

Chapter 8

Teenage mothers in England

Resisting or silenced by the regulatory framework?

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Introduction

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

Nevertheless, young people in the UK live with the legacy of the Teenage Pregnancy Strategy (SEU 1999) with its goals to reduce teenage pregnancy rates by 50% and to support young parents in avoiding social exclusion by re-engaging with school or work. Recent statistics have highlighted the achievements of the ten-year strategy with continuing reduction in rates since the strategy ended (Hadley *et al.* 2016). However, there is an emergent counter-narrative that the stigmatisation of teenage parents is a significant outcome of this reduction in rates (Fearnley 2018).

This chapter explores teenage women's accounts of repeat pregnancy decisions made in a contemporary context that problematises 'early' parenthood and assumes consequent social exclusion. For the group of women interviewed, a first unexpected pregnancy was lost, through either miscarriage or abortion. The decision to abort tended to be oriented around a desire to finish education, although this suggested more of a rite of passage to adulthood than a career plan with 'social mobility' goals. For some, a miscarriage occurred before abortion, while deciding what to do, or despite

a decision to carry on. This chapter will focus on the young women's subsequent emergent desire for pregnancy and parenthood. In their narratives, further pregnancies are 'explained' as occurring through events beyond their control such as failed contraception, being convinced they were infertile or giving their fertility over to fate. Yet despite these legitimising accounts, there is a clear embodied resistance through continued pregnancy, and some of the young women directly voiced wanting to be pregnant, albeit briefly, or demonstrated a quiet excitement when they were. Ironically, their accounts may reinforce feckless teen parent stereotypes through 'poor contraception' use. However, viewed reflexively, and specifically considering the power relationship between the young women and the researcher, which may mirror wider regulatory dynamics, the young women may have been trying to convince the listener that they were conforming to the commitment to avoid pregnancy in the teenage years despite opening up a space for pregnancy.

Background

A young people's clinic in a London borough, which included provision of contraception and sexual health services, was instrumental in trying to achieve government targets to reduce the teenage pregnancy rate locally over the decade of the Teenage Pregnancy Strategy 1999–2009 (SEU 1999). The clinic piloted an Assertive Outreach pathway to reduce repeat pregnancy for teenage women. This involved an Assertive Outreach Nurse contacting the young women who had a pregnancy, offering them a contraception consultation and facilitating contraception provision. An audit of this pathway, whilst indicating the 'effectiveness' of the pathway overall, also highlighted a small group of young women who became pregnant, lost their first pregnancies through miscarriage or abortion, then became parents within two years of the first pregnancy. Commissioners saw these young women as a 'failure' of the outreach. The phenomenon was also a conundrum for practitioners. These young women did not "renormalise" as Tabberer *et al.* (2000, p. 42) suggested, whereby young women reassume the expected trajectory of further education, work, and non-reproduction after 'lost' pregnancies; they became mothers. This warranted further examination, not so much to contribute to a reduction in the teenage pregnancy rates, but to explore the influences on their decisions.

Methodological considerations

The exploratory study drew on concepts of power, at a relational level as well as broader socio-cultural influence, including policy and legislation. A feminist reflexive approach was taken to the research process. The contextual and relational aspects of decision-making for women discussed by Carol Gilligan in *In a Different Voice* (1982) – which at the time provided a counter-narrative to an emergent dominant (and persistent) discourse of

the 'male' rationality – explore the layers of power in pregnancy decision-making, also important in Oakley (1981, p. 24). A participant would not be a Phoenix (2008, p. 6) reflexively considering her appearance to be motivated by what are brought into being.

Conceptual considerations noted that alongside day-to-day manifestations of a clamorous legislative discourse, acceptable (p. 144) by exploring how they themselves. Rose noted personal desires to Governments expect and existence for the society (Rose 1989, p. 1) shaping their own a range of available. Again, the work of is tant in considering infant discourse of

Method

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the 'male' rational decision-maker (Kohlberg 1981) were drawn upon to explore the layers of relationship that had an impact on the young women's pregnancy decisions. The work of Oakley (1981) and Phoenix (2008) was also important in considering the power relations in the interview context. Oakley (1981, p. 244) suggested that the positionality of both researcher and participant would inevitably change (but not negate) the research results. Phoenix (2008, p. 66) highlighted the insights to be gained if the researcher reflexively considers what the participant orients to in the narrative, what appears to be motivating the ways of telling the story, and the identities that are brought into being or reproduced in the talk.

Conceptual considerations included the work of Foucault (1984) who noted that alongside the 'biopower' of agencies and 'capillary power' of day-to-day manifestations of dominant discourses there is 'continual and clamorous legislative activity' that makes an essentially normalising power acceptable (p. 144). Rose (1989) extended Foucauldian concepts of power by exploring how citizens of a liberal democracy are expected to regulate themselves. Rose reflected on a society where we psychologically shape our personal desires towards unceasing normalised expectations (1989, p. 213). Governments expect that citizens should want to regulate their conduct and existence for their own welfare, that of their families, and that of society (Rose 1989, p. 224). People are 'entrepreneurs of themselves' (p. 226), shaping their own lives through available choices. This, of course, assumes a range of available 'choices' that are not afforded to all (Phoenix 1991). Again, the work of Foucault (1984) and his concept of resistance was important in considering whether, and how, the young women 'resisted' the dominant discourse of 'non-reproduction' (Smith 2014) in their teenage years.

Method

Eight young women, aged between 17 and 19 years, identifying as either Black African or Black British, were interviewed to explore what might have been the influencing factors on their pregnancy decisions. Their names have been changed to protect confidentiality. Data analysis was undertaken through the Listening Guide, which 'operationalised' the methodological approach (Mauthner and Doucet 1998; Taylor *et al.* 1996). Using this method, Taylor *et al.* (1996, p. 253) explored the relational in narrative through conducting a reading for who is speaking (the participant), who is listening (the researcher), and examining the social location of both in the construction of a relational psychology. The authors suggested four separate readings of the data:

- For the reader's impressions and emotional responses,
- For the participant's voice; for example, how she represents herself – referred to as the 'voice of I',

- For relational voices, and within this the voice of political resistance can be analysed, and
- Finally for 'disassociation' – do the participant's words suggest 'separation of self from experience'; what is revealed of their feelings, needs, and desires (Taylor *et al.* 1996, p. 244)?

With a focus on wider regulatory frameworks, and how these are infused into day-to-day encounters, this study took the approach of Mauthner and Doucet (1998) who developed the method from a sociological viewpoint. They also suggested four main readings of the data with some variation to the original readings:

- For 'plot' – eliciting the overall story the participant wishes to tell before beginning the fragmentive process of data analysis
- For reader response to the participant's words, building in a feminist reflexivity to the method.
- For relationships
- For social structures and cultural contexts.

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

Legitimising stories

The young women's accounts showed that, by the time they were pregnant a second time, most of them were beyond statutory education, arguably a marker for 'adulthood' and a freedom to decide their futures. Nevertheless, they accounted for their pregnancies through explanations that included failed contraception, concerns around infertility, and fate being in control of events. For example, one of the young women, Angelique, aged 17, used several of these legitimising narratives to explain her second pregnancy. At the time of the interview, Angelique was quite heavily pregnant. She had become pregnant a couple of months into a new relationship. In her new relationship, she said that they had used condoms occasionally – because of a belief that they were infertile as a couple:

We used condoms sometimes. I always thought I'm never going to get pregnant, and he always thought for some reason his sperm don't work.

She also described not her, and how eventually

And that's when I ... not like I believed an abortion) but I ... then I went on t I know I'm just go stable boyfriend, a

Angelique utilised sev these 'explanations', i other young women's 18, reported a convolu pregnancy. After abor Ally had an implant fit then took the combine again. She miscarried pregnant again whilst surprise that she had *know what happened*; was ill and was vomit been protecting her. S

Susannah, aged 18, pill when she became preceding this claim, where the pregnancy taking it where it may

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She also described not being able to find a contraceptive method that suited her, and how eventually she stood back and handed her fertility over to fate:

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

(Angelique, aged 17)

Angelique utilised several discourses to account for her second pregnancy; these 'explanations', in relation to teenage parenthood, also appear in the other young women's accounts. For example, Ally and Cadeen, both aged 18, reported a convoluted engagement with contraception culminating in a pregnancy. After aborting her first pregnancy so that she could finish school, Ally had an implant fitted, but later had it removed as she gained weight. She then took the combined pill, which she said failed and she became pregnant again. She miscarried this pregnancy and restarted the pill, but became pregnant again whilst using it. On the one hand, she expressed shock and surprise that she had become pregnant again whilst taking the pill '*I don't know what happened*'; however, later in her narrative she explained how she was ill and was vomiting for a time and had sex when the pill may not have been protecting her. She acknowledged that '*this one is my fault basically*'.

Susannah, aged 18, also described how she was taking the contraceptive pill when she became pregnant the second time. However, in her account preceding this claim, there was a time when she was not taking the pill, where the pregnancy may have occurred, or around the time she restarted taking it where it may not have been fully working:

It was probably just before my exams started cos I was so stressed with like exams and stuff that I was just forgetting to take them, so I just thought I'll just have a break for a while. So it was towards the end of my exams that I started taking those again. Everything was fine ... I thought I was overworking and stuff like that. And then I thought, ok I'll do a pregnancy test, and it came up positive and I was like ... I was wondering how did that happen while I was still taking the pill?

(Susannah, aged 18)

One of the main goals of the Teenage Pregnancy Strategy was to improve young people's knowledge of contraception use (SEU 1999). It might seem that some of the young women in this study used contraception ineffectively and may have benefitted from such input. For example, Ally did not use condoms when she had an episode of diarrhoea and vomiting whilst taking the

pill, and Susannah stopped taking the pill during exam time, yet their narratives suggested that they continued to have sex with their partner and became pregnant. In a study, Burns (1999) noted that the young women '*decide to use contraception, (but) use it ineffectively*' (p. 496). Similarly, Ekstrand *et al.* (2009, p. 173) found participants' unplanned pregnancies were predominantly the result of '*inconsistent*' contraception use. However, contextual factors should be taken into consideration with apparent '*ineffective*' and '*inconsistent*' contraceptive use. The young women were concerned regarding the possible side effects of contraception, and use reflected the ebb and flow of relationships and gendered expectations, where consistent use despite not being in a stable relationship might suggest lack of loyalty (Nelson *et al.* 2012) or being 'up for' sex (Bernard 2015). Overall, the young women's narratives illustrated that they did engage with contraception but not in a straightforward way. Their use reflected that of the young women in a study by Goncalves *et al.* (2011) where the young women interviewed gave accounts of trying various contraceptive methods and finding them unsuitable, using them creatively, or linking them with negative effects on the body and therefore stopping use. The analysis of Goncalves *et al.* (2011, p. 6) suggested that using contraception demonstrated the young women's commitment to the broad expectation to avoid pregnancy in the teenage years, yet they took breaks from contraception to protect their fertility. Similarly, for the young women in the study, contraception use demonstrated a commitment to the technology of avoiding pregnancy in the teenage years, yet not using it 'properly' and taking breaks may have been used to explore their fertility.

Some of the young women voiced conviction that they were infertile, which consequently meant they felt they did not need to use contraception. Mai, aged 17, explained that she had sex quite often in this and previous relationships without contraception and never became pregnant:

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

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

So then I thought if I got pregnant I'd lose it, I was just thinking whatever, so I didn't use protection with him whatever, and then within one month I was pregnant again with her so I was just thinking oh my gosh. I wasn't really happy, I wasn't really like oh yeah I'm pregnant I was just like yeah whatever ... I thought she would die that's why that I didn't say anything. I mean I still thought like maybe later on in my pregnancy

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Thorsén *et al.* (2006) people that when they started to believe that fully engage with conception pregnancy has been whether motherhood noted that teenage concerns that the eventing had an abortion (2013) were keen to women in a study that would not be possible the importance of life were able to conceive *give life now*' (Haller lead to a repeat pregnancy suggested that if you ultimately desire a conceive now instead of that repeat pregnancy first pregnancy had loss of a pregnancy repeat pregnancy to a

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McMahon (1995) leave pregnancy as

something would happen to the placenta, or something so I wouldn't actually have a baby born and have to bury her or whatever God forbid. But I didn't think I'd have a baby at the end of it.

(Danielle, aged 19)

Thorsén *et al.* (2006) found a common misconception amongst young people that when they had unprotected sex and had not become pregnant they started to believe they could not get pregnant. Consequently, they did not fully engage with contraception in the belief that it was not needed. Once a pregnancy has been lost either through miscarriage or abortion, a concern whether motherhood will be possible can also emerge. White *et al.* (2006) noted that teenagers who have had previous miscarriages may have concerns that the events may recur. Infertility may also be a concern after having had an abortion. Some of the young women in a study by Ekstrand *et al.* (2013) were keen to confirm their fertility after an abortion, and the young women in a study by Hallden *et al.* (2005) were concerned that pregnancy would not be possible after an abortion. Hallden *et al.* (2005) highlighted the importance of being fertile to the young women, of knowing that they were able to conceive; although the young women in their study chose 'not to give life now' (Hallden *et al.* 2005, p. 798). This desire to prove fertility may lead to a repeat pregnancy soon after a pregnancy loss. White *et al.* (2006) suggested that if young women fear they may be unable to conceive and they ultimately desire a pregnancy, then they may be more likely to try to conceive now instead of waiting until they are older. Bailey *et al.* (2001) noted that repeat pregnancies were most common among young women whose first pregnancy had resulted in a miscarriage, and Clarke (2002) linked the loss of a pregnancy, through miscarriage or abortion, with a desire for repeat pregnancy to affirm the ability to conceive and give birth.

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

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

For Angelique, after an extensive description of her ex-partner's violence towards her and the shaky start to her current relationship, she described some contraception use but preferred to leave her fertility to fate:

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

McMahon (1995) explored how working-class women are more likely to leave pregnancy and parenthood to fate. She described how middle-class

and working-class women responded very differently to unprotected sex: More advantaged women tended to take emergency contraception after unprotected sex whereas more disadvantaged women were likely to wait and see if they become pregnant. This might be through not having the financial means to buy emergency contraceptive pills or the ability to access clinic provision, as well as differing expectations for career trajectories.

Most of the young women in this study reported taking proactive action with a first pregnancy mostly due to a desire to complete statutory education. They decided to abort although some miscarried in the interim. With subsequent pregnancies, the picture became more complex. It appears that through concerns regarding possible infertility, sometimes incurred by a pregnancy loss through abortion or miscarriage, and having finished statutory education that motherhood became a more desired pathway despite wider society still considering these pregnancies as early, and young motherhood stigmatised. Consequently, the young women mobilised legitimising narratives that seemed to be at odds with personal desire. They presented narratives that appeared to aim to convince the listener of their good citizenship: that they were trying to avoid pregnancy when contraceptive failure, concerns regarding infertility, or fate meant that they became pregnant, despite their efforts to avoid pregnancy. Yet at the same time, their narratives attested to being open to the possibility of pregnancy.

Similar to the young women in the Gonçalves *et al.* study (2011), the young women used narratives of contraceptive or infertility medicalisation that enables many of them to demonstrate engagement with normative society yet also '*develop a potent off-stage critique*' (p. 201) – through hints of gaps in contraceptive use or being convinced they were infertile so no contraception was used, and therefore opening up a possibility of pregnancy. Gonçalves *et al.* (2011, p. 212) termed this '*covert resistance to normative ideologies*'. This is akin to Foucauldian governmentality (Foucault 1984) where a space is opened up for resistance to normalised expectations, rather than that of Rose (1989) where personal desire and that of the state come to be the same.

Muted desire for pregnancy

These legitimising narratives relating to how the young women became pregnant a second time rendered a quieter narrative of desire for pregnancy and parenthood much harder to identify. At first, it appeared that the young women did not narrate a decision to carry on with a second pregnancy. On closer reading, some accounts were actually candid about wanting to become pregnant or being open to pregnancy, which would account for a lack of deliberation when they were. However, these statements were brief and easily overlooked such as Mai, saying, '*I wanted to get pregnant by him*' or Sandra, aged 19, stating '*I'm a big girl, make my own decisions now*' when she described how she stopped using contraception once she finished school. A further reading

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for this muted narrative in the young women's transcripts was conducted. An early focus on what *was* said, the more frequently spoken narratives, had failed to consider that which was little spoken. This may be considered a part of the reading for 'voice of I', but paying more analytic heed to infrequent or less dominant aspects of this reading. It is suggested that 'quietening' an expression of desire for pregnancy and parenthood may have stemmed from a desire to resist judgement in the stigmatised landscape of young parenthood.

Mai is the only one of the young women who overtly stated that she wanted to get pregnant by her partner. Sandra spoke of how her partner and his family were happy, and how she reassured her mother that everything would be fine. This pregnancy therefore did not seem unwelcome:

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

(Sandra, aged 19)

Shonda described her partner's caring response when they were out at a party. This did not give the impression that the pregnancy was a shock event where they were undecided about what to do:

He's like so excited. I proper remember that he was excited.

Angelique also did not speak of any deliberations with her second pregnancy. In fact, there was a sense of celebration around the whole description of discovering the pregnancy. She told her partner about the pregnancy in a creative way, leaving him a note and the positive pregnancy test to discover, which said:

Congratulations you're a daddy and I'm a yummy mummy.

However, despite a description of her partner's excitement, his mother's positive reaction, and the suggestion of multiple pregnancy tests, Angelique never overtly said that she was happy to be pregnant during her account.

Discussion

Analysis has suggested that the young women gave narrative assurances of 'good citizenship', that they were adhering to normalised technologies for pregnancy avoidance in the teenage years. Legitimising narratives were offered through accounts of contraception failure, infertility, and fate as responsible for a subsequent pregnancy. There was, however, resistance to the regulatory

framework through continuing with this pregnancy, quiet excitement, and some direct statements of wanting to be pregnant. The young women simultaneously located themselves within the dominant socio-political regulatory framework of non-reproduction and commitment to education, yet also demonstrated an emerging openness to pregnancy and parenthood, as well as contentment with, and continuation of, a subsequent pregnancy.

The young women in this study appeared to be navigating two contradictory discourses. Firstly, motherhood as a mandate society expects from women (Russo 1976), which has possibly been called into question by a pregnancy loss through an earlier abortion or miscarriage. Usually, women rarely have to justify having a baby because of the centrality of motherhood to the identity of the adult female. The second discourse comprises expectations of non-reproduction for teenage women. Therefore, the young women in this study may have felt a need to justify a subsequent pregnancy. Alongside, the young women had experienced a pregnancy loss and life events such as finishing school, risked potential morbidity and mortality through gang involvement, and were in longer-term relationships. These factors may have rendered motherhood an increasingly desirable pathway that stands in tension with policy and social discourses that problematise young women who become mothers. Choosing silence regarding openness to pregnancy might have worked to successfully avoid enlistment into a negative moral discourse (Burman 2017, p. 424).

Feminist research has tended to be concerned with 'hearing' women's voices, encouraging women to speak out and to challenge oppression. Yet the reading for muted narratives, which has suggested an openness to or even a desire for pregnancy and parenthood, which the young women felt unable to speak boldly, might be seen as a 'failure' to speak out. Parpart (2010) has observed that feminist research tended to see a failure to speak out as a disempowered position. However, she challenged this view of women's silence on oppression in their lives with her analysis of women's ability to speak out about rape, violence, and war crimes. In these contexts, speaking out about oppression may incur further violence and death. She observed that this is not a disempowered stance; it is a means of protection. Bhavnani (1990) has suggested that silence can be resistance: A power engineered through simple avoidance. The dominance of the non-reproductive body technology for the teenage years (Smith 2014) and the widespread stigmatisation of the teenage mother may have led to a desire to avoid such judgement, from the researcher or from the wider audience to the research by simply not talking about their decision to carry on with the pregnancy. Silence on the subject may have been deliberately chosen. As such, this was an agentic rather than passive position taken by the young women.

Bhavnani (1990) has also questioned the legitimacy of 'giving voice' to marginalised groups through research. She acknowledged that this may be a step towards empowerment; however, it is vital to carry out a simultaneous

analysis of the impact they 'do not hear' (p. 114). They are not being heard. The position of researcher and participant-researcher may hinder why the young women are muted others. Wilkins (2008) examining how the voice of the young woman may inhibit or enable her access to issues of difference. (1992) has highlighted the importance of class, race, gender, and age that the interview is not to be acknowledged by the researcher. They have constructed the interview to problematise and challenge the young women may have taken.

Phoenix (2008, p. 114) to the positionality of the researcher. She believes the researcher will be perceived by the young women (2009, p. 52) has no 'policy scrutiny' and teenage mothers will challenge stereotypes and strive for change.

Nevertheless, with the young women were not silent on housing, budgeting, and the point where discussing a subsequent pregnancy was on giving a rational and a deliberate decision. Another consideration is a desire to be pregnant. This view might be a response to 'patriarchal' where the young woman speaks and knowledge ... as Taylor *et al.* (1996, p. 114) their feelings, these are of harmful conventional view, the young women who that expects teenage motherhood when this expectation

analysis of the impact and role of those who are 'potential hearers' and why they 'do not hear' (p. 152). Without this analysis, the reasons these voices are not being heard or listened to are hidden or masked. An examination of researcher positionality in the research process and specifically the participant-researcher encounter was vital in exploring the motivation behind why the young women may have foregrounded certain narratives and muted others. Wilkinson (1988) and England (1994) stress the importance of examining how the varied positionalities of both researcher and participant may inhibit or enable the research encounter. Feminist reflexivity pays attention to issues of difference and power within research relationships. Burman (1992) has highlighted the insight that can be gained through explorations of class, race, gender, and age difference in the research context. She stated that the interview is collaborative and power is always present and should be acknowledged by the researcher (Burman 1992). The young women may have constructed the researcher as a representative of institutions that serve to problematise and prevent teenage pregnancy. Consequently, the young women may have tailored their narratives to avoid such judgement.

Phoenix (2008, p. 66) observed that participants 'orient' their narratives to the positionality of the researcher. This is informed by how participants believe the researcher is going to interpret what is said and how what is said will be perceived by the wider public when the research is published. Arai (2009, p. 52) has noted how young mothers are 'the subject of public and policy scrutiny' and how it is unsurprising that, when given the opportunity, teenage mothers will attempt to distance themselves from these negative stereotypes and strive to present themselves as 'responsible citizens'.

Nevertheless, within the participant-researcher relationship, the young women were not silent and quiet overall. There was much discussion around housing, budgeting, partner's involvement, and future plans, usually at the point where discussion of their pregnancy decision-making with this subsequent pregnancy had been anticipated. This suggests that their silence on giving a rationale for carrying on with their subsequent pregnancy was a deliberate decision, a proactive resistance (Taylor *et al.* 1996). However, another consideration is that the young women were 'silenced' in expressing a desire to be pregnant and/or show happiness when they became pregnant. This view might be supported by Taylor *et al.* (1996). They noted how resistance to 'patriarchal social order' can take two forms, either overt where a young woman speaks out, or, 'where a girl goes underground with her feelings and knowledge ... as a strategy of self-protection' (Taylor *et al.* 1996, p. 240). Taylor *et al.* (1996, p. 240) were concerned that when the young women hid their feelings, these may become lost to themselves and lead to acceptance of harmful conventions of social behaviour. Considered from this point of view, the young women in this study may have been *silenced* by a social norm that expects teenagers to avoid pregnancy and parenthood and is judgemental when this expectation is contravened.

Summary

It could be argued that these young women chose not to articulate their desire for pregnancy due to normative hegemonic discourse that proscribes parenthood in the teenage years. The 'motherhood mandate' is not afforded teenage woman, and pregnancy avoidance is assumed in order to fully participate in further education in preparation for the paid workforce. However, although muted, the young women did express a desire to have babies, and, more obviously, their continued pregnancy was an embodied resistance to this regulatory framework. Nevertheless, the young women's 'good citizenship' narratives obscured and denied their desire for pregnancy. If young women do not feel able to consult with professionals for fear of judgement, valuable opportunities might be missed to support the young women in planning, and throughout, their pregnancies. The reflexive approach to this study has highlighted that clinicians, like the researcher, should consider their institutional positioning, and how they are perceived by the client. It should be acknowledged that policy and target-driven services frequently reproduce wider societal norms and expectations rather than respond to client need. Rose (1989) observed the tendency of statutory organisations to case manage individuals and groups that are deemed to be 'at risk', which describes the current trend for targeted intervention and particularly the assertive outreach model adopted by this service to avoid repeat teenage pregnancy. However, this research suggests that the outreach model, and indeed wider public perception, evolve to include support for teenage women within their changing personal and social landscape with widening or receding possibilities – and where childbearing in the teenage years is recognised as a legitimate choice.

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