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Risk: Young Women and Sexual Decision-Making

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Abstract: This paper considers young people's sexual decision-making in the context of New Labour's policies on teenage pregnancy. In 1999, the newly formed Social Exclusion Unit sought to understand why the UK had the highest number of teenage conceptions in Europe (SEU 1999). One of the conclusions was that young people in the UK are engaging in "risky" rather than "safe" sex. Although New Labour has since developed policies designed to help young people avoid what is seen as risky sexual activity, there is a tension in sexual health policy between the overall aim of providing young people with the knowledge and confidence to practice "safe sex", and an underlying belief amongst many in the undesirability of "underage sex". This is partly a legacy of disagreements evident in the 1980s and 1990s when some organisations argued against sex education and contraceptive provision for young people on the grounds that it encouraged promiscuous and risky behaviour. The paper shows how alternative meanings of risk and responsibility are present in young mothers' own representations of their sexual decision-making. It does this through an analysis of two research projects on *Young Women, Sex and Choices*.

1. Introduction

This paper considers young people's sexual decision-making in the context of New Labour's policies on teenage pregnancy. Despite no significant increases in the pregnancy rate since the 1970s, New Labour prioritised a campaign to reduce teenage pregnancy. This was primarily because the UK rate is significantly higher than the European average: oft-quoted figures, first appearing in the Social Exclusion Unit's Teenage Pregnancy Report (SEU 1999), are that the UK has teenage birth rates twice as high as Germany, three times as high as France and six times as high as the Netherlands. The Report produced little evidence that young people in the UK are more sexually active than their European counter-parts but judged that young people in the UK are much less likely to practice "safe sex" and are therefore engaging in "risky" sexual activity. [1]

New Labour has proclaimed itself keen to provide young people with the means of avoiding what are seen as risks attached to sexual activity (principally pregnancy and sexually transmitted infections). There is, however, continuing tension in sexual health policy between the aim of providing all young people with the knowledge and information to engage in "safe sex", and a widespread belief in the undesirability of "underage sex"—sex under the age of sixteen. This is partly a legacy of conservative moral attitudes, particularly evident in the 1980s and

1990s when political debate around sex education, for example, was polarised between those who aimed to control (limit or stop) teenage sexual activity and those who aimed to protect these young people through promoting a "safe sex" message. That conflict has not disappeared. It can serve to circumscribe the development of sexual health services, in school, for example, and is often played out in terms of risk-management. [2]

These tensions are explored in the paper through discussion of the results of two research projects on Young Women, Sex and Choices. The discussion considers young women's perceptions of risk through a focus upon their own representations of their sexual decision-making. The paper also shows how a moral framework that incorporates notions of risk and responsibility informs the decisions that some make. Contrary to the wishes of policy-makers, however, this moral framework actually propels many towards young motherhood as a way of taking responsibility for their actions. Risk and responsibility are contested concepts, and the young mothers' interpretations do not sit easily within policies that treat sex as inherently risky behaviour. [3]

The paper begins by considering the policy context for the current debate on young people and sexual behaviour. In so doing it suggests what might be peculiar to this issue in the UK. It then discusses historically-based explanations for this peculiarity. Finally, it draws upon the two empirical research projects and assesses the views of young women themselves towards sexual "risks" and sexual morality. Overall, the paper suggests that what we are seeing now in policy debate around young people and sexual risk-taking can be seen as, in part, a continuation of oppositional approaches to sex and sexuality going back at least one century, and that these debates also find their way into young women's moral framework on sexuality. Drawing upon a view of risk as a subjective and social concept (ZINN 2005), the concept of risk as applied to sexual health and young people is seen as a social, cultural and historical product with a number of different meanings. [4]

2. The Policy Context

The policy agenda is largely driven by the UK government's concern to cut teenage pregnancy rates. Following its election victory in 1997, New Labour established the Social Exclusion Unit. An implicit recognition of the correlation between social deprivation and teenage pregnancy, earlier established in the Acheson report (ACHESON 1998), led to the Unit prioritising an investigation into the relatively high rate of teenage pregnancy in the UK. The resulting Teenage Pregnancy Report (SEU 1999) set out a Teenage Pregnancy Strategy and specific targets. The Unit's analysis led it to propose a national campaign with two main aims: to halve the rate of teenage conceptions among under 18s by 2010; and to reduce the risk of social exclusion for teenage parents through greater involvement in education, training or employment (SEU 1999). The latest data from the Office for National Statistics show that in 2003 the rate for under 18s has fallen to 42.3 per 1000 (ONS 2005). This is about 10% lower than in 1998. [5]

The Teenage Pregnancy Report pointed out the connection between poverty and disadvantage and teenage parenthood, arguing that social exclusion could be seen as both a cause and a consequence of teenage parenthood. The resulting strategy, however, when aimed at the reduction target, has focussed upon the sexual behaviour of young people. This can be seen as more amenable to local intervention than attempts to change patterns of deprivation. Indeed, the SEU Report has been criticised for not addressing issues of deprivation and poor job prospects for many young people (FPSC 1999). [6]

There is a widespread recognition, evident amongst sexual health professionals and policy makers, that another important explanation for the relatively high rates of teenage pregnancy in the UK is poor use of contraception, rather than high rates of sexual activity. The Teenage Pregnancy Report estimated that three quarters of all teenage pregnancies are unplanned (SEU 1999, p.55). It posed a number of explanations: young people's poor knowledge of contraception; an accompanying lack of understanding about forming relationships and parenting; mixed messages about sexuality from the media and society in general; and low expectations amongst a significant number of young people (SEU 1999). The latest National

Survey of Sexual Attitudes and Lifestyles (NATSAL) also shows that the likelihood of not using contraception increases as the age at which sexual intercourse begins go down. Non-use of contraception at first intercourse was reported by 18% of men and 22% of women who had been aged 13-14 years at first intercourse (WELLINGS et al. 2001). Unprotected sexual intercourse means that young people may also be at risk of contracting sexually transmitted infections (STIs). Effective use of contraception amongst young people is associated with: good quality information and education about sexual matters including school-based sex education and community sexual health services (CHAMBERS et al. 2001, SWANN et al. 2003). [7]

Over a number of years, research that has concentrated upon decision-making in relation to engaging in "risky" sexual activity has shown that, lacking adequate knowledge and/or self-confidence, young people (especially teenage girls) struggle to negotiate "safe" sexual encounters (COUNTERPOINT 2001; HOLLAND et al. 1992; THOMSON & SCOTT 1991; SEU 1999; WEST 1999). [8]

Although it is widely acknowledged that young British people are poorly informed about sex, contraception, sexual health and reproduction, attempts to improve their knowledge in the past have been controversial (HAWKES 1995; WEST 1999). There is a widespread, ill-informed, view that more knowledge will simply result in more sexual activity. Such sexual puritanism does little to challenge a conservative view of sex as inherently risky, dangerous and undesirable, one of the "forbidden" pleasures of adolescence, but it does contribute towards teenagers' unwillingness to seek information and advice which might minimise the risks of pregnancy and STIs (BURACK 2000). As a recent comparative report points out, "those countries with the highest teenage birth rates tend to be those that have marched far along the road from traditional values whilst doing little to prepare their young people for the new and different world in which they find themselves" (UNICEF 2001, p.13). The UK fits into this framework. General societal attitudes towards sexual relationships and ongoing debate about sexual morality and young people, serve to set boundaries on sexual openness. In this debate one question posed is whether teenage pregnancy is a risk to be avoided through improving sexual knowledge or through avoiding sexual activity. One of the suggested reasons for success in other European countries, such as the Netherlands, is that families and society are much more open in talking about sex with children from an early age. There is also a greater acceptance of teenage sexuality (CHAMBERS et al. 2001; KNIJN & LEWIS 2002). [9]

In many areas of the UK, a vociferous minority continues to resist attempts to provide young people with the sexual information, resources and knowledge they need to negotiate sexual relations. This was particularly evident in the consultation period for revised guidelines on sex and relationships education (DfEE 2000). The Government responded to the family rights lobby by ensuring a framework stressing the importance of marriage, family life, love and stable relationships in bringing up children, whilst David BLUNKETT declared that sex education must be taught "within a moral context" (Daily Express 30-8-1999). [10]

Sex for young people places them "at risk" of sexually transmitted infections (STIs) and/or pregnancy. There are, of course, crucial differences between sex and the other risky behaviours associated with young people. In the first instance, sexual activity is something that the vast majority of post-pubescent people engage in. This cannot be said for drugs, alcohol and tobacco. Following on from this observation, it is clear that it is not sex as such that is deemed "risky" but rather sex in particular circumstances. Those circumstances include the age of the participants and their ability to engage in "safe" as opposed to "risky" or "unsafe sex". There is a particular concern for those who are under sixteen, and thus below the legal age of consent. Such considerations invariably connect sexual health policy and practice to public and political debate on sexual morality. Most recently, such debate has arisen following the challenge to government guidelines on confidential abortion provision for under-16s, brought to the High Court by Sue Axon (RIDDELL 2005). Many of those who argue young people should learn to "say no" are drawing upon a tradition that defines sex as risk and seeks to punish those who have sex. [11]

In the UK, the idea that teenagers under the age of sixteen may by sexually active regularly provokes moral indignation. The Prime Minister himself declared in his preface to the Teenage Pregnancy report: "Let me make one point perfectly clear. I don't believe young people should

have sex before they are 16. I have strong views on this. But I also know that no matter how much we might disapprove, some do. We shouldn't condone their actions. But we should be ready to help them avoid the very real risks that under-age sex brings". This belief would be echoed throughout the country and a common response has been to try and ensure that teenagers (especially those under-16) remain sexually ignorant, that they should avoid the "risk" of sexual activity. Such conservative morality also views teenage pregnancy as one part of a much larger problem—the decline of the family. However, ironically, it is precisely the failure of successive governments to challenge such a moral framework that has contributed towards the persistence of high teenage conception rates. This conservative moral framework has deep historical roots. [12]

3. A Historical Legacy: The Politics of Sex and Reproduction

For much of history women have not been able to engage in sex without a high risk of pregnancy, often seen as an appropriate punishment for sexual activity (COOK 2004). Contraception and abortion break the connection between sex and procreation, and thus minimise this risk. There has not, however, been an incremental process towards sexual activity without such risk/danger for women. A strong case can be made for the reduction of sexual politics in twentieth century Britain to a struggle between what might be termed progressive and reactionary movements. Sexuality and contraception may be viewed as private and personal but religion and the state have been centrally involved in trying to regulate sexual behaviour (WEEKS 1981). Feminist campaigns around contraception and abortion have invariably been confronted by a stubborn conservative resistance, dominated by a Christian morality, which tried to maintain a model of sex as illegitimate except within the confines of marriage and for the purposes of procreation (COOK 2004; HOGGART 2003). Although this model has long broken down, and contraceptive developments and abortion liberalisation have turned pregnancy and motherhood from a necessary risk to one possible outcome of sexual intercourse, strong elements of the ideology are still evident in policy debate at national and local level. [13]

The first large campaign for birth control in the 1920s attracted fierce opposition. Women who volunteered to work in clinics (such as those pioneered by Marie STOPES) were regularly pelted with eggs, windows were smashed and premises were attacked (LEATHARD 1980). The use of the word "whore" shouted at volunteers and painted on clinic walls revealed an antagonism towards women's sexuality that is still evident in contemporary politics. The fear of pregnancy was thought to prevent women from responding to their own desires for sexual pleasure, therefore birth control would turn women into "whores" (COOK 2004). One hangover from the Victorian period was the identification of sexually active women with prostitution (BLAND 1995). The most virulent opposition to the establishment of birth control clinics was connected to a concern about women daring to control their fertility and so admitting to their sexuality. One of the main opponents within the medical profession, Dr. Mary SCHARLIEB, expressed a common sentiment: "limitation of families is wrong and dangerous because it does not control nor discipline sexual passion, but by removing the fear of the consequences it does away with the chief controlling and steadying influence of sexual life" (SCHARLIEB undated, p.6). This was connected to a Christian morality that strongly asserted that the primary purpose of "married love" should be procreation (SOLOWAY 1982). Pregnancy, as a visible sign of sexual activity, was the punishment for taking the risk of sex outside these parameters. [14]

Under the pressure of these forces, those in favour of the development of contraceptive services were concerned to campaign around the issue, for many years, only within the confines of marriage, as an aid to "family planning". Sex outside the marriage relationship was viewed as immoral and, once again, the risk of pregnancy served as a restraint. In the 1970s, the newly revitalised women's movement campaigned for free contraception and abortion on demand. It was recognised that the ability, or inability, of women to control their reproduction is undoubtedly one of the more important factors structuring their lives: "women can only take charge of their lives if they can control their own reproduction. This means either sexual abstinence or the separation of sexual activity from procreation" (GREENWOOD & KING 1981, p.168). The sexual revolution, the "permissive" era of the 1960s, the emergence of second wave feminism and the development of new methods of contraception created a radically new

agenda for sexual politics (EVANS 1997). It was a period characterised by technological breakthrough, significant changes in Government policy and in which progressive forces went on the offensive. All these developments were fiercely contested, in some cases by feminists arguing that the changes were inadequate, but also by more conservative movements attempting to reverse liberalising legislation. [15]

Women's (especially young women's) access to contraception and abortion therefore are politically contested. Conservative resistance to pressure for progressive reform has ensured uneven provision and the endurance of a sexual morality in which sex is still often seen as dangerous and undesirable. Such resistance was most evident in the 1980s. [16]

By the 1980s what became known as the New Right in Britain and the United States contained within it a number of "morality" campaigns that together constituted a conservative sexual politics agenda. The New Right sought to defend the "traditional" nuclear family and criticised those who were outside that norm (such as lone mothers) and those who challenged that norm (such as feminists). They were generally concerned with what was viewed as a moral decline associated with the "permissiveness" of the previous two decades. The "backlash" against the "permissive" politics of the 1960s involved a number of extra-parliamentary campaigns that sought to restore traditional sexual morality and reverse many of the progressive reforms of the 1960s and early 1970s (FALUDI 1991). Underpinning all these campaigns was a conservative view of the family. Aims included defending the family against the state, promoting sexual morality and attacking promiscuity. The New Right sought to reassert a traditional moral and social order underpinned by values of individual self-interest, family and self-reliance (WILLIAMS 1999). Ideologues, such as Charles MURRAY, also claimed links between the decline of the nuclear family and other "social problems": fathers abandoned families, boys turned to crime and girls became teenage mothers (MURRAY 1990). [17]

One of the most significant of these campaigns in the UK, led by Victoria Gillick, challenged Department of Health and Security (DHSS) Guidelines (May 1974) that stated that contraception should be available regardless of age. The campaign focused on the evil of permissiveness, on the dangers of undermining parental authority and sought to relate these to the theme of national decay. It attracted significant support and extensive press coverage. Eventually, in October 1985, the House of Lords decided in favour of the DHSS. Concern, once again, was centred upon defence of the traditional family. The debate revealed widespread anxieties focused on the view that easily available contraception encourages sexual promiscuity in young people (HAWKES 1995). This would remove the controlling factor of risk from sexual encounters. These debates are currently being echoed in the Sue Axon High Court case mentioned earlier. The view that confidential sexual advice encourages sexual promiscuity and therefore contributes towards a high teenage pregnancy rate is one part of a presentation in which "family values" are lauded. If this attempt to bar abortion for under-16s without parental knowledge is successful, a knock-on effect may be to prevent health professionals from giving confidential sexual advice to the same age group. This would effectively reverse the House of Lord's ruling in the Gillick case and make it even more difficult for this age group to access confidential advice. Guidance for teenage Agony Aunts already makes it difficult for such advice to be given to under-16s in teenage magazines or websites. [18]

Other high-profile, sexual morality campaigns were also underpinned by conservative views on the family and sexual equality. These included campaigns in favour of an amendment to a Local Government Bill in the UK against the "promotion" of homosexuality or the teaching of its "acceptability" as "a pretended family relationship" (Clause 28). The conservative government of Margaret Thatcher enacted Section 28 (1988) and in so doing made a clear statement on the form of sexual relationship of which it approved. Clause 28 was in fact one part of a general battle around sex education in which organisations like Family and Youth Concern argued that society would like to see the end of sex education altogether (DURHAM 1991, p.110). Sex education was seen as a vehicle for an anti-family amoralism that encouraged intercourse and corrupted the young. [19]

Over the years the bitterest political struggles have been over abortion rights. The 1967 Abortion Act liberalised abortion law but throughout the 1970s and into the 1980s it was constantly attacked. A vociferous minority sought to repeal women's hard-fought (though

strictly limited) abortion rights. There was a strong notion of punishment present within the anti-abortion campaigns. Sexual intercourse should not be risk free, and pregnancy was the price to pay for reckless sexual behaviour. Abortion as a political issue, however, is also fundamentally about women's position in society, the politics of the family and issues of sexuality (LUKER 1984; PETCHESKY 1986). [20]

The influence of these campaigns has declined significantly, although it should be noted that those working in the sexual health field today (designing sex education for example) are invariably anxious about a conservative reaction to their plans, especially around abortion advice and provision. This was evident in both the research projects discussed below. The Daily Mail could be influencing such professionals towards self-censorship. Although the extremes of the 1980s are not evident now, there is an ongoing debate revolving around developments of the same underlying themes: should the emphasis be on developing policies and practices designed to help young people practice "safe" sex and facilitating access to abortion when "mistakes" are made, or around emphasising the danger and risks of "underage" sex. Much of the work of the Teenage Pregnancy Unit has been concerned with improving young peoples' knowledge of, and access to, contraception. However, tensions inherent in efforts to prepare young people for "undesirable" sexual activity, evident in Tony Blair's introduction to the Teenage Pregnancy Report, have not been resolved. One of the things we sought to do in the two research projects on young women, sex and choices (undertaken after the strategy had been in place several years) was to examine how these issues were played out for young women themselves. What are their views on, and experiences of, negotiating sexual relationships? And what do they feel about the possible risks of unsafe sex? [21]

4. Contemporary Research: The "Young Women, Sex and Choices" Projects

Two qualitative research projects were undertaken for local teenage pregnancy co-ordinators. One took place in an inner-London borough; the other was in a Midlands new town. Both projects sought to access the views of school-girls aged 14-16 (4 focus groups in each area) and teenage mothers, some of whom were under 16 (14 in-depth interviews in each district). The focus of the research was on their explanations of their decision-making in relation to engaging in "risky" sexual activity, to becoming pregnant and to deciding whether to terminate a confirmed pregnancy. The interview data was analysed thematically and independently by two researchers in each of the cases. Draft reports were circulated amongst the research participants for their comments: all the comments received were positive. Quotations are selected to indicate broader opinion in the group rather than the sole opinion of one respondent. [22]

The research projects found that the debates outlined above did find their way into the young women's views on sexual activity, and also connected with the teenage mothers' understandings, and rationales, of the decisions that they had made. This was particularly the case with discussion around "safe" sex and with the possible consequences of "risky" sex. To varying degrees, most of the participants drew upon notions of risk and blame, and talked about the need for individuals to take responsibility for their own actions. This was especially evident when they were talking about abortion. There were, however, significant differences between the two districts, particularly around sexual morality and abortion decision-making. [23]

4.1 Non decision-making? Negotiating sexual encounters and taking "risks"

The young women were asked what they felt about negotiating safe sex. In the focus groups we asked the school-girls to speculate about why some young people might engage in risky sexual behaviour. In the groups they talked about the importance to them of starting sex when they "were ready for it", about "not allowing boys to take advantage", and about how a boy-friend who is only interested in sex is not worth having. However, in all these groups the girls also noted that boys were often able to black mail them emotionally: "They say you don't love me, and if you love me you would do it for me. And if you say no they will go off with someone else". [24]

When we moved onto interviews with the teenage mothers, it was very clear that these young women had found negotiating sexual encounters on their own terms had been easier said than done. The overall picture that emerges from the individual interviews is one in which young women are not necessarily making a conscious decision about the best time for them to start having sex. There is also not much confidence about their ability to practice "safe sex", or indication on the part of the young women themselves that they are able to exercise any control over their sexual encounters. So the young mothers, not surprisingly, talked about having taken risks in ways that often seemed out of their hands. [25]

Extensive feminist research into teenage sexuality and contraceptive use at the height of the "AIDS scare" highlighted the point that young women struggled to negotiate sexual safety in an unequal sexual relationships (HOLLAND et al. 1992; HOLLAND 1993). This was clearly the case in this research. By way of contrast, young men's relationship to sexual activity was viewed by most of the respondents as relatively trouble-free: they are seen as liking sex, bragging about sex and not thinking much beyond this. Some of the young mothers said that their sexual partners had been willing to use contraception, but many complained that their boyfriends could pressurise them into not using contraception. [26]

Many of the young women spoke of their pregnancies as accidents, although it was clear that in many cases their sexual practice was far from "safe". Most of them said that they had been using contraception and that they been completely surprised when they found themselves pregnant. Some said that they generally used condoms but on the rare occasion when they had relied on withdrawal they had become pregnant. They often said they felt "shock" and "horror" on discovering they were pregnant. One described herself as "stupid" because she had not been using anything and said that she had (unsuccessfully) tried to get emergency contraception. Some had arranged an abortion, only to change their minds later. [27]

All those who spoke of "accidents", also felt that sex education had not prepared them for sexual decision-making; indeed they were vague about what they had been taught. Some said that they had limited and often inadequate information about contraception. Several told us that they became pregnant because the contraceptive they had been using had not worked (contraceptive failure). "Well I was on the pill and then what happened, I got an infection and I took antibiotics and didn't use any other protection. So that was that really the pill didn't work and I was pregnant". [28]

Of the young mothers interviewed a high proportion seem to have become pregnant during the gap between contraceptive injections. One told us she was on the pill and could not understand how she became pregnant: "Well they say that I didn't take it properly but I know I did so I just see it as one of them things." This comment also illustrates the fatalism, as regards sexual activity and pregnancy, of many of these young mothers. [29]

Despite often describing their pregnancies as accidents these young mothers also spoke about taking responsibility for their own "mistakes". This meant continuing with the pregnancy rather than having an abortion. This decision was presented as the "right" thing to do, involved a measure of self-blame and often coincided with a fatalistic approach. Such an approach was even more apparent in the second category. [30]

A common theme in the focus groups especially, but also drawn upon in the individual interviews, was the role of drugs and alcohol in making it difficult for young people to practice safe sex. Previous research has shown that alcohol and drugs often contribute towards "getting out of it" and engaging in unprotected sex (COUNTERPOINT 2001, p.10). In our research, both focus group participants, and some of the young mothers, felt that using alcohol and/or drugs made it more difficult for anyone to practice "safe sex". One young mother indicated that alcohol played a part in whether she used contraceptives or not. "The first time I did use a condom, and that after that it was just when I had them with me, or he had them with him. After that I often didn't, I drank a lot, started drinking a lot". [31]

A young sex educator (not a teacher) talked about running sessions at schools and youth clubs in which she heard many stories about the impact of alcohol and drugs on young people's sexual behaviour. In some cases she heard about school girls getting drunk "as an excuse to be able to have sex with people". This is an interesting way of describing the sexual

encounter. It indicates the view that those involved may have sexual desire but feel that such desire is illegitimate, indicating a lack of confidence in their ability to express their own sexuality. In other cases she talked about young men taking advantage of women on drugs. She was clear that drugs lead to less responsible sex. Once again the young women are not in control of their sexual encounters. [32]

A number of the health professionals we interviewed also talked about drugs and alcohol in relation to poor contraceptive use and to the decision to have sex at all. One told us that when they talked to young women about when they started having sex a common response is "Oh I was drunk, I can't remember". Another, who had run workshops with young people felt, "I think alcohol has a massive impact you know, they'd go out Thursday, Friday, Saturday and be absolutely hammered and not actually know who they've been with". On such occasions condom use is obviously difficult. [33]

Another grouping of young mothers, in both districts (though more prevalent in London) described random, often careless, contraceptive use. This was despite understanding the risks of pregnancy and STIs. Most were more worried about STIs than becoming pregnant, and in London, some had had themselves and their partners tested for HIV/AIDS and after that saw no need to use condoms. [34]

One said that they had been using condoms and that she now knew that her partner was not using condoms every time—she wished she had also been on the pill. She did not seem in control in their sexual encounters:

> "when I first got pregnant I asked him what had happened, he goes 'the condom burst', I was like 'condoms don't burst' … when I had the baby I was 'so what happened?' he was like 'Oh I didn't use a condom'. I said 'why' and he goes 'because I wanted to have a baby'." [35]

Others knew that they were not using the contraception properly but decided to go ahead with sex anyway. Some of these said that this would not be the case again. Often the messages were confusing and difficult to interpret. This seems to indicate confusion about (or an unwillingness to discuss fully) their own intentions and the possible consequences of their action.

> "It was just one time when I never, I knew, one time when you don't use it and you don't think it will happen to you and that's when it did."

> "It was an accident but I was stupid as well. I didn't use anything."

> "I was on the pill but I didn't take it properly (laughs) so I got caught on the pill. Well I knew to be honest yeah I knew it's just that I guess I was stupid to be honest, I didn't know how to take it, I wasn't as careful as I should have been. I am now though." (laughs) [36]

What is noticeable about these mothers is their ambivalence about their intentions, and what connects them is our inability (and their unwillingness) to say with any degree of certainty that the pregnancy was either completely planned or completely unplanned. There is no sense of rational action and calculation of the risks attached to their sexual behaviour that is implied when risk is treated as an objective concept. ZINN (2005) has argued that such an objective concept of risk has a restricted field of application and this is certainly the case in the field of sexual health. [37]

For a significant number of these young mothers, their acknowledgement that they did not think about the risks, that they were careless regarding contraceptive use and often engaged in "unsafe" sex does not seem to be because they lacked knowledge about contraception, but rather that they were not overly concerned to avoid pregnancy. Others told us that they were using contraception around the time they fell pregnant, but were often unable to specify what contraception they were using and why it failed. Within the space of about five minutes, one young mother told us that she had been on the injection at the time but then explained that they had not been using condoms because she was taking the pill every day. Another had become pregnant three times within the space of approximately four years, the first time at 13. She had not been using contraception.

> "To tell you truthfully, even after I got pregnant the first time I didn't think I would get pregnant again. I didn't think of contraception. I was just a normal teenager and I didn't really think of pregnancy and having a baby or going to the clinic or anything like that." [38]

In many cases it was not at all clear whether the pregnancy had been intended or not. One young mother, for example, had used contraception with other boyfriends but said she had not with her current boyfriend. When she was asked whether she was worried about becoming pregnant she replied:

> "Well this time, when I started going out with him this time we didn't use contraception but we talked about having a baby and we said if it happens it happens, if not then it doesn't happen, but if it happens then we're ready to go along with it. And so we thought there's no point in using contraception because we don't mind having a baby." [39]

The weak agency and fatalism evident in the descriptions of their sexual encounters was, however, overturned when the young mothers talked about becoming pregnant. They then talked about taking responsibility for their own actions. Notions of risk, blame and innocence were often drawn upon as part of a moral justification of their decision-making processes. The young mothers have not really viewed becoming pregnant as a risk. It is something that has happened to them and they have to take the consequences. Underpinning much of the dialogue around their decision, therefore, was a moral framework that connected risk to blame and responsibility but this had not served to prevent sexual activity or pregnancy. On the contrary, it appears to have propelled them towards motherhood rather than termination. And, although many stated that they had not wanted to have a child as a teenager, the choice to proceed with the pregnancy was presented as a positive choice. They are facing up to the consequences of their "risky" behaviour but this is not seen as punishment. Indeed, it might be described as a reward. There were also a number of cases in which it appeared that the pregnancies were intended. [40]

4.2 Positive decision-making? Becoming a mother

Becoming pregnant can be seen as a consequence of unsafe, risky sex. However, such an understanding is highly dependent on notions of intention. When a pregnancy is the desired outcome of sexual activity, for instance, risk is not relevant for the individual involved. We asked the young mothers about the risks they had taken and to talk us through why they had become pregnant. As outlined above, many of them drew upon notions of responsibility and accepting the consequences (pregnancy) of "risky" behaviour, but for others it was clear that becoming pregnant was not a risk but something to be welcomed. "I was on the pill but I missed my pill because it was on purpose, it wasn't because it was a mistake. No, it wasn't a mistake". [41]

We judged that between a quarter and a third of the young women interviewed had made a positive choice to start a family. This was for a variety of reasons, although it is interesting to note that most of those who planned the baby told us that they had been unsettled or unhappy in their lives in some way prior to becoming pregnant. Echoing recent quantitative research (BONELL et al. 2003), the majority of these were already disengaged from school. These young mothers told us, either that contraception had not been used in full knowledge that this might result in a potential pregnancy, or an active decision had been made to become pregnant.

> "I don't know I just, I know it sounds stupid but I just kept seeing programmes with people's babies and that and I just said I wanted a baby and all that. He just agreed to it really, just agreed to stop using any contraception and we went from there."

> "I've wanted a baby for ages. Since I was about 12. I don't know it just popped into my head." [42]

What these young women have in common is that they appeared to intend to become mothers. Unsurprisingly, given their desire to have a baby, many held negative attitudes towards abortion. They talked about how it was not right to be forced to have an abortion and about the moral issues surrounding the decision to terminate a pregnancy. The language used to justify this position drew heavily upon notions of rights and responsibilities with each individual being concerned to present their pregnancy and motherhood as their responsibility. They drew upon the language of individual rights as they placed themselves at the centre of the decision-making process. In addition, in most cases, there was an evident concern to provide what was seen as a moral framework for the decision they had made. [43]

4.3 Abortion or motherhood: risk and responsibility

All the young women were asked who had influenced their decisions and the main picture is of young people wanting to make these decisions alone. All the young women interviewed (individual interviews and focus groups) stressed that they should make decisions themselves. This insistence on their own agency as far as the choice for or against abortion goes, contrasts with the fatalistic approach to the "risk" of becoming pregnant. [44]

There was, however, a marked difference between the two districts in the way in which the young women discussed abortion decision-making and sexual morality. This was evident in the focus groups and also in the individual interviews. In most cases, the young mothers had been involved in some discussion and thought about whether or not to terminate confirmed pregnancies. In one of the districts, most of the comments indicate a lack of hostility towards abortion, whilst in the other a high level of opposition to abortion on the basis that it is morally "wrong" was evident. [45]

4.3.1 London

In London, only a few talked about being personally opposed to abortion: "Well I just decided because I don't agree with abortions because I feel even though the baby ain't out yet I still feel you're killing a newborn baby. That's the way I think". [46]

In this case, the decision not to have an abortion was "quite easy". This young mother presented her position as a moral choice that she generalised from. This was, however, unusual in the district. Although other mothers had made a positive decision to accept the consequences of engaging in unsafe sex and often presented motherhood as a moral choice for them, they did not generalise from this to suggest that abortion was morally wrong or even that they disagreed with abortion. Indeed, a majority of these young mothers had terminated other pregnancies. [47]

In this district, although many of the young mothers told us that they had not intended to become pregnant, it was clear that it was not an outcome that they were very concerned to avoid. Most of the young mothers in this district were fatalistic: they were very matter of fact about becoming pregnant and described how quickly they accepted their new status. It was not something to be feared but a possible "accident". They were either indifferent or intended to have a baby. Then the decision was straightforward even though they might not have intended to become pregnant on this particular occasion. [48]

4.3.2 The Midlands

Recent research has shown that in some British working class communities there is more social stigma, or "negativity", attached to abortion than to teenage motherhood (LEE et al. 2004; TABBERER et al. 2000). This was certainly evident in this district. Two strong themes emerged from our analysis of the interview data around the issue of abortion. First, significant use of the language of choice; second, a moral framework that legitimated some abortions but not others. These themes were evident in all the interviews, including the focus groups, and therefore can be seen as significant indicators of the moral and cultural context for abortion decision-making in the area. [49]

The young mothers' initial reaction was invariably to state that they disagreed with abortion. This is not altogether surprising as they had all made the decision to continue their pregnancies rather than terminate them. The way that they talked about abortion, however, is interesting. They used terms like "killing babies", were highly moralistic and talked about "innocence" (of the baby) and "blame" (of someone becoming pregnant).

> "I don't like the killing, I think you know the baby hasn't done anything wrong at all and it hasn't got a chance do you know what I mean, I think it's really cruel, I just don't like it. I hadn't liked it for ages, I just don't agree with it."

> "I'd heard about stories from people about having an abortion and that it's like young women that go out like on the piss basically they have an abortion after a one night stand it's their own fault, not the babies. All these people who do it are taking the risk so why can't they

take the consequences? You just shouldn't just throw away something because it's not convenient." [50]

They believe, in general, that abortion is "killing" that it is morally wrong, but there are circumstances in which it is acceptable. This is when the pregnant woman can, in some way, be viewed as innocent. Her innocence thereby matches the innocence of the foetus and the immorality of abortion is mitigated. In these circumstances the exercise of personal choice is based upon firm moral foundations. However, when they talked about exercising personal choice in circumstances in which someone was careless or rash, maybe under the influence of alcohol or drugs, moral disapproval is evident.

> "I don't agree with that unless you've been attacked or like if they did use contraception and they did get pregnant well maybe it is acceptable then but other than, if they didn't use contraception and they did get pregnant then I think it's their fault they shouldn't have an abortion, it's their responsibility. It's their own fault. Like I say not unless I was attacked or anything."

> "In some circumstances, in some situations it's necessary to have it done because if someone like got raped and got pregnant it's a permanent reminder of what happened to them isn't it? In some situations it's all right …" [51]

Here the young women are drawing on a dialogue long associated with abortion politics: one of blame and taking the consequences for one's action. RADCLIFFE-RICHARDS (1994) has argued that this is an inconsistent moral position and that underlying such dialogue of blame and innocence is a concept of punishment for sexual activity. [52]

With these two districts, it is almost as though one district reflects what I have labelled as the progressive approach, whilst the other indicates conservative attitudes towards sexual activity. Although views in each district were diverse, taking the districts as a whole there was clearly an overall difference in outlook. Notions of risk, responsibility and blame, although not absent in district one, are far more prevalent in the second district, particularly around the issue of abortion. [53]

5. Conclusion

It has been argued that the twentieth century has witnessed "the transformation of conception and pregnancy from an uncontrollable risk to a freely chosen outcome of sexual intercourse" (COOK 2004, p.339). It is clear, however, that the concept of risk is still evident when considering sex and young people. It is, however, a contested concept. There is a connection between one's view of the world and perceptions of risk (DOUGLAS 1992), and this is apparent in the field of sexual health. Historically, and in contemporary debates on sexuality and young people, there is an evident conflict between those who would seek to limit sexual risk without necessarily limiting sexual activity, and those whose perspective on such risk management would be the prohibition of sex. [54]

These debates do find their way into young women's views on sexual behaviour but in a disparate manner. The two projects discussed in this paper add to a body of research that suggests that young women still struggle to negotiate "risk-free" sex with their sexual partners. The analysis also suggests a strong element of fatalism in much of their decision-making that runs contrary to notions of risk management. Many of the young mothers interviewed were not consciously seeking to avoid the risk of pregnancy, and they are willing to accept responsibility for their actions. For others, pregnancy was very much the chosen outcome. The subjective meaning of risk for this final group therefore is in direct conflict with those seeking to drive down the teenage pregnancy rate. Finally, the concept of risk as associated with blame and responsibility was drawn upon, by some young mothers, in discussions on abortion decision-making. A distinctive sexual morality agenda was drawn upon in one district: pregnancy was the to be paid for risky sexual behaviour, and attempting to avoid this responsibility through terminating the pregnancy was viewed as immoral. [55]

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