, committed to the cause of women's liberation, cannot have an objective interest in a 'view from above'. This would mean that they would consent to their own oppression as women ... " (Mies, 1993:68).

Mies and Berger argue that trust cannot be obtained when there is power and a situation of hierarchy in the interview. In the interviews conducted for this research, the semi-structured style, some conversational interaction gave respondents time to develop areas of common interest. A common ground must be established as the research enterprise is seen as a collaborative inquiry between two or more parties who all have interests that are different, therefore there has to be a search for this area of overlap. Time to think and respond in a more natural manner, in the form of the narrative account allows for the development of a thought pattern through the reflexive technique that is often missing from such interview situations. This thought pattern involves the reflecting back of the experiences of the individual upon themselves in order that "... the whole social process is thus brought into the experience of the individuals involved in it ..." (Mead, 1934). In this reflexiveness the external social world, and its events, are brought into the experience, which then enables them to appreciate the attitude of the other from this social world. Thus, in this research process teenage pregnant women ought to be able to reflect on the role of the male, not as a priority attitude, but merely to appreciate the position of the other in relation to their own world.

Active Participation in Actions, Movements and Struggles

Research can be an isolating experience. The lone researcher preparing work, gathering and interpreting data, writing reports and having contact only with supervisors is a common experience. However, although many hours of solitary work was required, this research has adopted the philosophy of active participation. To take the issues that are of concern to participants and discuss them with interested parties ensures that early dissemination and policy formulation are enhanced. This brings in the notion of feminist research as an emancipatory exercise, in which the research process itself is considered to be, in some sense therapeutic, if undertaken correctly and with due sensitivity. O'Hara (1986; 183) noted that "there is substantial evidence that at moments of revelation people move towards psychological health, whether in a religious, scientific, artistic, or therapeutic context". In this, mere personal illumination is sufficient grounds for claiming that heuristic enquiry edifies those involved and

“The difference between therapy and (forms of) heuristic research of the person-centred model is a moot one. The model for therapy, promotes the actualising tendency. The model, for research, promotes the same process that includes, for the participants, clarity of discourse” (Barrineau and Bozarth, 1989; 469).

Thus, feminist research can claim to have a therapeutic element through the emancipatory experience.

The Research Method Must Include a Process of ‘Conscientization’

This is an important concept that is concerned with facilitating and empowering teenage pregnant women to research themselves, particularly in relation to identifying what they consider to be the relevant issues. The ideology which supports this action is based on the belief that oppressed groups, rather than be the objects of research by others, should *‘become subjects of their own research and action’*. Such a method is not without difficulties, whether the research involves the individual or a collective, however, it is an important facet of the ethos of feminist research approaches. Teenage pregnant women do have many hidden anxieties and with skilful research and support they could implement and develop their consciousness-raising capacity.

To Collectivise their Own Experiences

This section examines the motives of the researcher that will often determine the methodological framework. Mies (1993) advocates that one approach to ensuring that the researcher can conceptually move to aid the wider group is to shift the focus from individualism to collectivism. She argues:

“If she is committed to the cause of women's liberation, she cannot choose her area of research purely from a career point of view but must try to use her relative power to take up the issues that are central to the movement ... This collectivisation of women's experiences is not only a means of getting more diversified information, but it also helps women to overcome their structural isolation in their families and to understand that their individual sufferings have social cause” (Mies, 1993:72).

Taking up issues that are central to feminism involves the examination of teenage pregnancy and its relationship with stigma that focus on oppression, sensitivity and vulnerability. Opening up these subjects within a framework of feminist methodology

overcomes the isolation inherent in the marginalisation process. Furthermore, it allows the 'hidden' tensions of the stigma experienced by teenage pregnant women to be exposed.

It should also be remembered that revealing hidden tensions and conflicts may be viewed as a threatening enterprise. Much of what lies hidden to human consciousness is hidden for the purpose of protecting the human psyche. Therefore, when revealing these implicit information sets or emotional aspects the revelation, awareness, illumination and understanding can be traumatising to the participant. The explicit and implicit elements are both part of our own general conflicts arising within individuals, as part of social belief, and values from the culture of which they form a part. Thus the analysis of the implicit is an important aspect of learning what guides our action, or behaviour, and our practice. By creating this level of awareness we are in the pursuit of developing experience, thought and human action.

Sensitive Methodology

At the beginning of this chapter, teenage pregnancy and stigma were described as *issues of great sensitivity and emotional charge*. This section analyses why teenage pregnancy and stigma are sensitive and what this means for the research method.

A general definition of a sensitive subject

The first task in the analysis of the sensitivity of the research subjects is to provide a general definition that will serve as a reference point for the discussion of the issues involved. There is much written on the topic of emotion, particularly from a psychological perspective. However, for the sake of this project it is the common sense understanding in both lay and professional terms that is focused upon here. The social impact of, and relationship between, emotions and members of a group is known as an everyday life world event. Thus, early attempts to define and analyse emotions are still pertinent in contemporary society: "emotion is always new and the word has always served; therein lies the difficulty of expressing emotion" (Hugo, 1866). This indicates the extent to which the term emotion is elusive and yet known and understood by those employing it. Another quote serves to highlight the range of extremes that emotions

evoke "nothing vivifies, and nothing kills, like the emotions" (Roux, 1886). Furthermore, giving emotions their social quality: "the important thing is being capable of emotions, but to experience only one's own would be a sorry limitation" (Andre Guide, Journals, may 12, 1892, tr. Justin O'Brien). This final quote demonstrates a fundamental point of the research method in this study that involves articulating the experiences and emotions of others in relation to the self. The success of this has depended upon how the respondents have conveyed their feelings and the depth of understanding that has been achieved through the appreciation of the personal experiences of teenage pregnancy and stigma through the process of the research.

The challenge of researching a sensitive subject

Researching a sensitive topic requires the researcher to link into the challenges presented by the subjects and their issues; in this case teenage pregnancy and stigma. Before interviewing participants it is important for the researcher to familiarise themselves with the topic area by absorbing literature, documents, reports and points of view on the issues relating to the subject area. This will increase awareness and heighten sensitivity. The elements of sensitivity to be addressed are:

- (a). They must be culturally sensitive to the group under study.
- (b). They must recognise the intrusive threat, as perceived by the participant, that the research poses.
- (c). They must be cognisant of the power of sanction that the subject feels.
- (d). They must safeguard those involved from the 'political' threats of organisations and powerful lobby groups.

Ethnographic Involvement

This thesis has incorporated the spirit of ethnography to enhance the central feminist methodology. For many social scientists, the desire to take their fieldwork beyond the interview and into some form of observation of the group is a route to increasing understanding. Ethnography is often associated with anthropology (Fielding, 1993) where the researcher may be actively involved in the community being studied whilst observing, and documenting the activities which are taking place. This extract by

Goffman from his work on *'Asylums'* demonstrates how ethnography can be used and how it can give a greater understanding of the lives of the people being researched:

"Any group of persons - prisoners, primitives, pilots or patients - develop a life of their own that becomes meaningful, reasonable and normal once you get close to it, and...a good way to learn about any of these worlds is to submit oneself in the company of the members to the daily round of petty contingencies to which they are subject"(Goffman, 1961).

For his book of four essays about the mental asylum, Erving Goffman, with the permission of the hospital authorities, submerged himself in hospital life, and his presence went unnoticed as he began his work as an ethnographer. Manning has argued that: "Goffman's study of the culture of mental institutions, *Asylums* (1961) is arguably his most controversial book. In four remarkable essays, Goffman describes the predictable pattern of day-to-day life experienced by patients in mental institutions" (Manning, 1992:106). The use of a combination of methods to understand the experiences of everyday life has been widely accepted as part of the ethnographic process:

"Some amount of genuinely social interaction in the field with the subjects of the study, some direct observation of relevant events, some formal and a great deal of informal interviewing, some systematic counting, some collection of documents and artefacts; and open-endedness in the direction the study takes" (McCall and Simmons, 1969).

At the beginning of this section it was stated that this research adopted the 'spirit' of ethnography. By this it is meant that it is not merely a question of qualitative research but a matter of describing a piece of culture, in this sense the teenage pregnant women and their stigmatisation in modern society (Bernard, 1994). Feminist research methods undoubtedly fulfil some of the criteria outlined by McCall and Simmons (1969).

However, some theorists would argue that perhaps the 'pure' ethnographer would work and live with the society that she or he was researching, becoming embroiled in every aspect of their lives, which is often referred to as 'going native'. There are fundamental reasons why for many researchers this is not possible, both on a practical and ethical level. Most ethnographers strive to meet the combination of research methods described by McCall and Simmons and try to understand the experiences and perceptions of their subjects as fully as possible. However, others have argued that this absorption is not

always necessary in ethnography. Giddens argued against those academics that called Goffman an Ethnographer and believe it is more about the level of micro-social observations and analysis rather than merely living with people.

“Goffman's writings are often mistakenly presented as though they were an ethnography, an anthropology of culture. The reason why this is, is easy enough to see, because Goffman employs none of the sophisticated modes of quantitative research ... If anthropological method be identified with the qualitative study of the small scale, based upon participants' observations, then Goffman's writings do have a definite 'anthropological bias.' Nonetheless, it would be an error to make too much of this. As it is often understood at any rate, ethnography involves the detailed study of specific communities, analysed over a lengthy period of time” (Giddens, 1993:113).

Hammersley has noted that even the most energetic exponents of observation have found one research technique is not enough to fulfil the requirements of many studies: "even the sociologists of the Chicago School, often represented as exponents of participant observation employed both 'case study' and 'statistical' methods" (Hammersley and Atkinson, 1993:3). The foregoing extracts from theorists and social scientists demonstrate that although there is some argument about the precise definition of the exact nature of ethnography, there is also a general agreement of the requirement of multiplicity research approaches to explore certain difficult and sensitive topics.

The Constructs of the Research Method

This research has drawn on the following approaches to gain the most comprehensive understanding of teenage pregnancy and stigma and in doing so claims to employ the spirit of ethnography.

The Comparative Study

This research consisted of a demographic comparison of teenage pregnant women from East Surrey, which experiences a low rate of teenage pregnancy and Liverpool; a city with a high rate of teenage pregnancy. In addition to this there were two control groups of teenage non-pregnant women from each area.

The Interview

Each respondent participated in a semi-structured interview that asked a series of questions based upon building up a structure of her life. The location of the interview was the hospital antenatal clinic or as with the control group, the respondents were interviewed in their college or place of work. To some extent this was their personal environment. The respondents were also encouraged to describe a clear picture of what it was like to be a teenage pregnant woman in an antenatal clinic. How she felt, her experiences of her social dealings with other people and how she managed being a patient in comparison to other women who were generally older and usually married. With respect to both groups they were asked to give an account of their experiences of being a student, with academic aspirations, or as an employee who had become waged and already embarking on a life that was to some degree independent. Probing took place in relation to their experiences of being stigmatised or marginalised by their pregnancy and related areas were examined in relation to their perceptions of 'living' the teenage pregnancy experience.

Supplementary Interviews

There were several interviews that were concerned with the inter-generational aspects of teenage pregnancy that is a striking feature of this condition. These interviews emerged as vignettes with the respondents giving a detailed description of their personal experiences of being a pregnant unmarried teenager during the 1960s. The accounts give a vivid insight into contraception, disclosure of pregnancy, sex education, mother and baby homes, and their opinion at the time of teenage pregnant women.

In listening to the narrative accounts it is important to analyse the construction of 'stories' as statements in their entirety. What gives the narrative account its power as a medium of expression involves several factors. Firstly, the stories comprise the selection of events that may be real for the person telling the stories but by other accounts may be distorted. The important point being that the teller must organise and pattern the structure of their narration that will be meaningful for them. Secondly, the selection and employment of the issues within their account may well be subconsciously derived and the person themselves may not appear to understand why they are important. Thirdly, the

narrative account may incorporate different levels of meaning which are open to interpretation on a number of variant themes. Fourthly, in telling their story the participant feels both 'distant' and 'close' to the events. The distance is safe as the events can be told in the past and as belonging to themselves as the third person, and the closeness can highlight the issue of ownership for the teller. This is a sensitive aspect of recounting their experiences and must be fully understood in order to offer support when needed.

Although the post-modern challenge to theory claims the end of the grand narrative, in which all encompassing frameworks circumscribe and delineate totalling perspectives, contemporary feminist approaches to research suggest that they have a 'story' to tell (Evans, 1995). Bearing in mind that if we consider the grand narrative as what Harding (1991) would call the 'one true story' we can see a role for feminists to tell their tale *within* this perspective rather than attempt to *be* the grand narrative itself. Shattering the illusion that the grand narrative is the male 'story' and reducing their view to be one within the overall picture locates all 'stories' as of equal weight.

In post-modern terms we speak of 'texts' which highlights their roots in literary-philosophical connections and refers to the imaginative and interpretative strategies in reading the world as though it were a 'text' (Evans, 1995). This interpretative strategy would include the "relativist view that there can be no privileged reading of a text. No one interpretation that is better than another in any way" (Evans, 1995; 126). Thus, all stories carry equal weight in their meaning-structure and form the basis of an epistemological worldview.

From this, feminism can have a reading of the world of teenage pregnancy that is privileged *within* the overall framework, but not as the grand narrative itself, merely one constitutive part amongst many others, as science.

The Boundaries of Methodology

All methodologies have their weak points and none are infallible. A part of accepting and believing in an ideology is having the knowledge of where these boundaries lie. This

section is a discussion of how this thesis has approached the boundaries of feminist methods, ethnography and sensitive methodology.

The feminist bias

The strength of feminist methodology is its gender focus, but in researching teenage pregnancy this can also be viewed as a weakness. A woman interviewing women about an issue which clearly involves both sexes may miss large segments of knowledge relating to the male perspective if that is deemed the overall focus of the research. It is a decision that this research is not oblivious to the feelings or experiences of fathers, but that they are not the focal point of the investigation. Indeed, on the few occasions that the fathers were present during the interviews, their experiences and views were sought and these have been incorporated into other forms of analyses. The interview questions covered a number of areas which referred directly to the father; his age, occupation, education, position in the family, and his family relatives who had become pregnant under the age of twenty. The answers to this line of enquiry came from the respondents. They are an attempt not only to provide a more complete assessment of the social construction of teenage pregnancy but to also shed some light on the perceptions of the women as to the role of the male counterpart. This concern has been put forward by Hammersley (1995):

“Thus, while gender is very important, and must be studied itself, as well as being taken as a potentially relevant extraneous variable in most social research, in my view it should not be given any general priority over other variables” (Hammersley, 1995:51).

The possibilities of exploitation

This chapter has discussed at length the possible vulnerabilities of teenage pregnant women in contrast to the researcher being in a position of relative strength and power. Finch (1984), Oakley (1993) and Mies (1993) have all recognised the potential for a researcher to exploit the respondent. There are two main areas that are relevant to this aspect of the research. The first issue is concerned with the hierarchical position of the researcher "researching down". However unintended the interview relationship, it may be constructed hierarchically with the respondent feeling that they have been exploited in terms of the information that she has given and because she has been coerced into

revealing details that she would rather keep private. Secondly, by the same token, if the relationship between the respondent and interviewer becomes too close, then the demarcation line is obliterated and the respondent may still give information that she may later regret. When a temporary friendship is established where the respondent feels safe to *pour out her heart*, after the interview time the interviewee may feel rejected and abandoned. Social research of this nature is unacceptable and the researcher has a responsibility to ensure that the research process is bound up with accountability and professionalism, and is sensitive to the needs of the participants.

Feminist Research for Social Policy Development

This section examines the issue that social policy may be affected by social research that is conducted in the feminist critique. The findings of this research demonstrate that there are certain shortfalls in the social policy affecting teenage pregnant women, for example the discontinuity of sex education and the dismissal of some of the respondents by their employees, when they were told that they were pregnant. In short, research of this nature must contribute to the understanding and implementation of social policy affecting teenage pregnant women if it is to fulfil the criteria of feminist methodology. This was eloquently explained by Redclift (1985) who argued that one important role of the critical social researcher was that of an insurgent in the system who sides with the inarticulate against the agents of the system and with the powerless in a battle with the powerful (Redclift, 1985).

Conclusion

The research method involves an investigation into teenage pregnancy and stigma, principally using feminist methodology. Some aspects of other approaches such as ethnography and sensitive research techniques having been incorporated into the main thrust of the research method. Feminist methodology is not only a route to conducting research, it is a culture, where the researcher takes on a specific position of wanting to make the research gender oriented and of having an empathy with the research subjects. It is this statement which tells the academic community that the social scientist undertaking the research has adopted such a position. This research project like other feminists studies has been committed to understanding the suffering and oppression

which many of the respondents have been subjected to, and to offer information for policy changes to assist future generations of teenage pregnant women.

In conclusion feminist ideology and feminist methodology have well-established records of understanding and interpreting the experience of women, and have done so without being exploitative. It is also appreciated that other research methodologies have a valuable contribution to make in developing this research process. Finally, the following extract by Smith (1986) explains how feminist methodology must transcribe the experience of women in a sociological way; to be able to add to the existing knowledge of women in society, reaching far beyond the personal experience of any given individual woman:

“A sociology for women must be able to disclose for women how their own social situation, their everyday world is organised and determined by social processes that are not knowable through the ordinary means through which we find our everyday world” (Smith, 1986:23).

We can now go on to formulate the research design that will be used in this current project.

CHAPTER FIVE: RESEARCH DESIGN AND FIELDWORK ISSUES

Introduction

The two sites chosen for this research were East Surrey and Liverpool and the sections below discuss the two contrasting demographic variables in relation to setting the Context for the study. The major influence in choosing these two sites was their experience of contrasting rates of teenage pregnancies. The occurrence of teenage pregnancy is very low in Surrey when compared to the United Kingdom as a whole and Liverpool in particular. By contrast, Liverpool has one of the highest incidences of teenage pregnancy rates in the United Kingdom. There are many other differences between the two areas, which may contribute to the wide variation of teenage pregnancies and these will be explored further throughout the chapter. This research addresses many aspects of the respondent's lives and the environment in which they have been socialized as a major influence on their decision-making capacity in relation to their teenage pregnancy.

The sections below give a demographic and social description of East Surrey and Liverpool to establish the differences in cultural variation in which the respondents live. Past research shows that teenage pregnancy is associated with a number of concerns; social issues, levels of deprivation and certain health indicators (Ashton & Seymour, 1988; Bury, 1984; Corbette & Meyer, 1987) which all impact on the young person and their predicament, particularly when they are subject to social and family pressures.

Research Sites

East Surrey

East Surrey gives the general observer an impression that this is a part of the U.K., which has escaped many of the social disadvantages that other areas of Britain continue to endure. There appears to be an absence of any indication of urban or rural poverty and two commercially important and neighbouring towns in East Surrey - Redhill and Reigate - are well provided for by colleges and schools, both state and independent. The shopping areas are busy, and there are well-stocked libraries, swimming pools, a theatre and several sports facilities. Gathering information from estate agents shows that

property is far more expensive in this area than in the northern research counterpart, Liverpool. An employment opportunities profile from job centres would suggest that better class jobs with higher rates of pay and good turnover rates exist in Surrey than compared to the Northern research site. The East Surrey Hospital (the first research location) is situated on a greenfield site a short distance from Reigate and is a modern well equipped district hospital, which continues to expand. New additions to the hospital are the extra facilities and beds that have been built to cater for private patients.

The surrounding rural area is a patchwork of green fields, narrow roads and prosperous farms and cottages. There is also a considerable amount of traffic as East Surrey is a significant commuter area with close access to junction 8 of the M25 serving Reigate and Redhill which is now being widened to cope with its increasing demands of traffic going to and from London. There is also considerable air traffic which is a reminder that Gatwick Airport is only a few minutes drive by car from the hospital, which is another indicator of Surrey being closer to the national centre than Liverpool's general feeling of marginalisation. By 1991, the owner-occupier rate in East Surrey had risen to 80% and the proportion of people in Social Classes I and II has increased from 38% to 39% (East Surrey Health Authority, 1995).

This snapshot gives a picture of, in part, a quintessential England, well provided for in every respect with good social, educational and health indicators, and within easy reach of the countryside, seaside and airport. It would be a mistake however, to believe that East Surrey is quite so idyllic as it, too, has some element of poverty which largely remains hidden.

The 1993 Annual Report of East Surrey from the Department of Public Health, uses Townsend's material deprivation index to define social deprivation and includes unemployment, households with more than one person per room, no access to a car, and households which are not owner occupied. Box Hill was found to have the highest score of deprivation followed by areas in Redhill/Reigate and South Tandridge. This is an example of how small areas of deprivation are buried in the larger areas of relative affluence. The report concludes:

"... although East Surrey, as a district, has levels of social deprivation that are considerably lower than most other parts of England and Wales, there are areas within the district which have demonstrably high levels. It is likely that the population of these areas will also have higher levels of health problems" (East Surrey Health Authority, 1995:12).

Therefore, we need to address the problem as to whether the people and the areas that experience high levels of social deprivation are embraced or excluded by the larger surrounding population and areas of prosperity?

Liverpool

Liverpool is renowned for being a famous city steeped in history and cultural diversity. It is often said that Liverpool is the *pool of life*, suggesting that it is a place that contains an array of people from different backgrounds, cultures and idiosyncrasies. The wealth of buildings and expansive quayside are evidence that Liverpool was once a thriving seaport. Whether it is true or not that Liverpool people continue to feel uncomfortable that their city was a major player in the slave trade is open to speculation. The permanent slave trade exhibition at the Maritime Museum in the Albert dock is a testament that the history of Liverpool should be shared and understood.

Another historical chapter in Liverpool's history is also recorded and this is in the field of public health. Public health issues were developed in Liverpool with the first Medical Officer of Public Health appointed in 1848. Today Liverpool continues to play a significant part in the developments of medicine and social policy. Liverpool is associated with some labels that leave the visitor fearful of city that is known for violence and social unrest. The contrasts of relative wealth and relative poverty are plain to see, with tree lined suburban avenues and decaying Victorian and post-war estates. The religious experience of Liverpool is apparent in some of the interviews, where Catholicism is for many an intergenerational guiding light. The social life of football is accessible to everyone and for many this is also a strong belief system that transcends mere sporting values. The cultural influences are for example the oldest Chinese community in Britain, apparent not only in people but their residences and places of work and entertainment. Yet within the interweaving ethnic and religious mix there lies the social indicators that

this may be a city that has the ability to construct its own cultural norm, where everyone feels they can be included.

This simple taxonomy of two distinct areas of Britain serves to highlight the fact that although they differ in so many ways there are strands of overlap between them. Culture does not exist in a vacuum it is perpetuated by members of the society that constructs it. This suggests that the meanings for that culture exist only when shared by members of the society whose relationship form some kind of organized system (Peacock, 1986). These systems are those structures that can be mapped in local communities to provide an understanding of the social forces that operate them. This approach is considered anthropological in nature (Holden and Littlewood, 1991) and just as we may identify local structural formations within communities we can also establish macro national structures through an examination of the 'cradles of a civilization' i.e. the local communities themselves (Peacock, 1986). Therefore, understanding the cultural formation of the society in which the research is set is important for establishing the social processes of Stigmatisation for, in our case, teenage pregnant women.

Method

This section is a chronological account of the research design and fieldwork that is important for the establishment of the decision framework for the research method. This has been outlined by Gilbert (1993): "the ideal is to provide just enough detail that another researcher could find everything needed to repeat the work. That means that you must specify here the decisions you made about matters such as how you collected the data and any special methods you used" (Gilbert, 1993:338). A number of problem areas arose in the current research to create specific methodological difficulties, which needed to be addressed.

Access

The process of gaining access to the research sites - hospitals, colleges and places of work - was dependent upon a number of considerations. The primary consideration is a concern of the doctors, college principals and managers who are directly responsible for the care of the respondents. The responsibility that doctors have to their patients, college

principals have to their students, and managers have to their staff was borne out when the first question posed usually related to whether the research would adversely affect the patient/student/employee. The concern regarding the personal welfare of the prospective respondents was alleviated, to some degree, by an introductory letter to the relevant people reassuring them that no personal trauma was anticipated and due attention would be paid to the sensitivity of the issue under investigation. The previous chapter discussed in detail, the potentially sensitive issues that may compromise the welfare of the respondent (Goyder, 1987; Bradburn and Seymour, 1979). Also, the sexuality, which is closely related to teenage pregnancy, is considered a major area of such concern: "topics and activities regarded as private vary cross-culturally and situationally. Nevertheless, more than other topics, survey respondents record misgivings or unease about questions directed towards their finances or sexual behaviour" (Lee, 1993:5).

Secondly, successful access was also dependent on communicating the research plans and objectives to all the relevant people, including supermarket managers, sixth form college principals, and obstetricians. Successful acceptance of the protocol to East Surrey and Liverpool Maternity Hospital was achieved by open sharing of the themes of the research and an emphasis on the fact that there were no hidden agendas.

Research Sample

The research sample was divided into four groups, two main groups of teenage pregnant women and two control groups of teenage non-pregnant women. All the women interviewed were aged between sixteen and nineteen years inclusive, with the women under sixteen being excluded from the research because written parental consent would have been required which may have compromised the respondent. In many instances this would have been difficult to acquire as parents or guardians do not always accompany their daughters to clinics and occasionally some young pregnant women live in children's homes and guardian consent would be difficult to obtain. In addition to this there were two important ethical considerations; firstly, the vulnerability of very young teenage pregnant women in relation to how distressed they may be about their pregnancy and to what extent they would understand the complexities of the condition. Secondly, whilst

the interviewing of teenage pregnant women under sixteen is undoubtedly worthwhile in relation to understanding their physical, social, educational and emotional position, and their experiences and perceptions of young women becoming pregnant, this research ought to be conducted by experienced researchers with full counseling support. If this group of women had been incorporated into this current study then there may have been a possibility that the interviews would have been tempered to accommodate their exceptional vulnerability. Furthermore, an important feature of this research was the in-depth interviews, which may not have been achieved if women under the age of sixteen had been included. Therefore, those under sixteen years of age were excluded from this study.

Another important factor in choosing the research sample was the timing within the pregnancy. The teenage pregnant women were interviewed when they were between twenty-eight and thirty six weeks gestation. It was thought that before the respondents were twenty-eight weeks pregnant, their thoughts would not be sufficiently clarified and this would make the responses in the interview indecisive. The pilot study showed that when the respondents were interviewed over thirty-six weeks of pregnancy, they found sitting for forty-five minutes during the interview uncomfortable. In addition to this their minds were very much in a state of anticipation and they were understandably anxious about the labour, delivery and subsequent birth of the baby.

The respondents from the ante-natal clinics were selected by approaching all the teenage pregnant women over a period of time who were sixteen years and over, and between twenty-eight and thirty-six weeks pregnant. The respondents from the sixth form colleges were taken from year lists. They were spoken to as a group and those who wanted to participate were given further information. The employees of the supermarkets and hairdressers were approached through their employers. Some of the employees of the supermarkets were also college students and these were excluded from the research. The supermarket employees were recruited to reflect the working teenage women who were not involved in higher or further education.

The groups were generally matched accordingly:

East Surrey

1. Main group of teenage pregnant women attending East Surrey Hospital ante-natal clinic:
2. Control group of non-pregnant teenage women:
3. Reigate Sixth Form College students:
4. Employees of supermarkets and hairdressers:
5. Total number of respondents in the control group:

Liverpool

1. Main group of teenage pregnant women attending Liverpool Maternity Hospital Ante-natal clinic:
2. Control group of non-pregnant women:
3. Birkenhead Sixth Form College students:
4. Employees of supermarkets and hairdressers:
5. Total number of respondents in the control group:

Consent

The requirements of both hospital Ethics Committees stipulated that suitable consent forms (appendix: 2) should be used. It was decided that after each prospective respondent had read an Information Leaflet (appendix: 1) which described the research and clarified the position that not wishing to participate would not prejudice their position as a patient they were given a period of time to reflect before deciding. Once the prospective respondents were sure that they wanted to participate in the research, they were asked to sign the consent form. The respondents from the control groups were also given an Information Leaflet that had a minimum variation to explain the different position these interviewees had in the research. In addition the control group members also signed a corresponding consent form and where possible the main and control groups were given the same information regarding the research process.

The Interview

A primary consideration of the interview was to be able to provide a room for the respondents, which was quiet and private. This needed to be a place where they could

feel relaxed and talk at ease without fearing that they were going to be overheard or interrupted. Although in the majority of instances this objective was achieved in certain places of work, where space was a premium, the interview venue could have been more appropriate. The interviews usually took place within one of a number of small rooms within the antenatal clinic or college, which was arranged by one of the staff. The situation in the supermarkets and hairdressers was a little less certain because there was so little office space; one interview took place in a massage room, and another in a small room next to the frozen food store. Clearly, these latter venues were less than ideal, but it was at least possible to conduct satisfactory interviews without disrupting the smooth running of the place of work. Most of the rooms consisted of two chairs and a table on which the audiotape was placed. Prior to the interview the respondents re-read the Information Leaflet, and at this point any questions or queries that the respondents had were then addressed. The respondents then signed the consent form, which was witnessed by another member of staff who had also been informed of the research and its objectives.

The Interview Content

The main group of respondents, the teenage pregnant women from East Surrey and Liverpool Maternity Hospitals, were given interview questions which were exactly the same. The control groups of non-pregnant teenage women from East Surrey and Liverpool were also given interview questions which were identical and they were matched as far as possible to the interview questions of the main group. The interview for all the respondents was divided into two sections:

(A) The Social Constructs of Teenage Pregnancy - A Comparative Study

All the interviews opened with a section of structured questions (appendix 3) which required the respondent to give specific answers in relation to questions concerning date of birth, religion, and educational qualifications. This first section was related to later themes for expanding the knowledge on the social constructs of teenage pregnancy. As the social construction of teenage pregnancy is dependent upon a number of social issues the questions were addressed under the headings of (a) background data, (b) kinship, (c)

housing, (d) education/employment, (e) leisure, (f) smoking/alcohol/drugs, (g) relationships, and (h) aspirations.

(B) Stigma, The Concept - A Comparative Study

The remainder of the interview included a series of semi-structured questions (appendices 3) where the objective was to investigate if any of the main group of teenage pregnant women had experience or perceptions of social stigma since they became pregnant. This part of the interview was concerned with the understanding of the notion of stigma in relation to teenage pregnancy and sexuality. It is at this point that the interview questions offered to the two main groups, and the two control groups, were similar but not identical. The fundamental difference was that the main group was answering questions that referred to their own experiences and perceptions of teenage pregnancy and stigma. The control group answered questions that required them to imagine certain situations and sometimes draw on their life experience of having acquaintances, friends and relatives who were or had been pregnant teenage women.

As was highlighted in Chapter Two Jones (1983) identified six dimensions of stigma which can be used to ascertain if an individual is experiencing, or has experienced, perceptions of stigma. The authors state their reasons why they identified the six dimensions of stigma: "in selecting these key dimensions, we were guided by how much they influence the role of a mark in interpersonal interactions. Three specific criteria were employed in arriving at the six dimensions we will use".

1. Available research indicates that the dimensions are important in understanding the effect of 'marks' in interpersonal interactions.
2. The dimensions are especially relevant for aspects of the stigmatizing process emphasized in this book. These include the emergence of a condition as a socially degrading mark, the development of a self-concept by the Stigmatised, and self-presentation strategies.
3. The dimensions, for theoretical reasons, should appear promising in guiding future research.

The six dimensions or factors selected are the following.

1. **Concealability.** Is the condition hidden or obvious? To what extent is its visibility controllable?
2. **Course.** What pattern of change over time is usually shown by the condition? What is its ultimate outcome?
3. **Disruptiveness.** Does it block or hamper interaction and communication?
4. **Aesthetic qualities.** To what extent does the 'mark' make the possessor repellent, ugly or upsetting?
5. **Origin.** Under what circumstances did the condition originate? Was anyone responsible for it and what was he or she trying to do?
6. **Peril.** What kind of danger is posed by the mark and how imminent and serious is it? (Jones, 1983:24).

Conducting these interviews required a considerable degree of responsibility on the part of the researcher. This was because some of the questions that were asked were potentially very sensitive and the teenage pregnant women were especially vulnerable. It was important to establish if the respondent was becoming emotionally uncomfortable and if so then deciding how the interview should progress or be terminated. In addition to this the teenage pregnant women were prone to becoming physically uncomfortable and having a pause or discontinuing the interview was a further consideration. The semi-structured questions were asked in a sequential order. The purpose of this was so the respondents history could unfold in a progressive and 'natural' way, Similarly to the creation of a story, and the interview was designed to allow the respondents to give either expansive or concise answers depending on how they felt about a particular issue, or how much they wanted to divulge. Probing was undertaken carefully and with vigilance.

The Pilot Study

The pilot study evaluation was undertaken at the end of the first three interviews of teenage pregnant women attending the ante-natal clinic at the East Surrey Hospital. A

report was prepared and given to the antenatal staff and obstetricians for their comments. Following the pilot study evaluation a small number of changes were made which were incorporated into the main body of the research which included:

a) It was originally envisaged that the third trimester (the latter weeks of pregnancy) would be the most appropriate time to interview. However, one of the respondents was in the second trimester (the middle weeks of pregnancy) and in comparison to the other two respondents she appeared more focused on herself and her own perceptions and feelings which was more relevant to the objectives of the study. Therefore, it was concluded that the latter weeks of pregnancy (third trimester) were a time when the respondents were physically more uncomfortable, so sitting for long periods was not easy. In addition, this was also a time when the respondents' minds were quite absorbed by the impending arrival of the baby. Her worries of labour and delivery were obvious and evident. As a result of these findings the respondents were interviewed between the twenty-eighth and thirty-sixth week of pregnancy as mentioned above (the normal duration of pregnancy is approximately forty weeks).

b) The personal interviewing style, when played back on the transcribing machine, was rather nervous and did not give the respondents enough time to think about the thought provoking questions which had been asked. It was felt that the last interview of the pilot study was an improvement on the first and a more relaxed and confident interviewing style developed as the research progressed. The interviewing skills were also improved by critical appraisal from a qualitative fieldwork course attended at the University of Warwick and personal feedback from supervisors.

Data Collection

The methods for collecting, storing, transcribing and analyzing the data have been designed to meet a number of criteria and these include:

Maintaining anonymity

Maintaining the anonymity of the respondents was an essential ethical requirement of the research. The anonymity of the respondents was guaranteed to the Ethics Committees,

the managers and professionals who were responsible for the welfare of the respondents as well as the respondents themselves. The anonymity of the respondents was maintained by giving all participants a separate code that was used throughout the research and employed in the database. The interviews were recorded on audiotape and each interviewee was given a code that was entered into a codebook and matched with the respondent's name and address. This was kept under lock and key within a locked department.

Unobtrusive method of data collection

The nature of the interview was predominantly semi-structured with questions and answers requiring some degree of exploration. Allowing the respondents time to think and respond in a relaxed manner, whilst maintaining a steady flow of questions and responses, was an essential component of the interview in order to allow the 'story' to develop. Therefore, it was decided that the use of an audiotape to record the interview was the most unobtrusive form of data collection method to achieve this. Furthermore, this also allowed for face to face interaction to be maintained more naturally.

There are advantages and disadvantages of using audiotape and these are considerations that have been articulated by Hall and Hall (1996):

"One of the most fundamental disadvantages is the time required for transcribing: Remember that data transcription is a very long process. Allow at least six times the length of the interview - that is, 3 hours to transcribe a 30-minute tape. You will need to make sure this is timetabled when you plan your work. It will affect the number of interviews which can be conducted and so influence the sample. It will impose limits on the interview schedule, so you should only collect information which you will be able to work with" (Hall & Hall 1996:162).

As this research involved ninety-five interviews there was over a hundred hours of transcribing with some interviews lasting longer than the usual thirty minutes. It was not possible to transcribe all the interviews on the same day that the data was collected, which was the ideal method for the sake of confidentiality and anonymity, but all were transcribed within a few days of collection. The use of a transcribing machine made the

process easier but considerable additional time was required for changing tapes, playing back interviews and typing the discourse.

Despite preparation of the interview in terms of ensuring that the tape recorder was working effectively there were two interviews in which the tape failed and the data were recorded using contemporaneous notes. Although the essential information was gathered, and transcribing was much easier using this method, the interview was undoubtedly less flowing and spontaneous and the interviews did not reach their full potential. The pilot study was crucial in determining where the tape recorder should be placed during the interview as although the respondents did not appear to find the tape recorder a threat and spoke quite freely without being intimidated, most of them spoke quietly and softly. Therefore, for the remainder of the interviews the tape recorder was placed very close to the respondent. The Protocols and Information Leaflets discussed the use of the tape recorder and therefore the ethical dimension was adequately managed by their completion of the consent form.

Establishing a Database for Qualitative Research

The research has been concerned with groups of data, from which interpretations and comparisons can be made. This section is concerned with the important decision relating to data transcription and database construction. The discourse produced on tape may be considered as the first level narrative that is constructed predominantly by the interviewee but also incorporates the interviewer's commentary. In repeatedly listening to the tape recording of the interview a second level of narrative can be produced by interpretation of emergent themes, which is not too dissimilar to the first and second level reasoning analysis undertaken in ethnomethodology by such as Garfinkel (1967). In producing this second level narrative on all interviews we are in a position not only to make comparisons between interviews, we can also establish further overall themes across both cultural groups. This links in to the identification of national structures through an examination of the 'cradles of a civilization' mentioned above, and the integration of micro and macro levels of analysis (Knorr-Cetina and Cicourel, 1981). The construction of an interview as an entity in itself for analysis and interpretation was extolled by Gilbert (1993): "... an external reality displayed in respondents' utterances but

on the reality constructed as both parties contrive to produce the appearance of a recognizable interview. In short, they treat interview data as a topic and not a resource" (Gilbert, 1993:151). This demonstrates Sayers' argument that "different types of knowledge are appropriate to different functions and contexts" (Sayer, 1992:17) and shows that each interview formulates a distinct area, or body of knowledge, which can be dealt with as a separate unit for analysis. The interviewer and the interviewee are, thus, embroiled in the construction of a dialogue that may well have different levels of meaning and varying strategies of reasoning processes. Ethnomethodology might first appear to be an appropriate choice and may well have been incorporated into the feminist methodology. However, it was decided not to employ ethnomethodology for the arguments put forward below and that the feminist methods of data analysis could stand independently.

The discussions put forward by Oakley (1993) and Finch (1993) have addressed the analysis within a feminist perspective and it is here that this research finds a common bond. This extract is a review by Finch of Oakley's work; 'Interviewing women: a contradiction in terms': "... I would endorse Oakley's position that, as a feminist and a sociologist, one should be creating a sociology for women - that is a sociology which articulates women's lives - rather than merely creating data for oneself as a researcher (Oakley, 1981)" (Finch, 1993).

It was this perspective which influenced how the data was to be transcribed and the database constructed and ultimately analyzed and interpreted. The crucial objective being the development of " ... a sociology which articulates women's lives". There were two factors that determined the transcriptions were not transcribed giving every utterance and pause of the respondent (notable gestures were included in the accompanying notes; for example crying, laughing and long pauses). Firstly the women's lives could be articulated without including each gesture of speech (Page, 1985) and secondly, the time factor would have been too great for so many interviews and it was considered that unless ethnomethodology was a prime perspective of the research this approach was to be excluded.

Therefore the data was organized into interpretive themes which could then be retrieved in groups and comparisons made. Hammersley supports this method and Atkinson (1993:193) include this constructive quote written by Webbs, as early as 1932. "It enables the scientific worker to break up his subject-matter, so as to isolate and examine at his leisure its various component parts, and to recombine the facts when they have been thus released from all accustomed categories, in new and experimental groupings" (Webb & Webb, 1932:83 as cited in Hammersley & Atkinson, 1993:193).

The interviews were transcribed from the audiotape onto the database and the software was *Idealist for Windows*. This fulfilled the specific requirements of storing and analyzing the qualitative research which were:

- (a) To manage large sections of text, of varying length which was sometimes unstructured. Many databases are not designed to cope with these textual accounts which the respondents frequently gave.
- (b) It was essential to be able to retrieve themes of texts from the adjectives which had been put into the data base.
- (c) Having a database that could display several interview extracts simultaneously, for comparison was also important for the data analysis.

A computer course held at the University of Surrey that was concerned with the use of databases in qualitative research was attended and became invaluable in deciding on the choice of the database and developing the skills required for its use.

Analysing the Transcriptions

The transcripts will be analyzed as narratives of factual accounts. That is, merely stating that an account is 'true' is no guarantee that it will be read as such, therefore, the arguments in the text must be related to the stated purpose. The combination of the written language, the numerical data, and the readability of the analyst are brought together as a 'field' which is constituted by our interpretation. Atkinson (1992) put it this

way: "... my view is that 'the field' of fieldwork is the outcome of a series of transactions engaged in by the ethnographer, the boundaries of the field are not given. They are the outcome of what the ethnographer may encompass in his or her gaze..." (Atkinson, 1992: 9). Therefore, there is a close relationship between what is read and what is written through the process of interpretation and contextualisation.

The starting point for this analysis is to establish the voice, or voices, of the narrator as authoritative. That is, their interpretation of cultural knowledge must blend with the intelligibility of the interpreter. In this way there is an overlap of verifiability that some form of 'social truth' exists. Once the veracity of the authoritative text is established we can move to persuading the reader that this is a representation of reality (Atkinson, 1990). This has been stated by Atkinson (1990): "to begin with one should note that the ethnographic text conveys the authority of its account very largely through the use of descriptive writing, in which implicit analysis and 'point of view' are inscribed" (p57). The mechanisms for drawing such interpretations are numerous and include searching the texts for metaphor, irony, difference, distance, marginalisation, stigma, dilemmas, contradictions and implicit and explicit messages, and so on. This thematic construction from the textual arrangement can be employed to create theory of social action in relation to the topic under investigation.

The method of analysis employed a three level coding (Miles and Huberman, 1984) following a general categorisation scheme grounded in the actual data (Polit and Hungler, 1997). First level coding involves a constant re-reading of the narratives and attaching labels to groups of keywords which can then be organised into general themes. Early interpretation of these themes can form the basis of 'memoing' (Glaser, 1987) to provide a systematic approach to analysis and interpretation (Strauss, 1987). Second level coding, which is sometimes referred to as axial coding or pattern coding, involves grouping the initial codes into smaller themes. To group codes together into smaller themes requires the researcher to refine theoretical categories: (a) establishing the terms of the condition that gives rise to it, (b) delineating the context in which it is embedded, (c) outlining the interaction strategies by which it is managed, and (d) highlighting potential consequences of such strategies (Strauss & Corbin, 1990). Finally, third level

coding, or selective coding, was undertaken by reviewing levels one and two outcomes, memos, and field notes to establish core categories. These will link all the outlying categories through logical deduction that will provide some degree of validation for the central category identification (Morse & Field, 1995). These levels will form the basis of subordinate, secondary and primary spheres of influence within teenage pregnancy stigmata.

Meeting the Challenges of the Research Design and Fieldwork

The significant issues that influence the research boundaries of feminist methodology, ethnography and sensitive methodology are discussed in this section which takes those theoretical issues one step further to address the research design and the fieldwork. The main question to be addressed is 'how do the boundaries of the research methodology actually influence the research design and fieldwork?' The challenges of the research design are influenced by the four key areas: (a) the research subjects, (b) the research methodology, (c) the ethical issues and (d) the fieldwork. These are determined by a number of considerations that must project the research method and may be discussed under the following headings:

Communication

The importance of developing skills in communication was a crucial first step in mobilizing the research design. The different line managers who controlled access to the participants have been discussed above. The research process has been dependent upon being able to communicate succinctly and providing sufficient information to progress to the next stage of the research. The essential issues that needed to be communicated to all those concerned with the fieldwork were:

(a) information in the form of a support letter from the supervisor and a contact telephone number.

(b) A written explanation of the research accompanied by a specimen Information Leaflet and consent form.

- (c) An account of the recruitment of the respondents, interview times and a guarantee of anonymity
- (d) A meeting arranged to discuss any points raised by the postal correspondence and the practical elements of the research such as the interview times and arranging where in the hospital, college or shops site that the respondents should be interviewed.

All the respondents from the control groups and the main group from Liverpool were approached personally prior to the interview. The main group from East Surrey Hospital were approached by the clinical supervisor and it was arranged that those patients who were also prospective respondents had their first hospital appointment with the supervisor who explained the research and was responsible for their recruitment. Because of the long distance from the Liverpool base it was impossible to personally approach these women unless they were seen opportunistically on the monthly interview, in this instance it was possible to arrange to see them when they were between twenty-eight and thirty-six weeks pregnant.

Trust

Trust is an important ethical issue that has been an essential element throughout this research process. From conception to fruition, this research has been dependent upon the co-operation and goodwill of many people. Establishing their trust in both the research method and the researcher, to enable the project to be completed, meant that their conviction had to be guaranteed. The respondents were, of course, under the care of their doctors, lecturers and employers, but for the time of the interview the researcher had to carry some responsibility for their welfare. The respondents also had trust in the researcher to ensure that the interviews would be anonymous therefore the relationship of trust was symbiotic. The responsibility of the researcher extended beyond the interview to do justice to the analysis and the utilisation of the data in terms of writing accurate reports.

Appreciation of the Needs of Others

Social research of this nature takes place within the everyday life of the research sites and the fieldwork had to fit in with the smooth running of the day-to-day business that each area was engaged in: an ante-natal clinic, the college, or the supermarket. The assistance, advice and guidance given by other people are an additional burden on their normal duties, hence the importance of understanding their role within the hospital or college was appreciated. The respondents frequently came to the interview with physical, emotional and social anxieties and before the interview could progress, the most pressing of these anxieties had to be relieved. These anxieties often included the respondent being concerned about having reduced fetal movements, feeling depressed, taking alcohol, smoking, having no permanent home and having little financial support. Sometimes their anxieties could be relieved immediately and on other occasions they were referred to a social worker or community midwife for long-term support. Where such problems did arise it was felt that there was an ethical duty on the part of the researcher to refer these respondents to the appropriate service as they were also patients requiring care and support.

These three areas, then, combine to emphasize that the 'interview' is more than just a one-way extraction process. It is a social event which may be focused on a particular topic but has embroiled within it a multiplicity of human factors concerned with how we are in the life world (Sachets, 1970). It is argued that these are part and parcel of the interpretive framework that will enhance our understanding of teenage pregnancy and the social exclusion that may accompany it.

Specific Considerations on Women Interviewing Women

Feminist researchers have argued consistently that researching women faces additional challenges and the issues involved in the interviewing of women is one area which requires examination and clarification. A fundamental challenge of this research has been to maintain an equilibrium between the quest for sociological knowledge and maintaining the welfare of the respondent, as observed by a number of feminist researchers:

"The problem for feminists is not necessarily the form of surveys, or the creation of numeric data, but the ways in which research participants are treated and the care with which researchers attempt to represent the lived experience of research participants" (Kelly, Burton & Regan ,1994:35).

The essential exercise of reviewing the work of established researchers, such as Finch and Oakley, has been invaluable in comparing their experiences of women interviewing women with the specific challenges that this type of research faces. Fortunately, there is an abundance of feminist material on which to draw, offering prescriptive advice on interviewing women whilst maintaining the discipline of practicing sociology. The standard description of the interviews conducted in this research was that they were composed of some structure but mostly semi-structured questions which were set in the tradition of qualitative research seeking data which is rich and deep, and reflects the lives of the women who were interviewed. Although this sounds straightforward, there were, in fact, a number of potential difficulties that required some anticipation.

An important starting point in determining what kind of relationship the researcher has with the respondent begins with the content of information which the respondent is given by the researcher. With this research, the information given to the teenage pregnant women was that the researcher was a midwife/health visitor and this release of information did show to be an important factor with both negative and positive values. A possible negative side of this was that the respondent may have seen the researcher as being 'one of them' or part of the establishment and it was possible that this could have devalued any productive relationships that they had with other health professionals.

By contrast, the positive side showed that the researcher was also 'one of us', a woman, not threatening and possessing a degree of knowledge that could be passed on. The implications of enhancing the knowledge and understanding of the respondent, through the interview, can be seen as therapeutic and also empowering for the respondent (Mies, 1993; Mishler, 1986). Finally, by firstly being a midwife and health visitor, a statement is made to the respondent that the researcher is interested and serious about the concerns of pregnancy. Research into pregnancy is readily viewed as a legitimate process of being a professional in this field of study. One way of assessing how the respondents felt after

their interview was simply to ask them. A number of participants reported that some of the questions had prompted new thoughts, for example to the question; *"When you look back on your life do you think there is anything which may have contributed to you becoming pregnant now ?"*, a number of the respondents noted that they had not been asked questions of this nature before. Others commented that it was not a difficult interview to undertake and stated that it felt better to talk about things, which indicates the therapeutic nature of the interview situation. This extract by Finch is very much in tune with the experiences of this research:

"I claim no special personal qualities which make it peculiarly easy for me to get people to talk, but women whom I have interviewed often are surprised at the ease with which they talk in the interview situation. One woman in my play group study (who told me that she was so chronically shy that when she had recently started a new job it had taken her a week to pluck up courage to ask how to find the toilet), said that after her interview that she had surprised herself - it had not really felt, she said, she was talking to a stranger" (Finch, 1993:168).

There are two other important factors to consider on any discussion of women interviewing women. Firstly, until the development of the feminist research critique there was a paucity of analysis of the interview process: " very few sociologists who employ data actually bother to describe in detail the process of interviewing itself" (Oakley, 1993:221). Secondly, traditionally, any interview guidance or analysis, such as that which has been argued by Gaulting (1967) has been inclined to make the assumption that the interviewer is a male and this has at best left the feminist researcher confused. "The survey method...has been indispensable in gaining information about the human condition and new insights in social theory" (Gaulting 1967). Yet, based on the male gender this will be based on male interpretation of the female world. There has been a revolution in research methodology and fieldwork since Gaulting made this observation over thirty years ago and the development of qualitative research techniques, and the growth of its credibility as an alternative to quantitative research in gaining information about the human condition has made it more popular. In addition to this, the growth of techniques involved in feminist research are, through a gender bias, continued to gain further insight into the human condition from the female perspectives of social theory.

Answering Respondent's Concerns

It was anticipated that the main group of respondents - the teenage pregnant women - who knew that the person asking questions was a midwife/health visitor would ask a number of questions about their pregnancy and labour, and this was indeed the case. One respondent stated that if a person had an anxiety, they could not concentrate on the present until their concern was dealt with. On this occasion a seventeen- year old respondent could not begin the interview until she had expressed her worry about sudden infant death syndrome (cot death). Her deep anxiety arose from a close friend who's baby had died without explanation when only several months old. At least twenty minutes were spent talking about cot death, the incidence and the preventative measures that could be taken, the ante-natal staff was also informed and consequently the professional input was increased. A relaxed interview was the outcome and also the needs of the respondent were met.

The researcher must be able to answer to what extent does this 'caring' approach compromise quality of the findings and is it justified? Oakley deals with this issue comprehensively. On analyzing her own investigation of pregnant women in her Transition to Motherhood Project, she found that the majority of questions which respondents asked her were requests for information. This extract demonstrates the dilemmas which Oakley faced and were also concerns of this research:

"It would be the understatement of all time to say that I found it very difficult to avoid answering these questions as honestly and fully as I could. I was faced, typically, with a woman who was quite anxious about the fate of herself and her baby, who found it either impossible or extremely difficult to ask questions and receive satisfactory answers from the medical staff with whom she came into contact, and who saw me as someone who could not only reassure but also inform. I felt I was asking a great deal from these women in the way of time, co-operation and hospitality at a stage in their lives when they had every reason to exclude strangers altogether in order to concentrate on the momentous character of the experiences being lived through." (Oakley, 1993:231).

This shows the potential imbalance of power in the interview situation that must be guarded against in this current research project. However, from this extract it is also clear that the respondent can learn from the interview and as in the instances recalled by Oakley it was information on childbirth and child care that were of central concern.

Other researchers have noted that the mutual learning process can be of an emotional and social nature as well:

"Often neither young women nor men in our studies had the opportunity to talk about the issues in the terms which they raised, or to think about sexuality and sexual experience in relation to themselves in the ways invited by the interview. The interviewees could then learn more about themselves in both the process and content of the interview, as indeed could the interviewer" (Holland & Ramazanoglu, 1994:135).

Furthermore, the entire interview situation can be questionable: "problems occur generally in interviews and raise questions about what we can take interviews to mean" (Holland & Ramazanoglu, 1994:137). Which brings us full circle in the debate on method.

Intergenerational Experiences

Any discussion of teenage pregnancy with people representing more than one generation invariably results in a comparison of the experience of teenage pregnancy between the two generations, the young woman of the eighties and nineties and the more mature woman who had her teenage years during the fifties and sixties. It was listening to conversations such as this which promoted interviewing women who were now in their fifties but whom had the experience of being a pregnant teenager thirty years ago. The intergenerational analysis offers two benefits to the research:

Placing teenage pregnancy within a historical context

Chapter Two discussed the importance of including the historical context in any analysis of research into teenage pregnancy and Sharpe's study of teenage women, which researched their experiences over twenty years, is a revealing insight into how the economic, political and social views of the two generations influenced their lives. Sharpe demonstrated that many aspirations have not changed. For example young women still favour the female oriented careers. However, her comparison of men and women over this time is quite striking. "So far it has been girls and women who have changed their perceptions and attitudes, made demands in their personal and working lives, adapted

themselves in many ways, and are left doing far more than their fair share in the belief that this at least is a better use of talents" (Sharpe, 1994:302).

The intergenerational occurrence of teenage pregnancy

There is often a cycle to teenage pregnancy and indeed this has been reflected in this research, which is discussed in Chapter Five. The changing structure of family life is a relevant issue of any debate of teenage pregnancy and this has been argued by a number of researchers. For example, Lawson and Rhode (1993), in their assessment, includes Simms and Smith who discusses the phenomena of teenage mothers who are the daughters of teenage mothers: "among white working-class families in Britain for example, Simms and Smith found nearly one-third of teenage mothers had mothers who had also had babies as teenagers. The fathers, too, often came from families with a tradition of early childbearing" (Simms & Smith, 1993:109).

Conclusion

This chapter has set out a simple, but important, taxonomy of the cultural comparisons between the research study sites and has argued that the composition of such communities, in terms of norms and values, can have an influence on the stigmatizing process of teenage pregnancy. Within this framework a research method has been developed based on feminist methodological issues, ethnographic interpretation, and a sensitive research approach. This is felt to be important in order to explore the emotional aspects of the participants in this difficult area. The interview itself is employed, not as a medium by which to solely extract information, but as an area of exploration in relation to the construction of narrative accounts. These strands are then drawn together to focus on the issue of women interviewing women within the feminist critique.

CHAPTER SIX: THE SOCIAL CONSTRUCTION OF TEENAGE PREGNANCY: FINDINGS AND ANALYSIS

Introduction

These results embrace a wide range of life experiences, reported by the main groups of teenage pregnant women and the control groups of non-pregnant women.

The research findings in this chapter address the following issues:

- 1) An understanding of teenage pregnant women, through comparative analysis, living in two contrasting demographic areas, East Surrey and Liverpool.
- 2) A perception of teenage pregnancy by non-pregnant teenage women (control group).
- 3) An understanding of the construction of teenage womanhood, through the research findings of both the main groups of teenage pregnant women and non-pregnant teenagers.

The research findings have been produced in the following way; firstly, section one of the interview, involving the more structured questions of family, kinship, education and employment are presented in the form of tables. This type of illustration and their responses, through the use of tabulated data, provide the baseline for understanding the qualitative research findings. Presenting the findings in the form of tables (and histograms in Chapter Seven) illustrates the comparisons between the main and control groups and allows for the identification of similarities or differences from which interpretations can be made. The second section of the interview was concerned with more penetrating questions which were semi-structured rather than structured and allowed for probing. The second section is particularly relevant to the understanding of stigma in the later Chapter Seven.

The following analysis presents a picture of the experiences and perceptions of teenage pregnant women, offered by the women themselves, from the control groups of non-pregnant teenage women as well as from some of those who are most closely involved with them. The findings have shown that there are a number of issues, which are worthy of further analysis, and these have been identified as themes, which are relevant in

gaining a deeper understanding of the stigmatisation process and outcome of teenage pregnant women.

The Research Sample

The research sample has been described in detail in the previous chapter, however, the main groups are set out below:

East Surrey

The main group of teenage pregnant women, 26 respondents with one interview disqualified.

The control group of non-pregnant teenage women, 25 respondents with no disqualified interviews.

Liverpool

The main group of teenage pregnant women, 24 respondents with one interview disqualified.

The control group of teenage pregnant women, 22 respondents with no disqualified interviews.

The Disqualified Interviews

Additional interviews took place with respondents from each of the main groups in which disqualified interviews occurred. This was due, in both instances, to the fact that the interviews could not be completed. The respondent from Liverpool came with her partner whose behaviour was irrational, the respondent said that he had taken a cocktail of drugs which he had obtained from his friends and because of his behaviour the interview could not be undertaken. In the case of the respondent from East Surrey the interviewee attended with a number of children, including one of her own. The noise and activities of the children made the interview conditions very poor, questions were difficult to pose, and the children wanted to play with the audiocassette. The situation was further compounded by the profound sadness of the respondent's personal history, which was a tapestry of painful experiences of family illnesses and violence that included a brutal murder. Furthermore, the respondent was very much preoccupied with her many

problems, for example she had to cope with her ultrasound scan that had shown her baby to be very small. She was living in rented accommodation and was worried about eviction, the baby's father had abused her and although they had separated he was pursuing her. There was little doubt that this was interesting data that at another time could be carefully employed, but this appeared to be the incorrect time. It was felt to be more appropriate to advise where necessary, check follow-up appointments, and refer the patient back to the ante-natal staff. The occasion of teenage pregnancy can embrace many personal experiences and on that particular day the circumstances of the respondent, and her anxieties, prompted the postponement of the research.

The questions relating to the pregnancy and the baby's father are not included in the comparison of all the groups. Obviously the control groups were omitted from this part of the research, and these findings are therefore confined to a comparative analysis of the two main groups of teenage pregnant women.

Validity and Reliability

Before proceeding with the findings, there a number of important issues concerning validity and reliability that are particularly relevant to this research (see also previous chapter) and these will be dealt with here.

Counting in qualitative research: a contradiction in terms?

Throughout the earlier chapters the attributes of qualitative research have been emphasised and at the outset of the presentation of findings the use of quantitative data in the form of tables and histograms is employed. The production of numbers is not an attempt to produce a sophisticated statistical analysis, but to inform the reader of the basis of the subsequent qualitative findings. The production of quantitative data is therefore an attempt to reduce complexity by summarising the rich detail, which is often produced through interview situations. Furthermore, tabulated data in ethnoscience can be a means by which generalisability is addressed. Werner and Schoepfle (1987) argued that generality in ethnographic accounts could be achieved through the administration of questionnaires to a carefully selected sample within a particular cultural group as long as it remained part of a wider qualitative analysis.

Knowing the origins of a particular finding is a way of strengthening its validity and reliability. The significance of this is outlined by Silverman (1995) "as Cicourel (1964) noted thirty years ago, in a bureaucratic technological society, numbers talk. Today, with sociology on trial, we cannot afford to live like hermits, blinded by global, theoretical critiques to the possible analytical and practical uses of quantification. In the mid - 1990s I believe this case holds just as strongly" (Silverman, 1995:163). Silverman illustrates how the incorporation of numbers into the analysis has increased the validity and reliability of his own work: "in a study of oncology clinics (Silverman: 1984), I used some simple quantitative measures in order to respond to some of these problems. The aim was to demonstrate that the qualitative analysis was reasonably representative of the data as a whole. Occasionally, however the figures, revealed the reality was not in line with the overall impressions. Consequently, the analysis was tightened and the characterisations of clinic behaviour were specified more carefully" (Silverman, 1995: 163).

Further to Silverman's argument, sociology is not only on trial by those who are outside the discipline, but by sociologists themselves, who can only maintain and increase their own credibility by demonstrating to themselves and their own community the strength of the validity and reliability of their own research. The, now hackneyed, debate concerning validity and reliability in qualitative research is only resolvable if we move away from attempting to address the issues from the meaning structures of quantitative approaches. Thus, basic statistics can be employed as a platform for a more interpretative approach to analysing data.

Numbers - An Important Element of Comparative Analysis

This is a comparative study and the matrix below illustrates the possible comparisons that can be achieved by contrasting the main and the control groups. The inclusion of tabulated data demonstrates that a particular theme is not just a researcher's hunch but that it informs both the researcher and the reader of an actual amount, so both have a shared understanding. For example, a report asserting that the majority of teenage pregnant women who came from Liverpool left school with a poor educational record

provides the reader with a generalised statement. The term 'majority' may mean 60% to the researcher and 80% to the reader and a 'poor educational record' could suggest that the respondent left school before attempting any examinations, or that the interviewee had taken nine exams and failed seven. Therefore, numbers are included in this comparative analysis, not only for reasons of validity and reliability, but also to ensure that the researcher and the reader have a shared meaning framework on which to build a qualitative interpretation.

Research Findings

The research findings are presented through a combination of tabulated data and extracts from respondent's interviews in an attempt to complement each other in the process of the emergence of interpretation. Some of the complementary research has also been utilised to illustrate and enhance the heuristic approach. Significant research studies relating to the social construction of teenage womanhood and the social construction of teenage pregnancy is also discussed in relation to the explication of meaning. Thus the structure of each section is a table of findings accompanied by firstly, an analysis of the table, secondly qualitative interpretation from narrative extracts, and thirdly relevant reference to published research. The numbers in each group are slightly different and this has had some impact on the analysis.

The following matrix table illustrates the comparisons that can be made by using the following groups:

ESM = East Surrey Main

ESC = East Surrey Control

LM = Liverpool Main

LC = Liverpool Control

Our knowledge and understanding of teenage pregnancy has developed over a considerable period of time. The generally held perception of a teenage pregnant woman is rooted in questions concerning who she is, what she is, and where she has come from; the answers have their origins in experience, rhetoric and the casual gossip of everyday life. These views are often expressed as much in the story of fictional writing as they are

in the unfolding narrative of the film. The value of this lay knowledge is in providing the impetus for those early hunches and intuitive thoughts concerning teenage pregnancy. For example, this writer, through contact with teenage pregnant women and their mothers over a long period of time, found that there are shared experiences between the taking of case histories and the daily conversational themes of teenage pregnancy. Poor educational options and missed chances are a striking characteristic of the discourse, yet the determination on the part of the teenager to return to education only became apparent through this research. Chapter Two has shown how the literature review has broadened this lay knowledge which has indicated professional areas of concern.

To summarise, the origins of the following tables are grounded in, firstly, historic and contemporary lay understanding, secondly, in professional experience, and finally, in the literature concerning the social constructs of teenage pregnancy. The findings in the next chapter aim to fulfil the following objectives: Firstly, to provide a comprehensive understanding of the fundamental experience and perceptions of being a teenage pregnant woman in contemporary society. Secondly, to clarify the particular life-style of teenage pregnant women. Thirdly, to be able to compare the experiences and expectations of the control and main groups of subjects, noting demographic contrasts and similarities. Fourthly, to provide the baseline of understanding for which the dimensions of stigma can be related to teenage pregnancy.

Age at the Time of Interview

This first section will deal with the age of the teenage pregnant women at the time of the interview. Age is a crucial factor in teenage pregnancy as the older the person becomes the more acceptable pregnancy appears to be to family and society members. Closely related to issues of sexuality it appears that society accepts, to some degree, sexual activity when the woman is in her later teens but finds it more unacceptable the younger one is. Table 6:1 shows the age ranges and numbers of respondents at the time of the interview.

| AGE | ESM | ESC | LM | LC | TOT No |
|---------|-----|-----|----|----|--------|
| 16 – 17 | 4 | 3 | 3 | 4 | 14 |
| 17 – 18 | 6 | 11 | 4 | 9 | 30 |
| 18 – 19 | 10 | 7 | 14 | 7 | 38 |
| 19 – 20 | 5 | 4 | 2 | 2 | 13 |
| Total | 25 | 25 | 23 | 22 | 95 |

Table 6:1 Age at Time of Interview

Analysis of table 6:1

The smallest percentages are to be found in the first row, which is the 16 - 17 year old age group. The incidence of teenage pregnancy is least in the younger teenage years (13-15), although this is not shown in the above table as it falls outside of the remit of this project, this is also reflected in regional and national statistics (Chapter Two). The control groups differ most markedly from the main groups in the second row of 17 - 18 year old age groups and this is explained by the many respondents attending the sixth form colleges and participating in higher or further education. The third row of 17 - 18 year old age group accommodates the greatest numbers of teenage pregnancies, with a minority number of 19-year-old teenage pregnant women who were interviewed. The 19-year-old women from the control groups all came from the employed population. The numbers of young teenage pregnant women are indeed very small. However, of all the respondents in this research, and within the wider social debate, it is the plight and fate of young teenage pregnant women who present society with the greatest challenges and concerns.

Qualitative interview reference

The younger respondents of 16 and 17 years of age demonstrate an awareness of how the profundity of their youth is a contributory factor in creating stigmata.:

"I'm 16 now, but when the baby's born I'll be 17" (ESM)

"I'll be 17 when I've had my baby" (ESM)

The following respondents then go on to attempt to legitimate their youthful age:

"I'm 17, the same age as my sister when she became pregnant"

"I'm 18. My aunt, grandma and sister had their first babies at eighteen. Having babies at our age is not a big deal in our family"

These respondents from both groups demonstrated a major finding of the research concerning the inter-generational cycle of the occurrence of teenage pregnancy within family units which is closely related to the findings in table 6:8. The accompanying qualitative interview reference, also in this section, supports these early findings suggesting that some of the themes are inter-linking. The transcripts highlight age as a major concern with the respondents mirroring the wider social consideration with youth, sexuality and motherhood. Although the respondents are 16 years of age they both emphasise that they will be 17 when the baby is born suggesting that the older they are the more acceptable it becomes.

Related research

The age group findings are also documented in other research studies from British and other countries. One such study from the United States reported a pregnancy rate of 25 to 75 per 1000 for 15-17 year olds and from 92 to 165 per 1000 for 18-19 year olds (Spitz et al, 1993 Dec; 42 (ss-6): 1-27).

Age and sexuality are closely linked into the universality of the family unit. Whilst the younger teenage women are not expected to engage in sexual liaisons, nor to some extent the older teenager outside of marriage, once within the confines of wedlock it is accepted and applauded. Sex thus appears as a social structure that forms and binds the

kinship ties that are supposed to perpetuate the family unit. The young teenage pregnant woman is perceived as not only breaking the taboos of sexual conduct outside of marriage, and in some cases under the legal age of consent, she is doubly stigmatised as having undermined the family unit and marital kinship unions. The breaking of these traditional patterns causes a social tension that often leads to sanctions being applied.

Age and sexual conduct both within, and without, marriage are traditional values that are passed on from generation to generation, although there are vagaries and changes that occur within generation mores (for example the 1960s spirit of sexual liberation). These traditions are entrenched because they have become, in social constructionist terms, institutionalised. For these behavioural *norms to become objectified by society* they must undergo a process of typification. That is, each situation, say of teenage pregnancy, must be typically like another with similar rationales, reasons and repercussions which then allows a standard response to follow, for example condemnation and social exclusion (Berger and Luckmann, 1966). Throughout the discourse of this research the younger the teenage pregnant woman was the stronger the sense of transgression and outrage. This felt expression was an early indication that the young teenage pregnant woman was under pressure from social values that related to their age and sexual relations pertaining to motherhood.

Respondent's Religion

Religion is a major factor in constructing the issue of teenage pregnancy as it embroils issues of sexuality, moral conduct, and appropriate behaviour within the confines of cultural codes. Polarised positions of right and wrong clearly cause huge tensions within family and societal structures and may lead to severe pressures to respond in certain ways and the application of strict sanctions being applied as a consequence of transgression. In the following table (6:2) the respondent's religion is identified.

| RELIGION | ESM | ESC | LM | LC | TOT No |
|-------------|-----|-----|----|----|--------|
| CE | 16 | 13 | 8 | 9 | 46 |
| RC | 0 | 1 | 11 | 10 | 22 |
| MUSLIM | 2 | 2 | 1 | 0 | 5 |
| CHURCH ARMY | 1 | 2 | 1 | 1 | 5 |
| CH. SCIENCE | 1 | 3 | 1 | 0 | 5 |
| EVANGELICAL | 0 | 2 | 0 | 1 | 3 |
| NONE | 5 | 2 | 1 | 1 | 9 |
| Total | 25 | 25 | 23 | 22 | 95 |

Table 6:2 Respondents Religion

Analysis of table 6:2

Table 6:2 shows that all 95 respondents expressed a clear answer as to their religion. There were no doubts or 'don't knows', although there were a number who responded under the heading 'none'. The East Surrey Groups include the widest range of religious beliefs. The Liverpool Groups have not experienced the numbers of differing religious denominations though each group, with the exception of Evangelicalism in the Liverpool main Group is represented. This may reflect the more closed cultural insularity of Liverpool as opposed to the heavier influx of a variety of cultures in Surrey. Only one respondent from the East Surrey groups reported to be a Roman Catholic. By contrast, both the Liverpool Groups included a good proportion of respondents who reported Liverpool as traditionally a city with a strong historical association with the Catholic church and this connection will be referred to again in the analysis of family composition. The last column shows a difference between 7 out of 51 respondents from East Surrey who reported having no religion compared to the 2 respondents out of the 48 respondents from Liverpool.

Qualitative interview reference

The following extract is an interview with a teenage pregnant woman from Liverpool. This respondent, although not a practising Catholic, demonstrated a keen attachment to the culture of her religion, which may be an indication of the tenacity of Liverpool Catholic culture, as much as part and parcel of the depth of the socialisation process in relation to religious upbringing:

Q: Tell me about your religion and what it means to you in relation to your pregnancy.

A: I'm Catholic. I'm not really a practising Catholic but my mum is and my grandma. They'd like me to go to church more often. I do go to church but only for christenings and funerals. I go to all of them. Everyone in our family gets married in church. I do believe in God though and that's why I didn't have an abortion. None of my family would have an abortion. Being a Catholic is very important to our family. We have to have a picture of Our Lady in the hall, and everyone in our family has been to the same Catholic School"

Religion has become a significant theme of the decision making process of teenage pregnant women and this is discussed more fully in Chapter Seven. The religious focus is an example of how a theme can emerge from the data as in a grounded theory approach as identified by Glaser and Strauss (Glaser and Strauss, 1967). What became apparent was that although the respondent claimed not to be religious in the sense for not practising, she continued to feel the pressure of social values in relation to the strength of religious feelings from family members. To what extent this pressure force overlapped with her beliefs is explored below.

Below is an example of how one of the respondent's from the East Surrey main group expressed her religion:

"I've been a Christian all my life and I've been a member of the Church Army since I was 15. When they see what I've done they will be mortified. My father is very high up in the Army and that makes things worse. They'll expect me to leave now. My dad is

very ashamed of me and told me to leave before I'm asked. My dad thought I'd do really well, it's hit him the most "

As mentioned above the influence of religion, even in those who were not strongly practising their religion, continued to impact on the pregnant teenager as a consideration. This, at first, appeared as a secondary zone of relevance in that they were considering their pregnancy in relation to others religious concerns and not their own, for example their mothers. However, through probing it became clear that they were also reflecting on the relationship between their pregnant state, as a primary zone of relevance in relation to their own religious reflections. Interestingly, this appeared as a consideration irrespective of the strength of their religious conviction.

In phenomenological terms Schutz (1970) has argued that there are four zones of relevance in decreasing order with respect to human interest. First, there is that zone that we can directly observe and influence. Second, there are other regions that are not directly open to our domination. Third, there are zones that are not for the time being connected to us. Fourth, there are zones that are, for our purposes, irrelevant to us. The importance of this, for this current analysis, is that the perceptions of stigmatisation by the recipient must undergo a process by which the cause of such stigmata (teenage pregnancy) must be considered as under her control. When reflecting on the morality issues, that emanate from a religious source, the zone of relevance to the woman is important as this will have a direct bearing as to the extent to which she considers that the situation can be influenced by her.

Related research

There is a wide body of religious research including areas of social class, age and comparison of different cultures and religions. However, a relevant section of religious research is concerned with women and social exclusion. A number of studies have shown that religion is of greater importance to women than men and that girls have a more positive attitude to religion than boys (Halene, 1978; Forliti and Benson, 1986). To what extent this is a socialised condition that is constructed by males to circumscribe the behaviour of women needs further exploration.

Religion serves important social functions and plays a central part in providing 'answers' to questions that are largely unanswerable. By encouraging the acceptance of, and adherence to, prevailing norms and values religion functions as a means of social control. In terms of teenage pregnancy, in the cultural setting in which this research is located, religion appears to contribute to the maintenance of the dominant prescriptions regarding sexual conduct, and provides a legitimated framework of condemnation and social exclusion for transgressors of these codes. Couched in terms of strength and weakness, and virtue and vice, the pregnancy is the external visibility of sin. Nowhere is the sign of stigmata so clearly manifest as the pregnant abdomen grows for all to see. The extent to which those unwanted pregnancies are hidden from view is matched only by the range of display behaviours of those who are proud of their condition. In this research a common theme to emerge concerned the degree to which teenage pregnant women saw their distended abdomens as an overt sign of their inner sexuality. The religious component was perceived as a mechanism by which supposed immorality could be externalised as a spectacle for others. The pregnancy was, in effect, carried like a cross on which they were to be 'crucified'.

Respondent's Ethnic Origin

Cultural differences of teenage pregnancy are wide and varied and, yet, an area of overlap appears to exist in relation to the propriety of action within each community's expectations. Stigmatisation can often be severe in cultural groups when codes and taboos are transgressed. In table 6:3 we can see the basic ethnic breakdown of the research groups.

| ETHNIC ORIGIN | ESM | ESC | LM | LC | TOT No |
|----------------------|------------|------------|-----------|-----------|---------------|
| WHITE-BRITISH | 23 | 23 | 21 | 22 | 89 |
| PAKISTAN/INDIA | 2 | 2 | 1 | 0 | 5 |
| AFRICAN-BRITISH | 0 | 0 | 1 | 0 | 1 |
| Total | 25 | 25 | 23 | 22 | 95 |

Table 6:3 Respondents Ethnic Origin

Analysis of table 6:3

The majority of these respondents described themselves as white and of British origin. From the total 95 respondents, there were only 6 from ethnic minority groups. The distribution of these respondents shows that there was a total of 4 interviewees from East Surrey, 2 from each group and of Pakistan/Indian origin. The main group from Liverpool included one respondent from India and one African British respondent who said her father was second generation Ghanaian, who had lived in Toxteth, Liverpool all his life and that her mother, also from Toxteth, was white.

The total number of respondents from Pakistan/India who were included in the two main groups was 3. There were 2 from East Surrey (including 1 from Kashmir and 1 from Pakistan) and 1 from Liverpool who had also come from Kashmir. All 3 of these respondents were married when they were 17 or 18 years of age. Their pregnancies were planned, indeed 1 respondent from East Surrey had consulted her GP, before she became pregnant, for a referral to the Fertility Specialist. She was 18 years old at the time of consultation. This respondent indicated that she was expected to get pregnant.

Qualitative interview reference

Cultural differences in perceptions of pregnancy were clearly indicated in this study as can be seen in the following extract:

“Culturally our experience of having a baby when we are in our teens is very different to white British girls. Yes! Yes! Mother, sister, cousins. Everyone marries young. My mum was married at 13 and her first baby at 14. Husbands are older... we all have large families. Children are a God given thing, the more you have, the happier you are”. (ESM)

This extract is from the East Surrey main group. The respondent was 18 years old and was a Muslim from Kashmir, who had been married for 6 months. She was studying business administration at college. She enjoyed hairdressing and cooking, and lived in a two bedroom house with her husband and husband's cousin. Her husband was a 26-year-old bus driver. This respondent was in contact with all her family and she was the 3rd eldest of 7 children and she did not smoke or drink alcohol. These are her responses to some of the issues that were raised:

Regarding sex education?:

“Yes at school. I was amazed at how babies were made!”

Any Family Members who have had Babies when they were under 20?

“It is my culture to have babies young. In Kashmir it is important to have babies inside of marriage in our culture. Not to be married is to dishonour the family. Here it is mainly the older generation that understand how not being married brings shame”
(ESM)

The respondents highlight two important issues regarding culture. Firstly, age is not seen as a social or sexual area of confrontation in certain cultures, indeed, marriages are often arranged when both boys and girls are very young. Early marriages help ensure a long duration of fertility.

Cultural differences in language, religion, traditions, customs and beliefs are so diverse that it is difficult to make comparisons. Cultural formations operate to control the roles that construct that particular group and in terms of sexual conduct and teenage pregnancy it is dependent upon what values are reinforced by such cultures. In this research the patterns of what are considered appropriate role behaviours emerged throughout. The respondents constructed their discourse in relation to the cultural expectations of their group. However, this was a complex interactive narrative in which the stronger the bonds to the cultural group in relation to the extent to which the pregnant teenager perceived herself to have transgressed those codes the more positive she was towards her condition. When the stigmatisation process was such that the teenager felt marginalised by her cultural values there was a tendency to dismiss both the cultural expectations and the pregnancy itself.

Related Studies

Evaluating the significance of the ethnic origin of teenage pregnant women can only be achieved by close analysis with related social phenomena. The extract below is from an American study, which is relevant as it puts forward the argument that underpins the quantitative data, that there is a qualitative explanation, which gives further understanding to the analysis. The relationship between adolescent parenthood and ethnicity is complicated since both are intertwined with social class and economics. Further, there are questions of ethnic or cultural group definition that strongly affect what we look at and thus what we find. For example, what is meant by the term Hispanic? Surely there are as many differences among Cubans in Miami, Dominicans and Puerto Ricans in New York, and Mexicans in Illinois or Texas as there are between families and other ethnic groups" (Musick, 1993:25).

Although there was limited ethnic groups in this current research study, there were distinct cultural groups within the framework of class differences, religions, and race. When constructing their narratives a common theme to emerge from questions relating to this cultural aspect of teenage pregnancy referred to 'prophecy'. In almost all accounts that constructed a discourse around this topic there was a reference to a prediction of

doom to transgressing ethnic codes with a strong sense of inevitability to it. This created a form of dissonance within the respondent that resulted in a fragmentation of discourse themes, which vacillated between positive and negative outcomes. Thus, this theme transcended all cultural groups.

Respondent's Accommodation

There is a well held belief that there is a link between housing and social exclusion with those from poorer accommodation areas being less well educated and therefore more prone to having unplanned and unwanted pregnancies. In table 6 4 the main housing types have been set out in relation to the four research groups

| ACCOMMODATION | ESM | ESC | LM | LC | TOT No |
|------------------|-----|-----|----|----|--------|
| PRIV.HOUSE-DET | 0 | 5 | 0 | 0 | 5 |
| PRIV.HOUSE-SEMI | 2 | 6 | 8 | 6 | 22 |
| FLAT-OWN FAMILY | 0 | 2 | 0 | 0 | 2 |
| RENT. HOUSE-SEMI | 13 | 8 | 11 | 13 | 45 |
| FLAT-RENT/FAMILY | 2 | 1 | 0 | 0 | 3 |
| FLAT-RENT/SELF+P | 5 | 2 | 3 | 2 | 12 |
| CHILD. HOME | 3 | 1 | 1 | 1 | 6 |
| TOTAL | 25 | 25 | 23 | 22 | 95 |

Table 6:4 Respondents Accommodation

Analysis of table 6:4

The qualitative interviews suggested that respondents from both the main groups and the control groups were often involved in major disagreements within the family setting. However this table shows that the majority of respondents from the total number of interviewees continued to live in the family home, whatever their circumstances; pregnancy, college, employment or unemployment. There were a total of 17 respondents from the East Surrey main group who lived at home and 20 from the East Surrey control group. In Liverpool the number was 19 from each group. This shows that there were 75 out of a total of 95 respondents who continued to live in the family home with one or more parent. The qualitative interviews indicated that for many respondents this was a temporary state. For example, there were a number of respondents waiting to rent a flat after their baby had been born. Their mothers who continued to encourage them to stay at home often prompted this waiting time. The control groups were also waiting to move to flats or universities for the Sixth Form college students. Finances were a fundamental factor in the decisions that the respondents made and although the urge to lead more independent lives was a pressing concern, the support and security of the family home, however dysfunctional, could not be ignored.

The first category shows that the only respondents to live in a detached house, were those from the East Surrey control group. All of these respondents were students at Reigate Sixth Form College, either both parents were working or one parent was employed in a successful business or one of the higher social class professions. The second category shows that only 2 families from the East Surrey main group lived in privately owned semi-detached houses compared to 8 from the Liverpool main group. A suggested explanation here might be the greater housing stock of more affordable priced houses in Liverpool, where the 1930s semi-detached house is common.

Qualitative interview reference

The type of accommodation respondents lived in was dependent upon not only financial circumstances, but whether the family lived unitedly with parents and children or whether the family was divided. This was usually with the father living some distance away from the original family either on his own or with a new partner and possibly a new family. Where this had occurred in Liverpool, the respondent's father did not move out of the city, on the other hand, the findings from the East Surrey groups suggested that fathers often moved away from the Redhill area when their relationships had dissolved.

A respondent from the East Surrey control group, who worked as a supermarket stacker commented:

"My Father moved out when I was 11. He moved to Birmingham. We only saw him once after that. I don't know where he is now. Mum's always looked after us"

"My nan, my mum and my sisters live in our house. My dad and my mum keep falling out, so he's not living with us at present. We see him nearly every day though he only lives around the corner. He comes for his tea and his Sunday dinner"

These extracts suggest that there may be a strong attachment to Liverpool, which may not be present in East Surrey. There are other findings, such as the Liverpool control group wishing to stay in Liverpool for their higher education as opposed to the East Surrey control group planning to pursue their studies in other cities and sometimes

abroad. Accommodation is closely related to issues of social class. This in turn, concerns a number of social factors that contribute to the overall structure of values and norms. For example, class differences are well known to exist between affluent and deprived areas of metropolitan and urban sites. This is linked into types of schools and colleges on offer as well as governing the ethos of education that will lead to university placements. Social mobility has been well documented with general conclusions that limited upward mobility is achievable but dependent on socialised behaviours and environmental upbringing.

Related research

I'm quite happy living with my mum and sisters. We have nice house near town. It's a new house and we've got a garden. (LM)

"I have to live at home, but I'd like my own place soon so that I can do what I want. At the moment I have to do what I'm told." (ESM)

We live near Reigate Common. My mum could never live it down if we had to move to Redhill. She's always letting me know this" (ESC)

Families from affluent areas of accommodation are likely to have a higher standard of living that is also based on sources of income. This is probably more determined by traditional views of the male income generation capacity being greater than the female, and more so in Liverpool than in Surrey. From the research, both in the literature and from this study, it is apparent that accommodation features large as a status symbol and can influence numerous areas of social life. In terms of teenage pregnancy accommodation is often used as a leverage by others attempting to influence the pregnant person and in trying to exercise a sanction.

The Respondents' Type of Occupancy

The family is often referred to as the basic social unit. The immediacy of our involvement in family life can greatly influence a number of related social factors. For example, the intensity of the emotions which are generated by the family, the demands on our loyalties and labour within the lineage, the sexual and related satisfactions that the family provides, and its purpose in relation to childbearing and child care are but a few worthy of note. Although there are many and varied types of family structures, with diverse role formations within them, the basic division between patriarchal and matriarchal is a helpful starting point. In table 6:5 the types of family structures relating to this research are set out and from this we can draw a number of conclusions regarding the pressures of such structures.

| LIVES WITH | ESM | ESC | LM | LC | TOT No |
|-------------------------------|-----|-----|----|-----|--------|
| BOTH PARENTS/SIBLINGS | 5 | 16 | 9 | 11 | 41 |
| ONLY MOTHER/SIBLINGS | 6 | 4 | 7 | 5.5 | 22.5 |
| MOTHER & STEP FATHER/SIBLINGS | 4 | 1 | 3 | 2 | 10 |
| ONLY FATHER/SIBLINGS | 1 | 1 | 0 | 0.5 | 2.5 |
| FATHER & STEP MOTHER/SIBLINGS | 1 | 0 | 0 | 0 | 1 |
| CHILD. HOME | 3 | 1 | 1 | 1 | 6 |
| SELF/PARTNER | 5 | 2 | 3 | 2 | 12 |
| Total | 25 | 25 | 23 | 22 | 95 |

Table 6:5 Types of Occupancy

Analysis of table 6:5

The respondents from the East Surrey control group were more likely to live with both their parents in the same home. This was followed by the Liverpool control group, then the Liverpool main group, and finally the East Surrey main group. This could well be due to the fact that teenage pregnancy itself is a determinant of family break-up. The second and fourth rows show that when respondents did separate, it was predominantly the mother who was most likely to care for the children on her own. The 0.5 in the second and fourth row totals accounts for a respondent from the Liverpool control group who divided her time equally between her mother and father. The third and fifth rows show

that there were 21 respondents who had become part of a new family, which represented 22% of the total number of interviewees. The last column shows the number of respondents living on their own or with their partner. Respondents who fell into this column often did not live with their partner on a regular basis, the reasons given for this were that although they had a regular partner, they only lived together for periods of time. The respondents said that their partner spent the other times with their own parents or in their own flat or rarely with another partner and their children.

Qualitative interview reference

“I live with my mum and sisters but dad comes over sometimes. He makes everyone laugh because people can’t work out if they’re still together” (LM)

“I’ve lived in Children’s Homes since I was about five. You don’t have anyone special to look after you. Some people are more important to you than others. One of the ladies who came in to help with the cooking got on really well with me but she was quite old and then she left. Everyone is nice really but no one really loves you” (ESM)

These two transcripts capture the essence of contrasting personal perceptions of the world. The respondent from Liverpool is clearly amused at her parent’s relationship and the transcript conveys a warmth and sense of belonging to a stable family unit. The East Surrey respondent is clearly deeply disturbed by her experiences of a life on the move. Most importantly she expresses and identifies the value of belonging and being loved as crucial ingredients to a family life and we can only speculate as to whether this may have been a contributing factor in her pregnancy.

In delineating their family structure the respondents were highlighting issues of identity. Identity, in the social construction of the family, is concerned with the continuing internal dialogue between what has been termed higher and lower perceptions of self (Berger and Luckmann, 1966). The higher self must repeatedly assert itself over the lower, often in quite critical power struggles. The teenage pregnant woman, attempting to assert dominance over her condition in relation to the family, is beaten into submission by the power dynamics of the unit. Using her pregnant position as a challenge to orthodoxy she

is eventually forced back into a submissive state by the vulnerability that is constantly heaped upon her, for example in phrases as 'you will never manage on your own' and 'you will be lonely'.

Related research

Even though I hated living in the homes for most of the time, they were sometimes alright and we were never on our own. I have lived in foster homes with foster families but I've never been adopted. Other children are not always nice to you in foster families but the parents try to make things better. You always know you have to move when you are in care" (ESM)

When my dad left, everything changed, my brothers were going to go with him but in the end Dad went on his own. We don't mean as much as we used to him now, but we see him sometimes. (LC)

Family disorganisation is more acceptable today than at any other time in our recent history, yet, the social impact of 'broken' marriages remains strong. Although, again, there are many forms of family units, depending upon cultural differences, the important point is that the fracture of that unit remains a traumatic experience for those involved. It became clear through the respondent's discourse that defensive accounts of family disorganisation were the norm from those from such units and, furthermore, discourse pertaining to their pregnancy was often related to this disarrangement. There was often an element of mythologising about the nuclear family and its function in maintaining morally healthy teenagers. These accounts were used to reinforce the ideal state within the narration, which may be better referred to as a 'story'.

Respondent's Position in their Family

Siblings are bound to one another by virtue of their common parentage. However, friction often occurs within family structures between brothers and sisters despite an often-overt show of solidarity when one member is threatened. The power of sibling rivalry is only challenged by the extent to which one brother or sister can be motivated to follow in the footsteps of their sibling. The potency to be different from each other is often greater than the effort to be the same. Such interplay of micro-powers may well influence the limits of tolerance as well as the boundaries of exclusion. In table 6:6 the family position of the research respondents is identified.

| FAMILY POSITION | ESM | ESC | LM | LC | TOT No |
|------------------------|------------|------------|-----------|-----------|---------------|
| ONLY | 0 | 4 | 0 | 0 | 4 |
| FIRST | 3 | 6 | 7 | 10 | 26 |
| MIDDLE | 18 | 9 | 14 | 8 | 49 |
| LAST | 4 | 6 | 2 | 4 | 16 |
| Total | 25 | 25 | 23 | 22 | 95 |

Table 6:6 Family Position

Analysis of table 6:6

The first row shows that there were four respondents from the total research sample who had no sisters or brothers, all of whom belonged to the East Surrey control group. This suggests that a possible reason for this might be the high number of Catholic families from Liverpool who traditionally will have families of more than one child. Both the East Surrey and Liverpool main groups contain respondents who come from divided and extended families, often step-brothers and sisters, adding up to the populous families identified in this research.

There were more young women from the Liverpool control group who reported to be the eldest child and there were slightly more respondents in the main groups who were middle children and related research supports this finding. The middle born children are clustered together, but unlike the first and last born, the term middle can include second, third and fourth children and this obviously gives a higher number in this category than in the others. The total number of respondents in the fourth category is much less than the second and third groups. Previous research does show that teenage pregnancy is less

likely to occur in the youngest children, but the control groups also show that there were small numbers of last born and further investigation may throw some light on the reasons for this occurrence.

Qualitative interview reference

“I’m the eldest of four children. I live with them and my step-dad. We don’t keep in contact with my real father. My mum’s been with my step-dad for a long time. We get on okay and he’s been okay about the baby” (ESM)

“There’s nothing special about my situation. We all live together, both my parents, my younger brother and me. Well, you know about conventional middle class backgrounds in Reigate. Mum stays at home and has bridge parties every Thursday and dad commutes to London every day” (ESM)

The ESM respondent illustrates the findings of other research projects, namely that once fathers leave the family home, many of them lose contact with their children within a short period of time. The ESC respondent’s transcript raises a number of issues. Firstly, the social construction of maturing into a young adult through being exposed to new experiences of growing up made her discontented with her family, ‘home town’, and her life in general. She was going through a rebellious stage and was hoping to go to Durham University in opposition to her parents who would have preferred her to apply to a London University. Secondly, the interview, whilst addressing the issue of occupancy, progressed into a less structured dialogue and the respondent’s negative statement ‘there’s nothing special about my situation’ showed more hostility. Whilst the respondent stated that there was ‘nothing special’ it became clear that she was suggesting that she wished there was ‘something special’ in her life. The respondent’s experience of living with stepsiblings is very common amongst teenage pregnant women and is supported by other research findings.

The analysis of these transcripts is based on the heuristic method of composite depiction in which the experiences of the respondents in relation to the power structure of the sibling positioning is probed. From this the themes, essences and qualities that permeate

the process emerge as an experience of the researcher. In this research this process produced the polar dimensions of sensitivity that were evident in the narrative discourse. At one point the respondents were showing signs of warmth, friendliness and respect for their siblings and at other times there was open hostility and enmity. The respondents manifested a series of dilemmas within their accounts that ranged from dismissing the siblings as unimportant and yet featuring them as central figures to contest. Riven through these dilemmas was a central theme of emotional pain that clearly emerged. The experience of sensitivity involves feelings of being hurt and being in pain, and although this may well seem to be merely the negative side of being sensitive, it remains only one parameter. It appears that it involved the respondents perception of self and was precipitated by being ridiculed and laughed at, and by being criticised and rejected.

Related research

What are interesting in this section are the binary oppositions that are employed to indicate the polarisations of challenge and emulation. That is, the extent of word usage that referred to either confronting the power and position of the sibling or maintaining the status quo. Evidence of support as to whether a particular family member, either first or last born child, is more likely to have a teenage pregnancy is wanting. However, a number of studies have shown the significance of bonding between friends in the teenage years. Many of these relationships are much closer emotionally and socially than what exist between biological brothers and sisters. The risk factors of teenage fatherhood are very similar for teenage motherhood. For example, Thornbury, Smith and Howard (1997) have suggested that peers who have become fathers during their teenage years are a high risk factor for others in their social group.

Parents' Employment

Again, parents' employment can reflect the social status of the family and may incorporate a number of social values governing acceptable behavioural patterns. On the other hand unemployment often accompanies social stigma regarding the unemployed person who may be labelled accordingly. Therefore, employment status, as set out in table 6:7 below, and discourses around these can reveal social dynamics that can influence the perceptions of teenage pregnancy.

| EMPLOYMENT | ESM | ESC | LM | LC | TOT No |
|--------------------------|-----|-----|----|----|--------|
| BOTH PARENTS WORKING | 10 | 16 | 7 | 9 | 42 |
| ONE PARENT WORKING | 12 | 8 | 14 | 13 | 47 |
| BOTH NOT WORKING | 2 | 1 | 2 | 0 | 5 |
| NOT KNOWN – LOST CONTACT | 1 | 0 | 0 | 0 | 1 |
| Total | 25 | 25 | 23 | 22 | 95 |

Table 6:7 Parent's Employment

Analysis of table 6:7

This table documents all those parents who were reported by the respondents to be working. The definition of 'working' included those parents who worked full-time or part-time and the definition of 'parent' is the natural parent and not the stepparent. Some of the respondents in Liverpool said that their parents were engaged in work which was often casual and sporadic and were unclear if their respondents were registered as employed or unemployed. For the purposes of this research this group of people have been included as working. The first category shows that there were a greater number of parents working in both the East Surrey groups than either of the Liverpool groups. The findings of the second row show that both the Liverpool groups have more single parents working. Despite the high unemployment statistics for Liverpool, the third row shows that there were actually 3 respondents from East Surrey and only 2 respondents from Liverpool who have parents who were not working. The final category records only one respondent from the East Surrey main group who had lost contact with her father and this respondent had spent most of her life in children's homes.

Qualitative interview reference

“Dad was a driver at a factory, but they made redundancies. He got another job in a pub but he lost that job and now he says he’s too old. He’s really worried about the new baby, and for me. He’s been unemployed for about 3 years, mum works as a cleaner here at the hospital to make ends meet. She says she’ll have to keep the work going now that there’s going to be another mouth to feed. My mum is always working. She has a really good job now but dad is on long term sick. I suppose I’ve caused more problems”

This transcript identifies the tenacity of women in work and the social pressure applied to the teenager through her pregnancy. Women now occupy 52 per cent of the work force and these transcripts strongly suggest that women find work easier to obtain than men and when they are employed, they maintain their position longer. Furthermore, traditional women’s work in the service industries, for example, waitressing and cleaning, which may be available on a part-time or temporary basis is much more readily obtainable and women are much more likely to take this work up. However, this is caught up in another level of analysis.

What we notice from the discourse is the extent to which this respondent suggests that ‘shame features’ as a major factor in their teenage pregnancy in relation to the social status of others. Not particularly her own shame regarding her condition but the felt shame of others. This was noted when the respondents constructed their own parents’ employment as a social platform on which their pregnancy would be paraded, or their perceptions of the immorality of it would be. The social stigma was comprehended as a force outside of the family or the individual’s control and operated to focus pain on others rather than the pregnant person herself. This process appeared to be part of the overall legitimisation process of applying sanctions to the teenager as and when they were considered necessary.

Related research

Wilson’s underclass theories include intergenerational unemployment as a fundamental contributing factor to teenage pregnancy. The issue of unemployed fathers involved in

an underclass lifestyle of street crime and drugs in teenage pregnancy is a prominent feature in Wilson's work (Wilson, 1990)

Employment is a complex issue and published accounts confirm the greater unemployment figures in Liverpool than in Surrey. However, it was noted from the narratives that the actual employment status appeared less of an issue to the respondents, rather, their concern focused on the extent to which the social relations of the working parent would be, or was stated to be, a problem. Again, this allowed the parents and siblings to offer criticism to the pregnant teenager in relation to bringing the family into disrepute. Although it was not felt to be a serious charge it did function as a legitimisation for all manner of sanctions to be applied to the pregnant person.

Age of the Respondent's Mother when she had her First Baby

Although it has long been anecdotally accepted that significant events can tend to run in families this inter-generational phenomena has remained relatively unexplored. Events such as drug taking, alcoholism, and crime have been examined but research into inter-generational teenage pregnancy has not. The factors that contribute to influencing succeeding generations of teenage pregnant women are difficult to comprehend and table 6:8 gives us an early, but clear, indication that this phenomenon is occurring.

| MOTHER'S FIRST BABY | ESM | ESC | LM | LC | TOT No |
|----------------------------|------------|------------|-----------|-----------|---------------|
| UNDER 20 | 17 | 4 | 16 | 8 | 45 |
| 20 AND OVER | 5 | 20 | 7 | 13 | 44 |
| DON'T KNOW | 1 | 1 | 0 | 0 | 2 |
| NOT ASKED | 3 | 0 | 0 | 1 | 4 |
| Total | 25 | 25 | 23 | 22 | 95 |

Table 6:8 Age of Mother and First Baby

Analysis of table 6:8

The significant finding that can be drawn from this table is the large numbers in the first category that shows that both the main groups from East Surrey and Liverpool reported to have mothers who had their first baby when they were under 20 years of age. These figures indicate that if the mother has had her first baby in her teenage years then it is highly likely that their daughters will do the same. This is a prominent and interesting result, which appears as a major factor in the understanding of the social construction of teenage pregnancy.

Qualitative interview reference

"I am not the only one who's had a baby young. We all have babies young in our house, even my brother's girlfriend had a baby and my boyfriends mum was seventeen when she had him" (LMG)

The respondents' narratives reflect an emphasis on the inter-generational aspect of their pregnancy with quite striking reference to the issue of morality being transgressed by previous generations. This factor is then reiterated as a mitigation for their own condition

and acts as a self-justificatory statement. The use of traditional figureheads as examples of 'fallen idols' appears as an exercise in their own absolution. Within the accounts there is clear evidence of the regaling of tales of heroism from the mother who coped with the shame and indignation of a teenage pregnancy in a time when it was considered a greater taboo and how they overcame adversity and hardship. This is then a benchmark for their own platform for heroic motherhood. Such accounts are told as a 'story'.

Related research

The following extract is an example of the intergenerational significance of the cycle of teenage pregnancy: "I want this baby....I need to raise a child. That's my job now. My mamma did it. It's my turn now" (Lawson 1993:108). Related research in the analysis of the story comes largely from the field of action research. The telling of the story is a reflexive statement in which the person relating the events must, in one way or another, identify with the characters either positively or negatively. As Winter (1989;131) highlights: "the ambiguities of a fiction may be thought of as representing (in some sense) the ambiguities in the author's personal awareness". Fiction here refers to the re-telling of a story that may in fact be true by any reasonable standard and accurate to some degree, but will still contain embellishments and adornments that form part of the 'tellers' interpretative focus. It is this interpretation, and its constructs, which formed the relationship between the respondent and the 'tale' of the mother's teenage pregnancy. The narrative accounts, as stories, vacillate between the ideal world of the heroine overcoming the calamity and the real world of their own pregnant state and its consequences. There is a tension between the 'success' of the bygone heroine and the 'failure' of the future self.

Respondents' Family & Friends and their Teenage Pregnancies

Another influential factor in teenage pregnancy is the extent of family members and friends who become pregnant under twenty years of age. Peer group conformity may well be a part of the influencing process as may the setting of precedents by others. Table 6:9 indicates the number of family members and friends who are reported by respondents as becoming pregnant in their teens.

| FAMILY MEMBERS PREGNANT UNDER 20 YEARS | ESM | ESC | LM | LC | TOT No |
|---|------------|------------|-----------|-----------|---------------|
| RELATIVES (EXCL. RESP. MOTHER) | 19 | 7 | 21 | 12 | 59 |
| FRIENDS | 16 | 14 | 29 | 20 | 79 |
| DIDN'T KNOW | 2 | 3 | 1 | 7 | 13 |
| Total | 37 | 24 | 51 | 39 | 151 |

Table 6:9 Family and Friends who Become Pregnant

Analysis of table 6:9

The most striking result from this table is to be found within the East Surrey control group, where the respondents had 7 relatives who became parents under the age of 20. In some interviews these respondents had difficulty in recalling people who had become pregnant and continued to full term with it. These respondents were principally from Reigate College, a number of them did have acquaintances that had become pregnant but had opted for termination of pregnancy. There have been some small scale research studies which have examined those who terminated their pregnancy and those who chose to continue with it, and the following section discusses this research in more depth. Both the Liverpool and the East Surrey main groups have the highest number of friends and relatives who have become parents under the age of 20. This suggests that although teenage pregnancy may be as the result of individual anxieties, the personality is very much formed, and to some extent the decisions controlled, by the embracing society. The respondents who did not know if they had relatives who had become parents under the age of 20 were mainly from children's homes and the remaining respondents said the subject had not been discussed in their homes.

Qualitative interview reference

“I know Liverpool is a really poor and violent city but it can't be as difficult as Reigate to live in” (ESM)

“I have two younger step brothers and one elder brother and one younger sister ... it runs in the family” (LM)

“My mum was sixteen ... she says she can't really say anything ... and my sister has a baby and she's twenty now” (ESM)

“Mum says she believes in having babies early ... she has to she was eighteen when she had me” (LM)

“I've never met a girl who's become pregnant when she was under the age of twenty. I've some friends who know people, I feel really sorry for them” (ESCG)

“My sister became pregnant at 16 and dad chucked her out. I've got a friend who's had two abortions” (ESMG)

“Well four girls from my school have had babies. Quite a few people around us have had babies. Mum and dad had to get married because mum was pregnant with me. I think she was about 19” (LMG)

Again, when discussing family members and friends the respondents adopted the enthusiasm of 'storytelling' that has its own linguistic style incorporating amplification, exaggeration and hyperbole. This style of excess is undertaken to express and emphasise certain points of reference that the teller wishes to focus on that are, according to the narrator, important for them personally. It is this linkage into the personal domain of the informant that gives us an indication of the aspects to which they are stressing as being significant for them.

Related research

Seamark and Pereira-Gray (1997) who confirmed their hypothesis that pregnant teenagers in the 1990s are more likely to have a mother who had a teenage pregnancy than non-pregnant teenagers support this research. Furthermore, they found that the daughters of teenage mothers are more likely to continue their own pregnancies than terminate with an abortion.

When the respondents focus on the situation of the 'other' and their teenage pregnancy we note from the narrative framework that it is based on a perceived external world which is a threat to the other, but that it also involves a self-exploration in relation to their own plight. Although the words of the story refer to 'out there' they actually originate within the teller, but also interplay with their external world. The 'story' is told amidst anecdotes and jokes, by being played-up and played-down, and through embellishments. The richness of the story is in the contradictions, disunities, unexpectedness, and non-apprehendedness of the implicit message.

Education

The developing child is usually surrounded by the family as the main source of influence on the growing person. However, when the child attends school this becomes an important authority on the developing personality. Therefore, factors such as the age at first attendance and the types of school environments can impact on the attitudes and beliefs regarding many aspects of later adult life. The variables being too numerous to define, this research examined the general, overall, attitude to school of the respondents by probing their experiences. The general categorised data can be seen in table 6:10

| EXPERIENCES AT SCHOOL | ESM | ESC | LM | LC | TOT No |
|---|-----|-----|----|----|--------|
| Loved, Great, Happy, Enjoyed | 1 | 7 | 2 | 4 | 14 |
| Alright, OK. Not Bothered. | 1 | 8 | 5 | 8 | 22 |
| Mixed Feelings/ Sometimes Bored/ Liked Subjects but may have felt lonely. | 5 | 6 | 7 | 9 | 27 |
| Not Really, Often Felt Very Lonely, Not many Friends. | 8 | 4 | 5 | 0 | 17 |
| Unhappy, Very Unhappy, No Friends, Bullied, Hated School. | 7 | 0 | 4 | 1 | 12 |
| Asked To Leave | 3 | 0 | 0 | 0 | 3 |
| Total | 25 | 25 | 23 | 22 | 95 |

Table 6:10 Education

Analysis of table 6:10

The first category shows that the control groups reported a greater affection for school than the main groups. There was also a greater response from the control groups in the second category, where respondents thought that their school experience was "*alright and okay*". The third row, which contains the findings of those respondents who had mixed feelings about their time at school, was similar across all four groups. The sum total of the latter three categories records the respondent's negative feelings concerning education generally and here, the main groups recorded a greater amount of dissatisfaction. Further analysis shows that those respondents from the East Surrey main group had negative experiences of school by a further 33% above the Liverpool main group. The related research in the next section offers some explanation for this result. The findings and analysis of the respondent's views is important in describing the broader picture of the social construction of teenage pregnancy and this will be discussed later in the thesis.

Qualitative interview reference

“I was never part of any of school. I’ve been to six schools and changed with foster homes and going back to my real mum. I was left out of everything and I couldn’t even do PE. I’m never going to let what happened to me happen to my baby. We used to laugh at the thought of a young girl getting pregnant, but not now. I’m going to college when the baby’s six months, they have a crèche. I wouldn’t want my baby growing up like I did. Now, I have to now to prepare for our future”.

This transcript reveals the perceptions of school experiences as a major factor in constructing their views about teenage pregnancy. The relationship between school life and social problems is a well-established one with clear indications that bad experiences in the school childhood years may lead to problems in adulthood. The respondents in this study developed a theory of attitudes towards their life based on their perceptions of school as either being a paternalistic dominating social structure of power or a positive influence in preparation for adulthood. Their views about teenage pregnancy were then related to either a challenge to this orthodoxy or part of the preparation for adult decision making. Although to some degree the decision making capacity is viewed as outside of their control they saw the pregnancy, and the social ostracism relating to it, as a form of ‘death and rebirth’ phenomenon.

Related research

Any analysis of teenage pregnancy must include the educational opportunities and achievements. Education is fundamental to the understanding of the social construction of teenage pregnancy as apparent from the work of Brindis who argues: “Level of education is a more significant of future prospects than either ethnic or class background, and to great extent determines whether that future will be one of jobs or unemployment, welfare or independence, early or planned parenthood and lawful or unlawful behaviour” (Brindis, 1993)

Research on attitudes is now extensive. What is interesting in this ‘death and rebirth’ phenomenon is its relation to their perception of self and the society that they represent.

Similar to a 'rite of passage' the teenage pregnant person unlocks deep seated attitudes that have become central components of the self, through making explicit the implicit, and undergoes a sense of attack on their identity. This social death is followed by a resurrection in terms of the move to womanhood, or motherhood, irrespective of the age of the pregnant teenager. There appears to be a link between their social construction of the school experience in which the language of their youth is incorporated in their larger understanding of traditional values via a moral framework that is instructing them. Educational regrets were borne out. Groat, Girdano, Cernkovich, et al (1997) have found this in a number of studies, for example, the longitudinal study.

Respondents' Experience of Exams, Education and Employment

The perceived relationship between education, success at examinations, and future employment is a source of much social speculation. There is some indication that societal members construct success on the basis that educational achievements are a good platform for future prosperity. Table 6:11 indicates those respondents who considered themselves as receiving further or higher education and their subsequent employment status.

| EXPERIENCE OF EXAMS ETC. | ESM | ESC | LM | LC | TOT No |
|------------------------------|-----|-----|----|----|--------|
| FURTHER OR HIGHER EMPLOYMENT | 3 | 15 | 3 | 11 | |
| UNEMPLOYED | 14 | 9 | 7 | 9 | |
| Total | 8 | 1 | 13 | 2 | |
| | 25 | 25 | 23 | 22 | |

Table 6:11 Experience of Exams, Education and Employment

Analysis of table 6:11

The first category shows that there are much higher numbers in the control group engaged in higher and further education. The respondents explain these figures from Reigate and Birkenhead Sixth Form Colleges, which are of course institutions of higher education. The respondents from the main groups who were involved in education found it difficult to continue because of their pregnancy and a number were seriously considering curtailing their educational aspirations, because they felt embarrassed attending school and college looking very obviously pregnant. Furthermore, they were also worried about child care and the absence of crèche facilities or feeling that it would be wrong to leave their baby with anyone else whilst they went to school or college.

Although the second category is concerned with those respondents who were employed it does not include those respondents from the first row who were attending college and were also working in the evenings, weekends and holidays. There were more respondents from Reigate Sixth Form College than Birkenhead Sixth Form College who took part time jobs and these students frequently reported that this was because there were more job opportunities than applicants in the South. The Surrey group felt that they could challenge their low wages when they felt they were insufficient and change jobs as often as it suited them. They often appeared quite affluent, wearing very good clothes

such as suede and leather and some students had their own car which was usually acquired through their own and parental funds. For the Birkenhead students their situation was not quite as prosperous. Even casual jobs were difficult to obtain, with not one student having a car.

Qualitative interview reference

"I've always wanted to go to university and now I've got the chance. I wouldn't let a baby get in the way" (LCG)

The experience and expectation of unemployment is a crucial factor in determining the perceptions of the teenage pregnant woman's, understanding of the social plight of being stigmatised. Labelled and condemned to a stereotyped 'young single-parent scrounger who is reliant upon the state' the socially constructed blemish enhances the marginalisation process. The response to this can be seen in the development of policy. For example, in an attempt to develop policies to counteract social exclusion the U.K. government has recently (1998) launched a Social Exclusion Unit as a political initiative. Their definition of the use of such a unit, is a good example of how the perceived problematic fabric of society, combines to construct an object of knowledge "social exclusion is a shorthand label for what can happen when individuals or areas suffer from a combination of linked problems such as unemployment, poor skills, low incomes, poor housing, high crime environments, bad health and family breakdown" (Social Exclusion Web Page, 1998).

Related research

We can see that teenage pregnancy is a multifaceted problem which is closely connected to economic, education, social, cultural and political factors. Pierre and Cox (1997) found that adolescents in the United States have the highest pregnancy rates in the world and that teenage pregnancy is associated with discontinued or delayed education, reduced employment, low paid jobs, unstable marriages, and prolonged welfare dependency. Similar to the government in the U.K. the U.S.A. has put teenage pregnancy high on the political agenda.

Again, we note an element of objectification of societal problems which is used to construct the knowledge, through language, by which policies and politics are driven. It is difficult to see the respondent's commentary in any other way than an example of the micro-politics of power being employed to bolster the macro-institutions that govern society. Whether these are political structures in the true sense of the word or bureaucratic operations by powerful groups such as those based on religion or the economy. The subjective reality of the teenage pregnant woman is thus always dependent upon specific plausibility structures, which is the specific social base and the social processes that are required to maintain her self identification as actual or potential social outcast (Berger and Luckmann, 1966).

Respondents' Uptake of Formal Sex/Relationship Education

Teenage pregnancy, as has been said, is closely linked to societal expectations of female sexuality. We are well aware that medical ideology constructs women as psychologically and socially vulnerable which then equates with their perceived need of close medical scrutiny (predominantly by males), which is incorporated in advice, guidance, counsel, management and so on (Turner, 1987). In medical terms women are viewed as 'natural' patients as both menstruation and pregnancy are considered as 'medical problems'. This distorted view of women, their womanhood, sexuality etc., as naturally sick is one complicating factor in the social construction of teenage pregnancy, as Summers (1975) put it "women have to be simultaneously damned whores and God's police". Table 6:12 provides a starting point for discussing the relationship between teenage pregnancy and sexuality in terms of the formal sex/relationship education that the study group reported.

| FORMAL SEX/RELATIONSHIP EDUCATION | ESM | ESC | LM | LC | TOT No |
|--|------------|------------|-----------|-----------|---------------|
| DID RECEIVE | 21 | 25 | 20 | 22 | 88 |
| DID NOT RECEIVE | 4 | 0 | 3 | 0 | 7 |
| Total | 25 | 25 | 23 | 22 | |

Table 6:12 Uptake of Formal Sex/Relationship Education

Analysis of table 6:12

Only 7 respondents from a total of 95 did not receive any formal sex/social/relationship education. An initial reaction might be to believe that this was a satisfactory uptake. However, when qualitative research is involved, the respondents reported that the teaching that they received was of an inferior quality, given by embarrassed and poorly equipped teachers.

Qualitative interview reference

"Everything about our sex education was just embarrassing. It made things worse not better. We are supposed to know about these things and then we are left not really understanding. How can you be expected to have proper sexual relations" (ESM)

"Our sex education lessons were really bad and the teacher was so embarrassed. We never really learnt anything from her. We talked with our mates and if one of us did something we told the others" (LM)

The respondents highlighted the traditional paradox relating to female sexuality, that is, conceptualised in a social system that reinforces the view that women know less than men about sex, and are also less interested. If one takes the popular view that within the confines of marriage women would be considered to be sexually deviant if they manifested an interest in it. Outside of wedlock passionate female sexuality is accepted but this has to be regulated inside of marriage. Although sexual deviance, to some degree, in males is tolerated, sexual deviance in females is considered highly dangerous to the social fabric and it is for this reason that the debate concerning illegitimate births, teenage pregnancy, sexuality and youth are all related to the social standing of women (Gill, 1977). The respondents in this study repeatedly referred, thematically, to the issue of moral surveillance and sanction in relation to their sexual behaviour, sexual feelings, sexual weakness (in succumbing to sexual drives) and their sexuality *per se* as perceived from the male perspective.

Related research

Briggs (1994) found that schoolteachers believed that sexually active schoolgirls should not be encouraged to use contraceptives because they damaged reproductive organs. A greater proportion (33%) of teachers also believed that schoolgirls should abstain from sex until they were married. However, the majority (48%) advocated a sex education programme in the schools in order to prevent unwanted pregnancies. In a later study from a mock sexual health clinic for young people high rates of teenage pregnancy and poor awareness of sexual health services were reported (Jackson and Plant, 1996). The multi-disciplinary initiative was developed in partnership with local schools and aimed to promote access to sexual health and contraceptive services by breaking down barriers and misconceptions.

The established social constructionist adage that 'it is more likely for one to deviate from programmes of conduct which are set up by others than from programmes that one has helped establish oneself' is never more appropriate than in the area of female sexuality. The respondent's narrative revolved around issues of compliance with these social codes and despite the institutional claim of authority over the individual there is sufficient

evidence from this research that resistance is a natural part of the exercise of power. The respondents perception of society's judgement of their teenage pregnancy, and by association their sexuality, was the traditional view that young girls are 'innocent' and 'clean' and that young boys are 'sinful' and 'dirty'. Although there have been, and are, many variations on this theme it remains a powerful social force governing and controlling social action in relation to expectation of male and female sexual behaviours.

Respondent's Interests/Sport/Recreation

Recreational activities are also closely related to a social circle of friends who may, not only influence perceptions of values and normative behaviours, but also create pressures contributing to the stigmatisation. Issues of social inclusion and exclusion processes surround leisure activities, whether they are within the affluent parts of society or otherwise. Notwithstanding the types of leisure activities the structures of social support, or not as the case may be, may well be similar. Table 6:13 gives a basic breakdown of the recorded leisure activities of this research group.

| LEISURE ACTIVITIES | ESM | ESC | LM | LC | TOT No |
|--------------------|-----|-----|----|----|--------|
| READ | 20 | 21 | 17 | 19 | 77 |
| VISIT FRIENDS | 4 | 5 | 22 | 15 | 46 |
| SPORT | 11 | 22 | 5 | 13 | 51 |
| DANCE | 3 | 6 | 7 | 8 | 24 |
| HORSE RIDING | 3 | 5 | 0 | 1 | 9 |
| LISTEN TO MUSIC | 8 | 18 | 17 | 15 | 58 |
| PLAY MUSIC | 2 | 7 | 0 | 1 | 10 |
| CLUBS | 0 | 11 | 9 | 9 | 29 |
| COOK | 1 | 0 | 0 | 0 | 1 |
| HAIR DRESS | 1 | 0 | 0 | 0 | 1 |
| Total | 53 | 95 | 77 | 81 | 306 |

Table 6:13 Interests in Sport and Leisure

Analysis of table 6:13

This table has documented all the interests and sports reported by the respondents. Many respondents listed several interests and this accounts for the high numbers in the final column. There are a number of findings that can be drawn from this table; the first category shows that reading do many respondents irrespective of which group they belong to enjoy an interest. The second category suggests that both the Liverpool groups are more social than the East Surrey groups and visit friends more often as a social event. This is indicated by the total of 37 respondents from Liverpool who reported being with friends as an interest compared to only 9 from the East Surrey groups. The Liverpool groups also reported enjoying other activities which were friend-orientated, such as dancing and going to clubs, although the East Surrey control group also stated going to clubs was an important interest. This finding may be connected with the

students' casual employment of bar work and waitressing that they found in clubs, pubs and cafes.

Qualitative interview reference

A respondent's involvement in an interest or sport is frequently dependent upon the financial resources they have at their disposal. For example reading and visiting friends are the cheapest forms of entertainment, going to clubs does require some financial outlay, but the respondents may have known the cheaper clubs and going in a group of friends may reduce the cost. Horse riding is the most expensive of all the interests and this was mainly enjoyed by 5 respondents from the East Surrey control group. This finding may reflect an affluence of the East Surrey control group which has been detected in other tables. These tables however, do not reflect any affluence in the East Surrey main group, where 3 respondents included horse riding as an interest, one of these respondents expanded her answer which suggests that horse riding at least in East Surrey can be an affordable pursuit:

" There are lots of horses round us, loads of people ride. We live at the end of the village... I help in the stables and afterwards I can go for a ride. I don't ride now but I'm going back when I've had the baby ".

This type of comment would indicate that the respondent felt comfortable with returning to her leisure activity and thus her social group following the pregnancy and suggests that the circle of friends are accepting of this situation.

There were more respondents from the East Surrey Control who played musical instruments. Five of these came from Reigate College, of the remaining two, one played a guitar with her friends and one was a serious piano player. This latter respondent was interviewed in the supermarket where she worked. Her respondent's story was unusual and unexpected, having failed her A levels and not wishing to return to school or college she worked in the supermarket in order to pay for music lessons. From the transcripts there appears to be a perceived close relationship between the type of leisure pursued and the expected role of women in society.

"My sister and I enjoy hairdressing we practice on our cousins and arrange their hair for family occasions ... when I got married my mum gave me a book of recipes and my sister and I cook dishes from home for our family who live here"

Whilst the Surrey group predominantly spoke of individual recreational activities within a group structure as a means to enhance their identification, the Liverpool contingent tended to refer to collective endeavours as a means to bolster the social group as an entity in itself. Thus, in both respects the social construction of the 'self' is being undertaken through the pursuit of leisure activities, yet, there is a different emphasis on the way it is being objectified.

Related research

No related research was found which addresses the leisure activities of teenage pregnant women. However, a close scrutiny of the transcripts revealed different tensions. In searching for the multiple voices within narrative accounts we can apprehend several sources of utterance within these transcripts. Firstly, there is the lone voice of the respondent who articulates the story from the position of social actor and secondly there are the voices of contradiction and puzzlement regarding the pregnant state and the 'at odds with' the social group. Despite this, however, a third expressive element emerges from the condemnatory social world in which the critical element appears. Finally, there is the voice of the observer/interpreter undertaking an analysis of the account. The relationship between the voices provides the basis for further interpretation as the texts merge and change.

Respondent's Experience of Smoking/Alcohol/Drugs

We are well aware of the extent to which peer group pressure can be applied and influence young persons decisions regarding whether they will conform to the sub-cultural group codes and engage in smoking cigarettes, consuming alcohol, and taking drugs. However, when we attempt to perceive this cultural formation in terms of becoming pregnant, albeit via social pressures to engage in sexual conduct, the social processes are more elusive and sophisticated. Table 6:14 sets out the basic positions in relation to the take-up of these three pursuits.

| ALCOHOL & DRUGS | ESM | ESC | LM | LC | TOT No |
|------------------------------|------------|------------|-----------|-----------|---------------|
| SMOKING ONLY | 11 | 2 | 5 | 1 | 17 |
| ALCOHOL ONLY | 3 | 16 | 4 | 12 | 41 |
| SMOKING/ALCOHOL | 6 | 4 | 10 | 7 | 22 |
| SMOKING/ALCOHOL/ CANNABIS | 3 | 2 | 2 | 1 | 8 |
| NONE | 2 | 1 | 2 | 1 | 5 |
| Total | 25 | 25 | 23 | 22 | 95 |

Table 6:14 Experience of Smoking/Alcohol/Drugs

Analysis of Table 6:14

The sum total of the first three categories when added up horizontally for each group shows that the majority of the respondents said that they smoked, took alcohol or both. The findings show that there are some clear divisions between the main and the control groups when asked about smoking and alcohol; clearly, the main groups had a greater preference for smoking, with the Liverpool main group smoking and taking alcohol more than the remaining groups. The control groups reported drinking alcohol in greater numbers than the main groups and there were more respondents from the East Surrey control group who reported drinking alcohol more than any other group. The findings suggest that this group had more disposable income than the other respondents and many of them worked and visited pubs, clubs and cafes where alcohol was readily available. The variety of alcoholic drinks consumed by the East Surrey control group indicates a degree of affluence not experienced by the other groups:

Qualitative interview reference

“When I go out with friends, we drink things like bacardi and wine. I’d never be seen dead drinking lager, cider, alcohol free wines or soft drinks. Image is very, very, important. I’m paid £3.00 an hour for waitressing and I work all day Saturday and two evenings a week..”

The production of image in this narrative account is clearly exposed. If society is understood in terms of a dialectical process between externalisation, objectification and internalisation then this focus on image in relation to socially accepted beverage consumption is testimony to the impact of all three moments of social construction being of central importance. Learning to become a member of society the individual must perceive apprehension of the world as a meaningful and social reality. The individual begins to appreciate the world in which others live and understand their function in producing socially created values.

“All my friends drink lager, if I was going to a club in town I might have wine, but lager’s cheap and lasts a long time. It’s acceptable to be drinking lager. I work in my auntie’s hairdressers on Saturdays and in the holidays. She usually pays me about £2.00 an hour and we get tips and more at Christmas”

The number of respondents who reported taking cannabis came to eight. When asked which drugs they used they all said cannabis and no other drugs and all of these respondents reported taking alcohol and smoking. Whilst all of the respondents said they were introduced to cannabis by a friend when they were already taking alcohol and smoking. All except one from the East Surrey main group said they had stopped taking cannabis since they had become pregnant. Again, here we see conformity to sub-culture values, which are embroiled in the formation of identity, and yet, they are overridden by ‘other’ values, which have a claim on the foetus in terms of abstaining from further cannabis ingestion. The tension between these values is seen throughout the transcripts and evokes in the respondents some degree of moral reflection.

Related research

We understand socialisation to be a complex, multifaceted and prolonged process by which individuals' biological drives are directed into appropriately channelled cultural patterns. This channelling of impulses is not a mechanical process but one in which moral judgements of right and wrong, as defined by a given cultural group, are undertaken. This theme, again, emerges throughout this research and produces contradictions between respondents drives to be part of the sub-culture of youth but in turn is drawn to the adult value world of motherhood.

Respondents' Experience of Contraception/Method

Closely linked to the section on sex and relationship education, the focus of this theme relates to the issue of contraception. Contraceptive technology can be a complicated area as well as one, which may cause embarrassment, particularly in the young experimenting group of teenagers. Table 6:15 gives us some indication of the basic contraceptive methods available to the growing knowledge of teenagers.

| CONTRACEPTION | ESM | ESC | LM | LC | TOT No |
|----------------|-----|-----|----|----|--------|
| CONDOM | 12 | 4 | 7 | 3 | 26 |
| PILL | 8 | 14 | 11 | 16 | 48 |
| WITHDRAWAL | 1 | 0 | 0 | 0 | 1 |
| NONE | 4 | 0 | 5 | 0 | 9 |
| NO SEXUAL EXP. | 0 | 7 | 0 | 3 | 10 |
| Total | 25 | 25 | 23 | 22 | 95 |

Table 6:15 Experience of Contraception at Time of Pregnancy

Analysis of table 6:15

This table shows that the most frequently used form of contraception is the condom and the pill. With the exception of the East Surrey main group, the Pill is the most favoured form of contraception.

Qualitative interview reference

The absence of unanimity regarding the propriety of contraception on moral, religious and technological grounds produces a minefield of pressures and stresses for the young person embarking on sexual activity for the first time. Formal education on this issue is one thing but the informal cultural cauldron of peer group knowledge is a powerful medium of persuasion. The following transcript material highlights some of these dilemmas, serving as signposts of possible explanations. The first theme concerns the complex relationship between GP services and the family unit. The respondents from the East Surrey main group suggested that they do not have accessible resources to obtain oral contraception on a confidential basis. Young People's clinics are, again, few and the qualitative research highlighted the complexity of decision making with regard to this.

"I had a boyfriend and wanted to go on the pill. My mum's always at the doctor's and she's gone to him for ages and I know he'd tell her and then all the family would know".

The confidentiality issue is riven with moral implications. Policing morality through attempting to control sexual conduct is undertaken by medical practitioners on the basis of informing parents of such conduct, either directly or indirectly. The implication of this medical model is that women can only have appropriate (healthy) sex lives within the confines of marriage (to a male) with the aim of reproduction. Although this seems an outdated view not shared by many medical practitioners today the continued policing of teenage sexual conduct appears as a remnant of this modelling.

The respondents from the East Surrey and Liverpool control groups used the oral contraceptive pill more than the main groups, as would be expected and these respondents were more confident, whether they were in work or at college regarding their future. These respondents spoke of having children, but this was a distant objective when many other ambitions had been fulfilled and they took on ownership of contraception in quite a positive way as a respondent from the Liverpool control group explained.

"I know I'm only a cashier now. I never had any good jobs since I left school but I'd really like to be a store manager and I might not even have a baby till I'm thirty and I'll have everything then ... Well a good job, a nice house, and a nice bloke of course"

The theme of control was of central importance in this research and was often referred to as adjacent to the notion of teenage pregnancy. Whilst becoming pregnant during the younger teenage years was perceived as lack of control over situational events, particularly by parents, family and friends, there was a counter-value of control in respect of those who took contraception seriously and planned their motherhood.

The reasons for so many more respondents from the Liverpool main group taking oral contraception compared to the East Surrey main group may be associated with the recognition of need in Liverpool for more accessible young peoples' clinics. This has been prompted by the high rate of teenage pregnancy in this area. There may be other contributory factors, for example a more relaxed recognition within families and

communities that teenagers do have sexual relationships and consequently teenagers might not be so reluctant to seek advice. The qualitative research suggests that teenage pregnancy in Liverpool can in some instances be traced to the failure of contraception rather than no contraception and one respondent remembers this:

"I got my pills from the clinic, then I got a stomach infection and I was sick for a week, then I found out I was pregnant. The hospital said I should have used the condom after I was ill, but no one told me that till it was too late" (LM)

The discrepancy between construction of knowledge featured large in the area of contraception with a reliance on medical rather than lay interpretations and explanations. When problems occurred it was thus relayed as 'their' fault. Although all the respondents from the control groups who had been or were currently in a sexual relationship said that they had, or were, using either the pill or the condom. A significant number from both the main groups had not used any contraception, or failed to use it correctly, and thus became pregnant. The qualitative interviews indicate that sexual intercourse had not been anticipated or in the case of one respondent from East Surrey, her knowledge was limited to two forms of contraception, neither of which she found suitable and she subsequently stopped using either.

"He said he didn't like using a durex and he said I had to go on the pill, but it made me sick, so I stopped...but I knew he'd be really mad and wouldn't use a durex again, so I didn't tell him and then I became pregnant"

Again, the extent to which masculine social pressure to conform to male idealised sexual conduct appears throughout the transcripts. The social pressure for females to attract and keep male partners often overrides their fear of becoming pregnant.

The respondent from East Surrey who used the withdrawal method came from a children's home as did the baby's father and her comment sums up the discrepancy between constructions of knowledge:

"We used the withdrawal method. No one told us it didn't work".

Ten respondents from the ninety-five reported not having any sexual experience at all, this included all those from the control groups who had a strong religious conviction. They all said that having sexual intercourse before or outside marriage was against their religious beliefs. One respondent from the Church Army who attended Reigate College said:

"My friends know I don't sleep with my boyfriend, they know we're both in the church and they respect us. I know some girls regret sleeping with their boyfriends and some people have said how strong I am for waiting".

In this scenario the moral component of social pressure outweighs the personal domains of the young teenagers. Furthermore, it is the religious conviction that gives them the means by which they could exercise and openly state 'to their friends' their views on sexual relations outside of marriage. Others without this religious conviction appeared not to have available a legitimate reason not to engage in sexual relations.

Related research

Despite the availability of a wide range of contraceptive methods, teenage pregnancy is considered a major problem in the U.S.A. Teenagers following an abortion or negative pregnancy test conducted a study to determine the use of reliable contraceptives. The results indicated that 96 per cent of the teenagers experiencing a therapeutic abortion and 49 per cent having a negative test chose reliable contraceptive methods. However, the figures dropped to only 27 per cent and 5 per cent at a later follow-up (Hewell and Andrews, 1996).

In this section we have seen how the issue of contraception can be socially construed in terms of peer group pressures of conformity to sexual behaviours, as well as masculine powers to effect acceptance of certain practices, and the role of some medical practitioners in policing moral values.

Baby's Father

The extent to which the baby's father was influential on the issues relating to sexual activity of the young woman and the use or non-use of contraception may be important in determining the social pressures of conformity. Table 6:16 shows the age of the fathers.

| AGE OF BABY'S FATHER | ESM | ESC | LM | LC | TOT No |
|----------------------|-----|-----|----|----|--------|
| UNDER 20 | 9 | | 5 | | 14 |
| 20-25 | 15 | | 18 | | 33 |
| OVER 25 | 1 | | 0 | | 1 |
| Total | 25 | | 23 | | 48 |

Table 6:16 Age of Baby's Father

Analysis of table 6:16

This table shows that there is considerable similarity between all groups. When the table is analysed as a whole the age range between the fathers and the respondents in the main groups is quite narrow, closer examination reveals that the baby's father is between one and four years older than the respondent. A minority of the fathers had one child by a previous relationship and one respondent from East Surrey said that the baby's father was 27 years old and married with two children. There were also a number of respondents who were not sure of the father's age and in those instances, they gave an approximate age.

Qualitative interview reference

"He was older than me and said that he knew what he was doing and that he would stick by me" (LM)

"He got into a lot of trouble when he was at school but grew out of that sort of thing. He always looked as if he knew what the world was about" (LM)

Successful socialisation is produced when the identities and roles are predefined and profiled to a high degree through successive generations. The traditional age difference of male and female couples is for the male to be slightly older than the female. Although the older one is the less important the age difference becomes, there remains a strong

sense for this age differential in the teenage group. However, it is apparent from some of the accounts that this age difference also brings with it a sense of being dominated by the older man, or by the social pressure to maintain a relationship with a male counterpart.

Related reference

The lack of educational attainment is reflected in the occupational histories of those with children (Breakwell, 1993). This author found that fathers were more likely than their age peers to leave school at the earliest opportunity and to move straight into unemployment or some form of temporary government training scheme. However, they did not remain out of work. They later found full-time employment or returned to higher education and while they may have rebelled at school they apparently adapted well to the adult world.

Accompanying the age differential is the notion of social attitudes towards life experiences of age related individuals. Older people, by definition, have had the opportunity to have a wider range of experiences, although other circumstances will often dictate this. Nonetheless, in social terms older persons tend to be viewed as more worldly wise.

Education/Employment of Baby's Father

The education and employment status of the baby's father may play a significant factor in how the teenage pregnant woman constructs her situation in relation to societal expectations. Table 6:17 shows the outline of the father of the respondent's baby in relation to higher education and employment status.

| BABY'S FATHER EMPLOYMENT | ESM | ESC | LM | LC | TOT No |
|--------------------------|-----|-----|----|----|--------|
| HIGHER/FURTHER | 3 | | 3 | | 6 |
| EMPLOYED | 14 | | 9 | | 23 |
| UNEMPLOYED | 8 | | 11 | | 19 |
| DON'T KNOW | 0 | | 0 | | 0 |
| Total | 25 | | 23 | | 48 |

Table 6:17 Baby's Father's Employment

Analysis of table 6:17

There were six baby's fathers reported to be in further or higher education. The qualitative research showed that this included training to be a chef, a lab technician, studying for an HND, one was retaking 'A levels', one was studying computer science and one was doing graphic design. More of the East Surrey main group were employed than the Liverpool group and the greater job opportunities were also found by the East Surrey control group. However, a total of 19 from the 48 respondents were reported as being unemployed, with slightly more unemployed fathers coming from Liverpool.

Qualitative interview reference

The qualitative research suggested that some of the respondents were unclear about what type of employment the baby's' fathers were engaged in, for example a respondent from Liverpool said:

"He works in a garage, he could work on the cars or be in the shop, I don't know really". (LM)

"He was really into music and I thought he 'd do really well, but then he dropped out and I felt let down, all that work was a waste" (LM)

There was some evidence that the respondents were generally concerned as to the future potential of the baby's father on two counts. Firstly, there were those who considered that there could be a lasting relationship with the father and therefore job opportunities were a concern. Secondly, for those who did not view as realistic any future with the father of the baby there was some interest in the issue of financial support. However, this was by no means universal.

Related research

“The available data...suggest that young unmarried fathers – whether teens or adults are a particularly vulnerable economic group. Teen fathers run an especially high risk of unemployment and disproportionately lack the educational credentials, basic academic skills, and employment experience needed to secure steady, well-paying jobs”. (Adams, Pittman & O’Brien, 1993)

As was outlined above the extent to which the family unit is considered a socially desirable enterprise by those involved in the teenage pregnancy situation will determine the impact on the emphasis on job and education opportunities for the father.

Maintenance of Relationship with Father

Following on from the above section we can see that the perspective on the longevity of the relationship will be a major determinant on the decision- making structures of the teenage pregnant woman. In table 6:18 we can see the position in relation to the maintenance of the relationship issue.

| RELATIONSHIP WITH BABY'S FATHER | SEM | ESC | LM | LC | TOT No |
|---------------------------------|-----|-----|----|----|--------|
| MAINTAINED | 16 | | 7 | | 23 |
| NOT MAINTAINED | 8 | | 16 | | 24 |
| FATHER UNAWARE | 1 | | 0 | | 1 |
| Total | 25 | | 23 | | 48 |

Table 6:18 Maintenance of Relationship with Father

Analysis of table 6:18

This final table indicates that there is an almost identical inversion of figures from the Surrey and Liverpool sites. Whilst the respondents who claimed that the relationship was maintained with the father from the Surrey site was sixteen in relation to seven from Liverpool the reverse was the case for the not maintained group. It is not clear from such tabulated data the reasons for this. However, one would suspect that the rationale will be related to the social factors mentioned above.

Qualitative interview reference

"I never see my father now" (ESM)

"I used to see dad a lot, but now he lives out of Liverpool and we don't see him as much. I still talk to him and I know he'd come and see me if I asked him. I've told him about the baby and he was alright about it" (LM)

Contemporary government policy, through the Child Support Agency, are to be proactive in ensuring that where possible fathers of children contribute to the financial support of their offspring. Whilst in pure economic terms this may well make sense there is some indication that the issue of maintenance has social implications. Although it may be advantageous, in terms of the developing child, for the relationship to be maintained there does not appear to be a strong social motivation for this to occur.

The extent to which the relationship is perceived as an important factor relates to the issue of the family unit in contemporary society. When, and where, this is deemed to be a socially important value we can expect that society to operate pressures of conformity to that ideal.

Emergent Themes and the Analytical Framework

In the previous chapters the emphasis on the qualitative and feminist methodologies were explored and the reasons why many of its properties are appropriate to this current research were explained. It is with this in mind that these methods are now employed to analyse the emergent themes from the presentation of the findings, whilst simultaneously being mindful of this caution put forward by Smith as she describes the challenges of feminist analysis:

"A moment comes after talk has been inscribed in texts and become data when it must be worked up as sociology ... as long as we work within the objectifying frame that organises the discursive frame that organises the discursive consciousness, we will find ourselves reinscribing the moment of discovery of women's experiences as women talk with women, into the conceptual order that locates the reader's and writer's consciousness outside the experience of that talk" (Smith, 1989:35).

Comparative analysis of the research groups

The comparative analysis is of fundamental importance to this research as it compares and contrasts two differing cultural mosaics but which have similarities that contribute to the overall social construction of teenage pregnancy. The previous chapter gave an indication of the demographic and cultural differences which are associated with Liverpool and East Surrey and this current chapter on the presentation of the findings built upon this to provide a more in-depth picture of contemporary stigmatisation of teenage pregnant women. A major task of the analysis has been to examine any associations that exist between the cultural groups as represented by the data and then to compare and contrast commentary relating to these issues. The significance of this approach is that through exploration and interpretation there emerge themes, which can be used as social indicators in the social construction of teenage pregnancy. This approach is common in anthropology but less so in sociological circles as Atkinson (1992) has argued: "it is not surprising to discover that anthropologists, having incorporated a textual perspective on their discipline, should consider 'region' and 'genre' together. By the same token, therefore, the relative neglect of this issue by sociologists may be unsurprising, but regrettable for all that" (p 32).

This is not to say that the comparative method *per se* has not been employed as it most assuredly has within sociological history, this approach has been used to good effect in some of the most prominent pieces of research such as Durkheim's *Suicide* (1897) and Goffman's *Asylums* (1961). Furthermore, Silverman (1995) has examined the work of Becker and Geer (1960) and Dingwall (1992) who have put forward a number of guidelines which have been useful in undertaking the comparative analysis in this current research. And, despite its critics some medical sociologists have continued to use comparative analysis as is evident in some of the most recent published studies (Herek & Capatano, 1993; Pearson, Owen and Phillips, 1995).

Emergent Themes

The analysis, presentation and interpretation of the data has been undertaken in sections that have adopted a similar format:

- (a) Presenting the tabulated data as a platform for establishing the context in which understanding, for both the writer and the reader, can begin.
- (b) Qualitative interview references were then presented in the form of transcript material, which was then analysed and interpreted.
- (c) Related research and theory was then briefly explored in relation to the nature of social construction.

The main theme to emerge from this research is concerned with the transition from one state to another. This transition has the quality of an inevitable dynamism that incorporates movement, progress and development. This was noted on a number of levels, firstly, there was the pregnant state of the growing abdomen and the altered body image that accompanies it. In this the forces of control lie within nature and outside of the immediate control of others. Second, there was the transition from youth to adult in which the natural timing of several years was encapsulated into a nine-month temporal framework. The contradictions in this were concerned with the 'natural' growth period from youth to adult and the 'unnatural' forced growth within the nine-month pregnancy. Third, there was the transition from innocence to guilty, from pure to tainted, and from puritan to promiscuous. The rupture of pregnancy shatters the perceptions of sexual

innocence. Finally, there was the transition from selfhood to motherhood in which social expectations revolve around the move from the individual to the collective. These transitional states converge to form the major theme of 'becoming'.

However, this 'becoming' has both a natural and unnatural element. Natural, in terms of the socially appropriate time and context for such transition and unnatural when it occurs outside of this prescription. Teenage pregnancy, then, interrupts this natural progress and forces the process into its own temporal restrictions. This causes a social horror, which was the second theme to emerge and was formed out of the referrals to social ostracism, exclusion, marginalisation and outcast. The prophecy of doom, failure and isolation were recurrent throughout with the implicit consequence of the ultimate fate being a form of 'social death'.

This ultimate sanction of social death was applied by the third major theme to emerge, which was a composition of social pressures. These included the values attached to marriage, the integrity of the family unit, and the construction of female sexuality. A constant interplay of these social pressures emerged from the data that caused a burden on the teenage pregnant women to conform to established social rules, the transgression of which was the prophecy of 'social death'. In contrast to this the young pregnant women focused on self-image as a defence against this barrage and throughout the research employed strategies of self-persuasion to combat the process of stigmatisation. The pressure of these forces were seen in the constancy of the binary oppositions between, for example, the emphasis on right and wrong, inside and outside of social convention, success and failure, inclusion and exclusion, and visibility and hidden images. These themes emerged through the 'story' as the respondents constructed their discourse concerning teenage pregnancy. This can be graphically displayed in figure 6:1 below.

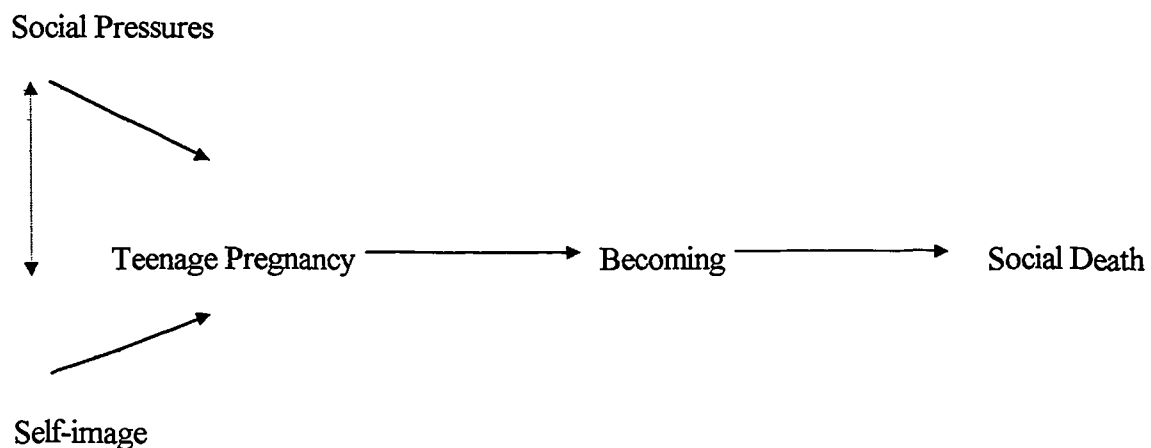


Figure 6:1 Major Themes Depicting Stigmatisation of Teenage Pregnancy

The themes of qualitative analysis

This analysis begins with a return to the first section of the chapter that has discussed the issues, which are related to the research objectives. Firstly, it is important to stress that the tables of data presented, are not isolated tables but are linked together by their mutual interdependence. Indeed, it is only through the linking of data that this analysis can be made. The next step then was to focus on the possible links between data and analyse the potential associations and relationships between them. The following paragraphs describe the first steps of how the linkage of data has been achieved.

Working with teenage pregnant women over a considerable period of time has given rise to certain intuitive propositions, although considered biased and possibly prejudicial, they are working experiences of teenage pregnant women and their value to the research is no more or less than the theoretical anecdotes of story-telling. The value in having a hunch is that it is a starting point for exploration, and the testing of an intuition can either dispel a myth or lead to further analysis. Although sociological research is concerned with the social actions of many, there is also a value in appreciating the single interview, in and of itself, without comparisons. In sociological analysis, the symbolic interactionist is considered the closest a researcher can become to their subject. The value of adopting this method is in gaining the personal understanding of the respondent which affords another dimension to the research but which cannot be conveyed by the data presented in purely tabulated form.

The value of a theme

The next step was to focus on the possible links of data and analyse the potential association and relationships between them. Once the themes were isolated it was found that they could be viewed differently which was determined by their influence in generating subordinate themes. The themes and their values are illustrated below:

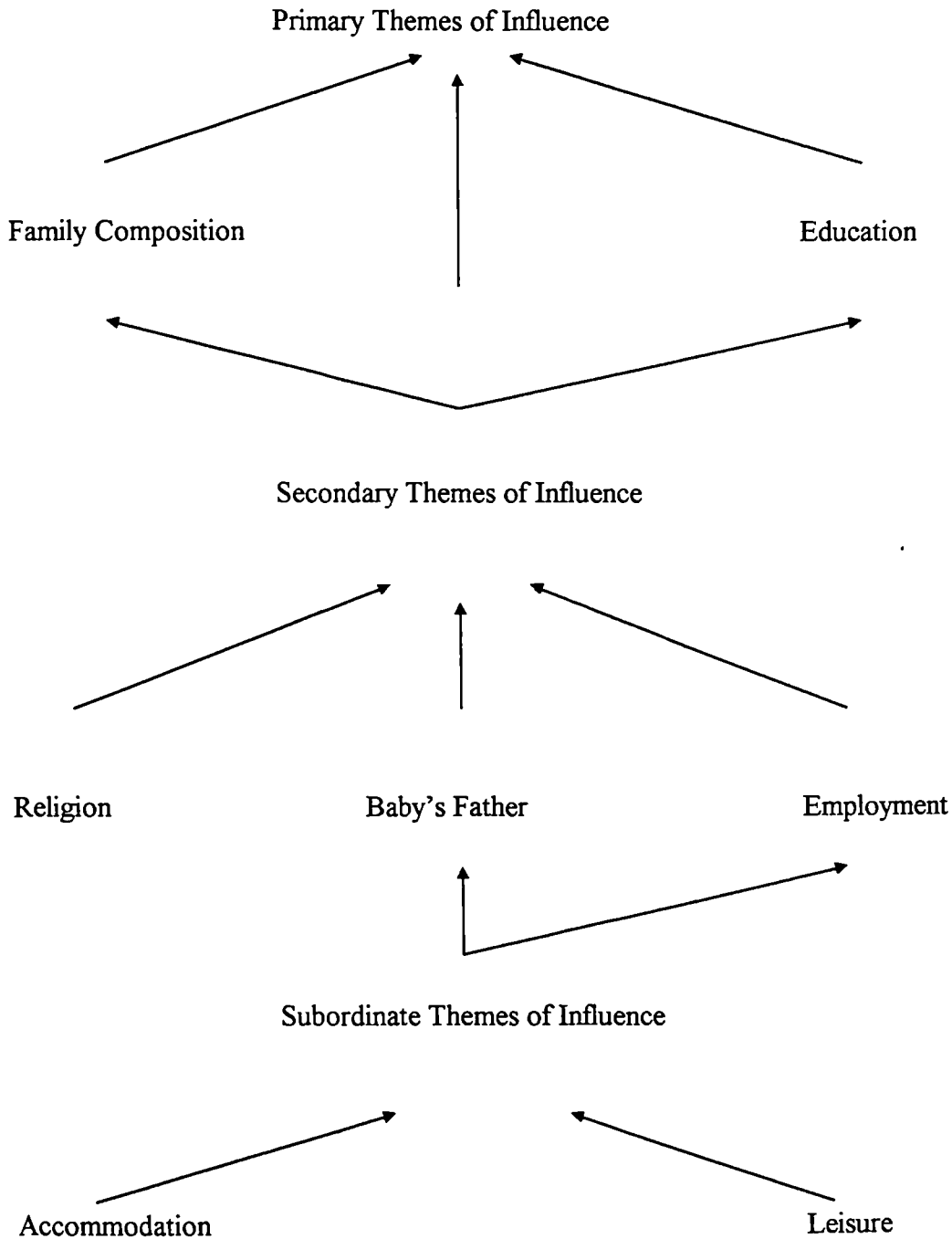
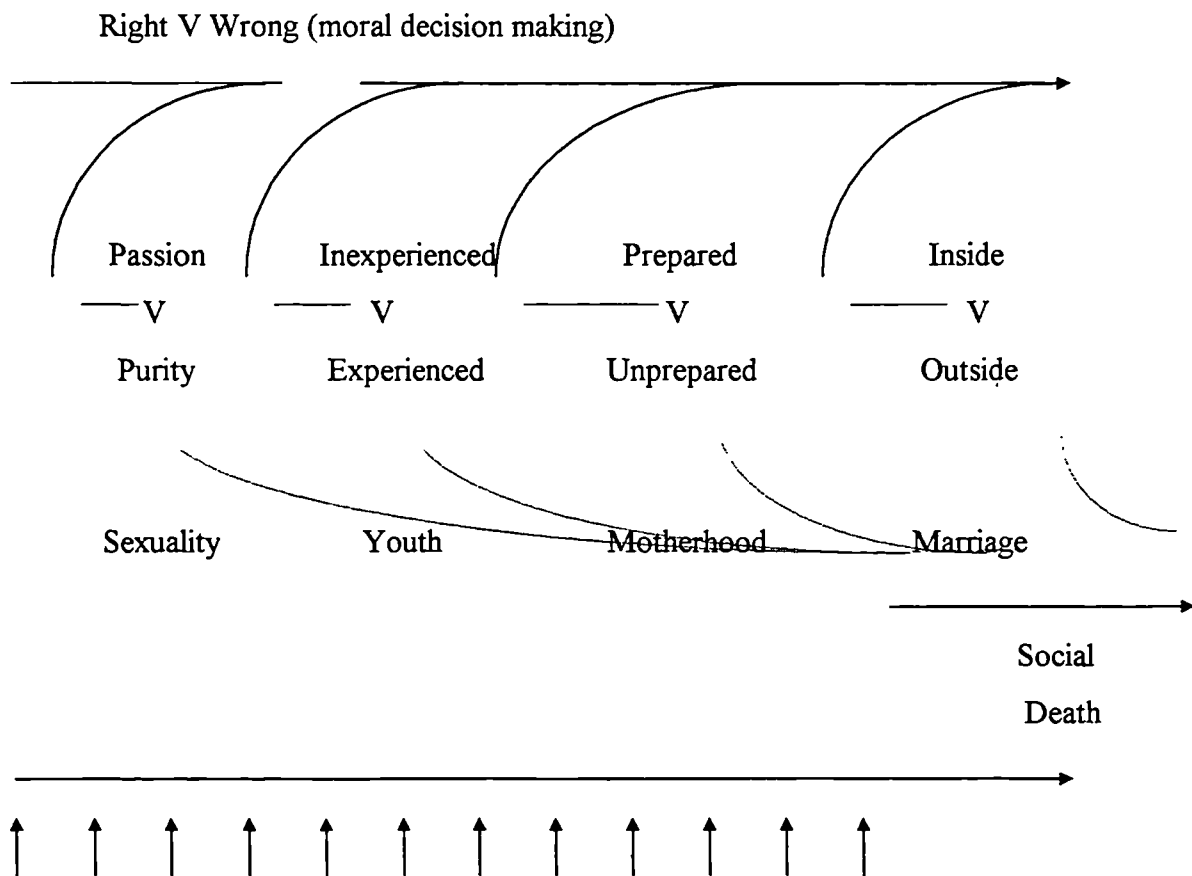


Figure 6:2 Themes of Influence

A further way in which these themes can be displayed is to highlight some of the binary oppositions that form the tensions within the decision regarding morality. When these social pressures are negatively applied they may lead to a form of social death in the affected person who is marginalised and excluded. However, when they are positively extolled there is an increased tendency towards the teenage pregnant person becoming more socially included in the family and community fabric. These binary oppositions are underscored by the themes, as outlined in figure 6:3 and depict the potential route to social death.



Image/Status Symbols & Power Structures (accommodation, employment, leisure etc)

Figure 6.3 Tensions Between Binary Oppositions Leading to Social Death

Conclusion

The analysis does suggest that the personal experiences of the respondents have had a significant influence upon their perceptions and social actions. The respondent's personal experiences originate from a number of key areas and the most influential areas were their family and their education.

The understanding of the social construction of teenage pregnancy has been undertaken by identifying and analysing a number of significant themes from the research findings. By demonstrating how the respondents gave a different strength of priority to different themes a value has been established upon them. This analysis suggests that the themes with the greatest influence on other forms of social action carry the greatest weight.

The use of qualitative and feminist methodology has allowed an analysis of data that has been sensitive to the experiences of the women who have been interviewed. The findings showed that common to all respondents were the themes of family composition and education. These themes were the major signposts along the path that the respondent was to follow. However, the analysis found an equally strong theme, which was experienced by only a minority of the respondents which was a focus on religion. For those respondents who held a belief that involved expressing that faith beyond what would be considered a regular worship, then their religion became a guiding light in a similar way as family composition and education had become to the other respondents.

When these themes were compared and analysed across the four groups, it was found that there was a demographic difference in the emphasis that the respondents placed on a number of composites of the themes. This was particularly true of the themes that had a lesser value than the primary ones discussed. Whatever their experience of family life and education, these were themes which were important to all the respondents, to one degree or another.

Education and family life are important factors in understanding the social construction of teenage womanhood. If the experience of education and family life is a negative experience, this does strongly indicate that the occurrence of pregnancy is more likely to

occur in the teenage years. There are indeed many research studies originating from different academic disciplines and different countries, using different research methodologies, but the picture is one of consensus that teenage pregnancy is certainly influenced by a negative family life and a negative education. However, this is certainly not an open and shut case, for there are deviant cases involved which force us to look at other issues and apply some lateral thinking which leads to further questions which might be asked of future research. There are two outcomes to teenage pregnancy, the one, which has been the centre of this research; teenage pregnancy, which progresses to teenage motherhood, or those teenage pregnant women who opt for termination. The reasons why these latter women were not interviewed has been discussed in previous chapters, but their status is an important factor for future research and the reasons why they chose to terminate their pregnancy will make a contribution to the understanding of teenage pregnancy and the stigmatisation process.

The analysis of this research has suggested that the cultural differences between East Surrey and Liverpool do influence the wide variation in the occurrence of teenage pregnancy between these contrasting demographic areas. Enmeshed within the sociological explanations for the social construction of teenage pregnancy, there are emotional and accidental factors that contribute to a teenage woman becoming pregnant. The cultural differences of East Surrey and Liverpool are analysed in greater depth in the next chapter, and it is in this culture that the indications for understanding the compelling relationship of stigma and teenage pregnancy are to be explored.

In conclusion to Chapter Six foregoing analysis has shown that the complex dynamic of social construction and teenage pregnancy requires differing levels of data collection and analysis. Through a process of categorisation and tabulation we have mapped out certain variables that have given us an indication as to the comparative differences between the two demographic sites. However, another level of interpretation has been achieved through exploration of the commentary emanating from the semi-structured questions. The responses to these suggest that the stigmatising process has interpreting social pressures, real or perceived which contribute to the overall operation of social conclusion. These than accumulate, by the perceived social weight that they carry, to create the situation of an entangled 'social death'. This is important in identifying the

delimit qualities, such as gender and power, which are involved in the dimensions of stigma in the next chapter. By exploring these through a feminist critique we will be in a position to influence policy development.

CHAPTER SEVEN: FINDINGS AND ANALYSIS: UNDERSTANDING TEENAGE PREGNANCY AND STIGMA

Introduction

This chapter is concerned with exploring the social construction of teenage pregnancy in relation to the wider sociological debate. This will entail understanding the relationships which teenage pregnant women have with the wider society through the images created by their families and friends, the community in which they live, their places of work, colleges and venues for leisure and sport. The research thus far has focused upon the concept of stigma. It asks the question as to whether it is a fundamental thread that connects the relationships and activities of the lives of teenage pregnant women in British society or conversely is the experience and perception of teenage pregnancy an acceptable occurrence of our contemporary society? The social historical evidence that was developed in Chapter Two gives a clear indication of the negative values which society has, in the past, placed upon teenage pregnancy. For example, teenage pregnant women frequently suffered considerable stigmatisation that emotionally and economically forced them to have 'back street' abortions, which were often fatal. If the pregnancy was allowed to continue these young single women were frequently separated from their babies and those who did survive endured the harsh conditions of workhouses and asylums.

Chapter Two also forms the basis for developing this strand of the research as it provides the societal backdrop on which the events and mood of contemporary society is generated. Included in the analysis are two inter-generational accounts from women who became pregnant in the 1960s and 1970s. These descriptions of people's aspirations and expectations provide a framework for understanding stigma which they experienced as young pregnant unmarried women 25-30 years ago which can then be related to contemporary society. Thereby addressing the question 'what relationship do teenage pregnant women in 1990s Britain have with the society in which they live.

The Presentation of Findings and Analysis

In the previous chapter the research findings were presented through the use of tables and qualitative extracts and reference to past research. In this chapter a similar format is adopted with the presentation of both quantitative and qualitative data from which interpretations are made.

In this chapter the analysis of stigma involves Jones's Six Dimensions of Stigma which was outlined in Chapter One. The exploration of the relationship between stigma and teenage pregnancy has been achieved by designing the interview questions to fit these six dimensions. The questions that were asked of, both, the control and main groups reflected their two different status's of being pregnant and non-pregnant. The two main groups of pregnant teenage women were asked questions which reflected their personal experiences whilst the two control groups were asked to imagine themselves in a particular situation or how they would react to a family or friend who was both a teenager and pregnant.

By matching each dimension of stigma to a particular question this has enabled the objectives of categorisation and has provided a further level of understands of the concept of stigma. The first part of the research, which addressed the social construction of pregnancy, developed a number of key themes around which the stigmatisation process could be understood and these are now built on in this final analytic exercise.

Researching the six dimensions of stigma

The six dimensions of stigma with a brief summary as described by Jones et al (1983) will serve as an aide memoir to the sub-sections in this chapter on findings and analysis:

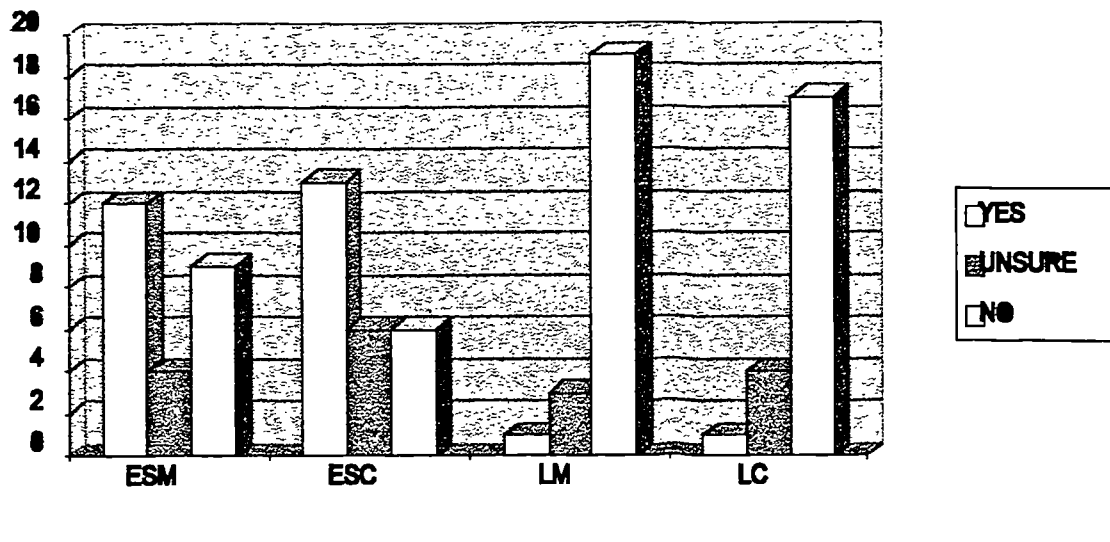
- 1. Concealability**
- 2. Course**
- 3. Disruptiveness**
- 4. Aesthetic qualities**
- 5. Origin**
- 6. Peril**

The focused questions which were posed and are matched directly to each dimension of stigma.

Concealability

This issue refers to whether the condition is hidden or made obvious, and is concerned with the extent to which its visibility is controllable. The mark of concealability undergoes considerable change from the outsider being able to detect the pregnancy during the early stages, progressing to obviously becoming pregnant, and to motherhood itself. The concealing of a mark is a demonstration of self-presentation and a fear of a socially negative reaction when such a mark is exposed (Gussow and Tracy, 1968).

The main area of questioning related to issues of concealability and to the main question ‘have you ever tried to hide your pregnancy because of shame?’ the following bar chart indicates the response.



7:1 Bar Chart of Dimension of Concealability

Analysis of Findings

This graph presents a clear polarity of the two sites of Liverpool and East Surrey. Both the Liverpool main and control groups show a clear yes response, but it is not as

profound as the any response from Liverpool. There is greater parity between the unsure responses with the responses between the East Surrey main group being the most equally distributed. The significance of this finding, referring to concealability, is that teenage pregnancy in East Surrey, both in reality and perception is a life experience to be hidden from family, friends, community and social life. By the same token the respondents from Liverpool did not respond to concealment in such an absolute way. The issues arising from these findings are multifacatoral but what is of great importance, is that within British society and the experience of teenage pregnancy there is in fact another level of interpretation. These findings demonstrate that the wanting to conceal teenage pregnancy does not only originate from the minds of the teenage pregnant women themselves it is also the view of the control group. In short, teenage pregnant women are responding by concealing their pregnancy to a society who has established negative views of teenage pregnant women.

In 1982 Whitehead updated the Black Report, and in her report; *Inequalities in Health – The Health Divide* (1992), was a devastating analysis of health division in Britain. This finding in this study could be part of a much larger picture. The question is raised as to the possibility that geographical locations in Britain think very differently from one region to another and the subsequent social action of its members determines the level of social exclusion of its most vulnerable groups. If this is so then the stigma divide has implications for society's emotional and social integrity. This finding of concealability has raised issues relating to whether there are social indicators of this stigma divide. The accompanying dimensions of stigma may provide evidence for the existence of stigma in Britain and its location in society.

The Respondents from the East Surrey Main Group

Those respondents who had experienced the dimension of concealability, found that the moment that they themselves discovered their pregnancy was a significant time of emotional turmoil involving disclosure, and this was reflected in the questions which they asked themselves: Who can I trust with my secret? How should I tell mum? Should I tell mum? What will my boyfriend think? Will he be pleased or be angry and blame me, or even finish with me? What will my dad say? What about school/college/work? What will

friends think? What about brothers and sisters and grandparents? If I go and see my GP will he tell my mum behind my back? Should I have an abortion and not tell anyone? Should I go in the middle of the night and leave a letter?

The respondents from the East Surrey main group were faced with the issue of concealability more than the other groups and below are two extracts from the interviews which show a personal anguish experienced by many of these respondents:

"He claimed undying love for me and then when he found out I was pregnant he did a runner. We could have coped together but not now, on my own..."

"It was a few weeks before I told my mum. I stayed at home most of the time. People nearby are alright and I'm not the only one who's had a baby around here. Although dad lives away he wasn't that pleased and he didn't want to tell his mates. I go into (local town) a bit to the shops and people know there, but I wear a big coat if I have to go into Reigate. I know people stare at me"

"I kept my pregnancy a secret for as long as I could. I knew everything would change once people found out. One of the really biggest things that happened to me was losing my job. I was a trainee in a hairdressers. I'd only been there for three months, they were very nice but they said they couldn't keep me on and so I lost my college course as well, but as I said they were very nice"

It is generally accepted that inherent in our everyday lives are dilemmas and contradictions and that the force of these dilemmatic qualities is based on the values that underscore them (Billig et al, 1988). The unplanned teenage pregnancy, from both groups of respondents, is seen as creating a dilemma, irrespective of whether it actually is for the respondent themselves. This highlights the ideology, as a set of beliefs, on which the dilemma is based, and this can be seen in the tension between what is considered right and wrong behaviour.

The East Surrey Control Group

The East Surrey Control group of non-pregnant teenage women anticipated more than the other groups that if they became pregnant they would conceal their pregnancy. The categories identifying the reasons for this group anticipating why they would conceal a teenage pregnancy have revealed the following themes:

A. Respondents' Experience of Teenage Pregnant Women

The respondents recalled friends, acquaintances or relatives who had become pregnant whilst in their teenage years. They imagined that if they became pregnant then they would share a similar experience. These experiences were that teenage pregnant women endured unhappiness, particularly during the early months when people found difficulty in accepting the situation. One respondent recalled a girl who became pregnant at school, she didn't know her, but she knew who she was and like the other pupils watched her demise and eventual social exclusion from school life. The respondent's reply indicates that if she was to become pregnant she would experience a similar ordeal:

"When this girl in year six got pregnant, everyone knew about it. She was doing 'A' levels, but in the end she had to leave, she knew everyone was talking about her and she got really stressed. I think she was really brave to go ahead with the baby. You're given a hard time in some places if you get pregnant"

In this extract the dilemmatic quality is clearly evident and the issue of visibility is raised in relation to societal expectations of sanctions being applied. The identified person is socially excluded but is considered 'brave' for continuing with the pregnancy.

B. Respondents' Experiences and Perceptions of their own Community

The respondents not only made a connection between 'known' individuals and their influence on each other, but also with the wider community in which they lived and who applied certain stigmatisation processes. They had a clear perception of what was expected of them and how the community would receive a deviation of a teenager becoming pregnant. These were social rules that made them fearful enough to consider concealment of their teenage pregnancy. This respondent attending Reigate College gave a very animated description of what would happen to her if she became pregnant and introduced the notion of the 'transfer of stigma':

"If I became pregnant my parents would never speak to me again, especially mum. She'd go on and on about me letting the family down, disgracing the family, she'd never be able to hold her head up in the village. It would give my grandmother a heart attack! It would be the end. If I wanted to have the baby I'd have to run away!"

Social exclusion is, again, apparent and it is clear that the respondent is mapping shame and disgrace, along with the physical 'heart attack' as symbolic, in an overall portrayal of social death.

The Liverpool Main Group

The Liverpool main group had the highest numbers of respondents who did not conceal their pregnancies. Like the East Surrey main group, they felt shocked at finding out they were pregnant, but the shock did not progress into a theme of fear and anxiety which was evident in the East Surrey group and they subsequently did not attempt to hide their pregnancy. A general theme of the Liverpool group was that the respondents parents were also shocked, but unlike the East Surrey main group, the acceptance of the new situation came quicker and practical matters were sorted out with relative ease. One respondent gave this response which does not reveal any inner emotional turmoil:

"I told mum after a day. Everyone's really pleased for me and buying things for the baby. I told my boyfriend. He's been really good. He wanted to have a baby as well. I was scared about telling my foster parents. They said they'd failed and I had to make them feel better. We told the social worker together. I may go back after the baby. Me being pregnant was a shock to everyone, even me. But I'm happy about it now"

"I suppose I know I'd end up pregnant. I never took the pill properly and he would never do anything. I went with my friend to the chemists then we went to tell mum. She was mad because she wasn't told first. I knew they'd say some things. Mainly about going back to college. But they've got a crèche and his sister's at home with her baby so she'll help"

Here there is no anticipation of social sanction, exclusion or 'death' and the dilemmatic quality is absent.

The Liverpool Control Group

The respondents from the Liverpool Control Group believed that the most difficult moment of concealment would be at the time of discovering that they were pregnant. The overall view was that as time progressed it would be easier to disclose the pregnancy and one respondent indicated that if she became pregnant then the worst time would be acknowledging the fact to herself:

"If I found out I became pregnant, I'd be furious with myself ... my life wasted ... I'd end up just like everyone else round here ... so the only thing I'd want to hide my pregnancy from would be my self. I can't imagine a worse fate."

The analysis of this group, in accord with the East Surrey control group, is split into two themes which in this instance are discussed together.

Respondents' Experience of Teenage Pregnant Women and the Respondents' Experiences and Perceptions of their own Community

The Liverpool control groups' experience of teenage pregnant women was extensive; they were acquainted with sisters, aunts, cousins, friends and knew many young women and men who had become parents when they were in their teenage years. Consequently, they had first hand experience of someone coming to terms with a teenager who had discovered that she was pregnant. The respondents put forward the view that teenagers were shocked but not entirely surprised at becoming pregnant. They were anxious about telling their parents but once this was over, they settled into their pregnancy and people warmed to the idea of them being pregnant quite quickly and indeed this sometimes progressed to them being very positive and proud of their pregnancy:

"My sister told me first and then mum and mum told dad. They couldn't say that much because my mum had Julie when she was 19. They were upset because Christine was the brightest and she really wanted to teach children, in primary school. She says she'll go back to college though. Katie's part of the family now, we all help and we'd be lost without her. To be honest, Christine was more worried about telling her fella. We all knew he'd dump her, he was really young for his age"

The themes that have emerged from this dimension of concealability are:

A. That teenage pregnant women feel a greater need to conceal their pregnancy in the early weeks of pregnancy.

Teenage pregnant women feel a greater need to conceal their pregnancy in the early weeks of pregnancy and this is due to two interrelated issues. Firstly, the respondents needed time to become used to the idea of being pregnant. During this period the respondents were forced to think quickly about what the outcome was going to be. The process of finding out about becoming pregnant, deciding what to do, and who to tell is

one which requires adjustment. The respondents were very mindful that even in families where teenage pregnancy was not unusual they were playing a 'life-card' that was not yet ready to be played. The pressures and insecurity which this explosive event brings gives rise to some suspicion and anxiety on the part of teenage pregnant women. So, it is at the point and time of self discovery and disclosure to others that teenage pregnant women feel the greatest need to be most wary, when they themselves are undergoing a step change from teenage girl to expectant mother. The process involves 'becoming' used to the idea of transition from girl to woman and from a 'single unit' to a 'dual motherhood'.

Another major finding was:

B. That the families and friends of the teenage pregnant women from Liverpool adapted more quickly to the respondents' pregnancy than those from East Surrey

The families and friends of the teenage pregnant women from Liverpool adapted more quickly to the respondents pregnancy than those from East Surrey. The anguish of anticipation from both groups of disclosure was heightened in many of the East Surrey respondents and this continued long after disclosure. By contrast a theme of disclosure from the Liverpool main group was one of a 'short sharp shock'. One respondent from Liverpool main group spoke of confiding in her mother who after 'calming down' called the family around where they all said their piece. A very practical plan of action and support was drawn up as the women started to prepare and the males returned to their relative obscurity, the question of 'why isn't she on the pill with the family planning at the bottom of the road?' and 'she'll never get into nursing now' dissipated into the nesting matriarchal society of Liverpool life. The East Surrey main group recalled instances such as this but many attempts were interpreted by the respondents as their mothers attempts to de-stigmatise themselves through explanatory frameworks and soul bearing.

Some women from East Surrey suffered considerable distress at the time of disclosure and during the early weeks of pregnancy. The explanation here is clearly linked to the previous interpretation. The transition of moving from one life into another is

undoubtedly a huge event and its intensity is increased by the loneliness experienced by East Surrey women and decreased by the shared ownership of the Liverpool women.

A third theme referred to:

C. Concealment in later pregnancy was a more significant issue for the East Surrey groups and was of less importance for the Liverpool groups.

The social connections and acceptance of teenage pregnant women in Liverpool became the impetus of some pride and self-importance. The reason for looking forward to motherhood was a shared experience. There were too many obstacles for many teenage pregnant women from East Surrey to enjoy this experience. Once a particular group is locked into a view, it is difficult to break and that view is perpetuated. Sadness spreads sadness as joy spreads joy.

The relaying of information regarding the pregnancy is closely related to Goffman's (1963) difference between discredited and discreditable in which the pregnancy is, in the first instance, only known by the recipient. Others do not, as yet, know the extent of differentness and therefore the dilemma is concerned with informing them of a stigmatising condition and not concerned with managing the blemish in social interactions. As Goffman (1963) puts it: "the issue is not that of managing tension generated during social contacts, but rather that of managing information about his failing. To display or not to display, to tell or not to tell, to let on or not to let on, to lie or not to lie, and in each case to whom, when, and where" (p57). The respondents in this research were in a position whereby they needed to make a decision as to when they would make the move from 'clean' to 'contaminated' and how this process was to be managed through the control of information.

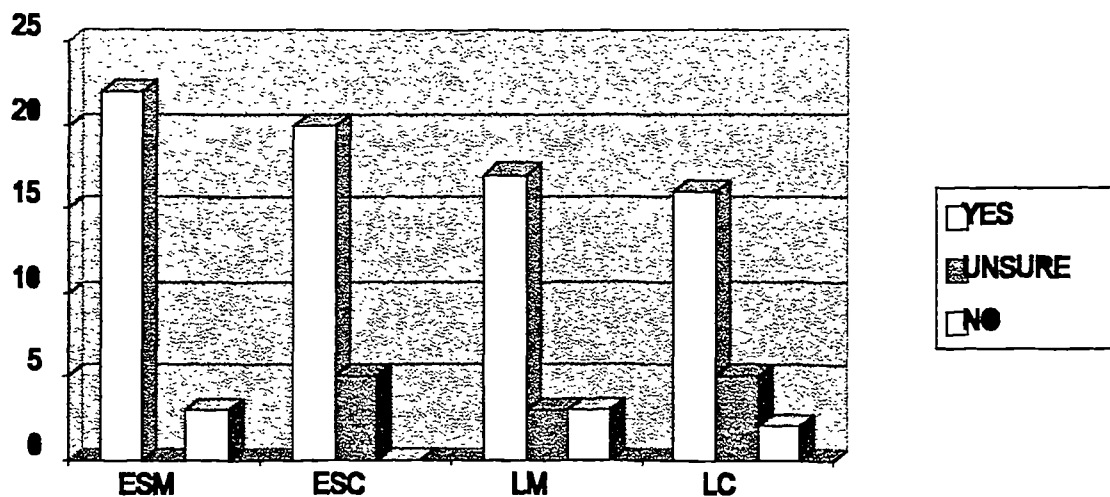
This control of information, in this research, was only partly manageable by the recipient as the growth of the baby would, in most cases, produce the outward sign of the distended abdomen. Thus, the information is social in nature, in that unless the pregnant person remains hidden from view or hides their shape in some way, the image of their abdomen will eventually relay the information. This is a symbol that is often relied upon as both the message and the medium in which the body shape without prompt may elicit the comment 'congratulations'. In this research a tension was evident between what may in one set of

circumstances be a prestige symbol and in another i.e. unwanted teenage pregnancy, a stigmatising symbol. The recipient was, in fact, attempting to control the information regarding their blemish but with the knowledge that this control had both a temporal dimension and an inevitableness in social terms with the eventual production of a baby.

It appeared that this focus on the extent to which the information could be controlled was a major factor in the perceptions of the anticipated responses from significant others and society. The respondents felt dilemma being between social acceptance and social death.

Course

This dimension is concerned with what patterns of change to the stigmatisation process usually accompanies the condition and what is its ultimate outcome? To the main question regarding whether the teenage pregnant woman was treated differently the following bar chart indicates the responses.



7:2 Bar Chart of Dimension of Course

Analysis of Findings

The above graph addresses the issues of the stigma experienced in the first half of pregnancy as compared to the stigma experienced during the second half of pregnancy. The graphs do show some changes in the respondents' experiences over time. The time span for the main groups of teenage pregnant women to be interviewed was from 28 to 36 weeks of pregnancy. For the control groups, their time span was a perception of duration and it was put forward that the time of having their pregnancy confirmed was between 28 to 36 weeks pregnant, when they would be obviously visibly pregnant. The following themes that have emerged from the analysis are:

A. Teenage pregnant women feel most vulnerable to stigmatisation at the beginning of their pregnancy

The theme of being concerned of how other people may react to their pregnancy was a significant issue for the majority of respondents in all the groups. The respondents of the East Surrey main group in particular had sharp memories of the time that they disclosed their pregnancy and their experiences of family arguments and animosities. As the respondents, and those important family and friends close to them, have become accustomed to their pregnancy their perceptions change, as has been illustrated by a respondent from East Surrey:

"I was living in a children's home and all my friends were leaving. I was the oldest there with loads of kids much younger than me. I was left to get on with things. I've always lived in places like that and it just gets harder as you get older. Everything was difficult to begin with but I have a good social worker now and I come with my friend to the clinic. Before I felt bad and didn't wash. People are helping me now and I'm coping and living in a happy environment but it took me some time and a lot of help. It was a major upheaval in my life that's for sure"

The graph shows that both control groups had five respondents who were unsure of how they would react to the development of the course of their pregnancy. These respondents mainly worked as supermarket stackers and found this dimension quite challenging.

Those respondents who did not give an absolute response of 'yes' or 'no' were put into the 'unsure' category and some of the respondents from the control groups gave replies which indicated a 'yes' or 'no' but because the reply was not sure then it was categorised

as 'unsure'. The following extract is an example of a respondent who gave an 'unsure' response:

"I don't know anyone of my age who's become pregnant, I think if I knew anyone in this college who was pregnant, I'd just think what a waste. I'd feel sorry for her ... I wouldn't gossip about her, but I wouldn't respect her either ... pregnancy at our age is such a big thing so I would think something, but I don't really know how I'd feel"

The second theme to emerge from this dimension was:

B. Non-pregnant teenage women perceive stigmatisation to be greater at the beginning of pregnancy, but not to the same degree as teenage pregnant women.

The experience of the teenage pregnant women disclosing their pregnancy followed by many of them enduring varying degrees of emotional and social exclusion or innuendoes of immorality has had a lasting impact on them. Similarly, the control group imagined that this would also be a time of conflict particularly between them and their parents. Those respondents who felt that they had suffered during the early weeks of pregnancy also felt that as their pregnancy progressed, they themselves felt better, despite being visibly more pregnant. Some respondents did report that they felt very conscious going out looking so visibly pregnant and this is highlighted by the extract below. Other respondents said that they were aware that people stared at them and people also gossiped about them but they did not care about that too much now and the following extract articulates the feelings of those teenage pregnant women who had divorced themselves from such public opinion:

"I know my mum and grandmother talk about me when I'm not there and I know loads of people at school have been saying things. It's really hurtful, but all I really care about is that my baby's healthy and that I'll be a good mother. I'm frightened about the pain of having the baby and I've never lived on my own and I'm really scared about that"

The respondents from the control groups perceived that as pregnancy progressed and became more visible, their feelings of alienation would increase and this respondent represents their ideas:

"My sister was pregnant at my age and I kept looking at her, she was like a whale at the finish, I would hate that. When some people saw her they said a few unkind things but

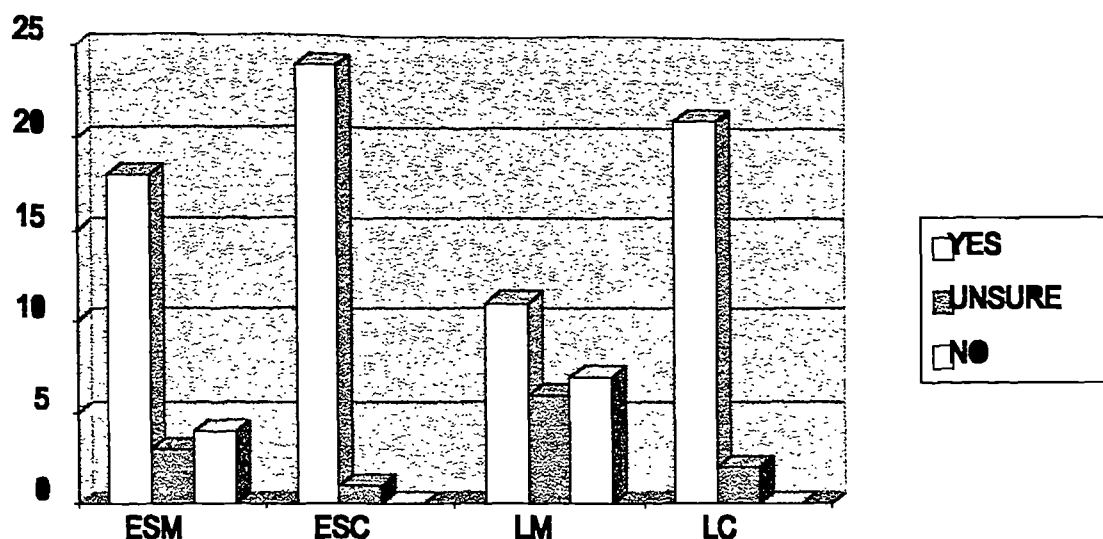
most people just kept looking at her because she was really big. They changed towards her as she grew and, of course, she changed towards them"

Clearly, the appearance of pregnancy was a significant factor for this respondent and shows that within the two emergent issues of concealability and course there are both concerns over the relationship between visibility as a sign of behaviour and spectacle as an indication of aesthetics.

In the relationship between the stigmatised pregnant teenager and the 'normal' non-pregnant teenager we can see levels of differentness which can range from a perception of a major blemish separating them or a minor distinction which makes them merely ashamed to be ashamed. What is important in this 'hierarchy' is the extent to which shared beliefs and values are necessary towards the 'upper' end of the spectrum. The person deemed different, however, must always know the rules that maintain their differentness and as Goffman argues "when a rule is broken restorative measures will occur, the damaging is terminated and the damage repaired, whether by control agencies or by the culprit themselves" (Goffman, 1963; p152). Only by knowing where their place is, and in keeping their place, in the schema of difference can the stigmatised person hope to avoid exacerbating further levels of disruption. The course of their stigma is thus determined, to a large extent, on their ability to satisfy the 'normals' perception of them.

Disruptiveness

This dimension refers to the extent to which the stigmatised condition disrupts the life of the individual through hampering interaction and communication with others. When the subjects were asked if the pregnancy disrupted their entire lives they responded as in bar chart 7:3



7:3 Bar Chart of Dimension of Disruptiveness

Analysis of Findings

The dimension of disruptiveness prompted a range of responses from those respondents who said that their lives had not been disrupted by their pregnancy to those respondents who imagined that their world would completely change if they did become pregnant. The findings do show some wide contrasts and these will be discussed under a series of themes with the first being:

A. Non-pregnant teenage women have a strong perception that a teenage pregnancy would disrupt their lives

The dimension of disruptiveness showed that the control groups had different perceptions to the main groups in that they believed that becoming very obviously pregnant would be an emotional and social upheaval. The dimension of course also shows a similarity of perception between the two control groups, who held very strong beliefs on how they believed that pregnancy would disrupt their lives.

"I'm not taking the risk of getting pregnant I want to have children when I'm about thirty before then I want to go to university and make lots of money. Getting pregnant would put a stop to all that, I've seen it happen with other girls" (LCG)

"I couldn't imagine having a baby at my age. Everything I've worked for all these exams it would be unbelievable. My family would go ballistic but that wouldn't bother me as much as having the opportunity of doing everything I wanted to. Which is ... Well not just the University, travelling, meeting new people, not being dependent on your parents. Getting out of Reigate!"

This transcript demonstrates the significant role of the control group of the non-pregnant teenage women from Liverpool. These women have been exposed to social familiarity with many teenage pregnant women and indeed teenage mothers. For some of these respondents teenage pregnancy had occurred within their own family. There was a characteristic about them that not only stopped them from drifting into teenage pregnancy, but made them take a very positive step into education. The reasons for this are found in the previous chapter. The adult influences and role models of respondents own mothers undergoing higher education can be seen to break their own cycle of educational deprivation and are a great impetus for the following generation. If the mother has the courage to make the first educational step into education her daughter may follow. However, if she does not then her daughter is unlikely to do so either. This is one aspect of the continuation of the cycle of teenage pregnancy.

The second theme within this dimension involves:

B. The teenage pregnant women from East Surrey experience a greater disruption to their lives than the teenage pregnant women from Liverpool.

The findings and analysis of Chapter Five relating to the social construction of teenage pregnancy, showed that the life chances of education, employment and leisure were very similar between the two groups of teenage pregnant women and that there were also strong similarities between the two control groups. The disruption reported from the East Surrey main group, was of a social rather than life chance nature which is evident in the following response:

"Everything's changed. I hate going to clubs, because all my so-called mates are there. I hate going anywhere and mum is really embarrassed, because she's frightened we'll meet one of her friends. I've no social life and it makes me really depressed" (ESMG)

This transcript is a reply to those who would have us believe that teenage pregnancy and stigma are experiences of the past. This quote reflects 1990s Britain and the respondent

is expressing an anguish of her exclusion from social life through parental shame. Her pregnancy at 18 has halted her social development and the very act that has given her passage into the adult world has prevented her from entering the world that she has now joined. The 'social death' that she experiences may not last forever but will remain long enough to change her perception of the world which she will respond to as someone who is unwanted, shunned and stigmatised. The experience of 'social death' appears to remain as long as the experience of stigmatisation is perpetuated. However, the personal memory of 'social death' can be sufficiently traumatising for the aftermath to continue for as long as the memory remains. The significance of this is not only for teenage pregnant women as mothers but also appears to effect their own children.

The third theme to emerge involved:

C. The teenage pregnant women who practised a religion experienced the greatest disruption irrespective of where they lived.

Those respondents who practised a religion and became pregnant experienced the greatest disruption in their lives. The responses from Liverpool and East Surrey were very similar, but very different from those respondents who did not practice a religion. The respondents who were in the control groups also shared many of the sentiments expressed by the religious respondents from the main groups.

"I used to love going to the Church Army with my dad, It's where I met my boyfriend. When they found out I was pregnant, they said we couldn't go anymore. Dad's very ashamed of me and he's had a hard time at the Church"

As religion is often focused around a community that, in some cases, becomes socially intimate the transgressors of codes of conduct bear the brunt of social sanctions which are applied. This is often a rejection from the 'circle' or a loss of status within it.

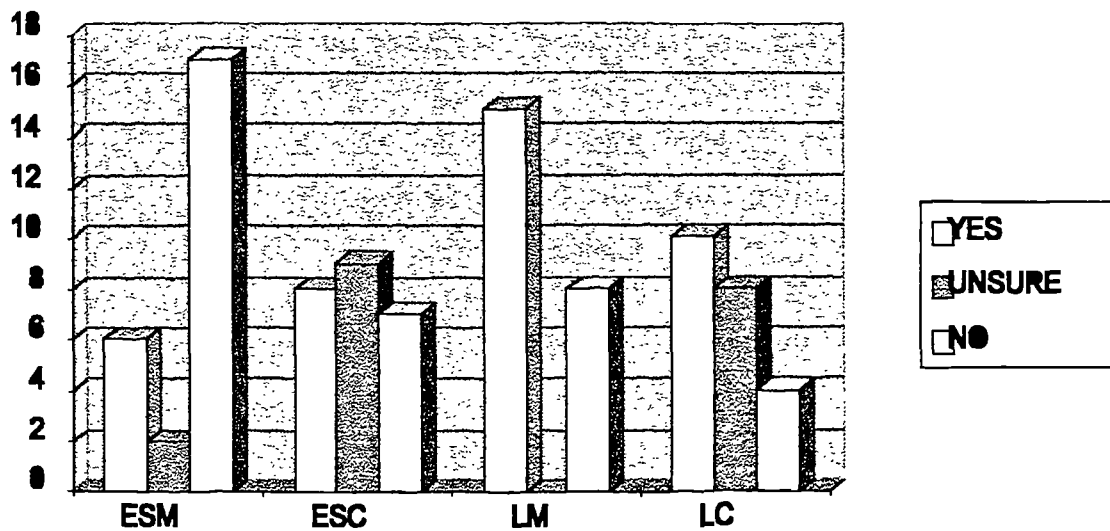
"When I got pregnant, I let everyone down and I mean everyone including the church army and they don't really want me to go now. I go to church club with my younger sister. I wanted to stop ages ago but my sister wouldn't go without me. She's really small and shy but likes going so I go just for her. I'm a wonderful sister! Anyway, I told my sister about me being pregnant and she tells the lady who helps the vicar. So then I had to tell the vicar and he wasn't very helpful. When I asked him if he wanted me to leave he said 'No'. But it's much harder, because it's about church and I've broken all these rules. It was difficult for him"

Here the concept of 'social death' encompasses a religious rejection, which is manifestly punitive on the basis that the supposedly compassionate Christian ethic is withdrawn and leads the recipient into believing that their 'sin' is beyond forgiveness. These responses were some of the most distressing for the respondents to recall and clearly they disrupted their lives both emotionally and socially.

Although the issue of acceptance or rejection is fundamentally important for the teenage pregnant person the condition, or acceptance or rejection, is not always clearly delineated, complete and uncompromising. The research shows that both states have consequences and contingencies. If the general condition is acceptance then the teenage pregnant person is expected to fulfil certain obligations of that acceptance. For example, the person is expected to have a 'good adjustment' to the condition and not overly complain. She is expected, as a stigmatised person, not to 'taint' those close others who are supporting her. She must defend them through taking blame and applauding her acceptance. She must also protect these 'others' so that they will not need to admit their own tactlessness and intolerance. The acceptance is largely dependent upon the extent to which they are 'uncontaminated' by the stigma. The teenage pregnant person must operate accordingly to maintain her position in the in-group. On the other hand the respondents deemed to be in the out-group, the rejected, is the target of strategies aimed to show them what they 'really are'. They are the source of constant argument and debate, often in the third person whilst present, with a barrage of suggestions as to causes, current state, and portents of doom for the future.

Aesthetic Qualities

This dimension of stigmatisation refers to the extent to which the mark makes the possessor repellent, ugly or upsetting? To the question relating to whether they were pleased by their physical appearance in relation to their pregnancy they responded as in bar chart 7:4



7:4 Bar Chart of Dimension of Aesthetic Qualities

Analysis of Findings

The aesthetic qualities of pregnancy were of greater importance to the Liverpool groups than the East Surrey groups. It is suggested that the reasons for the respondents from the Liverpool Main Group placing a greater importance on their appearance than the East Surrey Main Group is connected to the previous dimension of 'Course'. The respondents from the Liverpool Main Group were more gregarious than those of the East Surrey main group and because their social life was not disrupted they were more concerned with their physical appearance, particularly when they went out with their friends:

"I love going out with my friends at weekends, we go to clubs and go dancing. I wish I didn't look like this, but I've got some new stuff and I'm going out tomorrow night. I've already put on a lot of weight and I've still got another ten weeks to go. I'll be really big after the baby is born. But it won't matter because I'll be at home most of the time and no one will see me"

The extent to which the stigmatised condition was considered to be aesthetically pleasing or displeasing was closely related to the presentation of self and the social image. If the respondent considered that the pregnancy and its stigmatisation did not cause severe disruption to their life then the degree of aestheticism was of less concern. However,

what is interesting in this dimension is the degree of doubt regarding this, which was the main theme to emerge: the dimension of aesthetic qualities raised doubts in the minds of the control groups, which resulted in a significant number of 'don't knows'. A significant number of the respondents from both the control groups gave responses, which suggested that they were unsure about how they would be affected by looking physically pregnant and this is reflected in their negative experiences of other pregnant people irrespective of their age.

"My aunt had really ugly stretch marks when she was pregnant. Does everyone get stretch marks? But my aunt's baby's gorgeous and I'd have stretch marks If I knew I'd have a gorgeous baby"

A critical component here is the obvious tension created by the 'ugly stretch marks' and the 'gorgeous baby' in which the production of images is set amidst the privacy of the mark and the public display of the infant. Again, this reflects the play-off of positive and negative aesthetic qualities in which the strength of the stigmatising force is dependent upon the dominant image.

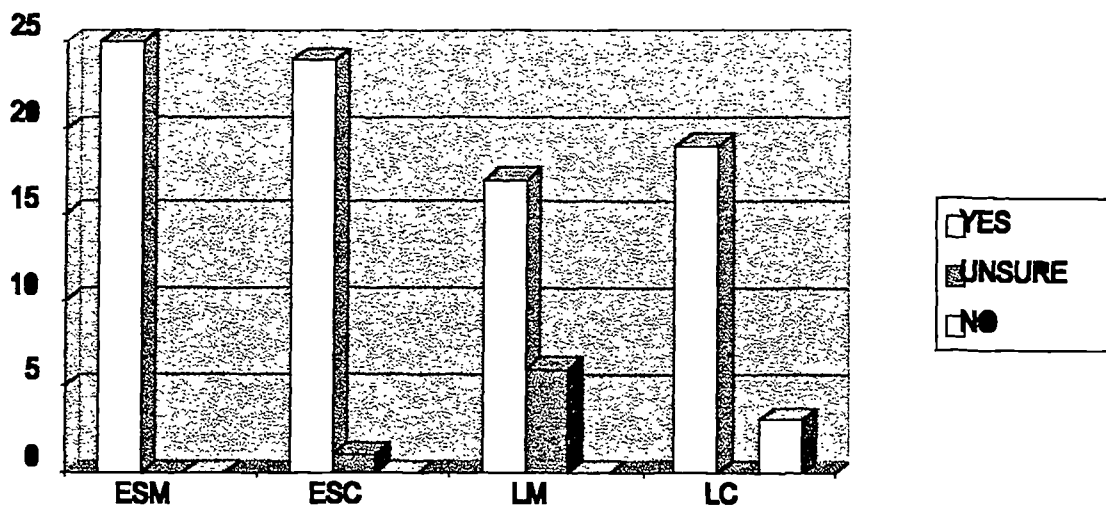
"I don't know how I'd feel, I suppose if I really wanted a baby, I wouldn't care how I looked, but I wouldn't want to stay fat after I'd had the baby, 'cause I know some people who've really let themselves go. They think that you're no good as a person because you are having a baby so young"

In this interaction we see the strength of the negative image in relation to pregnancy through the phrase 'I wouldn't care how I looked' which has negative connotations, and through the image of fat and its association with letting 'themselves go'. This last phrase suggests a weakness of will in relation to physicality which is closely related to the weakness of will associated with their moral character and female sexuality. Again, these questions of morality and sexuality are seen in relation to propriety. The conflict is created by the teenage pregnancy being seen as falling outside of the 'natural' aesthetics of marriage, planned and wanted, which perpetuates the image of natural balance and order. The signs of pregnancy are aesthetically pleasing when they signify this set of ideals, and what would otherwise be signs considered to be 'fat', ungainliness, and 'letting themselves go' are blurred to be representations of conformity. On the other hand, these same signs, when signifying an unwanted teenage pregnancy are

representative of ugliness and become repellent, and thus are felt to be aesthetically displeasing. In this tension the young teenager feels torn between these competing aesthetics which affects her decision-making capacity in relation to the outcome of her condition. As the outward signs of her pregnancy become a focus of displeasure she feels under pressure to either remove these indications (i.e. the baby) or remove herself from view (i.e. social isolation). The level of contrasting pressures being from (a) social members of her family, friends and perceived others and (b) her own inner feelings which may be both aesthetically positive or negative.

Origin

This dimension is concerned with images regarding under what circumstances the condition originated, the responsibility for it, and what he or she was trying to do? To the main question 'are you responsible for your pregnancy' the respondents were generally in agreement with the responses indicated below.



7:5 Bar Chart of Dimension of Origin

Analysis of Findings

The response of 'yes' was the most dominant reply of all the groups. The patterns between the East Surrey groups is similar with the East Surrey main group expressing responsibility for their pregnancy. The East Surrey control group had only two unsure responses and nil 'no' responses. The Liverpool groups show that the 'yes' response is the most common but is not as absolute as the East Surrey group. Only the Liverpool main group had a small number of respondents who expressed a 'no' response. The complete responsibility felt by the teenage pregnant women from Surrey indicates that all the respondents from this group experienced a degree of stigmatisation.

"Me, its all my fault. I'm responsible for getting pregnant. No one else can take the blame. I didn't take the pill every day. I'd always been lucky before and I thought I won't get pregnant for ages"

"It was the GPs fault really. I went to him and he put me on the pill. Then I became sick and then I got pregnant. Well, I didn't know that if you were sick you could get pregnant. Everyone says it was the GPs fault"

"I know I am responsible, well me and my boyfriend, they have to take some responsibility don't they? We should have been more careful, well me really, because I was on the pill and kept forgetting to take it. The responsibility is always the girls' its not fair, but that's the way it is"

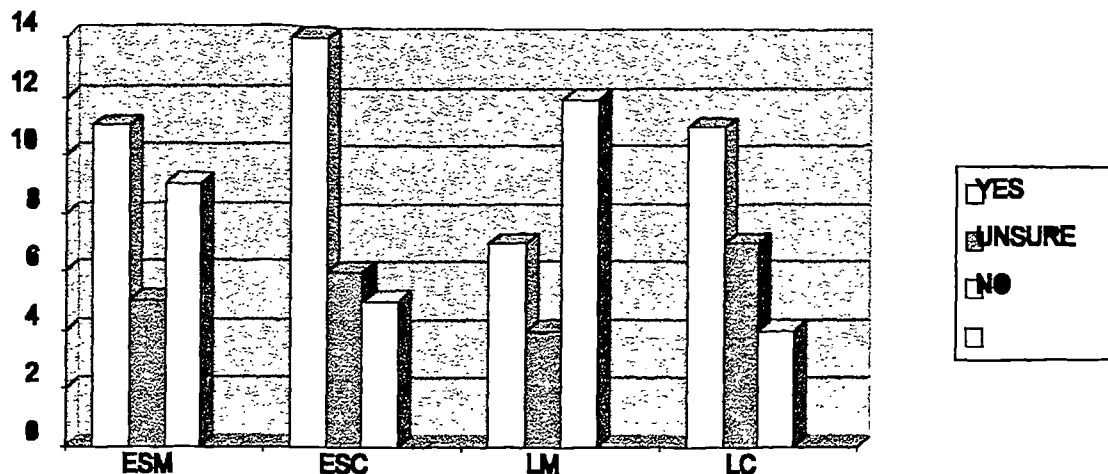
"If I became pregnant everyone would blame me. It would be my fault. I would blame me"

The fact that the majority of teenage women believe that teenage pregnancy is their responsibility indicates that teenage women who become pregnant take ownership for the social action of becoming pregnant. Furthermore, this ownership suggests that contrary to much popular belief teenage pregnancies are not a social group with little or no self-accountability. For these women all of whom were in the Liverpool main group who did not accept responsibility for their pregnancy, they placed responsibility onto another source, for example school, poverty, sex education, lack of contraception. The denial of responsibility was also a denial of guilt. This finding is associated with 'weakness' of the stigmatisation felt by the Liverpool main group. It places teenage pregnancy, in Liverpool, not as an isolated experience but within the heart of the community and to be shared and consequently apportioned joint ownership.

In terms of origin this research suggests that the 'causes' of the stigma is the association between the pregnancy and the persons immorality and therefore the blemish has a type of criminological root rather than a psychological one. There is an interplay of forces that perceive the person as being inherently bad and doing bad things, and in this case they are responsible for their bad action. The question of free will is shelved in favour of a perception of them choosing to do bad things merely because they are bad. However, in the contrasting perception they are viewed as doing bad things merely because they are weak willed and, therefore, considered psychologically non-responsible for their actions. If the pregnant teenager is felt to be accountable for her condition through her weakness or badness the social stigma is strong. However, if others share some of the responsibility i.e. parents perceived as having brought their children up badly or boyfriend seducing them, then the stigma process is weaker. In this latter scenario external forces have contributed to the inner condition and mitigate, to some degree, responsibility. Thus, the perceived origin of the causes of the condition have a complex network of social perceptions and contribute to the level of social marginalisation depending on notions of accountability. Or, put another way, fault or no-fault liability.

Peril

This final dimension is concerned with what kind of danger is posed by the mark and how imminent and serious it is likely to be. To the question regarding whether the woman should be in her twenties before having a baby the respondents answered as follows:



7:6 Bar Chart of Dimension of Peril

Analysis of Findings

The responses from the East Surrey groups suggested that teenage pregnancy was a greater threat than the Liverpool groups. The strong perception of the East Surrey control that pregnancy during the teenage years would be a threat to their life chances and family structure is borne out of their fear and observation of the experiences of other teenage pregnant women. The feelings of threat experienced by the East Surrey main group are more evenly divided than the other groups. The feelings of not presenting a threat are felt greatest in the Liverpool main group. The threat can only be experienced if the respondent feels that their pregnancy endangers the security of others namely, family. Strong family kinship ties are weakened as a result of this. However, the Liverpool main group did also express feelings of peril and uncertainty. These experiences were felt mainly during the early weeks when they were unsure and anxious of their new role within their families and community at large. The Liverpool control group and East Surrey control group have similar findings and the perception of threat is much greater than the actuality which is shown to be experienced by the main groups.

“Well, I don’t think very young girls should get pregnant. They’re only children themselves. They can’t look after the baby themselves and I don’t think you should have a baby before you’re sixteen. I mean I’m young enough (19) and people ask me how I’m going to cope. So god knows what it would be like if I was really young” (ESM).

“No not really, everyone’s different. It depends on the individual person. I mean I’ve got lots of experience with children but some people who come here probably don’t. Some people care too old to have a baby but I don’t think that they are” (LM).

“Well, I think she should do everything. I mean I would hate to feel trapped if I hadn’t done what I wanted to do. So you can be too young. Definitely, some of my friends who had babies when they were really young are really frustrated now. Especially if they’re not with their boyfriends anymore and they have to spend all day looking after the baby” (LM).

A significant number of respondents from all the groups were unsure of the peril of teenage pregnancy. This response can be attributed to significant causes. Firstly, the respondents were unsure as to what degree they were a threat. The questions relating to peril were very new to respondents. No one had asked these respondents any questions about how they perceive themselves in relation to others in terms of threat. Thus, this question of peril was the most difficult for the participants to answer.

Social isolation can cause victims to become depressed, suspicious, hostile, anxious, angry, fearful and bewildered creating emotional and psychological trauma. This state is achieved through making the individual feel inferior and insecure, thus, their self-system does not function adequately and they feel a form of social death. The peril felt refers to a consideration of what they feel they have ‘done’ to themselves and their family through becoming the target of stigma. Thus, when someone close to them supports them they too become the focus of stigma. The teenage pregnant woman feels that she has brought a double shame, firstly in becoming pregnant, and secondly on her family. As Goffman (1963) put it “thus the loyal spouse of the mental patient, the daughter of the ex-con, the parent of the cripple, the friend of the blind, the family of the hangman, are all obliged to share some of the discredit of the stigmatised person to whom they are related” (p43). In these circumstances the peril can involve the pairing of persons to form an isolated unit which is mutually supportive of each other but becomes socially isolated itself.

Intergenerational Interviews

The following two vignettes are from women aged between forty and forty-five. These are their accounts of what it was like for them to have a baby during the 1960s, when

they were both teenagers. The first respondent got married when she became pregnant and this was common practice to avoid public shame. The first respondent concludes that her marriage subsequently broke down and unfortunately many such marriages did end in divorce. By contrast the second respondent chose not to get married and perhaps a story of being very lonely and ashamed. Both respondents subsequently had daughters who also became pregnant when they were in their teenage years. At the time of the interviews the first respondent's daughter was due to get married, sometime after the birth of her son.

"I tend to look back at the time with rose coloured spectacles. You see, we got married and I think that protects you. We were the same as everyone else then. If you were a single unmarried mum it would have been different. The condom failed. Even though the pill was in, we didn't use it. By the time I was 18 I had two girls. I was quite happy with that. I was a mumsie type and I loved babies and cooking. But I drummed it in to my girls, right from the start not to do the same as mummy ... I wanted my girls to live and enjoy life and go on holidays. But I don't want to say, I want to turn back the clocks and do things differently. We had four babies very soon, but I don't think that contributed to the marriage breaking down. It might have been too much responsibility for him, but I think it was just the kind of man he was, and I just adored him". (First Respondent).

"I had my first baby when I was 18 in 1967, and I wasn't married. I was devastated and kept it very quiet. I went away to a mother and baby home, I had someone to talk to there. I felt at the time that I was the only one it happened to, but looking back now, I realise I wasn't. My grandfather was illegitimate. It would have been easier for me to marry the father, but I didn't want that. He was quite supportive, but I didn't want to marry him. I married someone else when I was twenty-one. Although we got family allowance, we were very short of money. Only my sister knew I was pregnant. I wish I'd been stronger and waited until I was older to have sex later. I always remember what my doctor said: don't marry the father unless you really love him. I think that was very good advice. My how you felt now. I've really supported her and although she's now married, I've always said to her: you needn't get married". (Second Respondent)

These very personal accounts embrace many of the issues which teenage pregnant women faced in the 1960s; concealment, mother and baby homes, coerced marriages, oral contraception, inter-generational teenage pregnancies, financial difficulties and family pressures. These accounts convey the real experiences of how teenage pregnant women felt about themselves and how society treated them at a crucial time of their lives. The social complexities of teenage pregnancy are borne out in these stories reflecting a strong inter-generational dimension. Understanding the occurrence of teenage pregnancy as a familial trend is embraced in the proposed social policy that addresses the challenges of teenage pregnancy.

The Collective Relationship of the Six Dimensions of Stigma

Progressing from an individual analysis to a collective analysis of the six dimensions of stigma allows for comparisons to be drawn of the relationships that exist between each dimension. The significance of this lies in understanding why respondents placed a greater importance on certain dimensions and why there is a cluster formation around these aspects of stigma.

In the previous chapter we were able to map out a series of binary oppositions comprising certain tensions and contradictory social forces which framed the social construction of teenage pregnancy. This social construction was underpinned by a major issue of morality which was concerned with matters of right versus wrong in relation to the teenager being at a period of her life with appropriate social attachments pertaining to that period. For example, motherhood as a young teenager was considered inappropriate and, therefore, social pressures were perceived to influence how the teenager 'felt' the stigmatisation process. Thus, the research identified a network of 'pressures' that related to the teenage *becoming* an adult, at the socially appropriate time, and with the appropriate social conditions which included feminine sexuality and related issues of motherhood.

This current chapter has focused more closely on the perceptions of the respondents in relation to the stigmatisation process and the composites of the framework developed in Chapter Six. To achieve this two groups of respondents were interviewed, a group who

were pregnant as teenagers and a non-pregnant group. Whilst both groups were asked to focus on the perceptions of stigma in relation to teenage pregnancy clearly the latter group were drawing on their insight from being members of a social group rather than on an experience of self-reflection based on their own life affairs. This aided the researcher in examining the relationship between the perceptions of the pregnant teenagers and those of the social circle to which they belonged.

Using Jones et al (1983) six dimensions of stigma, questions were formulated which focused on these areas but also allowed for exploration and probing. These dimensions were concealability, course, disruptiveness, aesthetic qualities, origin and peril. Thematic exposition from the respondents narrative accounts revealed several interesting findings which corresponded to the dimensions but also highlighted supporting evidence for the tensions and contradictions found in Chapter Six. However, the major theme to emerge from this current strand of the research revolved around the extent to which the relationship between the perceptions of self (pregnant group) and the perceptions of society (non-pregnant group) influenced the felt stigmatisation. Furthermore, and ultimately, it was this relationship which affected the respondent in their perception of social death. If the respondent perceived a strong social system of negative values, judgements, and sanctions pertaining to the teenage pregnant person then there was an equally strong sense of social exclusion, marginalisation and death. If no such perceptions were felt then the respondents were more socially inclined towards community cohesion, feeling part of the group, their condition, and their baby signalled a socially happy event.

This major finding has implications for policy development. We may not be able to influence the wider social outrage which is sometimes levelled against teenage pregnant persons, at least not in the short term, but we may be able to influence what the young person perceives as she interfaces with health care personnel. The crucial factor being what she 'feels' rather than what is intended.

Through this research the emotional impact of teenage pregnancy, located within the stigmatising process, has been elucidated and critically examined. The investigation of the social processes within the dimensions of stigma have revealed that in terms of

concealability, course, disruptiveness, aesthetic qualities, origin and peril, the perceptions of the self have a strong influence on the teenage pregnant women's social position. Through a thematic analysis, employing a feminist focus, we have exposed the negative social forces that bring a pressure on to the pregnant teenager. However, it has also been revealed that policy change is feasible within the healthcare setting, rather than at a wider social angle, but that this requires a greater emphasis on collaborative work with those in our society who are socially marginalised through their pregnancy. This is particularly important as the government's Social Exclusion formulates strategy according to their perceived view of the problem rather than emphasising collaboration with the excluded teenagers themselves.

CHAPTER EIGHT: CONCLUSIONS

Introduction

This research has shown that, firstly, teenage pregnant women share a common theme of being marginalised by the exclusion of rights and opportunities that are available to non-pregnant teenagers. Secondly, that they are emotionally divided by their differing experiences of being someone who is strongly accepted or rejected by the society in which they live.

Anthony Giddens's critique of the significance of gender in understanding society sums up the objectives and outcomes of this thesis as highlighted in the following quote:

"Sociology over recent years has been enlivened and enriched by being confronted by a range of social movements that have thrown down a gauntlet to its interpretative capabilities...The women's movement has for instance had far-reaching – and surely mostly fruitful – impact upon both the substance and the concepts of sociology during the past two decades" (Giddens A 1993:24)

Whilst gender is not the only thread that runs throughout the thesis, it is the baseline of understanding teenage pregnant women and their experiences of stigma. With reference to Giddens's argument, this thesis has taken forward traditional sociological concepts and through feminist methodology added a greater sensitivity and desire to change existing policy. If we consider the following argument put forward by Wittgenstein, we can see how feminist methodology can both challenge and compliment classical sociological concepts:

"How could human behaviour be described? Surely only by sketching the actions of a variety of humans, as they are all mixed up together. What determines our judgement, our concepts and reactions, is not what one man is doing now, an individual action, but the whole hurly-burly of human actions, the background against which we see any action" (Wittgenstein, 1967).

The study of gender is indeed the study of the whole hurly-burly of human actions, but it is from a perspective where the uniqueness of women, their special position in society and how their frequent subordinate position is to be overcome. Ultimately, feminist

methodologists seek to be agents of change and a number of key reforms that have arisen from this research are considered in the final paragraphs.

We have seen that gender and feminist methodology can both have an impact and compliment traditional sociological philosophies and methodologies. This is also true of the theoretical perspective on stigma argued in this thesis where there are two motivations to the work. Firstly, the traditional work by Goffman; 'Stigma: notes of spoiled identity' and the later work of Jones et al entitled 'Social Stigma: the psychology of marked relationships'. This thesis has shown how these works have both complimented each other, but also how Jones has had a psychological impact upon the sociological work of Goffman. Their contribution to stigma has provided an opportunity to pursue this research, which has been built with a framework of feminist methodology upon their valuable work in order to give it a new relevance and meaning for contemporary British society.

The current work must remain specific to the social setting in which it was undertaken as there are extreme cultural variations as to the social nature of the values and prescribed behaviours relating to teenage sexuality. However, it is fair to say that within Western cultures there does appear to be some overlap of national values, at least with a note of caution added. This current research grew out of a long-standing interest in the topic of teenage pregnancy. During the course of its completion grown in significance, at least to the author, due to the growing concern of the social issues related to teenage pregnancy that have come to the forefront of public interest. For example; The Health of the Nation (1990), Our Healthier Nation (1998), the Acheson Report – Inequalities in Health (1998), and most recently the report on Teenage Pregnancy by the Social Exclusion Unit (1999) reflect both the concern of the past Conservative administration and the present Labour government receive wide attention in relation to the issues involved in what is termed 'sexual health'. The concerns expressed in this government report on teenage sexuality and unplanned pregnancies have raised the profile of teenage pregnant women and their part in contemporary society and once again questions of a moral nature overlap considerably on policy issues and professional health care service delivery. Of

notable significance is that the complex, confusing and convoluted issues of teenage pregnancy have remained on the political agenda for over a decade.

This research has demonstrated through facilitating the voice of young women, aimed to bring clarification and new ideas and thoughts about teenage pregnancy and an additional insight into how the social issues can be addressed.

This concluding chapter will briefly outline the major developments in each of the thesis chapters and then draw the major conclusions in relation to the social construction of teenage pregnancy and the stigmatisation process. Finally, the limitations to the study will be outlined and a number of recommendations for policy development and future research will be highlighted.

Re-examination of theory.

This research has been founded on the major works of firstly, Erving Goffman (1990) and, secondly, Edward Jones (1983) and his colleagues; both fields of study focusing on stigma. However, it should also be noted that a number of theoretical frameworks are employed in attempting to understand the research topic and the method of enquiry.

Goffman: theoretical contribution

The fundamental question which must be considered at this stage in the re-examination refers to whether Goffman's work on 'Stigma' can sustain its previously recognised significance for, and relevance to, 1990s Britain as it did for the United States in the 1960s. Burns (1992) has asserted that "from first to last, Goffman's principal concern was with what is called 'social interaction' that could well comprehend virtually the whole of human activity' (Burns, 1992:17). If this be the case then the understanding of teenage pregnancy as a stigmatising process has been in essence a work that has sought to comprehend the nature of this relationship within the wider sphere of social interaction.

The methods of inquiry into aspects of social interaction have expanded considerably since Goffman's day. The step changes made include the advances in social science research methods as well as in the technology of managing large systems of data. Social

interaction is also a changing aspect of modern society as communication strategies are developed outside of the direct face-to-face situation. The mode of communication technology in relation to changing societal values has meant that judgements, and prejudices, concerning moral issues can be relayed around the globe in seconds and can penetrate many homes which would otherwise be isolated. For example, legal adjudication's concerning Louise Woodwind and Bill Clinton were immediately placed on the Internet. Both of these cases being prime examples of the pressure of societal values being applied on a large scale to many communities. The power to control such information often being forgotten as a major factor, influencing the wider society.

Although there are a growing number of means of communication for most of us it is the face-to-face interaction that provides a greater amount of meaning to our social world. Whilst acknowledging the expansion of technological social interaction this thesis is principally concerned with face to face interaction which provides the basis for human exploration and interpretation. Goffman studied many social situations that embraced interactional styles that included personal interactions and social interactions taking place in large-scale institutions. However, although Goffman appears not to have considered power as a major influence in his studies he has been principally concerned with work on the social interactions that take place between minority 'deviant' groups within larger 'normal' populations.

For the purposes of this research teenage pregnant women, who are unemployed, in schools and colleges, and those working in a number of settings, are viewed as the 'deviant' group whilst those from the wider society are considered the 'normal' population. However, as we have already noted the predominant values within any group readily become what is perceived as the norm. Goffman treats the notion of deviance with some caution and warns the reader accordingly: "it is remarkable that those who live around the social sciences have so quickly become comfortable in using the term 'deviant'" (Goffman, 1963:167). The argument here is that there is little about the concept of deviance that is general across cultures and groups, which makes a broad sociological discussion of what it is very difficult, and possibly meaningless.

If there can be any area of universality, at least as far as consensus is concerned, then it is likely to be in the semantic of 'social'. Indeed Goffman argues that 'If there is to be a field of inquiry called 'deviance', it is social deviants as here defined which would presumably constitute its core' (Goffman, 1963;170). In contemporary British society teenage pregnant women, who feel stigmatised both as a group and as individuals, feel that society has located them as social deviants.

Finally, Goffman's theoretical contribution leaves us with two concerns, which can be overcome by re-construction and development for an analysis of contemporary society. Firstly, the descriptive language used by Goffman in 'Stigma' is one obstacle, in that in the desire to publicise his work the language that Goffman used belongs to his time and place, and is both culturally specific and popularised. It would be a mistake to attribute such adjectives as hobos and winos to anything else other than 1950s Chicago and the later 1960s mid-America. Secondly, Goffman became well known, because his work was accessible to many Americans who were interested in society and social interactions and he represented the new academic subject of sociology through a popularised jargon. However, these two criticisms aside we can turn to Goffman's overall ability to navigate social practices and map, at least some of, their structural entities. It can be, further, argued that the reason why Goffman continues to be popular in both lay and academic terms is in the quality of his theoretical analyses. This has structural as well as interactional meaning in both British and American societies in a time span from the 1950s to present day. Furthermore, when the outdated language and popular appeal are put to one side, we are left with a theoretical framework on which to analyse any number of social settings.

Jones: a theoretical framework for practice

The two major contributions made by Jones and co-authors to this thesis have significant themes that have their roots in Goffman's work. Firstly, Jones has expanded and developed the work of Goffman in both the conceptual framework of stigma and the diversity of disciplines that the author represents. Whereas Goffman was a sociologist with a greater interest in the social interactions within a sociological perspective, Jones's

work has expanded upon pure sociology to give a psycho-sociological perspective based on the personal interactions between individuals as members of a society.

Secondly, this psycho-sociological perspective, building on Goffman's work, enabled the authors to formulate a six dimensional framework of stigma and it is this template which has been developed as a research tool for this research. Although the origins of Jones's theoretical work can be found in Goffman's earlier foundations, which includes his meanings of 'social identity', 'personal identity' and 'ego identity' that are grounded in the dimensions, they are expansions on, and developments of, Goffman's concepts. For example the dimension of 'concealment' is a type of social identity which is seen as a way of managing stigmata (Manning, 1992). Furthermore, Jones's theoretical framework is geared towards having a practical application in a number of settings. It is an assimilation of the energies of many contributors, from diverse disciplines, on which Goffman maintains a steady influence.

In Chapter Two the social construction of teenage pregnancy began with a brief sketch of the main historical features that have provided the impetus for the contemporary views regarding teenage pregnancy. In defining the 'problem' of teenage pregnancy we saw how major commentators on this issue in post-war Britain closely linked it to a fundamental question of morality. From this, they constructed a set of normative prescriptions around right and wrong, responsibility and paternalistic action. Responsibility focused on society as fundamentally corrupt or reformed, parents as models of healthy or flawed, and teenagers as good or bad. Paternalistic action was requested from watchdog bodies from the media, film, schools, and churches which could adopt numerous strategies of censorship, preaching, and prosecution. The weight of social values could be wielded in an attempt to coerce the teenagers to conform to standards of behaviour. However, as Foucault (1990) noted "where there is power, there is resistance", which highlights the vacillating responses of the youth to parental domination throughout history.

The 'permissive' society of the 1960s is a response to the restrictive forces of the Victorian era of moralist. This was held in check by the depressed years of the early part

of the twentieth century, and triggered by the end of the Second World War and the death of deviance (Sumner, 1994). The rise in teenage pregnancy rates during this liberalised period was met with a call for a return to Victorian morality creating a tension between perceptions of purity and the passions of female sexuality. Finally, in Chapter Three, the contemporary moral panic was examined in relation to growing acceptance of the right of young single mothers, recently challenged by both main political parties in the U.K. This set the scene for developing a theory of research that could encompass a number of issues in the social construction of teenage pregnancy.

Chapter Four focused on the construction of a theoretical overview of a research approach that would incorporate a personal reflective perspective, an understanding of the issues relating to the research subjects and an awareness of the sensitivity in engaging the research participants. Rather than focus on the traditional dichotomy between Natural and Social scientific paradigms, or between quantitative and qualitative research polarisation's, or between empirical observations versus hermeneutic devices, it was felt more appropriate to adopt a strategy that could draw these, 'so called' oppositions together. This approach involved the use of feminist methodology that is concerned with putting women first as an interpretative framework rather than relating the interpretation to a male viewpoint. It would fundamentally involve the women's perspective on women, based on raising the awareness of the subjugated condition and the inter-relationship of macro and micro power structures. Furthermore, it recognises the problem of dominance in the research process and strives to overturn such oppression through the means of collaboration. The research method thus incorporated a number of guidelines that included, firstly, empowering the respondents to reflect on their condition through a two-way alliance with the researcher. Secondly, to allow the research to produce Conscientization which involves raising awareness of the need for women to address their own problems through whatever legitimate means. Finally, to facilitate the move from individual action to a more collective approach.

Therefore, the following Chapter Five dealt more closely with the research design, but in relation to the social settings in which they were located. The reason for discussing these two topics together was because the cultural mosaic in which the teenagers grow and

interact very much influences their responses to transgressors of their codes, values and laws. In this instance involving teenage pregnancy. The social context will also dictate the social sanctions that may be applied to their transgressors and is, therefore, important in relating this to the later interpretative framework. A demographic overview of the two sites were given which highlighted a number of differentials which can be summarised as a distinction between an affluent location and a deprived area.

The research took the form of a series of semi-structured interviews from which quantitative data could be tabulated to form the basis for a shared understanding. Then, narrative accounts were taken via an audiotape recorder which were later transcribed for analysis. Thematic exposition was then employed from this data and comparisons drawn between the two research sites. Finally, a second strand of the research was developed which involved semi-structured interviews of a pregnant group and a non-pregnant group to allow comparisons of the perceptions of the social response to the teenage pregnant condition.

The Main Findings

The main findings in Chapter Six can be incorporated under two headings: (a) the thematic structure influencing the teenage pregnant woman and (b) the tensions and contradictions underpinning social acceptance or rejection.

(a) The Thematic Structure Influencing the Teenage Pregnant Woman

The themes that emerged from the analysis of the tabulated data and the narrative accounts were grouped under the three sub-headings of primary, secondary and subordinate. The primary themes of influence included the strength of the family composition and the perceptions of their educational upbringing. Secondary themes included the religious background, the baby's father and the employment of themselves and their family. Subordinate themes included such items as accommodation and leisure activities that have strong social status images. What these themes showed was that the perceptions of the teenage pregnant woman regarding her status was thought about in relation to the extent that her pregnancy would transgress a moral code. The moral code could be formulated from religion or from her cultural background and in any event there

was a 'felt' stigma that she perceived as being applied to her. The issue of morality emerged through the disclosure of information regarding her condition that to some degree she was in control of until her body shape, if it could not be hidden, would convey the message. Whether to share the information was dependent upon how the pregnant person felt that the information would be received, and it appeared that in the moments of deliberation these identified themes were her benchmark by which she judged them. For example, if herself or her family belonged to a social group she was concerned as to how the information would affect both herself and her family members in relation to the group.

There was significant concern regarding the timing of the revealing of information that would transform the pregnant teenager from a discreditable person to a discredited one. The information about her pregnancy was seen as a 'failing' and increased the perceptions of worthlessness in the person. Obviously, once the information was given it could not be retracted and whilst the status was hidden the tensions being created were of a different quality than when it was revealed. However, with most pregnancies the status becomes apparent as the body shape changes and whilst there are means by which the signs can be hidden there usually comes a point when this can no longer be achieved. Therefore, the revealing of the information will eventually be taken out of the control of the teenager and, thus, creating a dilemma as to the timing of such display.

(B) Tensions and Contradictions Underpinning Social Acceptance and Rejection

The research revealed considerable dilemmas for the teenage pregnant woman which were drawn together within a framework, which underpins the issue of morality. The tensions were between notions of passion and purity in which female sexuality was considered the root. 'Good clean girls' were considered spoilt by their lack of strength in denying their sexual urges or were despoiled by 'bad boys'. The pregnancy was seen as an outward sign of sexual behaviour made inappropriate by the second tension between inside and outside of marriage. This continued to be an issue, particularly when others' views of marriage were brought into the decision-making equation. There was also a tension created in relation to the timing of pregnancy in the woman's life. For example, the younger the teenager the more pressures were applied regarding her youth and

inexperience. These were contrasted with her preparedness for motherhood, its accompanying responsibility for others, and the resultant loss of other life events. The tensions here were revealed within the teenagers' own thoughts. From these tensions she made decisions regarding the extent of social acceptance or rejection that she would suffer which resulted in the extent of stigma that was felt.

Finally, in Chapter Seven Jones et al's (1983) six dimensions of stigma were employed to focus questions on concealability, course, disruptiveness, aesthetic qualities, origin and peril. This research revealed an intricate relationship between the teenager and the social group from which the stigma emanated. Once the dilemma scenario had been worked through some teenagers began to accept their stigma and became ambivalent, depending on their demographic location, to their condition. They began to feel that they were part of a group of failures known as pregnant teenagers and part of their social death involved becoming a member of that group. The pregnancy revealed to the group an entire biography of the teenager, albeit often incorrect. Assumptions were made of the pregnant teenager in relation to their moral and sexual conduct, their strength and weakness of character, and their representation of the family and social grouping. It was the extent to which others' thought that they knew the teenager's biography that allowed them to be perceived as making judgements about their moral character etc., which created the forces of stigma and produce shame.

Research Findings: Recommendations for Changes in Social Policy

The ultimate outcome of employing feminist methodology is found in how future policy can be reformed to improve the lives of those women who have been researched. Gillian Pascall has expressed this in the following way;

“Feminism is now identified as a social movement that has changed the agenda of politics and social policy.” (Pascall, 1997:2)

The future implications of this work ultimately lies in the significance that is given to the concept of 'understanding'. This research has focused on the perceptions and experiences that are perceived by the teenage pregnant women themselves. It is believed that policy

makers in health, education and employment should understand the life-styles, social and emotional experiences of becoming stigmatised around a number of issues that lead to social exclusion, including teenage pregnancy.

The research has demonstrated that although they are a collective group of women who have particular needs within their own social setting they can often be viewed as different from other sections of society.

These following paragraphs summarise those significant findings of the research that if taken into consideration could have implications for future developments in social policy.

Education

A prominent finding to emerge from the research was in relation to the general education of teenage pregnant women. Both the main groups of teenagers who became pregnant expressed concern that their time at school had left them educationally destitute. Clearly, there should be an impetus for more research into the reasons why this group received a schooling that was blemished by exclusions, interruptions, poor stimulation, and failure at exams and failing to take exams. In addition to these factors, many of the students never felt integrated or happy at school. Unlike the control groups respondents who were active team players and embroiled in school activities, the main groups were often loners and felt excluded from main stream school life. In short, social exclusion began early.

The issue of sex education was a disappointing experience for the majority of the respondents irrespective of their group. They complained of embarrassed, poorly informed teachers, with little time to discuss any of the issues that concerned them. Since this current research was conducted, sex and moral education has expanded within schools and it is hoped that the situation has improved.

Alcohol and Smoking

The implications from these findings suggest that the limited resources available should be targeted to reach particular groups rather than spreading resources thinly on the

group of teenage women as a whole. This research found that firstly teenage pregnant women did have some appreciation of the risks involved with smoking and pregnancy but were unable to stop smoking. Unlike the control groups the main groups smoked more but drank less alcohol. Alcohol intake was a social habit of the control groups, particularly the students in higher education, with the students reporting the most alcohol consumption. This was the group with the most disposable income and they often socialised in the clubs where they worked at weekends.

A theme from this part of the research showed that many of these teenage women felt unhappy about smoking and or drinking alcohol, but they were pressurised by their culture of youth to do so.

Maternity care

In relation to maternity care the experiences and wishes of the teenage pregnant women were varied. The greater loneliness felt by the teenage pregnant women from East Surrey was reflected in their desire to have increased contact with antenatal staff. This group also wished for clinics that were especially organised for young people. Both groups wanted to know more about the stages of pregnancy and labour, and were concerned that they would not know how to care for their babies.

There is an overwhelming theme that has arisen from these research findings and is related to the relationship between the teenager and the community group in which they are culturally set. There are a significant number of teenage pregnant women who live a life of sadness, that is exacerbated by the social interaction of others when their pregnancy is disclosed and once rejected by the community group, including family and friends, they view themselves as being excluded, marginalised and existing in a form of social death.

Limitations and Some Recommendations for Future Research

There are a number of issues that have emerged from this study, both in terms of social policy and social enquiry.

1. Social enquiry

The first limitation concerns the short-term nature of this project and the snapshot style of inquiry resulting in a 'slice of time' picture. The social enquiry would address the limitations of this study by recommending a longitudinal cohort research programme from the time of pregnancy for the following seven years. The time-span of seven years because this would allow enough time for the interviewees to reach a degree of maturity. They would be, by that time, in their middle twenties and it is anticipated that some degree of stability and reflection could be identified in terms of education, employment, relationships and parenthood. In addition, the social development and progress of the baby could be observed and reported upon. It would include as a key theme how lives have been changed because of the different experiences found in this research. Such work would inform about British society and if the most vulnerable, the most excluded can find some success after their dramatic encounter with social death. The progress of the stigmatisation process needs further exploration in relation to its perpetuation or disbursement. Social enquiry is of course an expensive endeavour. The findings of this research have identified that it is in pockets of social deprivation, within larger areas of affluence, that the dramatic encounter with social death is most likely to occur. The findings could lead future social enquiry to target areas where the smallest number of teenage pregnancies occur.

2. The decision made by teenage pregnancy women

The second limitation revolves around the lack of investigation into the decision-making process regarding continuation of pregnancy or termination. The catalyst for this piece of social enquiry are research findings which concern the course of action made by teenage pregnant women. Why do some women opt for termination of pregnancy whilst others choose to progress? The abortion rate in Britain is growing and is one of the highest in Europe. Such research would have important implications for the delivery of health care and implications for social and health policy.

The findings of this research have shed some light on several important areas of teenage pregnancy and have generated new and significant questions. If the research focus were to be developed further understanding of the social construction of pregnancy and its

relationship with stigma could be enhanced. The findings are a catalyst for further research, not only with a new group of subjects but also extended cohorts with other populations. The grand theory has developed from a grounded analysis and further lines of inquiry has initiated a new range of questions. The study's limitations arise from being restricted to respondents being interviewed on just one occasion. The experiences of stigma are thus in the respondents past and present, but their future remains unclear. To answer this question, of future, respondents would need to be followed-up and re-interviewed over an extended period of time. The cohort study would address key themes from the grounded analysis, and these are:

1. The duration and intensity of the stigma experience

We remain unclear as to the progress of the stigma that is attached to the teenage pregnant person and research could focus on such questions as:

- (a) How long do teenage pregnant women feel stigmatised for?
- (b) Does time diminish their stigma?
- (c) Does compassion from societal members come to the fore when teenage pregnant women become a teenage mother?
- (d) Are there a new range of social encounters experienced by teenage mothers that causes them to feel stigmatised?
- (e) To what extent do the children of teenage mothers suffer in the long term?
- (f) Do both mother and child carry a perception and experience of stigma that has an acuteness in the long term?
- (g) Does stigma slowly fade as teenagers climb out of their problematic decade?

These new social questions would provide valuable information for those specific professional groups who are struggling to address the challenges presented by teenage pregnant women. These groups can be divided according to their interests and expertise. For example, political, educational, social services, and health services.

2. The social construction of teenage pregnancy

Understanding societal reactions to teenage pregnancies is fundamental to providing strategies for overcoming such processes. Questions in this area relate to:

Do teenage pregnant women achieve or believe they can do well in motherhood?

Do teenage mothers and babies find stability as a family unit or are they always vulnerable and of concern to social workers and health visitors?

What is the career of the children? i.e. whether they remain with parents, are put in care, or are fostered.

This study revealed an optimism concerning the future of many of those interviewed.

These aspirations were a sustaining force that allowed them to think like their contemporaries. Most plans were modest but in such circumstances would require a huge personal motivation. Therefore, we need to address such questions as:

What factors contributed to enhancing the life chances of teenage pregnant women?

For those respondents who could not fulfil their ambition what events thwarted them?

Are they individual factors, social aspects, or a combination of both?

Social Policy

These research findings provide the impetus for further research and initiatives in the development of social policy. The Liverpool control group of students clearly demonstrated how educational achievement had allowed them to feel confident in their analysis of choices. These respondents quickly realised that education could be a viable option. Educational developments should be focused in the following areas:

1. General education: The expectations of the educational system by the general population are indeed far reaching. Because of the tight relationship between teenage pregnancy and poor educational opportunities it is to the educational system we must again look to for the type of support. This will enhance the opportunities of all young people particularly those who suffer from most inequalities and are most likely to become pregnant. In addition to this, teenage pregnant women must be afforded a second chance to return to learning. Within the educational system pastoral, social and educational support could be developed.

2. Sex education: The turn around of the Dutch experience as a country with one of the highest rates of teenage pregnancy in Europe to one of the lowest rates has been attributed to their national reforms in the education of its young people. This is in terms of sexual relationships, sexual health, and maturation. The continuity and open access of sexual health education is an experience that Britain may adopt.
3. Involvement of partners of teenage pregnant women: The research involving the partners of teenage pregnant women is sparse. Despite the Child Support Agency they are difficult to locate and because many men are unemployed they are unable to contribute financially to either the welfare of the mother or the baby. Many of the issues of social inequalities of teenage pregnant women can also be attributed to the fathers. Therefore, the issues of general and sex education are equally pertinent to both sexes.
4. Women's Issues: This broad heading encapsulates all those issues that are exclusive to women. Rather than practicalities women's issues are about adopting a particular philosophy of being able to consider and promote their own health, education and self-esteem.
5. Preparation for childbirth following the research which was carried out in East Surrey Hospital a document was drawn up that identified and addressed teenage pregnant women. It expressed and advocated those wishes of the interviewees and included specific ante-natal clinics for teenage pregnant women, a named midwife and doctor who they could see at every ante-natal visit, a planned parenthood programme, emotional and social support.
6. Vulnerable groups: The poverty and poor educational and employment opportunities give teenage pregnant women a vulnerability which requires attention in terms of social and emotional support and financial investment. Within this group lies a sub-group of further vulnerability. For the most part these teenage pregnant women come from homes with a history of long-standing instability. Extra support must be given to those young people who because of family circumstances move house, area and often school many times. Emotionally, they have to cope with parents who have had several new partners and frequently they themselves have very little emotional support in terms of kinship and friendship.

7. Family teaching: Teenage pregnancy is so often an inter-generational experience and therefore if the cycle is to be broken, the educational opportunities in terms of sexual health and family relationships must be available to everyone.

The Teenage Pregnancy Report (June, 1999) by the Social Exclusion Unit has put forward an Action Plan to reduce teenage pregnancy. This includes a national campaign to mobilise every section of the community including central government and local government to achieve the agreed goals.

In conclusion, the earliest writings of stigma and deviance portray societies that function in a world of polarisations between goodness and badness, and morality and immorality. The social changes of the last century have shown that much of this was, indeed, a façade with the reality of our human interactions being much more complex. As society has opened up so have our questions of the tangibility of stigma and deviance. The challenge for sociologists is to take a line of enquiry which examines the move away from polarisations as we now know that we do not live in a world of simple good or bad. This research concludes that in our modern society of consensus we have actually brought with us some of these polarisations and within this consensus we still have the experience of stigma.

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Appendix 1

INFORMATION LEAFLET

for a

RESEARCH PROJECT

Ante-Natal Clinic, East Surrey Hospital, Redhill, Surrey.

To Gain a Deeper Understanding of the Experiences of
Ante-Natal Mothers who are Between
16 and 19 Years of Age

I am a Research Midwife carrying out a Project within the Ante-Natal Clinic.

The aim of this Project is to find out how you feel about your experiences during the time of your pregnancy.

It is from hearing about your personal experiences that we may be able to adapt our own attitudes and plan more appropriate services for the future.

I would like to interview you towards the end of your pregnancy.

You will not need to make an extra hospital visit, just allow a further 45 minutes onto your usual clinic time.

Sister Saunders or one of her colleagues will give you further information and let you know whether I will see you before or after your routine clinic appointment.

Of course, the interview will be recorded in strict confidence and your anonymity maintained.

You will be offered a copy of the interview and the final Report.

This Research Project is accepted and supported by the required governing bodies of East Surrey Hospital.

Thank-you very much for your time and I hope to see you in the near future.

Elizabeth Whitehead



Department of Sociology,
University Of Liverpool.

Appendix 2

EAST SURREY HEALTH AUTHORITY

INFORMED CONSENT

This form should be signed by patients/volunteers, any by parents of children, undergoing any test, treatment or other procedure connected with clinical research.

TITLE OF PROJECT:

"Understanding Teenage Pregnancy"
.....

I, (name) of

(address)
.....

.....
have read and understood the "Information for ^{leaflet} ~~Patients/Parents~~" which describes this research project and I have been given a copy of this to keep. I have had enough time to decide whether I wish (* ~~my child~~) to take part. The nature, purpose and possible consequences of taking part in this project have been explained to me by
..... and are acceptable to me.

I give my consent *~~to undergo~~* for my child (Name) (age)
to undergo this ~~test, treatment or other procedure.~~ **interview**

I understand that I am entering this project of my own free will and am free to withdraw from this study at any time without necessarily giving any reasons.

~~I understand that participation or non-participation in the study will not prejudice my treatment/ the treatment of my child/ward.~~

Signed Date

* please delete as appropriate

I am satisfied that the procedure has been explained to the above named ~~patient~~ volunteer or parent/guardian of (name of child)

.....
and I have witnessed their consent.

APPENDIX 3

Section One -

The Social Construction Of Pregnancy

This section is concerned with the first half of the interview, those questions, which are concerned with the social construction of teenage pregnancy.

There are six interviews included in this section:

1. The basic interview questions which were asked of all the teenage pregnant women from the two main groups of East Surrey and Liverpool Maternity Hospitals.
2. This interview from a respondent from East Surrey Hospital, has demonstrated that the primary questions were asked, but also supplementary questions which addressed and expanded the individual experience of that particular respondent.
3. This interview from Liverpool Maternity Hospital has been included for the same reason as the previous interview. It also serves as an example of a comparison which will be discussed in the following chapter.
4. The basic interview questions, which were, asked of the two control groups from East Surrey and Liverpool.
5. The interview from a respondent from the control group of East Surrey. This interview shares similar characteristics of interviews 2, 3, and 6, because it is an example of how it has accommodated the life experiences of individual respondents, as well as fulfilling the criteria of questions stipulated in interview 4.
6. This is an example of an interview recorded from a respondent from the control group of Liverpool. The reasons for its inclusion are for interview 5. In addition to this it serves a comparison and this will be referred to in the following chapter.

Section Two –

Teenage Pregnancy and Stigma

The respondents were asked a series of questions relating to the six dimensions of stigma. Probing was undertaken to understand their experiences and perceptions of being a teenage woman and pregnant. The following are the major areas of questioning undertaken.

1. Concealability – Questions relating to hiding the pregnancy, avoiding telling and meeting people, and avoiding situations of social contact.
2. Course – Questions relating to what extent they were treated differently since they disclosed their pregnancy. What they considered their ultimate outcome to be.
3. Disruptiveness – Questions relating to how their lives were affected by their pregnancy and to what extent their social life was curtailed. Focused upon their day-to-day social interaction.
4. Aesthetic Qualities – To what extent their changing appearance was a concern to them.
5. Origin – Questions relating to areas of influence of responsibility.
6. Peril – Questions relating to what extent they felt their lives, and the lives of others, had been damaged.