ABORTION AND MOTHERING

Research, Stories, and Artistic Expressions

Edited by

Heather Jackson and Jessica Shaw

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I Want to Get My Education Straight: The Impact of Contemporary Cultural Expectations on Teenage Pregnancy Decision Making

Sarah Bekaert

I n this chapter, I discuss findings from a qualitative study with teen mothers and mothers to be who decided to have an abortion with a first and unexpected pregnancy but then went on to have a child in their teen years. In these young women's narratives, personal desires and goals, family opinion, and partner reactions, which all reflect social expectations for the teen years, are evident in their accounts of how they came to have an abortion with their unexpected pregnancy. In relation to these accounts, I debate whether these women had an unencumbered choice when deciding what to do about their unexpected early pregnancy and explore whether and how the dominant discourse of upward economic mobility through education influenced their decision.

In recent decades Western economies have focused on the supposed negative economic consequences for teenage mothers, and poorer educational development for the children of teenaged parents resulting in similar outcomes for them. Helen Goncalves et al (201) call this financial focus the "economic science of teenage pregnancy" (201), usurping previous moral concerns over teen pregnancy. Current

expectations in the UK for teenagers are extended school attendance in preparation for their economic contribution to society in the workplace (Qvortrup 7); to not disrupt this scholarly trajectory, nonreproduction becomes expected (Smith). In the UK, the focus on school attendance has been politically couched in the concern that young parents avoid "social exclusion," defined as an inability to access resources available to the majority of people in a society. Teenage parenthood is assumed to result in social exclusion, and a reduction in teenaged pregnancy and parenthood rates was one of the goals of the ten-year Teenage Pregnancy Strategy (1999) authored by the UK government's Social Exclusion Unit.

In a study conducted in 1999, Sharon Tabberer et al. note how it is assumed a pregnancy decision is made within a framework of private, individual choice, and social context is rarely examined. However, young women in the UK who become pregnant in their teenage years are aware of the dominant public expectations for these years and how this is publicly debated. For teenagers more than any other group, a pregnancy decision has become more of a public event. Reflecting this, I take a Foucauldian approach to my analysis, which acknowledges the power relations in everyday life that affect and shape us, and argue that the idea of individual, voluntary choice is problematic. The specific societal expectations for teenage women may influence a pregnancy decision, raising the question over the reality of choice for those who become pregnant. This chapter examines these "specific constraints" (Tabberer et al. 2) by focusing on what young women's narratives suggest about the cultural contexts and social structures that have a bearing on their decisions for an early, unexpected pregnancy.

Background

This research evolved from my growing dis-ease with the assumptions and goals of government policies that focused on reducing teenage pregnancy and parenthood. Teenage parenthood is seen as leading to social exclusion and to inevitable poverty (SEU). Policy in the UK has focused specifically on reducing teenage pregnancy and has constructed teenage pregnancy and parenthood as a risk to be fixed through appropriate intervention. As a practitioner working with teenagers, I had become increasingly unsettled by the risk discourse surrounding

young parenthood through meeting many young mothers who were successfully parenting. I noted how parenthood could result in positive lifestyles, including a reengagement with education and becoming closer with family.

I was working as lead nurse in a young people's clinic in East London, which included providing contraception and sexual health services. This service was instrumental in trying to achieve government targets to reduce the teenage pregnancy rate locally over the decade of the Teenage Pregnancy Strategy 2000–2010 (SEU). As part of the local plan, we piloted an assertive outreach pathway to reduce repeat pregnancy among young women who had a pregnancy in their teenage years. An audit of this pathway, which indicated the overall effectiveness of the pathway, also highlighted a small group of young women who became pregnant, had an abortion, and then became a parent within two years of the first pregnancy. Commissioners saw these young women as "hard to reach" and representing a "failure" of our outreach attempts. The phenomenon was also a conundrum for practitioners. These young women did not "renormalize" after an abortion—that is, reassuming the expected trajectory of further education, work, and nonreproduction—as Tabberer et al's work (42) suggests; instead, they became mothers. I wished to follow this thread, not so much to contribute to a reduction in the teenage pregnancy rates but to explore what appears to be a mismatch in the young women's decisions—deciding to abort the first pregnancy yet to carry on with a subsequent pregnancy despite still being in their teen years.

Methodological Approach

I took a social constructionist stance to the research, recognizing that we, and our narratives, are shaped by the social structures and cultural contexts in which we live. I draw specifically on Foucault's understanding of the ways in which power relations act upon us. In his work *Discipline and Punish*, he suggests that power is diffuse across society, not simply evident in institutions, which results in a normalizing gaze whereby as individuals we can feel watched and judged both by professionals and those around us (Foucault 184). He suggests that, ultimately, we can turn this gaze in on ourselves and watch, control, and judge our own behaviour (Foucault 202-203). I also consider

Foucault's (12) concept of resistance—that people are able to resist within these power dynamics and evolutionary social change can occur—alongside feminist thought that recognizes that this resistance is a challenge for marginalized groups (Ells 218). I relate this tension within resistance specifically to the reality of choice in the pregnancy decision moments in the teenaged women's accounts in this study. Faced with dominant discourses of nonreproduction and scholarly upward mobility in the teenage years, what choice can the young women exercise? This approach creates an interesting viewpoint from which to explore the young women's narrated accounts of their pregnancy decision making, by considering which power relations are present and how the women internalize or resist dominant Western expectations for the teenage years.

In this exploratory study, I interviewed eight teenage women who are mothers, or mothers to be, but who also had previously had an abortion (I have used pseudonyms for all participants). A narrative framework was used to guide the data analysis. Social constructionism recognizes that language is the main system through which humans construct reality. People draw on available narratives in their accounts. In the "turn to language" in the 1980s Potter et al. (205) questioned talk as a route to cognition. Rather than a direct representation of experience, or a true account of a person's beliefs, they suggest that a person takes part in a conversation for a purpose and that it takes place within a social context which will shape what is said. This dimension to narrative analysis considers how the researcher-participant dynamic, manifest in the resulting interview data, can reflect social expectations.

A data analysis method called the "listening guide" (Gilligan 71; Mauthner and Doucet 419) facilitates readings across the women's stories and highlights the social structures and cultural contexts that are presented as affecting their decision. From a psychological perspective, Carol Gilligan suggests researchers explore how narrators express and present themselves in their stories (71). Natasha Mauthner and Andrea Doucet suggest several further readings from a sociological perspective (419). First, there is a reading for plot, what happens in the story, and then a reading for reader response, thus formalizing reflexivity in the process. At this point, the researcher-participant relationship can be formally considered. There is then a reading for relationships. What are the significant relationships in the narrator's

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...teenage women who ...previously had an ...cipants). A narrative ...social constructionism ...ugh which humans ...es in their accounts. ...al. (205) questioned ...t representation of ...they suggest that a ...and that it takes place ...This dimension to ...participant dynamic, ...social expectations. ...guide" (Gilligan 71; ...across the women's ...cultural contexts that ...m a psychological ...plore how narrators ...Natasha Mauthner ...from a sociological ...what happens in the ...thus formalizing ...archer-participant ...then a reading for ...ips in the narrator's

story and what role do they play in the decision making? Finally, there is a reading for cultural contexts and social structures. How do respondents draw on cultural resources in telling their story? How do they speak about themselves in relation to cultural and material structures? All readings speak to this final layer, as all reflect or resist social and cultural norms. A reflexive consideration of these readings also considers the co-construction of the interview between the researcher and participant and how the participant positions herself within this dynamic.

Findings

In this section, I focus on events and decisions surrounding the young women's first, and reportedly unexpected, pregnancy. I explore how they narrate their partner's and mother's involvement as well as the reactions of professionals. I discuss how broad social expectations are reflected in relationships and expectations for self in relation to their decision to abort this pregnancy. I will consider the young women's pregnancy decisions in relation to Gilligan's exploration of female decision making, which she suggests is more field dependent in comparison to male decision making. Gilligan suggests that women are more likely to consider other people's emotions and reactions and the consequences for others when making a decision, which can render a clear conclusion difficult to achieve, whereas male decisions tend to be made from a more autonomous and separate standpoint (Gilligan 38). I also consider this study in relation to Gilligan's abortion decision-making study (125). For the young women in Gilligan's study, the decision is predominantly a moral dilemma—that is, "doing a bad thing." In my study it seems more a social decision made in relation to practical considerations, such as completing school and the support available to them in early motherhood. In both studies there is an enduring need, or requirement, to justify a decision to abort.

Partners

Partners play a significant part in the young women's narratives, and these women take their opinions and reactions into consideration when deciding whether to carry on or abort an unexpected pregnancy.

A range of reactions is described—some positive, some negative, and some ambivalent. For example, Angelique received a negative reaction from her partner. When Angelique telephoned him after the doctor confirmed her pregnancy, he was worried about people's reactions and urged her to have an abortion: "He was like try and get an abortion, that's the first thing he told me.... There's nothing we can do. Everyone's going to find out. Everyone's going to be angry, your dad, your brother and everything. So I was like oh, ok, abortion in my head."

Carleen's partner was less decided, as he was both excited and concerned over the news. Initially happy and supportive, he later began to worry about how they would manage and how he would be able to provide, which emphasized his gendered ideas about the man being the provider for the family. Far into the pregnancy, he said that he did not feel he could go ahead, as he felt he would not be able to take on a provider role at this point in his life. When she lost her partner's support, Carleen felt she could not carry on with the pregnancy and decided to abort:

> Well he wanted the baby at first. I was always the one to say no, not yet. And then the tables turned, and he started getting scared.... At first, he was rubbing my belly, kissing my belly; then when it really hit him when the baby started getting bigger. he got a bit scared, and said I don't think I can do this. So, it was really hard, and I had to ... the decision.... I was already far gone.... He just got a bit daunted, and he started to get frightened at times, like how was he going to provide, what's he going to do, how to find a job.

Conversely, Mai's partner's reaction was effusive. He was quick to make plans, setting up space for her and the new baby in his parent's home: "He wanted me to move into his mum's house. He made up a bedroom for me and everything."

Whether negative or positive, the partner's reaction to the pregnancy is significant across the young women's accounts. Similar to other research studies, the baby's father was the first person they tell of their pregnancy (Loke and Lam 4), and across the stories, the young women's decision about whether to abort or carry on was influenced by their partner's feelings and reactions. In this study, there are no

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examples of the young men deciding on the pregnancy outcome; however, their reactions were considered by the young women and influenced their decision. Angelique and Carleen decided to abort because they believed they would need their partner's emotional and financial support, which they no longer had.

Mothers

Again, similar to other studies, the young women's mother tends to be the second most significant person in relation to making their pregnancy decision (Spear and Lock 406; Gilliam 55). However, the process is different to that described with their partner; the young women rarely tell their parents about the pregnancy directly. When the young women do disclose their pregnancy to their parents, there is a sense of disappointment in their narratives—disappointment expressed by the parents and the disappointment felt by the young women for having disappointed their parents. For example, Sandra said the following: "My mum's thoughts, my mum and dad's thoughts were like, 'Sandra you need to finish school' ... but that was my thought as well. I was agreeing with them. I was like, yeah, I will finish school regardless; this is one thing that I need to do to prove to everyone that I can do something with my life."

Notably, several of the young women described not telling their parents about their first pregnancy. Danielle experienced a complicated miscarriage but never told her mother about the pregnancy or the miscarriage:

> Danielle: So I was going tell them "oh I'm pregnant everyone," but luckily, I didn't because the next day I had the scan, and I found out that the baby had died, so something was telling me don't tell.... And then after that operation, they didn't remove everything, so I had to keep on going back into hospital cause I was in pain and clotting... Sorry, I know that's disgusting.... There wasn't another operation, they gave me an abortion pill to get the rest of it out, but even up until October, because I had the procedure in September, till the end of October, I had it all going on.

> Sarah: So how did you explain all of that to the people in your... well your mum basically?

Danielle: My mum's always at work, so she leaves the house at 7:00 a.m., and she gets home at 7:00 p.m., so during that time I was gone. And I wasn't really at home. I was mostly at my boyfriend's house, so she wouldn't really know where I was.

Similarly, Cadeen, prior to her abortion appointment, miscarried her first pregnancy at home unbeknownst to her parents. Her words "I don't know how to come to her [her mother] and tell her" suggest that she feared a negative and/or disappointed reaction:

Cadeen: I was at my mum's house, and he (her boyfriend) was at his house, and I was on the phone to him, and I told him that I was bleeding, and that it really hurt. And he said, "Babe you need to go to hospital," ... I didn't tell my mum where I was going at the time.

Sarah: Did she know you were pregnant?

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

For Susannah, it is only when she had a bleed at school and was taken to hospital that her mother found out about her first pregnancy. She said that she "obviously" did not want to tell her mum that she was pregnant—again suggestive that her mum would not be happy:

But before the day had even started, I blacked out in school, and when they got me round, I just started bleeding. So, I didn't want to tell anyone, but my friend had to tell someone so I could see someone really quick. One of the office staff drived to the hospital they contacted my mum and told her that she was needed at the hospital but didn't tell her what for. But she didn't know because obviously I didn't want to tell her what I was doing. So, with that, she found out there.

Agunbiade Melvin and Vera Uzoma have noted that sometimes parents are unaware of their daughter's sexual activity; hence, the daughter announcing her pregnancy would be too difficult to make (557). This is seen in the unravelling disclosure of Shonda's first pregnancy. When her pregnancy became apparent, Social Services brought her home to her mother, yet Shonda still denied to her mother that she had been sexually active:

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[I was staying] ... with a friend ... her mum kept me up ... her house. It was only when I got pregnant that social services said I had to go home, and I went back home, and the social worker came to see me and my mum...and when I came back home, my mum asked me "Are you pregnant? Are you pregnant?" I was like "No!" "Are you pregnant? Are you pregnant?" I was like "No!" "Are you having sex?" I was like "No!" "Are you having sex?" I was like "No!" "I'm not having sex." She said to me, "I'm going to find out you're pregnant," and she found out I was pregnant.

Not feeling able to disclose an unexpected pregnancy to parents is a consistent theme across the literature in relation to teenaged pregnancy, mainly through not wishing to disappoint them or bring shame on the family—sometimes through fear of a violent reaction or not wishing to become a financial burden (Hallden, Christensson, and Olsson 795, 798; Dahlback et al. 256). Anticipated disappointment may explain why several of the young women in this study did not tell their parents about their first pregnancy. Bringing shame on the family is not overtly referred to in the young women's narratives, and a violent reaction is only evident in Angelique's narrative when her mother hears of her pregnancy and hits her: "She took the umbrella, and she beat me with the umbrella because she was angry. But I understand because I lied to her, and I sweared on her dead mum's life that I didn't have sex."

In contrast to most of the mothers' reactions, Mai's mother was overtly positive in relation to the news of her daughter's pregnancy. However, Mai found this support overwhelming. She described a tension between what she wanted to do regarding the pregnancy and current or future parenthood and the perceived or expressed wishes of her mother. At the time we met, she was living at home with her mother and siblings. When I asked her where she would like to raise her child, she reported divided loyalties between her mother and partner, not feeling comfortable with the approaches of either:

Mai: But my mum ... she wants to get a smaller bed; otherwise, where's the baby gonna go ... but he's [her boyfriend] saying he don't want me here, and I just don't know what to do.

Sarah: Where do you want to be?

153

Mai: Somewhere where I can get help cos I know that he's...
he's... I don't know what's going on. He wants to do everything
he wants to buy me a car. He getting his... he's getting everything.
Cos now he's getting money and all of that. He wants to take me
shopping and that. But I'm not used to that with him; me and
him are usually just chilling. Like everything's just changing.
And I don't know whether I like it or not.... Everyone's telling
me what to do, and I get angry when I don't want to listen.... I
say like why are you buying me clothes. She bought me like
clothes when I wasn't even like three months yet, why are you
doing that like... She's moving like she wants to be the mum...

Mai is concerned that her mother is "moving like she wants to be
the mum," taking over her role as mother. However, she recognizes the
potential support from her mother, saying how she would like guidance
in what to do, "if I'm doing something wrong to correct me." Although
Mai's mother's actions may come from a desire to support her daughter,
it may also infantilize her—taking control of her life rather than
facilitating her own decisions. Tabberer et al (41) note that even though
a supportive parental approach can facilitate transition, it can also lead
to enclosure, hindering independence. Mai seems caught between
being irritated at her mother's apparent over involvement and an
appreciation of her support.

From the young women's narratives, parents seem to be as signif-
icant as their partner in their pregnancy decision, although their
influence is less obvious. This is perhaps unsurprising, as the young
women have grown up absorbing the values of parents and family
(Tabberer 20). A young woman cannot help but be influenced by the
opinions and values of those with whom she has grown up (Hallden,
Christensson, and Olsson 248). Parents do not change the young
women's decision as the partner might, likely because the young women's
expectations for themselves tend to reflect family and cultural values.

Statutory Organizations

Although the reactions of partner and family are the main focus of the
young women's stories, the listening guide readings foregrounded a less
prominent theme: the negative and judgmental reactions of some

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statutory organisations. For example, in Angelique's story, the organization that discovered she was pregnant demonstrated a striking disregard of her right to confidentiality. She hid her pregnancy for quite some time, after not being able to negotiate access to abortion services earlier in the pregnancy, and her pregnancy was disclosed at school. A staff member told her mother without Angelique's consent. Angelique was thirteen at this point, and though young, she was still entitled to confidentiality and support in her decision:

> Angelique: They [her teachers] brang me to some place … that when you're upset, you go there. But this woman she helps young people, apparently young people who get pregnant in school…. She said that she was going to go [to the hospital] and tell my mum, but I [didn't] have to go with her, so I didn't go with her cause I was scared.
>
> Sarah: Why was she going to go the hospital to tell your mum?
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> A: She said that she has to because I'm underage and I'm still in school…
>
> Me: Were you thirteen or fourteen at that point?
>
> A: I think thirteen. I don't know. One of those then. But round that age limit. But I said, "No you don't" because he (her boyfriend) said no you don't have to, and she was like, "I do have to. That's my job. Don't worry. You don't have to come with me" … And [I asked] "When I come home, are you going to be there like?" So she was like, "She won't do nothing. I'll make sure she'll understand." So she went with some man to the hospital, and she found my mum, and she told my mum.

Similarly, Social Services were instrumental in engineering Shonda's disclosure to her mother of her first pregnancy. Shonda had left home and was living with a friend's family when she became pregnant from a sexual assault. Through attempting to bring about reconciliation with her mother, Social Services engineered a situation wherein Shonda has to tell her mum about the pregnancy: "When I got pregnant … Social Services said I had to go home, and I went back home, and the social worker came to see me and my mum … the social

worker came to my house, and we had a chat. She was like, "She's not going to kill you, don't worry. Shall we call her?" [Then] I told her [her mother].

The young women describe professionals' responses as disempowering through not giving the young women the time, space, and unbiased support in which to make a decision on whether, when, and how to tell their parents about their pregnancy.

Healthcare professionals also feature in the young women's stories. Ally had a good relationship with her doctor, who referred her to social care when her relationship deteriorated with her sister with whom she was living. When Ally became pregnant before finishing statutory schooling, the doctor provided a confidential abortion referral and ongoing contraception advice. Conversely, Susannah was angry about her encounter with a nurse at the sexual health clinic she attended to confirm her pregnancy. Aware of her rights to confidentiality and to carry on with a pregnancy, she found the nurse's approach judgmental:

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

The nurse's approach in this example reflects the expectation of the nonreproductive body in the teenage years (Smith), which Susannah challenges, as she wishes to carry on with her pregnancy. Ally's relationship with her doctor was more positive, although this may be because Ally was seeking an abortion and contraception, therefore adhering to nonreproductive expectations.

Since Victoria Gillick challenged her local authority in 1985 regarding parental involvement in young people's contraception provision, health professionals in the UK have worked with the Fraser Guidelines which assists an assessment of whether a child or young person has the maturity to make their own decisions and to understand the implications of those decisions with regard to contraceptive advice

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and provision. Yet at the same time, there has been a ten-year national policy to reduce teenage pregnancy and parenthood that seems to deny young people the rights afforded them through the Fraser Guidelines. If a young person is able to choose not to become a parent, they can surely choose to become a parent? It seems that this ability is affirmed only so long as the young person is choosing not to parent.

A Swedish study suggests that for teenagers, the availability of contraception and abortion leads to an illusion of reproductive choice—"free to decide as long as the pregnancy is terminated" (Ekstrand et al. 176). This approach satisfies the desires of state; young people are enabled to continue their education and enter the workforce, creating models of motherhood and family formation that do not make financial demands of the state (McRobbie 72). This framework also reflects Foucault's concept of governmentality: there may ostensibly be a choice, but you must choose wisely for societal acceptance (Higgs 180; Craig and Scambler 1123).

Expectations for Self

Finally, we come to expectations for the self. For the young women in this study, social moral concerns related to completing their education and having the support of their partner appear to be the main influence on their decisions regarding an unexpected pregnancy. Whether they have finished school or not seems to be a milestone that affects these young women's decision. Decisions made before completing statutory education aged sixteen, tend to be for abortion. Some of the young women stated specifically that they wished to complete education before embracing parenthood:

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

> I wanted to get my education straight. (Ally)

> We was deciding. I was at school. I wanted to finish school. (Susannah)

For some young women, when they became pregnant after

157

completing their GCSEs, they seemed to deliberate more over whether to carry on with their pregnancy. For example, Danielle decided to carry on, and Carleen and her partner initially wished to continue:

> I guess that when I first found out when I went doctors, we went home and talked about all the possible decisions we could make—abortion, adoption really or keeping it. (Danielle)

> Well, he wanted the baby at first. I was always the one to say no. (Carleen)

Susannah was surprised by the support offered by her partner. When she found out she was pregnant before taking her GCSEs, she assumed that she would have an abortion, as she wanted to complete her education before starting a family: "I was at school. I wanted to finish school. He was ok with that, but he wasn't happy with the idea of me having an abortion." However, her partner suggested that he could look after the baby while she finished school, which convinced her to carry on with the pregnancy: 'He was okay with it once I told him, but it was just deciding whether or not we should go through with it.... So eventually when we decided on it. We decided that ... once I've had the baby, he'll stay at home with the baby full-time while I'm at school, and then I would have the baby in the evening."

Tabberer et al suggest that in pregnancy decision making, younger age groups have less formed opinions on whether to carry on with an unexpected pregnancy and are less willing to express or defend these opinions than older groups. In this study, I find the opposite: Before having finished school, the young women are clear on their choice for an abortion. This focus on completing education before starting a family seems to be specific to contemporary society. A previous study by Gilligan highlights how women articulate their decision through moral language—that is "doing the right thing" by their partner or the unborn fetus (116, 133). This study suggests that these young women feel they have more of a social and personal responsibility to complete their education. The 1997 Labour government's focus for this age group was "education, education, education" (Coughlan). The government also wanted to reduce areas of supposed social exclusion, such as teenage parenthood. These messages seem to have been internalised by the succeeding generation.

Discussion

In these interviews, there were no examples of a decision being imposed on the young women, but many decided to abort because they wished to complete their statutory schooling or wished to enter parenthood in partnership with their boyfriend. The importance of partner and parental opinion in the young women's narratives echo Gilligan's (29-30) findings in her abortion decision-making study, in which the women considered the effect of their decision on their partner and family. However, although the young women in this study considered the opinions of their partner and family, some of which influenced their final decision, the young women ultimately decided for themselves. This differs in the overall tone of Gilligan's abortion decision-making study, where in many cases the choice was between staying with the partner or having the baby (125). Her participants appeared to be caught between two positions: what they wanted—to have the baby—and what those around them wanted—for them to not have a baby (Gilligan 88). She concludes that her participants' voices were silenced through their wish not to hurt others (Gilligan 51) and ultimately deciding to abort. In my study, the young women make their decision based on an assessment of the support available to them as well as a desire to finish their statutory education.

In Gilligan's study, the women's decisions were couched in a moral concern, as abortion was seen as ethically wrong (116, 133). In this study, there were vestiges of a moral aspect to the young women's decision making in several of their narratives. Sandra stated that she has done something "bad" through having an abortion:

> My sister was there, and he [her boyfriend] was there, and that day, it made me feel sad a little bit but at the same time it made me feel happy... because I'm doing something really bad ... and even though I crushed certain people's hearts, there [are] other people here to support me. Yeah, Sandra, your life ain't finished.

The women also mentioned religious objections to abortion, mainly in their account of their maternal grandmothers' reactions. Yet the grandmothers were still willing to support their granddaughter in their decision. Susannah described her grandmother as supportive despite her prolife Christian beliefs: "My Nan was disappointed, but then with

my nan being a Christian, she's against abortion, so she's just like 'we'll get through it.'" Shonda ran away and hid her pregnancy in anticipation of her mother's reaction, knowing her mother's strong religious opposition to abortion; ultimately, however, her mother supported her decision:

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

This moral aspect to abortion reflects religious concerns regarding the sanctity of life, and E.M. Mojapelo-Batka and J. B. Schoeman refer to this as "'ecclesiastical' morality" (144). However, social morality—making a decision in relation to practical considerations, such as timing and the support available—is more apparent in the wider literature (Hallden, Christensson, and Olsson 795, 798; Goncalves 209; Tabberer 34) and in this study. This finding suggests that over the past thirty years, ecclesiastical moral concerns have receded, and pregnancy decisions now appear to be more based on social concerns. Whereas in Gilligan's study the women's voices were silenced in terms of their pregnancy decision, the women in this study had more say in their decision making. For the women in Gilligan's study, their preferred outcome was directly at odds with the reactions of those around them; they mostly wanted to carry on with the pregnancy, but moral concerns relating to pregnancy out of wedlock and the lack of support from partners influenced their decision for an abortion. For the young women in my study, their main goal was to complete their schooling before starting a family. They made their decision based on personal goals while considering the opinions of those around them and the support available. This finding reflects Goncalves et al.'s (209) observation that teenagers postpone parenthood in order to achieve upward mobility through their own education.

Nevertheless, the extent to which the young women are exercising choice can be questioned, given the dominant social expectations they face and have internalised. In this way their decisions are not dissimilar to Gilligan's participants, albeit the social expectations differ. Rather than ecclesiastical moral expectations, government targets for reduced

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teenaged pregnancy rates, which emphasize the supposed economic benefits of delayed parenthood, now represent the dominant Western expectations for nonreproduction in the teenage years. Young women are encouraged to focus on their education in order to eventually contribute economically to society through their work. Although this shift to a social approach suggests a practical and personal choice, I argue that young women have internalised these expectations; consequently, their choices are now influenced and circumscribed by the dominant expectation of delayed pregnancy and economic upward mobility through education. The young women in this study went on to have a child soon after aborting their first pregnancy, and once they had completed their statutory education. This suggests that finishing school may be a marker for adulthood; after which they can now make independent decisions regarding when to have children. Future work based on this study's results could explore the possible impact of an abortion or miscarriage on fertility decision making for these young women. This loss may also be a powerful incentive towards trying to become pregnant again.

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