

Thesis
3778

Predictable Pathways ?
An exploration of young women's
perceptions of teenage pregnancy and
early motherhood

Katrina M Turner

Thesis submitted for the Degree of
Doctor of Philosophy

Department of Applied Social Science,
University of Stirling

December 2001

Part I

~~05/02~~

Declaration

I declare that this is my own work and that no portion of the work included in this thesis has been submitted in support of an application for another degree or qualification, to this or any other university.

Katrina M Turner

Katrina M Turner

	Page
Chapter Three The Data Collection Methods, Their Use and Development	90
3.1) The decision to employ the particular methods	92
3.2) Mixing methods – the issues, opportunities and disadvantages	98
3.3) The research context	116
3.4) The three methods, the data they collected and the relationships between the various data sets	119
3.5) The development of the questionnaire, discussion group and interview guides	133
3.6) Summary	160
Chapter Four Conducting the Research: Data Collection and Analysis	162
4.1) Experience in the schools	162
4.2) The young mothers	195
4.3) The sequence of analysis and integrating the data sets	202
4.4) Ethical issues	209
4.5) Putting it into practice	210
4.6) Summary	245
Chapter Five The Pupils’ and Participants’ Social and Economic Situations, Expectations about their Futures, Sexual and Contraceptive Knowledge	248
5.1) The pupils’ socio-economic status - definitions and measurements	251
5.2) The pupils’ home-life and family circumstances	262
5.3) The pupils’ spending money and demographic characteristics	267
5.4) The pupils’ personal confidence and perceived control	270
5.5) The pupils’ social networks and peer interactions	272
5.6) School, teachers, and expectations about the future	278
5.7) The participants’ views of motherhood and marriage	299
5.8) The pupils’ sexual and contraceptive experiences	308
5.9) Pupil expectations concerning the context for first intercourse	322
5.10) The pupils’ views on the acceptability of male versus female sexual behaviour, and the importance of sexual intercourse	325
5.11) The pupils’ knowledge of contraception, medical confidentiality and the risk of pregnancy	329
5.12) The pupils’ views of their sex education and how comfortable they felt talking to others about sex	332
5.13) Summary	336

	Page
Chapter Six	
The Pupils' and Participants' Views of Teenage Pregnancy and Early Motherhood	347
6.1) The pupils' and participants' knowledge of teenage pregnancy and the various pregnancy outcomes, and their views of early motherhood and teenage mothers	348
6.2) Reasons for teenage pregnancies	377
6.3) The pupils' views of their own ability to obtain and use a condom, and access medical advice and contraceptive supplies	389
6.4) Predicted reactions to a teenage pregnancy	395
6.5) Reducing the prevalence of teenage pregnancy	434
6.6) Summary	438
Chapter Seven	
The Pathway from Conception to Pregnancy Outcome	444
7.1) Reasons for the pregnancies described	447
7.2) Confirmation of a teenage pregnancy	472
7.3) Reactions to the news of pregnancy	476
7.4) Summary	506
Chapter Eight	
Summary and Conclusions	516
8.1) The research	516
8.2) The lives and experiences of the pupils – the first objective	518
8.3) The pupils' and participants' views of teenage pregnancy and early motherhood – the second objective	523
8.4) What factors may influence the outcome of a teenage pregnancy – the third objective	530
8.5) Reflecting back and implications for future research	534

	Page
Appendices	539
Appendix 1 Pupils' Questionnaire	540
Appendix 2 Discussion group guide	570
Appendix 3 Reactions of Others sheet	571
Appendix 4 Information sheets for the young mothers	572
Appendix 5 Interview guides	579
Appendix 6 Letter sent to head teachers	582
Appendix 7 Information sheet for S4 pupils	584
Appendix 8 Introductory talk	586
Appendix 9 Flyer given to each pupil	588
Appendix 10 Covering letter for absentees	589
Appendix 11 Letter for teachers concerning absentees	590
Appendix 12 Researcher's Perceptions Sheet (Questionnaire)	591
Appendix 13 Researcher's Perceptions Sheet (Discussion group)	592
Appendix 14 Researcher's Perceptions Sheet (Interview)	593
References	594

List of Tables

Table		Page
1	Live birth rates per 1000 women aged 15-19 in European countries ranked by order, 1996	24
2	Legal abortions per 1000 women aged 15-19, 1994	26
3	Teenage pregnancy rates per 1000 women in each age group, by year and age of mother at conception, 1989-1998	27
4	Estimated number of sexually active teenage women in Scotland in 1991	29
5	Teenage pregnancies per 1000 women aged 13 to 19 by year and deprivation category	30
6	Teenage pregnancy rates per 1000 women by health board area of residence, year and age group of mother at conception	31
7	Teenage delivery rates and teenage abortion rates per 1000 women in each age group by year and age of mother at conception, 1989-1998	32
8	Proportion of teenage pregnancies delivered and aborted by year, and age of mother at conception	32
9	Teenage pregnancy outcome per 1000 women aged 13-19, by deprivation category, 1996	35
10	Teenage delivery rates per 1000 women aged 13-19 by year, health board area of residence and age of mother at conception	36
11	Teenage abortion rates per 1000 women aged 13-19 by year, health board area of residence and age of mother at conception	37
12	Teenage pregnancy rates, delivery rates and abortion rates in Scotland per 1000 women aged 13-19 by year, and age of mother at conception, 1989-1998	38
13	Redpath participants' sexual experience	193
14	Greenbank participants' sexual experience	193
15	Wellsprings participants' sexual experience	193
16	Indicators used in DEPCAT	255

Table	Page	
17	The pupils' deprivation and social class scores	257
18	The Redpath pupils' deprivation and social class scores	258
19	The Wellsprings pupils' deprivation and social class scores	258
20	The Greenbank pupils' deprivation and social class scores	258
21	Pupils' housing tenure	262
22	Pupils' guardian arrangements	264
23	Pupils' spending money	268
24	Proportion of the pupils' friends who were at another school and the proportion of the pupils' friends who had left school	273
25	Composition of friendship groups according to sex of friend	274
26	Expectations concerning certain situations and social roles	282
27	Redpath pupils' expectations	287
28	Wellsprings pupils' expectations	287
29	Greenbank pupils' expectations	288
30	Pupils' willingness to consider single motherhood	307
31	Number and percentage of pupils who had experienced a particular sexual activity	308
32	Mean age of pupils' partners at first intercourse	311
33	Average number of partners in the last year and in total	312
34	Percentage of sexually active pupils who had used contraception	312
35	Reasons for not using contraception during first intercourse	315
36	Reasons for not using contraception during last intercourse	315
37	Method of contraception used during first sexual intercourse	316
38	Method of contraception used during last sexual intercourse	316

Table	Page	
39	Logistic regression on the data gathered from the pupils concerning sexual intercourse	317
40	Logistic regression on the Redpath pupils' sexual behaviour	319
41	Logistic regression on the Wellsprings pupils' sexual behaviour	319
42	Logistic regression on the Greenbank pupils' sexual behaviour	320
43	Age at which the pupils expect they will first experience sexual intercourse	323
44	Context in which the individual predicts she will first experience sexual intercourse	323
45	Pupils' views of male versus female behaviour and sexual intercourse	325
46	Pupils' knowledge of medical confidentiality and the risk of pregnancy in various situations	330
47	Pupils' knowledge of emergency contraception	330
48	Pupils' view of their school sex education	332
49	Mean scores for how comfortable pupils felt talking about sex with specific individuals	333
50	Descriptions of women known	350
51	Number of pupils who knew someone who had kept or aborted a teenage pregnancy	351
52	Outcomes of pregnancies known	352
53	Mean scores and standard deviations concerning the pupils' willingness to consider teenage motherhood	362
54	Mean scores and standard deviations concerning the pupils' views of a young mother's ability to cope	362
55	Mean scores and standard deviations for the pupils' answers to possible reasons for the occurrence of teenage pregnancies	386
56	Regression on Redpath pupils' self efficacy with condoms	392

Table	Page	
57	Regression on state school pupils' self efficacy with condoms	392
58	Regression on Redpath pupils' access to medical advice and supplies	393
59	Regression on state school pupils' access to medical advice and supplies	394
60	Discussion group participants' predicted emotions	425
61	Discussion group participants' predicted pregnancy outcome	425
62	Pupils' predicted emotions	426
63	Pupils' predicted pregnancy outcomes	426
64	Regression on the state school pupils' predicted emotional reaction	429
65	Pupils' prediction of whether they would keep or abort a pregnancy	430
66	Logistic regression on Redpath pupils' predicted decision to keep a pregnancy	430
67	Logistic regression on state school pupils' predicted decision to keep a pregnancy	431
68	Logistic regression on Redpath pupils' predicted decision to abort a pregnancy	432
69	Logistic regression on state school pupils' predicted decision to abort a pregnancy	432
70	The pregnancy career of each interviewee	447

List of Charts

Chart		Page
1	Pupils' mean deprivation scores with 95% confidence intervals	259
2	Pupils' mean social class scores with 95% confidence intervals	259
3	Pupils' mean score with 95% confidence intervals for the degree of parental surveillance they were under	265
4	Pupils' spending money	268
5	Pupils' level of personal confidence	271
6	Pupils' perceived ability to control their current and future situations	272
7	Proportion of the pupils' friends who were at another school	273
8	Proportion of the pupils' friends who had left school	273
9	Proportion of the pupils' friends who are female	275
10	Proportion of the pupils' friends who are male	275
11	Extent to which the pupils were sociable	277
12	Extent to which the pupils enjoyed school	279
13	Extent to which the pupils believed their teachers trusted them and valued a girl's education	280
14	Likelihood of being in some form of further education	284
15	Likelihood of being employed	284
16	Likelihood of having a child	285
17	Likelihood of being in a stable relationship	285
18	Proportion of pupils in each school who had experienced sexual intercourse	310
19	Partner's age at first intercourse	311
20	Pupils' views concerning the costs of early motherhood	362

Chart		Page
21	Pupils' perceptions of their own abilities to obtain and use a condom	390
22	Pupils' perceptions of their own abilities to access medical advice and contraceptive supplies	391

List of Diagrams

Diagram	Page
1 The relationship between the various data sets	120

Acknowledgements

I would like to thank my supervisors Sue Scott, Gillian Raab and Angus Erskine for their advice and guidance. I also wish to thank Vernon Gayle and Marion Henderson for their statistical knowledge and input. Thanks must also be given to the SHARE team to whose trial my Ph.D. funding was attached, and whose questionnaire I used as a basis on which to build my own. The SHARE team includes Charles Abraham, Katie Buston, Graham Hart, Marion Henderson, Gillian Raab, Sue Scott and Daniel Wight. The SHARE trial was funded by the Medical Research Council.

In each of the schools and medical centres involved in the study I was always welcomed and felt that a huge effort was being made on my behalf. Hence, I am very grateful to the individuals working in each of these settings. I am also grateful to the young women who were interviewed and hope that this thesis reflects the energy and maturity I found when meeting these women.

A huge thank you must go to my parents and brothers who have constantly supported and encouraged me during my Ph.D. and earlier studies. Support was also received from friends and colleagues; in particular Ruth, Sharon, Ali, Diana and Sally. Finally I wish to thank Martin for his endless patience and his constant 'you *are* nearly there' for helping me to get there.

Abstract

While young women from relatively affluent backgrounds tend to abort their pregnancies, young women from relatively deprived backgrounds tend to keep theirs. It has been suggested that this socio-economic - pregnancy outcome relationship is due to some form of subcultural acceptance of teenage motherhood existing among disadvantaged groups. The aim of this thesis was to assess how young, never pregnant women from diverse social and economic backgrounds perceive teenage pregnancy and early motherhood, and to consider whether these perceptions could, at least in part, explain this relationship.

248 women (mean age 15.6) completed a questionnaire which requested information on their lives, experiences, expectations about their futures, and their views of teenage pregnancy and early motherhood. Six discussion groups were then held with selected sub-groups of these women to explore their views in greater detail. As the thesis had an additional aim of exploring the process embarked upon by women following the confirmation of a teenage pregnancy, semi-structured interviews were conducted with eight women who were currently pregnant, had recently entered motherhood, or had an abortion.

It was evident that young women from relatively deprived backgrounds may be more likely than their relatively affluent peers to predict they would keep a teenage pregnancy, and may anticipate early motherhood as having fewer implications for their current situation and futures. It was also evident that young women may view this role as beneficial and plan their pregnancies. However, it was clear that young women from diverse backgrounds may view early motherhood in a predominately negative light, and a range of factors may influence the outcome of a teenage pregnancy. Thus, whilst there was evidence to support the subcultural acceptance hypothesis, it did appear that this acceptance is one which would maintain a young woman on the pathway to motherhood rather than encouraging her to enter this role.

Introduction

One of the most debated issues surrounding teenage motherhood is how often parenthood is intended (Furstenberg 1991). With contraception widely available and abortions legally obtainable, there would appear to be nothing haphazard or accidental about teenage motherhood. Yet, this is a very simplistic understanding as contraception has social, emotional, financial and physical costs which can deter an individual from using some form of protection (Skinner 1986), and the decision not to abort could be based on moral beliefs rather than a desire to enter early motherhood (Furstenberg 1991). In addition, the majority of teenage mothers claim that their pregnancy was unplanned (Hudson and Ineichen 1991)^{i 1}.

What is clear is that teenage motherhood does not occur randomly (Furstenberg 1991). Although sexual activity and conceptions are increasingly experienced by teenagers in all social groups, teenage motherhood has remained the almost exclusive province of the socio-economically disadvantaged (Geronimus 1991). For example, based on provisional figures and classified according to Carstairs and Morris's (1991) deprivation score using 1991 census data, in Scotland in 1996, 68.6 per cent of pregnancies occurring to young women living in areas which had been assigned a deprivation score of 7 (most deprived) were delivered and 31.3 per cent were aborted, while for young women living in areas assigned a score of 1 (most affluent) the figures were 28.5 per cent and 71.4 per cent respectively (ISD 1998).

ⁱ All endnotes have been placed at the end of each chapter.

Although this socio-economic - pregnancy outcome relationship has been established, the reasons for this relationship are much less clear. There has been a tendency to assume that among disadvantaged populations, where the benefits of postponing childbirth are less obvious and the prevalence of teenage pregnancy is greater, negative reactions to early childbearing are likely to be more muted than in less disadvantaged groups. In addition, literature from both the United States and Britain has implied that, within relatively deprived communities where educational aspirations tend to be low and youth unemployment high, young women may view early motherhood as one of the only available routes to economic independence and adult status (Alexander and Guyer 1993, Ineichen 1986). Therefore, whilst the reasons for this relationship are not clear, it has been implied that the greater prevalence of early motherhood among disadvantaged groups could be due to some form of subcultural acceptance towards early motherhood existing among disadvantaged groups.

The validity of what I have termed the subcultural² acceptance hypothesis is still to be established. There is no research evidence to suggest that disadvantaged women believe early motherhood is beneficial, and there is no solid body of research which demonstrates a link between perceived life chances and subsequent responses to childbearing (Furstenberg 1991). Furthermore, the existence of subcultural norms and values cannot be assumed since, for example, the relatively high prevalence of

early motherhood among disadvantaged women could just as feasibly stem from an inability of this social group to access medical help. Hence, without independent validation there is no way of choosing between this theory and those of similar logical status (MacIntyre 1977).

Phoenix (1991) notes that since the early 1970s hundreds of academic articles and reports have been published on teenage mothers and their children. However, on reading this literature it is clear that most of this work has focused on the implications that teenage pregnancy and early motherhood may have for a young mother and her child. Relatively little has focused on young women's views of each of these phenomena and, as Brazzell and Acock (1988) point out, little is known about how young women perceive these consequences and whether such views affect their predictions about how they would resolve a teenage pregnancy. It is also worth noting that, when the views of young women have been considered, these views have usually been those of women who are already young mothers.

The research undertaken with young mothers has shown that the decision to become a young mother may be influenced by a young woman's views of teenage pregnancy and early motherhood. For example, Schofield (1994) found when interviewing 13 mothers, who had conceived whilst under the age of 16, that the decision made by these women to enter motherhood had been influenced by the way in which they had reacted to the news that they were pregnant, and by the predictions they had made concerning how early motherhood would affect their education, career plans

and social reputation. Such factors also appear to influence the decisions made by older teenage mothers. Phoenix (1991) and Allen and Bourke Dowling (1998) found that the decisions made by the young mothers they interviewed, and who had conceived whilst aged between 16 and 19, had also been influenced by how these women had reacted to their pregnancy and had perceived the potential impact early motherhood could have on their futures.

Therefore research which has been conducted with young mothers has provided some insight into the views young women hold towards teenage pregnancy and early motherhood. However, young mothers are a very select group of women. There is no reason to believe that the views held by these women will be representative of the views held by young women in general. The likelihood of the views of young mothers representing those of their childless peers seems even more unlikely when it is acknowledged that these views may have been influenced by the women's status as mothers (Smith 1994). Yet, irrespective of the representativeness of young mothers and their views, the accounts given by these women concerning how they had reacted to the news that they were pregnant and had viewed early motherhood prior to entering this role were retrospective. Hence, these accounts were open to problems of selective retention and post hoc reconstructions (Smith et al. 1999).

It is clear on reading the literature that whilst the views of young mothers have been explored, this has been primarily in terms of how the women had reacted to their

pregnancy and to the prospect of entering early motherhood. How the women viewed teenage pregnancy and early motherhood per se remained relatively unexplored. It is also worth noting that the outcome decisions made by women who keep their pregnancies do not reflect the decisions made by women who abort their pregnancies or surrender their children for adoption (Phoenix 1991). Thus, in terms of reflecting the views which young women hold towards teenage pregnancy and early motherhood, and in terms of explaining why some women keep their pregnancies whilst others abort or surrender their children for adoption, the work which has been conducted with young mothers appears to be limited both in relation to its generalisability and in relation to its scope.

In terms of explaining why different women experience different pregnancy outcomes, the value of the work conducted with young mothers would also appear to be limited by the fact that events leading to a particular outcome can only be fully examined if consideration is given to the situations of both young mothers and women who have experienced other pregnancy outcomes (MacIntyre 1977). This is because focusing on both groups of women helps to ensure that the final sample includes women who were placed in a similar situation but did not reach the same outcome.

Very few young women now surrender their children for adoption (Phoenix 1991, Sobol and Daly 1992). Hence, most of the research which has compared the characteristics and situations of women experiencing different pregnancy outcomes

has focused on young mothers and women who have aborted a teenage pregnancy. The findings of such work suggest that, compared to women who keep their pregnancy, young women who abort tend to have higher education aspirations, more developed future time perspectives, lower demands for external approval, and are more likely to feel that motherhood would have negative implications for their education and vocational plans (Blum and Resnick 1982). Young mothers and women who have aborted a teenage pregnancy may also differ in terms of their relationship status, the extent to which they discuss their pregnancy with others, the degree to which they agree with abortion, and their knowledge of young mothers and women who have experienced an abortion (Bracken et al. 1978).

Therefore research has been undertaken in order to compare the characteristics and situations of women who keep a pregnancy with those who abort. However, even when the views and experiences of both these two groups are considered, questions still arise concerning the extent to which the data gathered can explain why different women experience different pregnancy outcomes.

Studying women according to the outcome of their pregnancy can bias the results of a study in two ways. First, structural factors and the reactions of others could prevent an individual from obtaining the outcome she desires (Simms 1993). Hence, women included in the study sample will be those who have reached a particular outcome rather than a sample of women who sought that specific outcome. Second, the accounts given by women who have kept or aborted a

pregnancy concerning their pregnancy careers will be retrospective and therefore open to the problems of selective retention and post hoc reconstructions (Smith et al. 1999).

Adopting a longitudinal rather than cross sectional design would help to address both of these methodological problems. Certainly, MacIntyre (1977), in her study of how single pregnant women resolve their situation, gave the problems associated with retrospective accounts and sampling women according to the outcome of their pregnancy, as reasons why she followed her study sample of 36 pregnant women from conception to pregnancy outcome. Whilst MacIntyre's focus was not specifically on single teenage women, 25 of the 36 women she interviewed were under the age of 20. Hence, MacIntyre's work highlights some of the issues which can influence a young woman's pregnancy career. However, although MacIntyre avoided the need to rely on retrospective accounts, the fact that women had been sampled because they were single and pregnant meant that, once again, only the views of a specific group of women were explored.

This sampling criteria may also have biased the sample in relation to socio-economic background as, although teenage conceptions are increasingly experienced by women in all social groups (Geronimus 1991), young women from deprived backgrounds are more likely than their relatively affluent peers to conceive (ISD 1998). As the women interviewed by MacIntyre were described as students, shop assistants, cleaners or waitress, it does appear that the sampling criteria used

had led to women from mainly poor backgrounds being interviewed. Thus, the sampling criteria used limited the extent to which the views of women from affluent backgrounds and the views of women from deprived backgrounds could be explored and compared; an analysis which would be required if the aim was to assess the validity of the subcultural acceptance hypothesis.

It would seem, therefore, that the only way to assess the extent to which the views held by young women from diverse backgrounds could explain the relationship which currently exists between socio-economic background and teenage pregnancy outcome, would be to conduct a longitudinal study which followed a cohort of young women who had been sampled prior to conception. However, as the majority of women do not conceive in their teenage years, such a study would be economically inappropriate as large numbers of women would need to be sampled. The fact that MacIntyre's study appears to have been the only longitudinal study on pregnancy outcomes to have been conducted in Britain in the last thirty years may relate to the fact that even simple longitudinal studies are costly in terms of time and organisation. Yet, irrespective of cost, to conduct a longitudinal study to explore whether a subcultural acceptance towards early motherhood could explain the relationship between socio-economic background and teenage pregnancy outcome would also be inappropriate from the point of view that, as noted earlier (page 2), it is unclear as to whether such an acceptance even exists. Thus, at this stage, and in order to overcome the methodological problems discussed above and explore the validity of subcultural acceptance hypothesis, the views of young, never pregnant

women from diverse backgrounds should be sought.

The aim of this thesis is, therefore, to assess how young, never pregnant women from diverse social and economic backgrounds perceive teenage pregnancy and early motherhood, and to consider whether these perceptions could, at least in part, explain the relationship which exists between socio-economic background and teenage pregnancy outcome³.

This thesis also aims to explore the process embarked upon by young women following the confirmation of a teenage pregnancy. This additional or secondary aim was developed because it was felt that, if no difference was found between the views held by young women from different socio-economic backgrounds, it would be relevant to consider what other factors influence the outcome of a teenage pregnancy. It was also felt that, even if a difference was found between the views held by such women, the information gathered would provide another basis for reflecting upon these different views.

In order to achieve each of these aims, the following study objectives were set:

to gain an insight into the lives and experiences of young women from diverse social and economic backgrounds through analysing data on their family backgrounds, educational experiences, expectations about the future, and sexual experience;

to analyse and explore the views young women hold towards teenage pregnancy and early motherhood;

and finally, to explore what factors and events may influence a young woman's decision to keep or abort a teenage pregnancy.

In order to meet each of these objectives, different forms and types of data were required. The first objective required background information about the lives and experiences of young women, as well as more specific information about their attitudes and expectations. The other objectives required data which captured in detail and depth young women's views and experiences. A self-completion questionnaire was appropriate to gather the data required to meet this first objective, whilst methods associated with qualitative research (such as discussion groups and in-depth interviewing) were more appropriate to gain the depth and detail required to meet the second and third objectives. Thus, a mixed methods approach⁴ was adopted as it was felt that only by using a variety of techniques would the most suitable method be employed in order to achieve a particular objective.

The questionnaire (appendix 1) developed in order to address the first objective was completed by two hundred and forty eight women in their fourth year of Scottish secondary school education (S4) (mean age = 15.6 years, age range = 14.9 to 16.9 inclusive). This questionnaire requested information on, for example, the pupils' home life; experiences of school; expectations concerning future academic, vocational and social roles. Discussion groups were then held with forty two of these women in order to explore their views of teenage pregnancy and early motherhood. Six discussion groups were conducted in total and the size of these groups ranged from six to eight individuals. It was through conducting these groups that most of the data required to address the second objective were gathered.

However, the questionnaire also collected information on the pupils' views towards teenage pregnancy and early motherhood, and during the discussion groups some of the participants described their experiences at school and mentioned what future ambitions they had. Hence, the questionnaire was not employed solely with one objective in mind and both the questionnaire and discussion groups gathered information on similar issues. The questionnaire and discussion groups were also linked in that the quantitative information gathered provided information on the social and economic context from which the discussion group participants had been drawn.

Both the survey and discussion groups were undertaken in three purposively selected schools. Two of these were state schools, located in West Lothian and had low staying on rates and a high percentage of pupils who qualified for free school meals. The third school was a private school located in the City of Edinburgh, selected due to its funding status and the fact that it had a low percentage of pupils boarding. All three schools were co-educational.

In order to explore what factors and events may influence a young woman's decision to keep or abort a teenage pregnancy, semi-structured interviews were held with young women who were either currently pregnant, or had recently entered motherhood or had recently experienced an abortion. Potential interviewees were contacted through family planning services provided by four clinics based in the City of Edinburgh. In total, eight women were interviewed.

The questionnaire data were analysed using SPSS version 7.5 (SPSS Inc. 1997). Various statistical tests and techniques were applied in order to describe and compare the information given by pupils from each of the study schools, and to explore possible reasons for any similarities or differences which were found from the comparisons made. Both the discussion group and interview data were analysed thematically. This analysis involved arranging the data under headings which reflected areas covered in the interview guides, or indicated themes which had emerged from reading the discussion and interview transcripts.

As both the questionnaire and the discussion group method were used to gather information on young women's views of teenage pregnancy and early motherhood, the results of the questionnaire and discussion group analysis were used to complement one another, and the qualitative material used to illuminate some of the quantitative findings. These results were also considered in light of the data gathered from the young women interviewed, as the interviewees' accounts were seen as providing another basis for reflecting upon the data collected in the schools.

Therefore, a mixed methods approach was used and three different sets of data were gathered. The data gathered from the pupils and the discussion group participants directly addressed the aim of the research and therefore provided a unique insight into the views which young, never pregnant women hold towards teenage pregnancy and early motherhood. Furthermore, as the data sets were explored both

individually and in relation to each other, each data set was analysed at its own level and used to further the understanding and analysis of the other data gathered.

This thesis consists of eight chapters. In Chapter One, teenage pregnancy rates, teenage birth rates and teenage abortion rates for Europe and Scotland are described. Chapter One concludes by suggesting that, in order to fully understand why in recent years the prevalence of teenage pregnancy and early motherhood has received increasing levels of social and political attention, consideration must be given to the ways in which motherhood and adolescence are currently socially constructed. These constructions, and how they relate to the 'moral panics' and negative images which currently surround teenage motherhood and teenage mothers, are described and analysed in Chapter Two. The aim of Chapter Three is to explain why certain methods of data collection were used, to discuss the advantages and disadvantages of adopting a mixed methods approach, and to illustrate how the different methods and data sets were viewed in relation to one another. The development of the questionnaire, interview and discussion group guides is also discussed in this chapter. The actual process of conducting the research, and the practical experiences and ethical issues which arose whilst doing so, are detailed in Chapter Four. Chapters Five and Six present an analysis of the data gathered in the schools. In the first of these chapters, the material gathered in order to gain an insight into the lives and experiences of young women from diverse social and economic backgrounds is detailed. In Chapter Five the discussion group participants' views of motherhood and the context in which they wish to enter this role, are also described.

To some extent this chapter sets the scene for the following chapter as the aim of Chapter Six is to describe the pupils' and discussion group participants' views concerning teenage pregnancy and early motherhood. In Chapter Seven the data gathered during the interviews conducted with the young women who were either currently pregnant, or had recently entered motherhood or experienced an abortion, are analysed and explored. Hence, in this chapter factors which can influence the pathway from conception to pregnancy outcome are noted. In Chapter Seven data collected from the pupils and the discussion group participants are also reflected upon and discussed in relation to the views and experiences of the women interviewed. The final chapter, Chapter Eight, considers what conclusions can be drawn based on the data discussed in Chapters Five, Six and Seven, and notes what lessons were learnt in relation to using a mixed methods approach and what implications this thesis has for future research.

¹ In this paragraph literature from both the United States and Britain has been referenced. As health care, education and welfare services differ between these two countries, the situations of young women and mothers in each of these countries may vary. However, Phoenix (1991) states that because British social trends follow a similar pattern to those in the United States, literature from the United States can be used to illustrate how particular social contexts influence the implications of early motherhood. In light of this point, and because most of the work undertaken on teenage pregnancy and early motherhood is from the United States, in this thesis and where appropriate, literature from the United States has been referenced.

² The term 'subcultural' has been used because this term has been used in the literature on early motherhood when describing the norms and values held by the socially and economically disadvantaged (see for example Bury (1984) and MacIntyre (1977)). Hence, whilst I realise the norms and values held by affluent groups may also be viewed as creating or belonging to some form of subculture, in this thesis, and when referring to the views held by young women from different socio-economic backgrounds, the term subculture has been used to refer to the culture of the socio-economically disadvantaged.

³ Interestingly, in 1998 when the data gathered for this thesis were being analysed, a project funded by the Joseph Rowntree Foundation was initiated in order to explore the views young, never pregnant women hold towards teenage pregnancy. This project involved interviewing women across different age groups and from different parts of Doncaster. The data gathered enabled some social, economic

and age based comparisons to be made. However, the young women interviewed had not been purposively selected from different socio-economic backgrounds. This project is the '*Teenage pregnancy and choice: an exploration of the factors which influence young women to continue with their pregnancies or terminate them*'. The project is being undertaken by Sharon Tabberer of Anglia Polytechnic University in association with Dr Christine Hall of Doncaster Health.

⁴ In this thesis, a mixed methods study is defined as one which includes both quantitative and qualitative methods as this combination is the norm (Fielding and Fielding 1986) and because this was the situation in this research.

Chapter One

Teenage Motherhood - A new problem or a different context?

In Britain, during the 1990s, teenage mothers received more political and media attention than ever before (Selman 2001). The aim of this chapter is to discuss teenage pregnancy rates, abortion rates and birth rates¹ for Europe and Scotland, and to detail the implications early motherhood may have for a mother and her child, and whilst doing so to reflect upon this increased attention².

In 1992 the UK Government set the target of reducing the 1989 conception rate among young women under the age of 16 in England from 9.5 per 1000 women aged 13 to 15 to 4.8 by the year 2000 (DoH 1992)³. This target has not been met⁴ and has now been superseded by a target which aims to half the conception rate among women under the age of 18 in England by the year 2010, and during this same time period to establish a downward trend in the conception rates experienced by women under the age of 16 (Social Exclusion Unit 1999). Rates recorded in 1998 will be taken as the baseline rates for this new target, and measurements of progress will be taken from April 1999 (Ruth Stanier, Social Exclusion Unit, personal communication).

The Government's concern about the conception rates experienced by young women under the age of 16 has been carried forward by the Scottish Parliament and

is apparent in the Scottish White Paper 'Towards a Healthier Scotland'. In this White Paper the Scottish Executive announced a target of reducing the pregnancy rate among 13 to 15 year olds by 20 per cent between 1995 and 2010 (The Scottish Office 1999)⁵. No target was set concerning women aged 16 to 19.

The public's interest in teenage pregnancy and early motherhood has been fuelled by newspaper headlines such as 'New mum aged 12' (Daily Mirror 2/9/99); 'Under-age pregnancy numbers on the increase' (The Scotsman 8/8/97); and 'Childhood's end for the gymslip mothers' (Birmingham Post 20/08/97); headlines which focus on the individual's age and draw attention to trends which could cause concern.

The Government's decision to focus on young women aged 13 to 15 is believed to be the result of an increase in the conception rate for this group (Peckham 1993). Certainly, the headlines quoted above imply that the prevalence of early motherhood is increasing among younger women. Yet, Selman (2001) suggests that the recent interest in teenage pregnancy and early motherhood is actually due to the fact that a growing number of teenage pregnancies are aborted; that most teenage births occur outside of marriage; that pregnancies to women under the age of 16 indicate an ever earlier onset of sexual activity; and that young mothers are seen as a current and potential welfare burden. Thus it would appear that, in order to understand why teenage pregnancy and early motherhood have recently received relatively high levels of political and media attention, consideration needs to be given to teenage

conception rates and birth rates, and to the situations of those young women who experience pregnancy and/or motherhood.

In this chapter age specific rates rather than absolute numbers have been given when detailing teenage pregnancy rates, birth rates and abortion rates. This has been done because the former are not influenced by changes in the age structure of the population under study and, consequently, provide a more accurate picture (Phoenix 1991). In addition, where appropriate, rates have been given over a ten year period. This has been done because rates tend to fluctuate over time and the effects of any change in policy or behaviour may not become apparent for a number of years (Bury 1984). In order to appreciate what information pregnancy rates, birth rates and abortion rates provide, some knowledge of the way in which such rates are calculated is required.

1.1) Calculating and interpreting teenage pregnancy rates, abortion rates and birth rates

Most rates are prevalence rates, i.e. they indicate what proportion of individuals have a particular attribute at a given point in time (Abramson 1988). In Britain government statistics on teenage pregnancy rates, birth rates and abortion rates for England and Wales are published separately from those for Scotland. In Scotland all of these rates are calculated using information which is recorded in two Scottish

Morbidity Records (SMRs). These records are the hospital inpatient and day case record (SMR01) and the maternity inpatient and day case record (SMR02). Individual episodes are derived from only one of these sources, and from these files information on live births, stillbirths, therapeutic abortions and miscarriages (including 'other outcomes of pregnancy', e.g. ectopic pregnancy) is selected. This information is then used to calculate numerators for each of the rates⁶. The denominator selected is usually age specific and the resulting sum multiplied by 1000 to enable the rate to be expressed per 1000 women.

The extent to which a rate is accurate will depend on the degree to which the information required is recorded systematically, and the extent to which this information completely covers the population and event of interest. For example, the use of the SMRs to calculate abortion rates means that this rate only relates to abortions managed in hospital; spontaneous abortions that are never referred to hospital obviously cannot be included⁷. The denominator used may also not completely reflect the population of interest since, for example, if census data are used to calculate the number of individuals within a particular age group, the further away this calculation is made from the census point, the less likely these data will be accurate.

These examples illustrate how rates are open to both information bias and selection bias⁸. Hence, they indicate that when examining such rates, one should consider how the event has been defined; whether or not the population was described

according to place, time and personal characteristics; and finally, how the information used to calculate the rate was obtained (Abramson 1988). Consideration of each of these points is also important since the way in which an event or population is defined may vary. For example, teenage birth rates are calculated both in relation to young women aged 13 to 19, and in relation to young women aged 15 to 19⁹.

In addition to considering the accuracy and completeness of the information gathered, and how such information has been defined, the size of the population being considered should also be noted when interpreting pregnancy, birth and abortion rates. This is because the smaller the population, the more sensitive the rate will be to slight changes in prevalence of the event being measured. This issue can be illustrated by focusing on the pregnancy rates for young women residing in Scotland as these rates reveal that pregnancy is a relatively rare event among women aged 13 to 15 compared to women aged 16 to 19 (in 1998, 782 women in the 13 to 15 year old age group experienced a pregnancy compared to 9,313 in the older age group (ISD 1999)). Thus variations in the pregnancy rates for women in the younger age group should be read cautiously as apparently significant variations may simply reflect what are, in reality, only slight increases or decreases in the actual number of pregnancies occurring to women in this age group. Thus, such variations may not be statistically significant.

When interpreting rates one should also be aware that rates are a result of two probabilities. For example, abortion rates reflect the probability of women becoming pregnant and the probability that a pregnancy will be aborted (James 1998). In order to calculate such probabilities the number of pregnancies conceived would have to be known and such information is not available since, as already noted, spontaneous abortions not managed in hospital are not included in this calculation (Ghebrehewer and Ashton 1999). Thus, if an increase in an abortion rate was observed, it would be impossible to establish whether this increase was due to an increase in the pregnancy rate for the group concerned, or an increase in the number of pregnancies aborted among pregnant women in that group. This point suggests that teenage pregnancy rates, abortion rates and birth rates should all be considered in relation to one another. It also suggests that, when comparing the pregnancy outcomes experienced by women from different groups, attention should be given to what proportion of pregnancies, in each group, end in a particular outcome.

These issues have informed the structure of this chapter. Pregnancy rates, birth rates and abortion rates have each been noted at European and national (Scottish) levels. In addition, when comparisons are being made in relation to the outcome of pregnancies occurring to women in different age groups and from different socio-economic backgrounds, the proportion of pregnancies aborted and the proportion of pregnancies delivered are noted.

1.2) *European conception rates, birth rates and abortion rates*

The UK has the highest teenage conception rate in Western Europe. This status is based on the fact that the UK has the highest teenage birth rate and highest teenage abortion rate in Western Europe (Kane and Wellings 1999).

International differences in teenage conception rates are thought to be due to variations in the proportion of young women who use contraception rather than variations in teenage sexual activity (Alexander and Guyer 1993). This variation in the use of contraception could relate to factors which also vary between countries and which may influence young women's use of contraception. These factors include the degree to which sexuality is openly discussed and viewed; the content and scope of the sex education provided; and finally, the extent to which young people have access to advice, information and contraception. Researchers have considered such factors when attempting to explain differences in international teenage pregnancy rates (see for example, Peckham 1993), and the importance of contraceptive knowledge and sexual attitudes on such rates is highlighted in the Social Exclusion Unit's report on teenage pregnancy (Social Exclusion Unit 1999).

In the Social Exclusion Unit's report three factors are noted as possible explanations for the teenage pregnancy rates in the UK. First, young people's inadequate knowledge about contraception and parenthood; second, the existence of mixed

messages concerning sex and sexual relationships; and third, the positive effect on attitudes to parenthood of the low expectations of education and employment held by young people from disadvantaged backgrounds. Although this last factor implies that early motherhood may be planned, the first two factors indicate that, in the UK, teenage pregnancies are viewed primarily as unplanned events which are the result of poor contraceptive use (Social Exclusion Unit 1999).

On the basis of figures for 1996, or the latest available year, the UK appears to have the highest birth rate in Western Europe for 15 to 19 year olds, and to rank fourth in Europe as a whole (table 1). The rates noted in table 1 are taken from Kane and Wellings (1999). An indication has not been given of which year, if not 1996, a specific rate was recorded as Kane and Wellings do not provide this information.

Various factors have been used to explain variations in teenage birth rates. In their review of European birth data, Kane and Wellings (1999) point out that the lower the average age at first marriage and the higher the proportion of teenagers who were married, the higher the birth rate. They also note that the greater the inequalities in income within the population of a country, the higher the birth rate. In addition to these variables, Kane and Wellings note negative relationships between teenage birth rates and the overall wealth of a country (based on gross domestic product), the length of time spent in schooling, and the proportion of individuals in a country who view themselves as members of a religious community.

Table 1 *Live birth rates per 1000 women aged 15-19 in European countries ranked by order, 1996 (or latest available year)*

Country	Rate
Bulgaria	51.2
Romania	40.0
Former Yugoslavia	32.1
United Kingdom	29.7
Hungary	29.5
Iceland	22.1
Poland	21.1
Portugal	20.9
Czech Republic	20.1
Ireland	16.1
Austria	15.6
Norway	13.5
Greece	12.0
Germany	10.0
Luxembourg	9.9
Finland	9.8
Belgium	9.1
Denmark	8.3
Spain	8.2
Sweden	7.7
Italy	7.3
France	7.0
Netherlands	4.1
Switzerland	4.0

Source: Council for Europe as cited in Kane and Wellings (1999)

The relationship between income distribution and teenage birth rates, and teenage marriage rates and teenage birth rates, had already been noted by Jones et al. (1986) in a study which involved analysing factors associated with teenage fertility in 37 developed countries. In addition to these relationships, Jones et al. also noted positive associations between teenage childbearing and the proportion of the labour force employed in agriculture, and between teenage childbearing and the level of maternity leave and maternity benefits. Low birth rates were found in countries considered to hold the most liberal views towards sex, and the birth rate for older

teenagers was found to be influenced by government policies aimed at increasing fertility.

Comparative abortion data are more difficult to obtain than comparative birth data as abortion information is available from only a limited number of countries (Kane and Wellings 1999). In addition, as the legal status of abortion varies between different countries, the reliability of official statistics and the extent to which they are officially published may vary from country to country (Kane and Wellings 1999).

On the basis of figures for 1994, or the latest available year, the UK appears to have the highest abortion rate in Western Europe for 15 to 19 year olds, and to rank fourth in Europe as a whole (table 2). As before in table 1, the report from which this information is taken does not indicate which exact year, if not 1994, a rate was based.

In addition to the legal status of abortion varying from country to country, and the pregnancy and birth rates also varying between different countries, another factor which has been viewed as influencing a country's abortion rate is the extent to which abortion is considered acceptable. For example, Sachdev (1988) states that the high abortion rates noted in Bulgaria, Romania and Hungary are a reflection of the greater acceptability of abortion as a form of contraception in each of these countries. Interestingly, the abortion rates in the various European countries appear

to be influenced by the same variables which have been noted as influencing birth rates in these countries, i.e. mean age at marriage, measures of national wealth, income distribution, mean years of education, and degree of religious involvement. It has also been noted that abortion rates are higher in European countries where a higher proportion of gross domestic product is spent on family benefits, and a greater proportion of women aged 15 or over are in paid employment (Kane and Wellings 1999).

Table 2 *Legal abortions per 1000 women aged 15-19, 1994 (or latest available year)*

Country	Rate
Bulgaria	45.0
Romania	42.8
Hungary	31.7
United Kingdom	20.2
Norway	18.9
Sweden	17.9
Denmark	16.0
Czech Republic	15.1
Iceland	14.1
Finland	9.1
France	7.9
Italy	5.4
Netherlands	3.9
Germany	2.4
Greece	1.5

Source: UN as cited in Kane and Wellings (1999)

In the above discussion a range of social, cultural, economic and legal factors have been noted as possible influences on European birth rates and abortion rates. Thus, in order to understand the trends which occur within a particular country, it would appear that national rather than European rates should be focused on.

1.3) Teenage pregnancy rates, delivery rates and abortion rates for Scotland

From 1989 to 1998, teenage pregnancy rates in Scotland for women aged 13 to 15, and for women aged 16 to 19, changed very little (ISD 1999) (table 3). The pregnancy rate for women aged 16 to 19 peaked in 1991 at 77.8 per 1000. By 1995 this rate had declined to 68.2. This rate then rose again in 1996 and 1997 (70.1 and 70.6 per 1000 women respectively) but by 1998 had fallen to 67.6; the lowest rate recorded in this ten year period (ISD 1999).

Table 3 Teenage pregnancy rates per 1000 women in each age group, by year and age of mother at conception, 1989-1998¹⁰

Year	13 - 15	16 - 19
1989	8.4	71.3
1990	8.3	74.6
1991	8.8	77.8
1992	8.6	75.3
1993	8.4	73.5
1994	8.4	69.4
1995	8.6	68.2
1996	9.5	70.1
1997	9.2	70.6
1998	8.4	67.6

Source: ISD (1999)

For women aged 13 to 15 the highest rate recorded between, and including, 1989 and 1998 was the 1996 rate of 9.5 per 1000 women. By 1998 this rate had fallen to 8.4; a rate which had also been recorded in 1989, 1993 and 1994. This last point indicates that the rate for women aged 13 to 15 has remained relatively stable. Hence, it raises the question of whether the political interest noted at the beginning of this chapter (page 16) concerning the pregnancy rate among young teenagers was

related to the actual prevalence of teenage pregnancy among women aged 13 to 15 and, if so, how appropriate this attention was.

In order to understand these trends consideration needs to be given to factors such as teenage sexual activity, contraceptive provision and use, and the social and cultural context in which these national rates occur.

McIlwaine (1994) states that rates of sexual activity among young people have not been well documented and that most of the literature on this subject has been based on two research projects; one by Schofield (1965) and one by Farrell (1978). Both projects looked at the sexual behaviour and attitudes of young people and whilst each provided valuable insights, McIlwaine argues that both are now out of date. However, in 1994 a survey, which focused on the health behaviours of Scottish school children aged 15 to 16, was conducted. This survey gathered data on young people's sexual behaviour and revealed that 37.1 per cent of the young women in the sample reported having experienced sexual intercourse (Currie et al. 1997). In addition, the Sexual Attitudes and Lifestyles Survey which was conducted in 1991 by Johnson et al. (1994) also gathered data on young people's sexual behaviour.

The Sexual Attitudes and Lifestyles Survey is the largest UK study on the subject of sexual lifestyles. Information was gathered from nearly 19,000 people who were randomly selected from a sample of UK residents and aged 16 to 59. By comparing the sexual careers of men and women within the different age cohorts, Johnson et al.

identified three trends which had occurred in relation to sexual behaviour: a decrease in age at first intercourse; an increase in the proportion of young people who experience intercourse before the age of 16; and a converging of the sexual behaviour of men and women. Although such trends imply that there have been significant changes in the sexual behaviour of young women, it should be noted that the majority of women under the age of 16 have not experienced sexual intercourse (table 4).

Table 4 Estimated number of sexually active teenage women in Scotland in 1991

Age	% Sexually active	Number sexually active
13-15	19	16721
16-17	60	38692
18-19	75	48365
Total	43	93778

Source: McIlwaine (1994)

Yet, whilst relatively few women under the age of 16 have experienced sexual intercourse, and although the use of contraception among young women of all ages has increased over the last twenty years (McIlwaine 1994), younger teenagers are much less likely than those over the age of 16 to use some form of protection (Morrison 1985). This difference has been attributed to differences in older and younger teenagers' level of cognitive maturity (Stuart-Smith 1996), to the fact that the age of consent law may deter women under the age of 16 from obtaining contraceptive advice or supplies (Brook Advisory Centres 1996), and to differences between older and younger teenagers' knowledge of contraception (Miller and Moore 1990).

Pregnancy rates vary not only according to age but also socio-economic background (table 5). This variation may reflect the fact that young women from relatively deprived areas are more likely to be sexually experienced than young women from more affluent areas (Holland 1993). However, the difference in pregnancy rates between these two populations is thought to be due to the fact that women from relatively affluent areas are more likely than women from relatively deprived areas to use contraception, rather than due to variations in levels of sexual behaviour (Morrison 1985). It has been suggested that this greater use is because the implications of early motherhood are experienced as greater for women from relatively affluent backgrounds than women from relatively deprived backgrounds and, consequently, the former group are more motivated to use protection (Phoenix 1991).

Table 5 *Teenage pregnancy rates per 1000 women aged 13 to 19 by year and deprivation category (1 = low deprivation; 7 = high deprivation)*¹¹

Dep. Cat	1	2	3	4	5	6	7
1987	16.7	28.5	38.2	50.4	68.4	80.1	111.1
1991	18.9	29.8	36.1	52.4	67.7	70.5	94.7
1996	17.2	21.7	30.2	42.1	55.2	61.9	68.6

Source: ISD (1998)

The relationship between socio-economic background and teenage pregnancy has also been used to explain why teenage pregnancy rates vary between different geographical areas throughout Scotland (Smith 1993). In table 6, pregnancy rates according to health board area of residence, year and age group of mother at time of conception are detailed. Data on teenage pregnancies in Orkney, Shetland and Western Isles have not been given because the small numbers in the 13 to 15 age

group may, in certain circumstances, allow the individual to be identified. ISD, therefore, withholds such information to protect patient confidentiality (Mark Hollinsworth, ISD, personal communication).

In addition to differences in the socio-economic characteristics of each region, regional variations in teenage pregnancy rates may also be due to variations in the provision of contraceptive services, as clinic provision does vary across Scotland (McIlwaine 1994). It has also been suggested that variations between health board areas may, at least in part, be due to differences in the reporting of miscarriages (ISD 1998)¹².

Table 6 *Teenage pregnancy rates per 1000 women by health board area of residence, year and age group of mother at conception*¹³

Health Board	13 - 15				16 - 19			
	1989	1993	1997	1998	1989	1993	1997	1998
Scotland	8.4	8.4	9.2	8.4	71.5	73.5	70.6	67.6
Argyll and Clyde	8.1	9.9	6.7	7.3	68.1	72.8	68.5	66.8
Ayrshire and Arran	11.7	11.9	11.1	9.2	75.0	82.0	77.8	82.1
Borders	5.5	8.4	6.3	4.7	56.6	45.7	57.3	51.4
Dumfries and Galloway	8.8	9.4	8.3	3.8	74.3	74.7	73.8	72.2
Fife	8.9	9.5	9.5	10.6	74.2	75.5	72.8	77.6
Forth Valley	8.2	8.1	8.1	9.1	63.2	65.7	66.4	70.8
Grampian	8.9	9.0	8.7	8.3	67.4	68.8	68.1	61.9
Greater Glasgow	8.2	6.5	10.2	10.0	79.4	81.8	71.4	64.6
Highland	7.9	5.9	7.1	6.8	73.1	70.7	74.3	77.3
Lanarkshire	7.7	7.1	7.0	6.2	64.6	64.0	61.7	63.5
Lothian	7.6	7.8	11.4	7.3	68.5	71.6	71.1	60.5
Tayside	8.5	11.0	11.7	12.5	80.1	87.3	85.6	81.4
Orkney								
Shetland								
Western Isles								

Source: ISD (1999)

The delivery and abortion rates for women aged 16 to 19 are much higher than the rates recorded for women aged 13 to 15 (table 7)¹⁴. The proportion of pregnancies

which are aborted, however, has always been greater among the younger age group; although the difference between the two age groups would appear to be narrowing as there has been an increase in the proportion of pregnancies aborted among 16 to 19 year olds but little change in the proportion of pregnancies aborted among women aged 13 to 15 (ISD 1999) (table 8).

Table 7 *Teenage delivery rates and teenage abortion rates per 1000 women in each age group, by year and age of mother at conception, 1989-1998*¹⁵

Year	13 - 15		16 - 19	
	Delivered	Aborted	Delivered	Aborted
1989	4.1	4.3	47.1	24.3
1990	4.0	4.2	48.1	26.5
1991	4.2	4.6	50.4	27.4
1992	4.3	4.4	48.5	26.8
1993	4.0	4.4	46.7	26.8
1994	3.9	4.5	42.8	26.6
1995	4.1	4.5	42.4	25.8
1996	4.6	4.8	42.6	27.5
1997	4.9	4.3	44.0	26.6
1998	3.9	4.5	38.6	29.0

Source: ISD (1999)

Table 8 *Proportion of teenage pregnancies delivered and aborted by year, and age of mother at conception*¹⁶

Year	13 - 15		16 - 19		13 - 19	
	Delivered	Aborted	Delivered	Aborted	Delivered	Aborted
1989	49.0	51.0	66.0	34.0	64.8	35.2
1993	47.3	52.7	63.5	36.5	62.3	37.7
1997	53.3	46.7	62.3	37.7	61.5	38.5
1998	46.8	53.2	57.1	42.9	56.2	43.8

Source: ISD (1999)

From 1989 to 1991 the abortion rate for women aged 16 to 19 rose steadily from 24.3 to 27.4 per 1000 women aged 16 to 19. This rate then remained relatively stable at around 26 to 27 per 1000 until 1998 when it rose to 29 (ISD 1999). The

delivery rate for this age group peaked in 1991 at 50.4 per 1000 but by 1998 had fallen to 38.6.

In contrast to the older age group, where the abortion rate was always notably lower than the delivery rate, from 1989 to 1998, the abortion rate and the delivery rate for women under the age of 16 were very similar. The greatest difference recorded between these two rates occurred in 1994 and 1998 when the delivery rate was 3.9 per 1000 women aged 13 to 15 and the abortion rate was 4.5 per 1000 women aged 13 to 15 (ISD 1999). However, in 1997, for the first time ever during this ten year period, the delivery rate for this age group was higher than the abortion rate; the equivalent figures being 4.9 and 4.3 (ISD 1999).

The initial impact of the legalisation of abortion in Britain in 1967 is not evident in the above data. This impact was evident during the early 1970s when it became apparent that many pregnant teenagers who previously would have been pressurised into marriage, aborted their pregnancies (Bury 1984). A development which has been viewed as influencing the outcome of teenage pregnancies in recent years has been the extent to which the stigmas attached to giving birth outside of marriage and to single motherhood, have lessened (Kane and Wellings 1999). This development has been associated with the increasing number of pregnant teenagers who enter single motherhood, and this increase in number has actually led to teenage mothers becoming the first category of women within which single motherhood is the 'norm' (Moore and Rosenthal 1993). The dramatic speed at which this

development occurred is apparent when it is acknowledged that in 1993, in England and Wales, 84.4 per cent of all births to women under the age of 20 occurred outside of marriage, whilst the equivalent figures for 1964 and 1983 were 22.6 per cent and 56.3 per cent (Babb and Bethune 1995).

The negative relationship between age and the probability of a pregnancy being aborted, may be due to a number of factors. For example, the legal school leaving age and age of consent law mean that the implications of early motherhood on a young woman's education and legal position are greater if the individual is under the age of 16. Although women aged 13 to 15 are less likely than women aged 16 to 19 to become pregnant, pregnancies occurring to younger teenagers are less likely to be planned (Schofield 1994). In addition, the younger the individual is, the less confident she may feel in her physical and emotional ability to cope with motherhood (Russell 1982). All of these factors present possible reasons, and those relating to legal issues and levels of maturity indicate that the legal, social and educational implications of early motherhood differ between younger and older teenagers (Russell 1982). Hence, as Russell (1982) suggests, when considering the implications of motherhood, women under the age of 16 should be viewed separately from women over the age of 16.

The probability of a pregnancy being aborted also varies according to the individual's socio-economic background. While teenagers from relatively affluent backgrounds tend to abort their pregnancies, teenagers from relatively deprived

backgrounds tend to keep theirs (McIlwaine 1994). Table 9 shows this relationship. Table 9 also shows that, although a greater proportion of pregnancies are aborted among women from relatively affluent backgrounds, because a greater number of teenage women from relatively deprived backgrounds conceive, more women from deprived backgrounds actually experience abortion.

Table 9 *Teenage pregnancy outcome per 1000 women aged 13 to 19, by deprivation category, 1996 (expressed as a proportion but actual numbers noted in brackets)*¹⁷

Outcome	Deprivation Category (cat. 1 = low dep., cat. 7 = high dep.)							
	1 (n = 248)	2 (n = 680)	3 (n = 1466)	4 (n = 2278)	5 (n = 1836)	6 (n = 1462)	7 (n = 1066)	not known (n = 280)
Aborted	71.4 (177)	55.3 (376)	44.7 (655)	41.1 (939)	35.8 (657)	33.0 (482)	31.3 (335)	51.0 (143)
Delivered	28.5 (71)	44.6 (304)	55.2 (811)	58.8 (1339)	64.1 (1179)	67.0 (980)	68.6 (731)	48.8 (137)

Source: ISD (1998)

Various hypotheses have been posed to explain why women from more deprived backgrounds are more likely to keep their pregnancies whilst women from more affluent backgrounds are more likely to abort. These hypotheses include the existence of a subcultural acceptance of early motherhood, variations in social and parental pressure to abort, variations in ability to access abortion services, and differences among young women concerning their personal ambitions and career plans (Simms 1993). The validity of each of these hypotheses is still being debated. What should be clear having discussed teenage pregnancy outcomes in relation to women in different age groups and from different socio-economic backgrounds, is that the majority of teenage mothers are women in their late teens who are from relatively deprived backgrounds.

The relationship between socio-economic background and teenage pregnancy outcome could explain regional variations in teenage delivery rates and abortion rates (tables 10 and 11). Medical, social, religious and economic factors are also believed to influence regional abortion rates (McIlwaine 1994). The extent to which each of these factors influence pregnancy outcomes may vary. For example, Wilson et al. (1992) found it was the socio-economic features of a region rather than the provision of abortion services within an area, which had the strongest correlation with the proportion of teenage pregnancies aborted.

The tables below do not distinguish between the abortion rates and delivery rates for younger and older teenagers as, in most health board areas, the number of abortions among women aged 13 to 15 is not sufficient to make meaningful comparisons on an annual basis (McIlwaine 1994).

Table 10 *Teenage delivery rates per 1000 women aged 13-19 by year, health board area of residence and age of mother at conception*¹⁸

Health Board	13 - 19			
	1989	1993	1997	1998
Scotland	30.5	28.5	27.3	23.8
Argyll and Clyde	30.6	28.1	27.0	25.1
Ayrshire and Arran	34.5	34.2	31.7	31.7
Borders	21.4	16.5	20.8	17.4
Dumfries and Galloway	30.9	30.5	26.9	25.4
Fife	32.2	29.3	28.6	30.1
Forth Valley	28.9	27.8	26.5	28.5
Grampian	25.9	22.2	21.0	18.9
Greater Glasgow	36.9	33.3	29.9	23.8
Highland	27.3	26.9	25.7	26.2
Lanarkshire	30.3	27.3	27.5	25.1
Lothian	26.1	25.5	26.2	14.4
Tayside	30.7	32.5	30.7	28.1
Orkney	34.4	25.4	16.0	18.3
Shetland	24.5	28.1	23.5	23.5
Western Isles	21.6	16.1	16.0	9.6

Source: ISD (1999)

Table 11 *Teenage abortion rates per 1000 women aged 13-19 by year, health board area of residence and age of mother at conception*¹⁹

Health Board	13 - 19			
	1989	1993	1997	1998
Scotland	16.6	17.3	17.1	18.5
Argyll and Clyde	13.9	16.9	14.5	15.7
Ayrshire and Arran	15.0	17.3	16.4	17.9
Borders	15.7	12.9	12.8	12.3
Dumfries and Galloway	16.4	14.3	17.1	15.7
Fife	17.0	17.5	16.8	18.4
Forth Valley	12.9	13.4	15.5	16.4
Grampian	19.3	21.5	22.1	20.5
Greater Glasgow	16.5	17.4	16.5	18.5
Highland	19.0	13.9	17.3	18.2
Lanarkshire	11.8	12.0	10.6	13.7
Lothian	19.9	20.4	20.6	24.4
Tayside	21.9	22.3	22.5	23.1
Orkney	20.4	15.0	10.3	2.3
Shetland	7.3	10.3	7.8	5.9
Western Isles	7.9	4.4	8.0	6.4

Source: ISD (1999)

In this chapter Scottish teenage pregnancy rates, delivery rates and abortion rates have all been discussed individually. In order to gain an overall impression of what the trends in each of these rates have meant in terms of influencing one another, and in terms of the actual prevalence of teenage motherhood, the Scottish teenage pregnancy rates, delivery rates and abortion rates which have already been noted are detailed together in table 12.

In relation to the table 12, four main points can be made. First, as one would expect, the figures indicate some relationship between the pregnancy, abortion and delivery rates recorded in the same year. For example, in 1996, both the pregnancy rate and abortion rate for women aged 13 to 15 were the highest rates recorded for this age group between and including 1989 and 1998. In a similar way, the

pregnancy rate and delivery rate noted in 1991 for women aged 16 to 19 were the highest rates recorded during this time period. Second, that the pregnancy, abortion and delivery rates for women under the age of 16 have been relatively stable over the last ten years. Third, that the difference between the delivery rate and the abortion rate for women aged 16 to 19 has narrowed. And finally, that the rates recorded for the older age group are significantly greater than those recorded for the younger age group. This last point means that variations in the rates concerning older teenagers will have a greater impact on the overall rates recorded for women under the age of 20.

Table 12 *Teenage pregnancy rates, delivery rates and abortion rates in Scotland per 1000 women aged 13-19 by year, and age of mother at conception, 1989-1998*

Year	Pregnancy		Delivery		Abortion	
	13-15	16-19	13-15	16-19	13-15	16-19
1989	8.4	71.3	4.1	47.1	4.3	24.3
1990	8.3	74.6	4.0	48.1	4.2	26.5
1991	8.8	77.8	4.2	50.4	4.6	27.4
1992	8.6	75.3	4.3	48.5	4.4	26.8
1993	8.4	73.5	4.0	46.7	4.4	26.8
1994	8.4	69.4	3.9	42.8	4.5	26.6
1995	8.6	68.2	4.1	42.4	4.5	25.8
1996	9.5	70.1	4.6	42.6	4.8	27.5
1997	9.2	70.6	4.9	44.0	4.3	26.6
1998	8.4	67.6	3.9	38.6	4.5	29.0

The majority of young women who give birth keep their child (Hadley 1996). Thus, as the delivery rate for women aged 16 to 19 would appear to have fallen over the period from 1989 to 1998, and since the majority of teenage pregnancies occur to older teenagers, it does appear that the overall prevalence of teenage motherhood has fallen in recent years. Certainly, the provisional figure noted for the 1998 delivery rate of 23.8 per 1000 women aged 13 to 19 was the lowest rate to have

been recorded since 1989 (ISD 1999). In addition, for each of the years between and including 1989 and 1998, with the exception of the rates recorded in 1990 and 1997, delivery rates for women under the age of 20 were lower than the preceding year²⁰. Hence, over this ten year period there appears to have been a steady downward trend in this rate.

In this chapter only the most recent rates available have been used. However, it is worth noting that, in Britain, the teenage birth rates recorded during the 1990s were significantly lower than those recorded in the 1960s (Selman 2001). This point, alongside the above comment implying that the prevalence of early motherhood has fallen during the 1990s, raises once again the question of whether trends in teenage pregnancy and early motherhood can explain why during the 1990s teenage mothers received more political and media attention than ever before.

It was noted at the very beginning of this chapter (page 17) that, in addition to such rates, the political and media attention which has focused on teenage pregnancy and early motherhood has also been related to the growing number of teenage pregnancies aborted; the fact that most teenage births occur outside of marriage and to women who are seen as current and potential welfare burdens; and because pregnancies to women under the age of 16 indicate an ever earlier onset of sexual activity (Selman 2001).

Earlier in this chapter it was evident that, from 1989 to 1998, there was a gradual increase in the proportion of teenage pregnancies aborted (see table 8, page 32). However, it should be noted that whilst a greater proportion of pregnancies occurring to women under the age of 20 are aborted compared to those occurring to older women, a greater number of pregnancies are actually aborted among women aged 20 to 24 (ONS 1998)²¹. In addition, whilst single motherhood has increased among teenage mothers, single motherhood has become increasingly prevalent among women of all ages (Babb and Bethune 1995)²². Hence, it would appear that the concerns held about the current abortion rate and the increasing prevalence of single teenage mothers are more to do with how young women are viewed rather than these events per se.

This implies that differing attitudes surround the behaviour of younger and older women. It suggests that in order to fully understand the recent attention which has been given to teenage pregnancy and early motherhood, consideration needs to be given to the ways in which adolescence is socially constructed. It would also appear that consideration needs to be given to how motherhood is socially constructed. Although greater attention has been given to the increasing prevalence of single motherhood among teenage women compared to women over the age of 20, the fact that this trend has been viewed as one reason for the recent interest in early motherhood does imply that the way in which motherhood is viewed is also important. The ways in which adolescence and motherhood are socially constructed are described in Chapter Two. During Chapter Two the reasons why early sexual

behaviour and state dependency have also attracted political concern are also explored.

Before moving on to discuss the social and cultural implications of teenage pregnancy and early motherhood, in order to appreciate the immediate implications of each of these events, consideration should first be given to how pregnancy and motherhood can affect a young woman and her child²³. This is the focus of the next and final section in this chapter.

1.4) The implications of teenage pregnancy and early motherhood

Teenage pregnancy and early motherhood have been associated with a number of negative implications concerning the young mother and her child. Young pregnant women are considered to be at higher risk than normal of developing anaemia and pre-eclampsia (Irvine et al. 1997), and are at higher risk than older women of maternal mortality (Botting et al. 1998). Children born to young mothers are more likely than children born to older women to be below the average birthweight for all live births, and to be at greater risk of infant mortality (Botting et al. 1998).

Early motherhood has been associated with poor academic achievement and restricted employment prospects (Kiernan 1995, Phoenix 1991). This association has been made because teenage mothers tend to perform less well academically and

experience greater difficulty in finding employment than their childless peers (Hudson and Ineichen 1991). Early motherhood has also been associated with greater financial and emotional reliance on others (Allen and Bourke Dowling 1998).

Children born to teenage mothers appear to be at greater risk of cognitive development delays (Kiernan 1995), and at greater risk of physical abuse and accidental injury (Bolton et al. 1980). It has also been suggested that these children experience educational and behavioural problems during childhood (Luker 1996).

Thus it would appear that teenage pregnancy and early motherhood are problematic. However, many of the studies which have been conducted in this area have not controlled for situational influences and both Luker (1996) and Phoenix (1991) argue that many of the negative associations which have been made stem not from the individual's age but rather the young mother's socio-economic situation. Luker (1996) also argues that such negative implications have been exaggerated since the individual's situation prior to entering motherhood is often not considered, and that inaccurate assumptions about the individual's future aspirations are sometimes made.

The complications associated with teenage pregnancy are believed to relate to the fact that young pregnant women are less likely than older women to receive sufficient prenatal care. This situation is because the unplanned nature of most

teenage pregnancies leads to teenagers visiting their doctors much later in pregnancy than older women (Social Exclusion Unit 1999). Interestingly, despite the obstetric risks associated with teenage pregnancy, a much lower proportion of teenage women than older women experience elective caesarean deliveries. For example, in the period from 1994 to 1995, 7 per cent of teenage mothers had an emergency caesarean and 3 per cent an elective caesarean, compared to 9 per cent and 7 per cent respectively of all mothers (Botting et al. 1998). This association may reflect the positive relationship which exists between rate of caesarean delivery, and a woman's age and parity (Botting et al. 1998).

The proposition that early motherhood hinders a young woman's education and employment prospects assumes that those women who become young mothers had educational and career ambitions prior to entering motherhood. It also assumes that this role preceded rather than proceeded the relatively poor academic and employment attainments which teenage mothers tend to experience. However, such assumptions should not be made. Women who become young mothers usually have relatively poor levels of academic attainment before they become pregnant (Stevens-Simon and Lowy 1995). This situation may explain why Stevens-Simon and Lowy (1995) argue that, for some teenagers, delaying motherhood would make little difference to their academic and employment situation. It is also worth noting that if early motherhood was found to hinder a young woman's educational and vocational potential this outcome may not be a direct result of becoming a young

mother, but rather the result of the individual receiving insufficient support from others.

A young pregnant woman may be asked to leave school on the grounds of pregnancy or 'health and safety' (Social Exclusion Unit 1999). As educational provision for young women out of school is poor, this situation may effectively end the individual's formal education (Social Exclusion Unit 1999). In a similar way, young mothers wanting to undertake some form of paid employment may be prevented from doing so due to a lack of suitable and affordable childcare (Allen and Bourke Dowling 1998). The need for such support is also highlighted if one notes that the arrival of a child may actually encourage a young mother to focus on her education and to seriously consider her situation (Social Exclusion Unit 1999).

Earlier it was mentioned that children born to teenage mothers may be at greater risk of experiencing cognitive development delays (Kiernan 1995). It has been suggested that such delays are due to the child not being sufficiently stimulated, and this lack of stimulation has been attributed to the idea that teenage mothers are less aware or less knowledgeable about child development than older mothers (Miller and Moore 1990). However, teenage mothers have been found to be just as knowledgeable as older mothers (Schilmoeller and Baranowski 1985). In addition, it would appear inappropriate to focus only on the young mother as the children of young mothers are often cared for by the individual's relatives as well as by herself (Phoenix 1991). Interestingly, Phoenix (1991) argues that such cognitive delays

may not even exist but may be the result of the methods used to assess the child's cognitive ability being tailored more to the experiences of children born to older or more affluent women, than to the experiences of children born to teenage women. As for the association which has been made between early motherhood and increased risk of child abuse, most of the research which has been undertaken in this area has not supported this association (Miller and Moore 1990).

It would appear, therefore, that the negative associations which have been made concerning the implications of teenage pregnancy and early motherhood are the result of the individual's past and current situation not being sufficiently controlled for. It would also appear that age is not the key predictor concerning the well-being of a young mother and her child. This last point implies that the attention which has been given to the age of young mothers has been misplaced and is related more to social and moral views, than medical and physiological reasons. Hence, as before when attempting to explain the recent interest in early motherhood, it would appear that the issues surrounding early motherhood are complex, and that attention needs to be given to the wider images and social constructions which surround young women and motherhood.

1.5) *Summary*

In this chapter teenage pregnancy rates, birth rates and abortion rates have been described and discussed at European and Scottish levels, and in Scotland by health board area of residence. Rates were also discussed for women belonging to different age groups and from different social and economic backgrounds. It was evident that, in Scotland, in recent years teenage pregnancy rates for women aged 13 to 15 and for women aged 16 to 19 have been relatively stable. It was also apparent that the delivery rates and the abortion rates for the younger age group have also been stable, while for women aged 16 to 19 there has been some change with the delivery rate gradually falling and the abortion rate gradually increasing. Although this situation does mean that a greater proportion of pregnancies are aborted among teenage women than women over the age of 20, it was noted that a greater number of pregnancies are actually aborted among women aged 20 to 24 (ONS 1998). Thus, these rates provide little explanation for the Government's recent interest in teenage pregnancy and early motherhood, and in particular for the attention which has been given to women under the age of 16.

It was evident, however, that there has been a dramatic increase in the number of single teenage mothers, and that the attention which has been given to the age of young mothers may stem from a social/moral standpoint rather than a medical one. Both of these points suggest that, in order to fully understand the Government's concern, consideration must be given to the ways in which motherhood and

adolescence have been socially constructed. As mentioned earlier, these constructions are discussed in Chapter Two.

¹ Adoption as a possible teenage pregnancy outcome is not discussed since few teenage mothers now surrender their children. In the UK figures are not available concerning the percentage of young mothers who surrender their children for adoption (Schofield 1994). However, an Australian survey conducted by Sobol and Daly (1992) showed that only 8 per cent of single teenage mothers actually gave their children up for adoption.

² European rather than international rates are detailed because, since the development of the European Community, teenage pregnancy rates, birth rates and abortion rates for the UK have been increasingly viewed within a European rather than an international context.

³ In this chapter, where ages are expressed from 13 to 15, this includes 13, 14 and 15 year olds up to their 16th birthday. Where ages are expressed from 16 to 19, this includes 16, 17, 18 and 19 years olds up to their 20th birthday.

⁴ The 1998 rate, which is the latest rate for which data are available for women under the age of 16 in England, was 8.8 (Mr Sumun, ONS, personal communication).

⁵ The term pregnancy rather than conception has been used here since this was the term used in the White Paper. Having read the literature concerning such rates it would appear that the terms 'conception' and 'pregnancy' are used synonymously. However, in official statistics conceptions are defined as pregnancies resulting in live births, stillbirths or legal terminations (Botting et al. 1998), whereas pregnancies are defined as pregnancies resulting in live births, stillbirths, therapeutic abortion or miscarriage which require hospital treatment (ISD 1999). Hence, unlike pregnancy rates, conception rates do not include data on miscarriages managed in hospitals. The synonymous use of these terms may be because pregnancy rates are usually expressed in terms of age of mother at time of conception. Age of mother at conception is calculated by subtracting the estimated gestation at the end of the pregnancy from the individual's age at discharge and then adding two weeks (ISD 1999). Both terms have been used in this chapter. The term selected is based on whether the term 'pregnancy' or 'conception' was used in the original article.

⁶ Exact details of how these rates are calculated have not been given here as this may vary. For example, abortion rates may refer to therapeutic abortions notified in accordance with the Abortion Act 1967 (see for example ISD 1997) or to therapeutic abortions and miscarriages managed in hospital (see for example ISD 1999). In light of this, in this chapter, each time rates have been noted and where information was available concerning how such rates were calculated, this information has been noted.

⁷ A spontaneous abortion may not be referred to hospital if the individual miscarrying does not report this, or the miscarriage is dealt with solely by the individual's GP and, consequently, no day case or inpatient record is made (Mark Hollinsworth, ISD, personal communication).

⁸ Selection bias occurs if individuals for whom data are available are not representative of the target population, and information bias is caused by shortcomings in the way that information is obtained or handled (Abramson 1988).

⁹ This point is apparent in the teenage birth rates noted in this chapter as the birth rates noted in table 1 (page 24) for various European countries relate to young women aged 15 to 19, whilst the Scottish birth/delivery rates noted table 10 (page 36) relate to young women aged 13 to 19.

¹⁰ The pregnancy rates noted are based on pregnancies ending in live or stillbirths and pregnancies resulting in therapeutic abortion or miscarriage which required hospital treatment. The figures for 1997 are revised, and the figures for 1998 are provisional and based on 1997 population statistics (ISD 1999).

¹¹ The pregnancy rates noted are based on pregnancies ending in live or stillbirths and pregnancies resulting in therapeutic abortion or miscarriage which required hospital treatment. The deprivation categories are those as calculated by Carstairs and Morris (1991) and are based on data collected during the 1991 census. As population by deprivation category is only available at the census point

1991, rates for 1987 and 1996 are only illustrative and are per 1000 females aged 13-19 in 1991. The rates for 1996 are provisional (ISD 1998).

¹² It was noted earlier that teenage pregnancy rates are based on two Scottish Morbidity Records (SMR01 and SMR02). As there may be some variation in the accuracy of recording between the two systems it is possible that areas such as Ayrshire and Arran, which tend to use the SMR02 system, have more complete data (ISD 1999).

¹³ The pregnancy rates noted are based on pregnancies ending in live or stillbirths, and pregnancies resulting in therapeutic abortion or miscarriage which required hospital treatment. The figures for 1997 are revised, and 1998 figures are provisional and based on 1997 population statistics (ISD 1999).

¹⁴ The term delivery rather than birth has been used since this was the term used in the original reference. In addition, while birth rates refer to all live or stillbirths, delivery rates refer to live or stillbirths with multiple pregnancies counted only once (Mark Hollinsworth, ISD, personal communication).

¹⁵ The delivery rates noted include live and stillbirths with multiple pregnancies counted only once. The abortion rates noted include therapeutic abortions and miscarriages managed in hospital. The 1997 rates are revised, and 1998 rates are provisional and based on 1997 population statistics (ISD 1999).

¹⁶ Proportions are shown as a percentage of total pregnancies for that year and age group. Pregnancies delivered include live and stillbirths with multiple pregnancies counted only once, and pregnancies aborted include therapeutic abortions and miscarriages managed in hospital. The 1997 figures are revised and the 1998 figures are provisional (ISD 1999).

¹⁷ As in table 5, the deprivation categories noted are those as calculated by Carstairs and Morris (1991) and are based on 1991 census data. The figures given are provisional and are calculated on the basis of pregnancies ending in live or stillbirths with multiple pregnancies counted only once, and pregnancies resulting in therapeutic abortion or miscarriage which required hospital treatment (ISD 1998).

¹⁸ The 1997 rates are revised, and 1998 rates are provisional and based on 1997 population statistics. The delivery rates noted include live and stillbirths with multiple pregnancies counted only once (ISD 1999).

¹⁹ The abortion rates noted include therapeutic abortions and miscarriages managed in hospitals. The 1997 rates are revised, and 1998 rates are provisional and based on 1997 population statistics (ISD 1999).

²⁰ The delivery rates recorded between 1989 to 1998 for women aged 13 to 19 were 30.5, 31.0, 32.1, 30.5, 28.5, 25.6, 25.3, 25.9, 27.3 and 23.8 per 1000 women. The 1997 rate of 27.3 is revised, and the 1998 rate is provisional and based on 1991 population statistics (ISD 1999). These rates are calculated on the basis of live and stillbirths with multiple pregnancies counted only once.

²¹ Provisional figures for 1996 suggest that, in Scotland, 2,678 abortions were performed among women under the age of 20, while 3,566 abortions were performed among women aged 20 to 24. The relating figures for England and Wales were 32,435 and 46,356 respectively (ONS 1998).

²² In 1988 in England and Wales, 35.2 per cent of births to women aged 20-24, 15.7 per cent of births to women aged 25-29, and 13.4 per cent of births to women aged 30 and over occurred outside of marriage, whilst by 1993 the relating figures were 49.4 per cent, 24.4 per cent and 19 per cent (Babb and Bethune 1995).

²³ I recognise that both of these events can have implications for the putative father and the families involved. However, most teenage mothers receive little support from their partners (Schofield 1994) and the political and social attention which has been given to teenage pregnancy and early motherhood has focused primarily on the impact each event can have on a young mother and her child.

Chapter Two

Motherhood, Adolescence and Teenage Motherhood

The aim of this chapter is to describe ways in which motherhood and adolescence are socially constructed and, subsequently, to illustrate how such social constructions relate to the 'moral panics' and negative images which currently surround teenage motherhood and teenage mothers.

In the preceding chapter it was suggested that consideration needs to be given to each of these constructions as only then will the recent social and political attention which has been given to teenage pregnancy and early motherhood be fully understood. Certainly, Melhuish and Phoenix (1987-88) and Schofield (1994) state that an understanding of ways in which motherhood and adolescence are socially constructed is required in order to appreciate the ways in which young women, their families and society in general react to each of these phenomena.

As the aim of thesis is to explore how young women view teenage pregnancy and early motherhood, a discussion of these constructions is clearly necessary. Here, the need to discuss how motherhood is constructed also stems from the need to develop an understanding of the images and expectations which currently surround the roles of mothers, and whom society views as suitable to enter this role. This understanding is necessary because the young women interviewed during this

research were asked to voice their views of motherhood, early motherhood and possible reasons for teenage pregnancies. Hence, it enables an assessment of the extent to which the interviewees' views reflect those promoted by society more generally. Such an understanding also provides an insight into how young women are viewed in relation to motherhood and, consequently, indicates the social and cultural background against which these women have developed their views.

Considering how adolescence is constructed also helps to position the interviewees and their views, as a young mother will be judged not only on the basis of what is expected of mothers but also of young women. Hence, there is a need to appreciate how young women stand in relation to personal rights, economic independence and the expectations of others.

This chapter has been ordered so that the ways in which motherhood has been constructed, and the implications of this construction, are described before the discussion concerning how adolescence has been constructed and the implications of this. In the final part of this chapter consideration is given to the relative influence each construction has on the situation of young mothers, and to how each construction interacts with the other.

2.1) *Motherhood - a natural role?*

Motherhood has been romanticised and idealised as the supreme physical and emotional achievement in women's lives (Ussher 1990) and the bearing of a child is viewed as making a woman an adult, and indeed a woman (Woollett 1991). Such images and views may explain why, from childhood onwards, many women anticipate that motherhood will be a crucial part of their own identity (Nicolson 1993). Woollett (1991) argues that most young women envisage their futures as including motherhood, and that motherhood is central to most adult women's identity irrespective of what employment or career orientations they have. The images and expectations which surround motherhood are part of the explanation for women entering this role¹ and currently there is an almost universal expectation that women will become mothers (Nicolson 1993).

The majority of women do enter motherhood (Lee 1998) and motherhood is a role which can be personally rewarding (Woollett 1991). However, although motherhood is often regarded as the highest physical and emotional achievement of women's lives, motherhood is also viewed as a source of women's oppression (Jackson and Faulkner 1993). Furthermore, whilst most women become mothers, in Western Europe an increasing number of women are choosing to remain childless (Gillespie 2000)². In order to appreciate the realities of motherhood, women's experiences of this role need to be placed in a historical, social and cultural context as such experiences vary according to time and place.

In Western cultures women are encouraged to care for their own children and to give each child individual attention (Dally 1982). In the past, however, children from middle and upper class families were cared for by wet nurses (Smart 1996). In addition, in some cultures it is not the biological mother who is directly responsible for her child but rather another member of the family or the community into which the child is born. For example, in Communist China a child may be cared for by his/her grandfather and, although less common now, in the early years of kibbutzim, children were cared for in children's houses and supervised by one or two individuals (Kitzinger 1993). Such historical and cross-cultural variation reflects the fact that different societies value and institutionalise different forms of mothering (Kitzinger 1993). These examples also revealed that there are many different ways to mother and that the task of mothering, i.e. the daily management and care of children's lives (Phoenix and Woollett 1991), is one which can be undertaken by men or women.

As it is the current construction of motherhood which influences how teenage motherhood is viewed, the social and historical reasons why women in Western societies are encouraged to care for their own children will not be discussed. Rather, the social and practical implications of this situation will be considered.

The idea that a biological mother should be primarily responsible for her child, irrespective of her other commitments, tends to mean that responsibility for the

child's well-being falls mainly on her shoulders (Nicolson 1993). This responsibility means that motherhood is experienced as a continuous and exhausting role (Boulton 1983), which demands self-sacrifice (Richardson 1993) and a loss of individuality (Ribbens 1994).

The idea that mothers should be primarily responsible for their children also increases the social and emotional responsibilities associated with motherhood. As children will spend most of their early years under the supervision of their mother, a child's mother is viewed as the main influence on the child's physical, social and mental development. Hence, if a child misbehaves, it is the mother who is blamed (Woollett and Phoenix 1991). Clearly this attribution of responsibility means that mothers are seen as requiring an ability to understand their child's needs, and must be sufficiently mature to take on this role.

Yet, the idea that women should be primarily responsible for their children not only places great demands on a mother but also fails to take into account the realities of most women's lives.

An increasing number of mothers are undertaking paid employment (Lee 1998). Lee (1998) argues that this movement is the result of changes in family structure and economic pressures. Certainly, there has been increase in the proportion of families headed by single mothers (ONS 2000). There has also been an increase in the extent to which mothers are expected to provide their children with the most

nourishing food, the most appropriate clothing, and an environment which is physically and mentally stimulating (Marshall 1991).

Although the movement of women into the work force has been associated with financial need, some women work because they want to (Campion 1995). This situation may relate to the fact that undertaking paid employment may benefit a mother emotionally (Lee 1998). Interestingly, children of working mothers may also benefit from this arrangement as having a working mother usually means the child is cared for by a number of adults, and therefore receives a wider variety of stimuli than would otherwise occur (Dally 1982). However, despite such potential benefits, the belief that women should be totally responsible for their children has led to working mothers being criticised, and some working mothers experiencing guilt and giving up work (McCartney and Phillips 1988).

The criticism received by working mothers indicates that the current construction of motherhood promotes the idea that the perfect mother is someone who is always available (Kaplan 1992). It also implies that the current construction continues to be based on the notion of a nuclear family and a male breadwinner. Certainly, Phoenix (1991) states that single mothers have been stigmatised as they are viewed as threatening such notions and, subsequently, questioning the foundations on which the current construction is based. Yet, in addition to the changes which have been noted in relation to the roles of women, changes have also occurred in relation to the role of men and the importance of 'the family'. For example, McIntosh (1996)

states that the family may be 'as much a collective fantasy as a concrete institution' (p. 149) and that the notion of the male breadwinner is no more than a myth.

The image of the 'the family' implies security and protection. Dependency on a partner, however, has been associated with women's lack of status within the family, and men who are employed may not share their earnings with their partner (McIntosh 1996). In addition, in recent years the number of men in full time, regular employment has fallen and, subsequently, fewer men are now able to support their families financially (McIntosh 1996). The comment referring to dependency on a partner indicates one reason why marriage may disadvantage a woman both emotionally and financially and why, like motherhood, it can be a source of women's oppression (Jackson and Faulkner 1993).

However, whilst the security of the family and the notion of a male breadwinner may be no more than inaccurate notions or out of date myths, single motherhood has been associated with various negative implications for both the mother and her child. For example, single mothers are often under greater emotional and financial stress than married mothers (Shaw 1991), and children living in single-mother households are at greater risk than children living in two parent households of developing emotional, behavioural and academic difficulties (Florsheim et al. 1998). Yet, although these associations have been made, it would appear that many of these associations stem from the individual's socio-economic circumstances rather than her relationship status (Campion 1995, Hope et al. 1999).

The elevated levels of emotional stress experienced by single mothers are felt to relate primarily to the financial hardship faced by the majority of these women (Hope et al. 1999). In Britain, approximately 70 per cent of single mothers rely on state benefit (Roll 1992) and more than 60 per cent have incomes below half the national average (Edwards and Duncan 1996). This situation may explain the negative associations which have been made in relation to the behaviour of children from single parent backgrounds, as maternal stress has been shown to increase the likelihood of adverse outcomes among children (Kessler and Magee 1993). However, such outcomes have also been associated with poverty, poor accommodation and poor social networks; factors which are more likely to be experienced by single parent households than dual parent households (Campion 1995).

Yet, as already implied, single mothers have not only been stigmatised because of the potential implications their situation has on the well-being of their children, but also because of what their situation implies in relation to how motherhood should be performed.

In Western societies marriage is regarded as a desirable prerequisite to parenthood (Melhuish and Phoenix 1987-88). Melhuish and Phoenix (1987-88) argue that this situation relates to the fact that in Western societies there is a general feeling that conception should follow marriage and the setting up of a home. Yet, earlier in this

chapter it was noted that marriage may disadvantage a woman both emotionally and financially. Hence, there is no reason to believe that marriage would provide a woman with a more secure context in which to become a mother.

Single mothers may also be stigmatised because of their dependency on the state for financial support. Although the construction of motherhood encourages the view that mothers should stay at home, in society there is a general feeling that families should be financially self reliant (Campion 1995). However, the financial situation of single mothers is a result of a combination of single motherhood, low female wages, and a lack of childcare facilities (Jackson and Faulkner 1993). Hence, the situation of these women is largely a result of the context in which they mother³.

It has been apparent, therefore, that the current construction of motherhood has influenced how motherhood is experienced and who is viewed as 'suitable' to enter this role; the 'ideal' mother being someone who is mature, responsible, married, financially secure and able to devote herself to motherhood. The issue of 'who' should enter motherhood has been the subject of social and political surveillance, and this is apparent in the way in which contraception, abortion services and state benefits have been made available to different groups of women. This availability is the focus of the next section.

2.2) *Women's rights to contraceptive services and state benefits*

Prior to 1967 local health authorities could not provide contraception to unmarried women, and before 1974 contraception was only available to those who could afford to pay (Kane and Wellings 1999). Gradually, following the relaxation of social norms against pre-marital sexual behaviour and the more open climate of the 1960s and 70s, and due to an increasing economic pressure to curtail fertility, women's access to contraception increased (Hawkes 1995, Rhode 1993). In 1968 the Family Planning Association reversed its policy concerning unmarried women and by 1970 all clinics were required to serve this population (Kane and Wellings 1999). By 1974 contraception was freely available to all women (Peckham 1992). Yet, although such changes also applied to individuals under the age of 16, the provision of contraception and sexual advice for young people still attracts much negative attention.

Such attention may be partly due to the fact that, in Britain, the age of consent is 16 years old. This discrepancy between the provision of contraceptive services and advice and the legal position of young women was highlighted in 1984 when Mrs Victoria Gillick, a mother of four daughters, was successful in her application to the Court of Appeal in making it illegal for any individual under the age of 16 to be given contraceptive advice or medical treatment without parental consent (Hawkes 1995). This injunction was overruled the following year but the Gillick case left a great deal of uncertainty among medical practitioners, youth workers, and members

of the public concerning young people's access to contraceptive services and sexual advice, and their right to medical confidentiality.

Young people under the age of 16 can obtain contraceptive advice and supplies from family planning clinics, advisory clinics, Brook advisory centres, general practitioners, drop in centres, and GUM clinics (Brook Advisory Centres 1996). However, many teenagers do not utilise such services because they are unsure of whether they are legally allowed to do so, and fear confidentiality will be broken and their parents informed (Allen 1991). In addition, individuals who are in a position to provide contraception may be unsure of their position or refuse to provide contraception for fear of upsetting colleagues or parents.

Such concern is particularly understandable if one notes that, although it is legally stated that all patients have a right to medical confidentiality (Brook Advisory Centres 1996), the General Medical Council guidelines which were drawn up following the Gillick case, in order to clarify the position of medical practitioners, leave much to the practitioner's discretion. These guidelines state that a doctor can give advice and treatment if: he/she believes the young person understands the advice given; cannot persuade the individual to inform his/her parents that he/she is seeking such advice; believes that the individual will begin or continue to have intercourse independent of the advice given; and finally, that it is in the patient's best interests that the doctor gives the individual contraceptive advice and supplies without parental consent (Brook Advisory Centres 1996). Lord Fraser issued these

guidelines in 1985. They are known as the 'Fraser guidelines' and apply to doctors in England and Wales. In Scotland the situation is similar. Since the Gillick case the Medical Defence Union for Doctors in Scotland has advised that doctors may give contraceptive advice or supplies to young people under the age of 16 without their parents' consent, so long as the individual cannot be persuaded to inform his/her parents (Brook Advisory Centres 1996). Hence, although legally young people have access to contraceptive advice and supplies, and are entitled to medical confidentiality, in practice, such access lies in the hands of the individual practitioner.

In 1967 abortion was made legal in Britain. The law passed permits termination of pregnancy by a registered practitioner subject to certain conditions. These conditions stated that a termination could be performed if 'two registered medical practitioners are of the opinion, formed in good faith (a) that the continuance of the pregnancy would involve risk to the life of the pregnant woman, or of injury to the physical or mental health of the pregnant woman or any existing children of her family, greater than if the pregnancy were terminated; or (b) that there is a substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped' (The Abortion Act 1967, p. 9). In 1990 the Abortion Act 1967 was amended by clause 37 of the Human Fertilisation and Embryology Act. This amendment expanded the conditions under which abortion can be performed and, for two of the existing conditions, reduced the time scale within which a foetus may be legally aborted⁴.

The legalisation of abortion has been seen as a major step towards increasing women's control over their fertility (Timpson 1996). Yet, the need to obtain the consent of two medical practitioners means that this act has not granted women absolute right over their bodies⁵. Thus, as Neustatter (1986) states, 'although the law permits abortion, it does not let the woman decide whether her circumstances 'justify' her choice. That judgement lies squarely with the medical profession' (p. 59). Hence, the role of a woman seeking a termination is one of 'representing' reasons which are sufficient to gain the support she needs (Hadley 1996). It would also seem that abortion, like contraception, has become another area within which certain women can be discriminated against, with discretion placed in the hands of a medical practitioner.

The findings of studies which have explored women's experience of gaining access to abortion do imply that the current law provides doctors with an opportunity to express their own views on abortion. These findings also suggest that a doctor's personal view can influence the decision concerning whether or not a pregnancy should be aborted (Hadley 1996).

MacIntyre (1976), in her study of how single pregnant women resolve their situation, found that married women seeking abortions were less likely than their unmarried peers to have their decision supported by medical practitioners. Although MacIntyre did not detail the reasons given by the women for seeking an

abortion, she did state that practitioners were more likely to ask unmarried women than married women questions concerning their personal situation and past relationships. MacIntyre argues that such medical bias implies that practitioners view marriage and abortion as mutually exclusive, that practitioners tend to automatically view pregnancies within marriage as wanted and those outside of marriage as unwanted, and to believe that the motives for conceiving within and outside of marriage differ. Thus, as MacIntyre explains, this bias not only dictates who is referred for a termination but also implies that the notion of a maternal instinct is a characteristic unique to married women rather than to all women.

During interviews conducted with women who had experienced abortion, Neustatter (1986) also found that 'being married' could be given as a reason for abortion being refused. In addition, Hadley (1996) suggests that the need for women to 'represent a case' when seeking an abortion could explain why affluent, articulate women are usually able to gain medical consent.

Thus patterns have emerged concerning who is referred for abortion, and these patterns appear to reflect practitioner's beliefs on the appropriateness of certain groups of women for the role of motherhood (Timpson 1996). However, inequalities concerning abortion referral may not only arise due to the prejudices of practitioners and the varying abilities of different women to 'represent a case', but also because abortion is still the most frequently performed operation for which the

patient must pay (Savage 1995). Thus, despite the availability of abortion on the NHS, ability to pay remains an influential factor concerning access to this service.

So far the discussion concerning control over who is 'allowed' to enter motherhood has focused on the interactions between medical professionals and women. However, it would appear that social and political prejudices have also been operationalised by manipulating the context within which women live.

For example, the decision to keep or abort an unplanned pregnancy is influenced more by the circumstances which surround a pregnancy than the individual's own views concerning the various possible pregnancy outcomes (Bracken et al. 1978). Hence, a single woman who finds herself pregnant and perhaps unable to claim welfare benefits due to being under the age of 16 or living with her parents, may feel she has no choice but to terminate her pregnancy or surrender her child for adoption. As single mothers are amongst the poorest individuals in Britain, and since welfare benefits are low, it is interesting to note that Crow and Hardey (1991) argue that the lack of state benefits is one way in which the government has deterred single motherhood.

The context in which women mother may also be changed so that women are encouraged to mother in a way which is viewed as politically and socially acceptable. For example, as affordable childcare is a key factor in enabling parents to undertake paid employment (Harker 1998), it is worth noting that the provision of

childcare facilities in Britain is one of lowest in Europe (Jackson and Faulkner 1993). Since Labour was elected in 1997 this situation has changed as more attention and funding has been given to the provision of such care (Harker 1998). However, although 300 million pounds has been allocated, this money is predominately for 'out of school' services, i.e. for services for children of school age. The financial support which has been given to services for children under the age of 3 is relatively small⁶. In addition, such funds are insufficient to raise Britain's childcare services for very young children to a level which can compare to the situation in other EU countries (Harker 1998)⁷.

Therefore it would appear that certain laws, and the organisation and provision of medical and social services, have produced a situation in which women who are young, single, married, working and/or from relatively deprived backgrounds are hindered or disadvantaged in their ability to control their fertility. This situation would also appeared to have hindered the extent to which these women can decide for themselves how they wish to mother. When recalling how the construction of motherhood has encouraged the view that motherhood should only be entered by women who are mature, financially secure, married and able to devote themselves to motherhood, it would be reasonable to conclude that the presence and organisation of such laws and services relate to the way in which motherhood has been constructed.

Having discussed how motherhood has been constructed, and highlighted how various groups of women have been viewed and treated, it should be clear why the present construction of motherhood has been considered as one reason why teenage motherhood (a role entered primarily by young single women from relatively deprived backgrounds) has been negatively viewed, and has received both public and political attention (Melhuish and Phoenix 1987-88).

As discussed in Chapter One, the negative outcomes which have been associated with early motherhood appear to be a consequence of the individual's socio-economic situation rather than her chronological age (MacIntyre and Cunningham-Burley 1993, Phoenix 1991). This suggests that in order to assess whether teenage mothers should be of political and social concern, consideration needs to be given to the contexts within which these women mother.

2.3) *Unsuitable mothers?*

Lone mothers, single parents, teenage mothers and young mothers are all terms which have been used interchangeably to describe women who have entered motherhood while under the age of 20. This approach is wrong as some teenage mothers are married women, and many single mothers are over the age of 20. Furthermore, the use of such terminology helps to perpetuate the negative images surrounding early motherhood as these terms define teenage mothers according to

what they are not (married parents), and highlight aspects of their situation which can act as a basis for social judgement, i.e. their marital status and age⁸.

The political concern which has been shown in relation to teenage motherhood has been associated with the increasing proportion of young mothers who are single (Phoenix 1991). In this chapter the implications of single motherhood have been noted and discussed. However, single mothers do not form a homogenous group. Women who have never been married, women who are separated or divorced, and women who have been widowed, have all been defined as single mothers (Haskey 1991). As it is more than probable that each category of lone parent will have their own particular needs (Haskey 1991), this diversity suggests that, when considering the situation of teenage mothers, the focus should really be on the specific needs of single teenage mothers.

Research has shown that teenage mothers who enter motherhood while married may be financially better off than their unmarried or cohabiting peers (Kiernan 1995), and that children of teenage mothers do benefit from close paternal relationships (Furstenberg and Mullan Harris 1993). However, early marriages are more susceptible to breakdown compared to marriages among older couples (Kiernan and Mueller 1998) and most of the relationships the children of teenage mothers have with their fathers are neither continuous nor close (Furstenberg and Mullan Harris 1993). In addition, teenage mothers who remain single may receive more support from their family compared to those mothers who marry (Furstenberg 1980), and it

is inappropriate to compare the situations of married and unmarried young mothers as marriage among young women is more likely if the individual's partner is employed and reasonably paid (Eisen et al. 1983, Phoenix 1993).

In most cases, the possibility of the individual's partner being able to support her and her child financially will be limited as the fact that fewer men are now able to support their families financially (McIntosh 1996), may be an issue which is particularly relevant to men who father the children of teenage mothers. This is because these men, like the teenage mothers themselves, come primarily from disadvantaged backgrounds and tend to work, if they work at all, in unskilled, manual occupations (Kiernan 1995).

Thus, there are a number of reasons to explain why marriage has not been viewed as the solution to the poverty experienced by teenage mothers (Burden and Klerman 1984, Phoenix 1991), and why the rise in the proportion of teenage mothers giving birth outside of marriage is believed to be the result of marriage becoming less relevant to this age group (Melhuish and Phoenix 1987-88). Yet, when focusing on the relationship status of teenage mothers it becomes apparent that defining teenage mothers according to whether or not they are married is too crude and fixed a definition.

Whilst 80 per cent of teenage mothers enter motherhood unmarried (Babb 1993), the relationship status of these women may change. Kiernan (1995) in her study of

young mothers found that one in three of her participants had formed a partnership within one year of having the child, 50 per cent had done so within two years and 70 per cent within three years. Furthermore, Allen and Bourke Dowling (1998) report that among the 84 teenage mothers they interviewed, between the time of the birth and the time of interview (approximately one year), there was a decline in the proportion of single women, and an increase in the proportion of cohabiting women and in the proportion of married women. In addition, Hudson and Ineichen (1991) state that the fall in teenage marriages, and the rise in births to unmarried teenagers, must be set against the rise in cohabitation and joint registration. Hence, many unmarried teenage mothers are with partners and the relationship status of young mothers is not static.

Nevertheless, the fact that most of the women who enter early motherhood do so as single women may have added to the stigma attached to teenage motherhood. This is because society's view of a single parent depends upon the extent to which the individual can be held responsible for her own situation (Campion 1995), and the fact that most teenage mothers have never married does imply that, unlike divorcees and widowers, these individuals entered motherhood in the knowledge that they would be single mothers. The 'never married' status of teenage mothers may also attract attention because this status is viewed as one reason for their dependency on the state (Melhuish and Phoenix 1987-88), and because it highlights the existence of pre-marital sexual intercourse which, whilst increasingly accepted, still draws much negative comment.

The greater concern which has been shown in relation to women who appear to have purposefully entered single motherhood may relate to the fact that these women cannot be viewed as 'victims' or women 'abandoned' by their partners (Roseneil and Mann 1996), and because these women are considered to be deliberately imposing single parenthood on their children (Campion 1995). What is interesting is that this concern implies that these women are viewed as rebelling or undertaking some form of deviant behaviour, rather than defining and prioritising their personal needs, and perhaps accepting that marriage may have negative implications for them and their children.

Yet, the single status of young women entering motherhood should not be taken as indicating that these women intentionally enter single motherhood. The majority of teenage pregnancies are unplanned (Social Exclusion Unit 1999) and although the legal availability of abortion implies that, once pregnant, proceeding with the pregnancy is a conscious decision to enter motherhood, most pregnant teenagers do not actively choose motherhood but rather 'default' to this role having rejected abortion on moral grounds (Furstenberg 1991). However, the idea of young women consciously electing to enter single motherhood has not only emerged because young mothers appear to 'choose' single motherhood, but also because there is a notion that young women enter motherhood in order to access council housing and other welfare benefits.

The structure of the welfare system does mean that women who have few qualifications and no access to free childcare, may be financially better off receiving benefits than entering paid employment (McIntosh 1996). Furthermore, young mothers usually take priority when it comes to housing (Hudson and Ineichen 1991), and a minority have admitted to intentionally having a child in the hope that this would increase their likelihood of receiving accommodation (Hudson and Ineichen 1991). Yet state benefits for single parents are minimal (Crow and Hardey 1991) and the majority of teenage mothers claim that they want to work but are unable to do so due to the lack of childcare facilities (Allen and Bourke Dowling 1998). This last point indicates that the barriers which single teenage mothers face when attempting to be financially independent, are the same as those faced by the majority of single mothers. Certainly, women over the age of 20 often find that becoming mothers without access to childcare imposes a lower standard of living on them (Campion 1995), and Kiernan (1995) has stated that for most mothers the age of their youngest child is the main factor shaping their employment opportunities. Hence, it would appear that teenage mothers' dependency on state benefits may be due to the structure of society rather than the attitudes of these women.

The idea of teenagers using motherhood in order to get a house is a greatly oversimplified view. Young mothers often have to spend long periods of time living with their parents before receiving such benefits (Holme 1985) and although young mothers may receive housing priority, becoming pregnant does not guarantee housing entitlement (Crow and Hardey 1991). In addition, Allen and Bouke

Dowling (1998) concluded, based on interviews held with 84 mothers aged between 16 and 19, that teenage mothers do not have sufficient knowledge of the benefits and housing systems to be in a position to manipulate or abuse such provisions. Thus, although the idea of young women using motherhood in order to get a house is one which has been implied by the media, it would appear that there is little evidence to support this view.

Yet, whether motherhood is planned or not, it would appear that teenage mothers are open to criticism either way. As Luker (1996) comments, teenage mothers are viewed either as innocent children who are too immature to appreciate the consequences of their own actions, or as calculating, knowing actors who carefully assess the benefits of the welfare system and decide upon a course of action which will be to their advantage. Each of these descriptions indicate that the way in which teenage motherhood is viewed is influenced by the way in which young people are perceived. In order that the discussion concerning the situation of teenage mothers can be developed further, social constructions of adolescence will now be discussed.

2.4) Adolescence - an opportunity for growth or a period of oppression?

Whether individuals aged between 13 and 19 are described as teenagers, young people or youths, most are viewed as progressing through the developmental period

of adolescence. Adolescence is currently viewed as a developmental stage as it is considered to be a period within which an individual will move slowly towards adulthood via a series of naturally occurring stages; stages which are passed through and which enable the young person to acquire the skills, freedoms and responsibilities associated with adulthood (Jackson and Scott 2000). Thus, adolescence has been conceptualised as a linear trajectory towards the future (Jackson and Scott 2000) and as a transitional period between childhood and adulthood (Thorne 1993).

There are no clear entry or exit points into or out of this period, although puberty is usually viewed as indicating that the individual is entering adolescence (Jackson 1982) and certain events, such as, reaching the age of 18 (Hockey and James 1993) are often viewed as signifying entry into adulthood. On noting such markers it is clear that adolescence is a period which includes individuals who are just out of childhood as well as individuals who are legally adult (Luker 1996). It is also clear that a biological marker is usually used to indicate entry into adolescence, whilst a social marker is often used to indicate entry into adulthood⁹.

Although entry into adolescence is generally seen to be marked by biological phenomena, the developmental period of adolescence is socially constructed. Thus, in a similar way to the role of motherhood, there are historical and cross cultural differences concerning the way in which adolescence is viewed and experienced. Rather than discussing why such differences have occurred, the focus here will be

on the way in which adolescents and young people are currently viewed and the implications these views have for perceptions of teenage motherhood and teenage mothers.

Perhaps because there are no clear entry or exits points, young people are usually defined in terms of what they are not rather than what they are (Furlong and Cartmel 1997). Young people cannot be regarded as children since their physical appearance indicates that they are embarking upon adulthood, and yet they do not have the same legal or social rights which adults are granted. Hence, young people cannot be viewed as either children or adults (Jackson 1982). However, even though adolescence is seen as a time of preparing for adulthood, it is also considered a time of childhood (Melhuish and Phoenix 1987-88). Thus, whilst young people are strictly neither children nor adults, they are often viewed as children (Murcott 1980). As a consequence, the way in which children and childhood have been constructed has implications concerning how young people are viewed and treated.

Luker's argument that teenage mothers tend to be viewed as either innocent children or knowing actors reflects the way in which children have been conceptualised as either passive, innocence dependants or as knowing, autonomous individuals (Scott et al. 1998). Although such images are social constructions, we know that children are socially naïve and therefore can be easily abused and misled, and yet are also capable of planning and executing events of crime and violence. Hence, both conceptualisations reflect the abilities of children and, since neither can be

dismissed, a tension exists between them. Yet, whichever image is adopted, it is implied that children should be subjects of surveillance and adult guidance (Jenks 1996). In addition, whilst the image of the 'knowing child' exists, children who appear knowledgeable or adultlike may be described as precocious or obnoxious (Jackson 1982). As such words carry negative rather than positive connotations, it is implied that knowledge and autonomy are not attributes associated with childhood. This comment could explain why, although both conceptualisations exist, children are usually viewed as innocent (Murcott 1980) and why children who commit crimes may be removed from the category of 'child' (Jenks 1996).

The view of children as innocent beings has also meant that children have been the subject of protection (Scott et al. 1998). In addition to believing that children need to be protected because they are innocent, the desire to protect them also stems from the fact that this 'childish innocence' is regarded as a valuable part of childhood (Kitzinger 1997), and is viewed not as an innate characteristic of the child but rather an outcome of the child's lack of experience (Jenks 1996).

The protection of this childlike innocence has primarily taken the form of adults sequestering children from certain events, behaviours and emotions. Interestingly, most of these phenomena are associated with adulthood: decision making, sexual experiences, personal responsibilities. Thus, whilst children are viewed as developing towards adulthood, they are usually separated from the 'adult world'. This separation is evident from the existence of certain laws such as, the age of

consent and censorship laws, and by the way in which different settings, forms of entertainment, and commercial goods have been tailored to the specific interests of children or adults (Jackson 1982). This divide may explain why the lives of children and adults can be conceptualised through a series of dualisms: irresponsible/responsible, dependent/autonomous, play/work, and finally, asexual/sexual (Benedict 1938). This last dualism is felt to be particularly charged (Thorne 1993) and this could be because childhood innocence is often equated with sexual ignorance (Scott et al. 1998).

The fact that the lives of children and adults can be conceptualised in such a way indicates that, in Western societies, it is the differences rather than similarities between children and adults which have been emphasised (Hockey and James 1993). So far it has been suggested that such boundaries have been created in order to ensure the well-being of children. However, as Holland (1992) notes, this child/adult dichotomy can be linked to other dichotomies which dominate Western thought - nature/culture, primitive/civilised, and emotion/reason - and within each of these pairs the dominant term seeks to control the subordinate. Thus, as Holland indicates, this dichotomy may not only relate to differences between the lives of adults and children but also to differences in status and power. With this point in mind it is interesting to note that the separating of children and adult lives has been viewed as a way in which adults maintain power over those defined as children (Hockey and James 1993).

The privileged status adults have over children is evident in the way in which adults talk, touch and speak to children (Jackson 1982). Adults often talk 'down' to children, some parents believe they have a right to smack their children, and most make decisions on their children's behalf. This status is partly the result of children being viewed as less than adult, in that they are adults in the making, as this situation encourages children to be viewed as objects of adult attention and guidance rather than as persons in their own right (Mayall 1994). This view could also explain why children's lives are shaped not by themselves but by others (Scott et al. 1998), and why children's physical, mental and personal integrity is seen as less important, or less developed, than that of adults (Mayall 1994).

The notion of children as 'developing' beings has not only undermined children's rights to personal autonomy but has also undermined children's abilities and social value. The idea of children developing towards adulthood has encouraged children to be viewed as physically immature and cognitively undeveloped, and for their potential skills rather than their current abilities to be considered (Hockey and James 1993).

Yet children are able to understand complex situations, be responsible and engage in adult decision making (Mayall 1994). Thus, as James and Prout (1990) argue, children should not only be viewed as proto-adults and future-beings but also as beings-in-the-present (p. 232). Acknowledging that children can understand complex situations etc. also suggests that, to a significant level, children's

dependency on adults is created not by their physical or psychological needs but by the environment in which they live. As Lansdown (1994) points out, children are vulnerable due to their physical and emotional immaturity, and because they lack the right to political and economic power. Jackson and Scott (2000) have added to this by noting that children are vulnerable because they are denied the right to develop certain skills.

It is ironic that childhood is regarded as a time of freedom and independence given that it is, so often, a time of obedience and dependency (Scott et al. 1998). This discrepancy between the way in which childhood has been portrayed and is actually experienced becomes even clearer when the realities of childhood are considered in greater detail.

Whilst childhood is portrayed as a time of innocence, the lives of many children are far from innocent. In a recent Government report it was estimated that there are between 20,000 and 50,000 young carers¹⁰ (DoH as cited in NCH Action for Children 1999), and many children each day are involved in domestic work, caring for siblings and contributing to the household income (Hockey and James 1993). In addition, while it is believed that children should be protected from adult knowledge and sexual activity, in the period of 1995 to 1996, in Scotland, 6,185 children were referred to Social Work Departments. 2,796 of these children were the subject of a case conference and in 2,107 of these cases a category of abuse was recorded; 31 per

cent were for Physical Injury and 17 per cent for Sexual Abuse (Statistical Bulletin 1997).

As well as failing to reflect the realities of some individuals' lives, it would appear that the way in which childhood has been portrayed has also added to the difficulties experienced by some children. For example, despite the number of younger carers under the age of 16, no one under the age of 16 can claim Invalid Care Allowance (Fallon 1990). In addition, Kitzinger (1988) argues that the image of the innocent child is, in itself, a source of titillation for abusers and acts as a source of stigma for those children who have been abused. Hence, it would appear that the way in which childhood has been socially constructed has meant that childhood experiences which do not reflect this construction are denied and, subsequently, the children who face such experiences are unsupported.

The fact that specific examples have been used to illustrate the discrepancy between the images and the realities of childhood should not be taken as suggesting that it is only children in particularly difficult situations who may be unsupported. It has already been noted that the developmental view of children has led to the abilities of children being undermined, and this would imply that children, in general, are unsupported by the current construction of childhood as it prevents their opinions, feelings and thoughts being considered. In addition, denying children access to certain forms of knowledge and experiences means that children are not encouraged to develop or explore their own feelings and views. It has also been suggested that

sheltering children from sexual knowledge actually increases children's level of vulnerability as it prevents them from recognising and challenging sexual abuse (Jackson 1982, Kitzinger 1997).

The images of children working, caring and being abused indicate that many children cross the boundaries which are assumed to exist between childhood and adulthood. These images also reveal why some children experience childhood as a time of unhappiness (Boyden 1997, Hockey and James 1993), and show that there is great diversity between children concerning their experiences of childhood (James and Prout 1997).

In addition to a child's environment influencing his/her experience of childhood, an individual's experiences of childhood will also vary according to his/her gender and socio-economic background (James et al. 1998, Thorne 1993). Thorne (1993) argues that by the age of 3 children have developed a relatively clear identity as girls and boys and that, throughout an individual's life, a person's gender influences the way in which he/she talks, dresses and behaves. The influence of socio-economic background on an individual's childhood is apparent when consideration is given to the educational and vocational experiences of young people from different socio-economic backgrounds.

Compared to their more affluent peers, individuals from relatively deprived areas are more likely to leave school at the age of 16, and are less likely to enter some

form of further education (Shavit and Blossfield 1993). They are also more likely to experience significant periods of unemployment (Raffe 1987). Hence, it would appear that young people from relatively deprived backgrounds are more likely than their relatively affluent peers to have a period within which they have neither an educational nor vocational identity. Whilst individuals from relatively deprived backgrounds have always tended to leave school at a younger age than their more affluent peers, these individuals have not always faced the prospect of unemployment.

In the 1970s, the transition for most young people from school to employment was relatively simple as the demand for manual unskilled labour meant that there were employment opportunities for most (Furlong and Cartmel 1997). However, in the 1980s, the youth labour market declined sharply and an increasing number of minimum age school leavers faced unemployment. The speed at which the change occurred is evident in the data gathered by the Scottish Young People's Survey (as cited in Furlong and Cartmel 1997). The data collected during this survey revealed that in 1977, 72 per cent of young Scots who had left school at the minimum age were in full time employment by the Spring of that same year but by 1991, this figure had fallen to 28 per cent. Thus, young people today face greater uncertainty concerning their transition from school to work, and it would appear that this uncertainty is an issue which is particularly pertinent to those from relatively deprived backgrounds.

Unemployment does not only deny a person some form of personal security, it also denies the individual access to financial independence. This denial would appear to be particularly problematic for a young person since, following the decline of the youth labour market, the state increasingly withdrew financial benefits for young people (Furlong and Cartmel 1997). Thus, today's 16 year olds face the choice of remaining in full time education, taking a place on a youth training scheme, or becoming unemployed. This last option, like the first, will lead to the individual remaining financially dependent on his/her own family. Considering that many young people have been sceptical of the value of youth training programmes (Raffe 1987), it would appear that young people do not view this option as particularly attractive either¹¹. Whichever path the individual takes, what is clear is that adolescence has increasingly become a period which is characterised by dependency on others for financial assistance and emotional support.

This extended period of dependency has had implications concerning young people's ability to acquire adult status. In a society where productivity and independence are valued, those who are economically unproductive and dependent are denied full personhood (Hockey and James 1993). This financial dependency has also hindered an individual's transition into adulthood as it has prevented him/her from undertaking activities associated with adulthood, for example, leaving the parental home. Ironically, whilst young people are becoming dependent for an increasing period of time, the age at which young people are physically maturing has fallen. For example, there has been a secular trend to earlier menarche over the

past century with a decrease of about three to four months per decade and this has meant that, whilst the average age of menarche in 1840 was 16.5, presently it is 12.8 (Rees 1993). Hence, there has been an increasing gap between the age at which a young person is seen as socially mature and the age at which he/she is physically mature (Murcott 1980).

This discussion has shown that young people are increasingly likely to experience adolescence as a period of uncertainty and dependency, and that this period has been extended beyond the time in which young people are able to take on responsibilities associated with adulthood. It is not surprising, therefore, that there has been an increase in the prevalence of mental health problems amongst young people (Furlong and Cartmel 1997). Whilst this increase may reflect an increase in the number of cases reported rather than an actual increase in prevalence (Furlong and Cartmel 1997), it is evident that young people often feel isolated, confused and scared (Corteen and Scraton 1997). In addition, the increasing prevalence of such problems among young people has been attributed to the increasing levels of uncertainty faced by these individuals (Furlong and Cartmel 1997).

The increasing prevalence of mental health problems amongst young people looking for work may also be because, by this stage, the division between the lives of adults and children may appear to be particularly artificial. In the preceding discussion there has been a change in terminology from children to young people as the focus moved from personal skills to issues of employment and education. This

development marks the fact that, whilst young people may be viewed more as children than as adults, young people cannot be considered to be children. Young people are on the boundaries of adulthood, are physically mature, socially experienced and, hence, are probably aware of the fact that their dependency is due to structural constraints rather than personal need.

Earlier it was noted that individuals from relatively deprived backgrounds are more likely than their more affluent peers to leave school at the minimum school leaving age (Shavit and Blossfield 1993), and to experience significant periods of unemployment (Raffe 1987). It would be reasonable to conclude, therefore, that this situation may be particularly problematic for these individuals. Certainly, Sullivan (1993) suggests that adolescence is a period which suits the needs of the relatively affluent as, for these individuals, this stage may hold opportunities for further education and freedom while, for the relatively disadvantaged, this period may offer only uncertainty and lack of status.

Having discussed the way in which young people are viewed, and considered the social and economic positions of these individuals, we now return to focus on teenage motherhood.

2.5) Crossing the boundaries between childhood and adulthood

Pregnancy is a sign of sexual activity. Hence, a teenage mother cannot be viewed as sexually innocent or naïve. As this innocence is socially valued, its loss is seen as problematic. Yet, this loss is also seen as problematic as sexual knowledge, above all else, is seen as distinguishing between children and adults (Jackson 1982). Hence, teenage mothers are not only viewed as individuals who have 'lost' their innocence but also as individuals who have, inappropriately, crossed the childhood/adulthood boundary.

It is difficult to establish whether the loss of childhood innocence is viewed as more problematic or less problematic than the crossing of the childhood/adulthood boundary. In Western cultures, heterosexual relations are usually characterised by an imbalance of power (Holland et al. 1998). As most children are socially and emotionally naïve, as a group, children are particularly vulnerable to such inequalities. However, children have not only been protected from personally experiencing such relations but also from gaining some level of sexual knowledge (Jackson 1982). Whilst preventing children gaining some level of sexual knowledge may be viewed as a way of protecting a child's well-being, children are capable of understanding and appreciating the realities of sexual relations (Jackson 1982). Furthermore, as noted earlier, a lack of sexual information can actually increase an individual's vulnerability to abuse (Jackson 1982, Kitzinger 1997). Hence, such protection may actually be to a child's disadvantage. In addition, it

would appear that greater concern has been shown regarding young people's levels of sexual behaviour rather than their ability to secure their own sexual well-being. For example, Selman (2001) argues that the current prevalence of motherhood among women under the age of 16 has drawn political and social attention because it indicates an ever earlier onset of sexual activity. Thus, it appears that this attention stems from a concern which relates to what this prevalence means in terms of young people's levels of sexual activity, rather than a concern which relates to the suggested difficulties young people have in effectively using contraception.

Of course, the situation of a teenage mother does not only imply that the individual has experienced a behaviour associated with adulthood but also that the individual has entered, and taken on, a role associated with adulthood. Yet, although motherhood is associated with adulthood, teenage mothers are not viewed as adults (Murcott 1980). This situation would appear to be due to the way in which childhood and adulthood have been conceptualised as two separate realms rather than as two strands which will merge together. A point which Murcott (1980) has made by stating that 'child and adult are mutually exclusively conceptualised. It is impossible simultaneously to be adult and child. What is more, it is adults who bear and beget children; a child cannot beget or bear a child' (p. 7).

The fact that young mothers are not viewed as adults may be because the age of these women prevents them from gaining certain rights associated with adulthood, e.g. the right to marry without parental permission or the right to vote, or because

most teenage mothers are financially dependent and therefore unable to gain the level of self-sufficiency required to be considered an adult. Alternatively, it could be because the age of these women does mean that the individual may still be in full time education and thus involved in an experience which is associated with childhood rather than adulthood. Yet, the majority of teenage mothers are 18 or 19 years old (Social Exclusion Unit 1999) and it should be noted that throughout history, and currently all over the world, teenagers have been, and are, successful mothers (Luker 1996). Hence, the chronological age of an individual cannot be seen as a suitable criteria on which to assess an individual's right or ability to mother.

Yet motherhood is a role which has financial as well as physical and emotional implications. Hence, the importance of age cannot be dismissed in a culture where age is used to indicate an individual's rights and social position. The financial aspects of motherhood also mean that an individual's socio-economic position and ability to earn must be considered.

In Britain, the majority of women who enter early motherhood are women from relatively deprived backgrounds (Social Exclusion Unit 1999). In this chapter we have seen that changes within society have meant that the economy is no longer one which can support large numbers of young people in paid employment (Kiernan 1995). Thus, in recent years the financial costs of teenage motherhood have fallen

primarily on the state and, as Kiernan (1995) comments, 'youthful childbearing is not increasing but early parenthood is intensifying as a social problem' (p. 52).

2.6) *Summary*

In this chapter it has been apparent that the ways in which motherhood and adolescence have been socially constructed has added to the stigma which currently surrounds teenage pregnancy and early motherhood. The notion of the 'ideal' mother as someone who is mature, married and financially secure clearly contrasts with the situation of most teenage mothers who are single and from deprived areas. The implications which arise from the ways in which adolescence has been constructed appear to exist for two reasons. First, the view that adolescence should be a time of gradually acquiring knowledge, means that a teenage mother is viewed as someone who has spoilt what remains of her childhood and experienced certain situations before her time. Second, a young mother's position does not grant her entry into adulthood. Thus, teenage mothers are viewed as individuals who have taken on a role which is seen to be beyond their capabilities.

When discussing how motherhood has been constructed, it was evident that this construction not only has negative implications for teenage mothers but also for mothers in general as it fails to take into account the realities of most women's lives and, consequently, raises expectations which most mothers cannot meet. A

disparity also appeared to exist between the ways in which adolescence has been constructed and young people's experiences of this period. Furthermore, this construction did not appear to support or aid the situations of young people but rather to undermine their personal rights and social positions. It would therefore seem that neither of these construction have been based on needs of those whose lives they influence, but rather are based on values held by those in positions of political and social power.

When describing the situations of mothers and young people it was apparent that the lives of these individuals are shaped and ordered by those with greater social and political power. Oakley (1994) states that women and children are both members of social minority groups, and with both of these points in mind it is perhaps not surprising to note that Seidman and Rapport (1986) comment that the voices of young mothers are rarely acknowledged. Thus, there would appear to be a need to acknowledge and understand the current situations faced by young mothers and young women in general. The following chapter describes the methodology and development of the instruments used to assess and understand the views of the young women interviewed during the research.

¹ For example, Nicolson (1993) states that women become mothers in order to recognise their biological capacity and because they view motherhood as potentially providing them with an entry into womanhood.

² This trend has been explained primarily through reference to broad macro explanations for social change; in particular, to the greater opportunities, freedoms and choices women now have compared to previous generations (Gillespie 2000). For example, many women now have access to contraceptive services that enable them greater control over their fertility and the possibility of

chosen childlessness (Ireland 1993), and women's increasing participation in paid employment has provided them with an alternative role to that of motherhood (Gillespie 2000).

³ The fact that women's experiences of motherhood are shaped by the context in which they mother has led to feminists making the distinction between motherhood as the potential of women to bear and rear children, and motherhood as the institution which refers to the prescriptions and the conditions in which women experience this role (Rich 1977).

⁴ This amendment included a reduction in the time limit for legal abortion from 28 to 24 weeks gestation. This reduction applied only to the 2 statutory grounds of 'risk of injury to the physical or mental health of the pregnant woman' (ground C) and 'risk of injury to the physical or mental health of any existing child(ren) of the family of the pregnant woman' (ground D). The remaining statutory grounds: 'risk to the life of the woman' (ground A), 'emergency to save the life of the woman or prevent grave permanent injury to the woman' (grounds F and G), 'risk of serious foetal handicap' (ground E) and the new ground which allows abortion 'to prevent grave permanent injury to the physical or mental health of the pregnant woman' (ground B) are without time limit (Filarkti 1997).

⁵ These practitioners are usually the woman's GP and the consultant who will perform the actual abortion (Neustatter 1986).

⁶ In 1998/99 only £7.5 million out of the £57 million available was allocated to services for children under the age of 3 (Harker 1998).

⁷ It is perhaps also worth noting that whilst providing adequate childcare would clearly help the situation of working mothers, Luker (1996) argues that the only way to avoid what she has termed the 'conflictual' model of employment and motherhood is through changing the cultural norms which surround the roles of women and mothers. Luker's argument may be based on the view that, in addition to receiving structural support, working mothers will also require emotional and social support if they are to undertake both motherhood and paid employment without this combination being detrimental to their health. Certainly, the point made earlier which noted that working mothers often experience feelings of guilt does imply that various levels and forms of support are required.

⁸ Throughout this thesis the terms young mothers or teenage mothers have been used. Although both focus on the age of these mothers, I believe both are more suitable than the terms lone mothers and single parents since the relationship status of teenage mothers cannot be readily defined and may vary over time. In addition, during the research for this thesis teenage mothers were interviewed because of their age. Thus, it was felt that this fact should be reflected throughout the text.

⁹ Becoming a teenager may also be viewed as indicating an individual's entry into adolescence. Thus, both biological and social markers have been used to indicate this entrance and this situation may explain why there has been increasing confusion over who is defined as an adolescent since, while the onset of puberty tends to occur earlier now than in the past (Rees 1993), the social position of young people is still defined largely in relation to their chronological age and individual rights. This confusion may also relate to the fact that the education and employment situation of today's young people is one which often prevents them from acquiring the skills and opportunities associated with adulthood (Furlong and Cartmel 1997); an issue which is discussed in greater detail later in this chapter.

¹⁰ The Carers National Association define a young carer as 'anyone under the age 18 whose life is in some way restricted because of the need to take responsibility for the care of a person who is ill, has a disability, is experiencing mental distress or is affected by substance use or HIV/AIDS.' (NCH Action for Children 1999, p.266)

¹¹ Such scepticism may not be misplaced as Furlong and Cartmel (1997) state that an individual's employment prospects usually remain unchanged having undertaken such training.

Chapter Three

The Data Collection Methods, Their Use and Development

This chapter is the first of two chapters which consider the methods employed in this research. The purpose of this chapter is to explain why certain methods of data collection were used, to discuss the advantages and disadvantages of adopting a mixed methods approach, to illustrate how the different methods and data sets were viewed in relation to one another, and to describe the development of the interview guides and questionnaire employed. In the following chapter, the actual process of collecting and analysing the data, and the practical experiences and ethical issues which arose whilst doing so, are discussed.

In the Introduction it was noted that data were gathered from S4 pupils using a self-completion questionnaire and using discussion groups; and that semi-structured interviews were undertaken with young women who were either currently pregnant, or had recently entered motherhood or had recently experienced an abortion. Each of the research methods employed were related to the objectives of the thesis (pages 10-11). It was also noted that the schools involved in the study had been purposively selected and included two state schools and one private school, and that the young women interviewed were contacted via staff working in four different medical settings.

In this thesis, the young women involved in the survey and discussion groups are often referred to according to which school they attended. In order to protect them and their school, and maintain the anonymity and confidentiality of the data collected, pseudonyms are used for each school. The two state schools are referred to as Wellsprings Grammar and Greenbank Academy, and the private school as Redpath School. Pseudonyms have also been used when reproducing quotes in which individuals were named.

As the research involved three different groups of respondents, in order to avoid confusion during the rest of this thesis the respondents who completed a questionnaire will be referred to as *the pupils* and the women who took part in a discussion group as *the discussion group participants* or *the participants* for short. If pupils or discussion group participants from a particular school are being considered, this will be indicated by stating, for example, *the Redpath pupils* or the *Greenbank discussion group participants*. As all the women interviewed having experienced a teenage pregnancy were either young mothers or women who were currently pregnant and intending to keep their pregnancy, these women are referred to as *the young mothers* or *the interviewees*.

This chapter will start by discussing why particular methods of data collection were employed. This discussion will be followed by a detailed consideration of the advantages and disadvantages of using a mixed methods approach. The type of data each method was viewed as collecting and how the three data sets were related to

one another, are then discussed. The final section outlines the development of the questionnaire and interview guides used.

3.1) The decision to employ the particular methods

A self-completion questionnaire was used to collect information from pupils which would provide an insight into the lives and experiences of young women from diverse social and economic backgrounds, and the views they held towards teenage pregnancy and early motherhood. As a method for collecting this information, a self-completion questionnaire was felt to be the most appropriate method for a number of reasons.

First, employing an instrument which would focus the pupils' minds and help to ensure that data were collected on a range of specific issues, was felt to be the most suitable and efficient way of collecting this information. Second, the intention was to undertake some level of statistical analysis in order to explore how certain factors (such as sexual experience and social class) had influenced the pupils' views of teenage pregnancy and early motherhood. This analysis would only be possible if quantitative data were collected, and collected on both independent (e.g. social class) and dependent (e.g. views of teenage pregnancy) variables. Third, prior to collecting the data it was envisaged that a substantial number of pupils would be involved in the study at this stage. As questionnaires enable large numbers of

respondents to be surveyed simultaneously, using this method would substantially reduce the time needed to collect this information. Fourth, it was also envisaged that pupils in a number of schools would be contacted and, consequently, that data would be collected from various settings and at different times. Hence, the fact that closed answer questionnaires can achieve a level of reliability which may not be achieved when using less structured methods of data collection, became another reason for employing this method. Fifth, some of the topics to be covered during the survey (for example, those concerned with the pupils' sexual careers) were viewed as potentially sensitive. When researching sensitive areas, consciously or unconsciously, respondents may distort their responses in order to create an image which is positive both in their own eyes and in the eyes of the researcher (Moore and Rosenthal 1993). Individuals often 'forget', rationalise, or interpret their attitudes and behaviours in a way which they believe is more 'acceptable' to the researcher or more socially correct. As such problems can be reduced through careful questionnaire construction, e.g. through the use of scales, force choice items and ranking techniques (Moore and Rosenthal 1993), it was sensible to use a method which would give such control. The potentially sensitive nature of some of the questions to be posed also suggested that the most suitable method would be one which enabled complete anonymity, and provided some distance between the pupils and myself. In addition, young women are often confused and unsure about their sexuality, and may feel threatened by a researcher who wishes to discuss their sexual behaviour and attitudes (Moore and Rosenthal 1993). Thus, it was hoped

that by using a questionnaire any such threat would be avoided or at least minimised.

The decision to employ the discussion group technique was also based on a number of factors. This method was used to explore the views young women from different socio-economic backgrounds hold towards teenage pregnancy and early motherhood. A qualitative method was employed because the aim was no longer simply to discover what young women thought but also *how* they thought and *why* they held certain views. Both unstructured interviews and discussion groups are sufficiently flexible and open to enable such levels of thinking and depth of detail to be revealed. However, interviews are appropriate when the aim is to explore individual biographies, and discussion groups are preferable when the aim is to assess why a particular group of individuals hold a common view or range of attitudes towards a certain topic (Fielding 1993). In light of the study's focus on social groups, the latter method was viewed as more appropriate. This method was also viewed as appropriate due to the emphasis it would place on the participants' views and the types of knowledge it would elicit.

The group context can help to ensure priority is given to the respondents' hierarchy of importance, their language and concepts, and their frameworks for understanding the world (Kitzinger 1994). This is because discussions often taken place between fellow participants, rather than between the researcher and a participant, and because the number of participants outweighs the number of researchers and

thereby creates an atmosphere which is participant rather than researcher focused. The interaction between participants also allows social processes to be explored in action and can mean co-participants act as co-researchers by questioning or agreeing with the other participants' comments (Kitzinger 1994b). Such debates enable differences between group members to be explored 'in situ' and intrapersonal communication can highlight subcultural values and group norms (Kitzinger 1995). Thus, when using discussion groups emphasis is placed on group norms and cultural understandings, rather than individual beliefs and ideas, and this emphasis seemed appropriate with regard to the main aim of the thesis and the need to gather data on young women's cultural and social perceptions. It also appeared appropriate considering young women form their views within a social context which includes interaction with their peers.

The 'group' atmosphere also seemed appropriate due to the subjects which would be discussed. Although some of the subjects were viewed as potentially sensitive, and Kitzinger (1994b) argues that a 'group' atmosphere may inhibit the discussion of potentially sensitive or stigmatising issues, Folch-Lyon and Trost (1981) note that such an atmosphere can create a situation of mutual support and give participants a greater sense of anonymity. In addition, the group situation can actively facilitate the discussion of taboo subjects or beliefs felt to be unique to the group since less inhibited members of the group can break the ice for more reserved participants (Kitzinger 1995). Such members can also encourage other participants to voice opinions which they may consider to be hostile to the researcher or

deviations from the norm (Kitzinger 1994). As it was possible that the discussion group participants would view me as an 'outsider' since I did not belong to their social network, the idea of employing a method which would encourage the voicing of 'local' opinions and knowledge was attractive.

Above when describing the rationale which underpinned the decision to use the discussion group method, it was noted that interviews are appropriate when the aim is to explore individual biographies (Fielding 1993). This was one reason why semi-structured interviews were employed to address the objective of exploring what factors and events may influence a young woman's decision to keep or abort a teenage pregnancy. Other reasons related to the depth of information required, the need to create a situation which would aid the recall of certain events and experiences, and the personal nature of the information which would be sought from the young mothers interviewed.

The one-to-one basis on which these interviews were to be conducted was viewed as essential as it was felt that only by focusing solely on the interviewee would the individual be given sufficient opportunity to describe her pregnancy experience and the decisions she had made. It was envisaged that these interviews would be based on a 'storyline' approach (Graham 1984). Using this approach the interviewee would be asked to recount her experiences from the time she realised that she was pregnant to the outcome of her pregnancy or, if she was still pregnant, to the time of interview. Thus, the intention would be to elicit a 'story' rather than ask specific

questions to which the interviewee was to respond. The decision to base these interviews on a storyline approach was made because the process of recounting a story can aid the recall of information (Graham 1984), and it was predicted that most of the accounts given by the interviewees would be retrospective. Using a chronological format when interviewing also allows respondents to reflect upon their experiences as they speak, and enables the researcher to ask about previously stated comments in the light of new information provided (May 1993). Thus, there would be opportunity for both the young mothers and myself to reflect on what had been said, and to clarify and build upon this information.

Using a relatively open, flexible interview method would also allow the interviewees to set the boundaries of the discussion (Graham 1984), and such respondent control was felt necessary due to the potentially sensitive nature of the interview. The open nature of the interview would also help to ensure that the interviewees answered in their own terms, and could guide the interview in the direction of issues which they saw as important. This was viewed as helping to ensure that each interviewee would mention all factors and events which she felt had influenced her decision to keep or abort her pregnancy. Giving the interviewees the freedom to talk about an event or subject in their own terms, would also allow the meanings and interpretations they attributed to certain events or subjects to be discussed (May 1993). This, in turn, would lead to a deeper understanding of the rationale and thinking which had influenced the young mothers' pregnancy decisions.

Having discussed the thinking behind the employment of each method, it is evident that a mixed methods approach was adopted to enable the aims and objectives of this thesis to be addressed using the most appropriate techniques. The ability to select methods on the basis of their appropriateness has been cited as one advantage in using a mixed methods approach (see for example, Hugentobler et al. 1992 and Morse 1991). In this study, the adoption of a mixed methods approach was not only advantageous at the stage of data collection but also in relation to data analysis. In order to achieve these analytical benefits, each of the data sets was considered and reflected upon in light of the other data sets. However, as qualitative and quantitative methods are seen as belonging to distinctively different paradigms (Brannen 1992, Fielding and Fielding 1986, Milburn et al. 1994, Milburn et al. 1995), employing a mixed methods approach has been viewed as problematic. Thus, before describing these analytical benefits, consideration will first be given to the debates which surround the use of quantitative and qualitative methods within the same study.

3.2) Mixing methods - the issues, opportunities and disadvantages

Quantitative methods are viewed as being associated with the positivist paradigm and qualitative methods with the interpretivist paradigm (Milburn et al. 1994). According to the beliefs which underpin positivism, the social world is an external

reality which can be assessed using methods similar to those employed by natural scientists (Milburn et al. 1994). In contrast, interpretivists view a natural science approach as inappropriate to the study of the social world, arguing that humans attribute meaning to their situations and that the social world is not an external reality but a phenomena which is actively constructed through social interactions (Milburn et al. 1994). This difference in perspective is reflected in the various approaches used when undertaking qualitative and quantitative research.

According to Brannen (1992), the main distinctions which are said to exist between qualitative and quantitative approaches relate to the way in which each treats and collects data, and considers the issues of extrapolation and generalisability. Brannen (1992) notes that while, in theory, quantitative researchers will enter the field having isolated and defined the variables which they are interested in, and developed various theories concerning how each of these factors may be linked, qualitative researchers will start with very general concepts which change in definition as the research progresses. In terms of data collection, Brannen (1992) comments that quantitative researchers are viewed as using pre-determined, structured techniques which require unambiguous responses and allow for little flexibility or reflexivity on either the side of the researcher or the respondent. In contrast, qualitative researchers employ flexible, open methods (e.g. in-depth interviewing techniques) which aim to elicit complex, discursive replies, and provide insights into the respondent's viewpoint and situation.

The distinction which is deemed to exist between quantitative and qualitative approaches concerning extrapolation and generalisability, can be illustrated by considering how these issues might be viewed by different researchers. In general, quantitative researchers tend to be concerned with the extent to which findings can be generalised to a general or parent population, while qualitative researchers are often concerned with making theoretical inferences (Brannen 1992). This distinction has implications for the ways in which respondents are sampled. For example, as the extent to which generalisations can be made to a parent population will depend upon the representativeness of the sample selected, quantitative researchers will employ statistical sampling techniques which control for potential selection biases. Qualitative researchers, however, will usually adopt non-probabilistic sampling techniques as the purpose is no longer to achieve a representative sample but rather to identify specific groups or individuals who have certain characteristics relevant to the research (May and Pope 1995).

On the basis of the discussion in the preceding paragraph, it is apparent that quantitative and qualitative research represent distinct approaches to social research (Bryman 1992), and it would appear that researchers adhering to a particular paradigm approach their work in very different ways. Yet, in practice, researchers tend to select their methods on the basis of various technical considerations (Bryman 1984). Furthermore, a number of researchers (e.g. Brannen 1992, Hammersely 1992, Milburn et al. 1994) comment that similarities exist between

quantitative and qualitative methods, and between the goals and intentions of researchers using each of these approaches.

Fielding and Fielding (1986) argue that analysis is an act of interpretation and therefore all data, whether quantitative or qualitative in nature, will be analysed qualitatively. In addition, Hammersely (1992) states that all researchers move from initial ideas to the data, and from the data to new ideas. Thus, every research project will involve both deductive and inductive processes.

It was noted above that qualitative researchers tend to form their questions and develop their focus once some fieldwork has been undertaken, while quantitative researchers will develop their questions and theories prior to entering this stage. In reality, however, such distinctions may not be so clear. Milburn et al. (1994) comment that qualitative researchers may have 'sensitising concepts' (p. 3) or develop a list of open questions prior to data collection, and quantitative researchers may pilot their instruments while designing their study and adapt their methods in accordance with the respondent feedback they receive. In addition, Brannen (1992) states that even if a qualitative researcher enters the field with no interview guide or theory, it is unlikely that s/he will have no expectations concerning what issues will be explored as her/his approach will be influenced by previous research experience and knowledge of the subject area. It is also interesting to note that although qualitative researchers claim to see the world through the eyes of the participant, the

insights gained are not simply reproduced but analysed and structured in a manner which is foreign to the respondent (Hammersely 1992).

Therefore, while different paradigms have influenced the nature and character of both quantitative and qualitative research, it is apparent that each approach can have, and does have, some level of independence from its epistemological beginnings (Bryman 1992). It is also clear that the difference between qualitative and quantitative approaches is less than the distinction which is felt to exist between the two paradigms (Hammersely 1992). Yet, although the difference between qualitative and quantitative methods does not appear to be as great as originally suggested, the point remains that quantitative and qualitative methods vary in relation to their ability to gather particular forms and types of data. Bryman (1992) argues that it is this difference which underpins the rationale for adopting a mixed methods approach.

Within the literature on mixed methods, a number of researchers have outlined the different ways in which qualitative and quantitative methods can be combined (see for example, Brannen 1992, Bryman 1992, Greene et al. 1989, Kelle 2001). Through discussing some of these approaches, the advantages in using a mixed methods approach will become apparent.

Brannen (1992) states that mixed methods studies are structured by the relative importance given to each approach, the extent to which methods are used

consecutively or simultaneously, and to the stage in the research process at which certain methods are used or no longer employed.

In studies where qualitative work plays a subsidiary role and is a precursor to the quantitative, qualitative methods may be employed to help develop the research instruments to be used. Hugentobler et al. (1992) adopted such an approach when they conducted focus groups and individual interviews, and then designed a questionnaire based on the qualitative data collected. Also, later in this chapter it is noted that prior to finalising the format and content of the questionnaire used during this research, a discussion group was conducted with pupils in order to elicit their views on its length and content. In an attempt to improve the validity of the instrument, attention was also given to the pupils' interpretations of some of the questions asked. Where qualitative methods play a supportive role and are used prior to the quantitative approaches, qualitative methods may also be used to indicate possible hypothesis which can then be tested using a quantitative approach (Brannen 1992). They may also be used to help interpret relationships that emerge during the quantitative analysis (Brannen 1992). Hugentobler et al. (1992) call the technique of using qualitative information to help interpret quantitative findings as 'illumination of meaning' (p. 63). This use of a mixed methods approach indicates that whilst quantitative methods allow researchers to assess relationships between the variables measured, they usually shed little light on the reasons for those relationships (Bryman 1992).

Where qualitative work plays a supporting role, qualitative methods are less likely to be used after the quantitative fieldwork has been conducted (Brannen 1992). However, qualitative data collected after the quantitative data could be used to 'illuminate' the analysis of the latter. In addition, Brannen (1992) notes that researchers have used qualitative methods as a way of following up in more detail themes which arose during their quantitative analysis, and on the basis of the quantitative data selected particular subgroups and specific individuals who they view as particularly interesting.

Where quantitative methods are subsidiary to qualitative approaches, they tend to be used in one of three ways: to provide background data which contextualise the qualitative material; to test hypotheses developed during the analysis of the qualitative data; and to provide a basis for sampling potential interviewees (Brannen 1992). When using any one of these approaches, whether the quantitative approach is used before or after the qualitative is only important in the final use noted. Yet, there are other ways in which quantitative work has been used to support qualitative. For example, Sieber (1973) argues that surveys can help to protect against elite bias and holistic fallacy, and can indicate the generality of a single observation.

Elite bias is common in qualitative work and results in only the views and situations of the 'elite' being considered (Sieber 1973). It occurs because individuals who are relatively easy to access or more able to express themselves, are more likely to be

selected than those who are less accessible or visible. If background information is gathered on all possible respondents, and individuals involved in the qualitative aspects of the study are identified, the extent to which the qualitative sample has been subjected to elite bias can be assessed. This approach was used by Vidich and Shaprio (1955) in their study of the stratification system within a small community. Through comparing data which had been collected using a survey with those collected during field observations, Vidich and Shaprio concluded that individuals with higher prestige had been oversampled during the qualitative work. A similar approach was used during this thesis as the questionnaires completed by the discussion group participants were traced, so that an assessment could be made concerning how representative they were of their fellow pupils. How this task was undertaken is in detailed in Chapter Four on page 184.

Holistic fallacy is the tendency to perceive all aspects of the field setting as congruent (Sieber 1973) and is another problem which occurs when using qualitative methods. Survey data can help guard against this fallacy by detecting differences which were not observed during the qualitative work. In some ways, the opposite of this is the use of survey data to assess the generalisability of a single qualitative observation. This latter approach was adopted by Hugentobler et al. (1992) in their study of the relationship between occupational stress and psychosocial factors and health behaviours. Within one organisation, individual interviews were held with committee, managerial and union members, and a survey conducted with over 60 per cent of the employees. As both methods had requested

information on sources of occupational stress, Hugentobler et al. (1992) were able to determine whether the comments made by those interviewed concerning this particular issue could be generalised to others in the organisation.

In projects where equal weight is given to the qualitative and quantitative components, the methods employed may be used simultaneously or consecutively (Brannen 1992). Two separate but related studies may result, or methods may be integrated in the one study and linked during the fieldwork, analysis or writing up stage (Brannen 1992). Where methods are integrated in one study, the method of between-method triangulation could be employed.

Between-method triangulation involves using more than one method to elicit data on the same phenomenon (Denzin 1970)¹. This technique was developed as a way of cross validation (Campbell and Fiske 1959). It is based on the rationale that if a hypothesis survives testing by a series of complementary methods, it has a degree of validity which is unattainable when using a single method as the findings are not method bound (Mitchell 1986). In addition, so long as the methods used do not share the same weaknesses or biases, the weakness in each method will be counter balanced by the strength of the other techniques (Jick 1979). However, a number of researchers have questioned whether this technique has the ability to act as a source of cross validation (see for example, Fielding and Fielding 1986, Flick 1992, Morse 1991). In addition, combining methods does not necessarily eliminate bias or guarantee external and internal validity (Fielding and Fielding 1986, Hugentobler et

al. 1992), and may actually increase the chance of error if incompatible methods are used (Fielding and Fielding 1986).

The view that a mixed methods approach can be used as a source of cross validation stems from the positivist tradition as it assumes that there is only one reality and, consequently, that different methods can produce similar results (Begley 1996). However, many of the phenomena studied by social researchers are complex and multifaceted, and the extent to which different methods can elicit information which will converge, has been questioned (see for example, Brannen 1992, Hammersely 1992, Temple 1994). Thus, there may be no single answer and there is no reason to believe that data collected using different methods will merge to form a consistent picture.

The extent to which different methods can elicit similar information has been questioned because different methods of data collection involve different processes that, in turn, may lead to each method collecting different forms and levels of information. For example, Milburn et al. (1994), during their mixed methods study on Health and Health Promotion in the Middle Years, collected data using a postal questionnaire, focus groups and in-depth interviews. When analysing these various data sets, Milburn et al. (1994) found that 60 per cent of the survey respondents stated they had changed their behaviour due to health education materials. In contrast, the majority of individuals who had taken part in the qualitative phases of the study had indicated that they had not changed their behaviour and, as Milburn et

al. (1994) state, 'expressed notable levels of apathy, scepticism and even antagonism towards health education messages' (p. 6). Milburn et al. argue that this difference was not because there was variation in the effectiveness with which each method had been employed, or because one method was 'better' (p. 6) than the others, but rather because each method had required different social processes and tapped into different forms of knowledge and information.

In addition to considering the social interactions involved when using a particular method, attention should also be given to the content of any instruments used as this may also have implications in relation to the data collected. Lever (1981), for example, in her study of the implications of children's leisure activities for sex-role socialisation, collected information from boys and girls aged 10 and 11 using semi-structured interviews, questionnaires and by asking each child to keep a diary of his/her leisure activities. The analysis of the questionnaire and interview data indicated greater gender differences than the analysis of the information collected using the diary. Lever suggests this situation arose because the questionnaire and interview methods were more likely to elicit role-stereotype responses, as they required the respondents to state what they *usually* did, while the diary required the children to note what they *actually* did.

The discussion concerning the work of Milburn et al. and Lever indicates that data can only be understood in relation to conditions under which they are gathered (Temple 1994). The work of these researchers also illustrates that if discrepancies

are found between findings resulting from the analysis of different data sets, and possible explanations for these differences are considered, a researcher may gain a deeper appreciation for the information gathered and, as Milburn et al. (1995) note, a greater understanding concerning the methods employed and nature of the phenomena under study. This opportunity for further reflection is considered another advantage of using a mixed methods approach (Fielding and Schreier 2001, Lever 1981). Yet, the fact that data is context- and method-specific clearly has implications for the use of a mixed methods approach for it raises questions concerning the extent to which data gathered using different techniques can be viewed as converging and relating to one another.

The influence the data collection process can have on the information gained is one reason why the use of between-method triangulation as a source of cross validation has been questioned (see for example, Brannen 1992, Fielding and Fielding 1986). Interestingly, researchers who have questioned this use have not rejected the idea of employing different methods to study the same issue but rather have defined the purpose of triangulation as one of collecting complementary data. For example, Morse (1991) states that the purpose of methodological triangulation is to obtain 'complementary findings that strengthen research results and contribute to theory and knowledge development' (p. 122). In addition, Fielding and Fielding (1986) argue that 'we should combine methods carefully and purposefully with the intention of adding breath and depth to our analysis but not for the purpose of pursuing 'objective' truth' (p. 33). The existence of these alternative definitions

indicates that triangulation can be viewed as a source of cross validation or as a means of obtaining a more complete picture (Fielding and Schreier 2001).

On reading the literature it is evident that most of the discussion concerning whether data collected using different methods should be compared, has been in relation to using a mixed methods approach as a source of cross validation. Clearly this is because this approach suggests that different data sets can converge to form a consistent picture. This discussion, however, may also have implications for the other ways in which methods have been combined.

The idea of using qualitative methods to 'illuminate' findings arising from a quantitative analysis does imply that data collected in one context can aid the interpretation of information collected in another. In addition, to suggest that survey data can be used to assess the generalisability of a comment made during an interview or discussion group is to imply that different methods can elicit comparable information. Temple has criticised researchers who adopt a 'complementary' approach and use different methods to explore varying aspects of the phenomena under study in the hope that a more complete picture will be obtained. Temple argues that this approach implies that findings can 'fit together to form a jigsaw puzzle view of reality that has neat edges and no contradictions' (p. 567), and that the data collected are viewed as 'unproblematically recoverable by the researcher rather than constructed in particular ways by researchers for

particular purposes' (p. 567). Thus, the impression is that the information is 'out there' waiting to be collected rather than a product of the methods used.

It would seem then, that whilst different methods can be employed within the same study, the data they collect cannot simply be related and treated as interchangeable. In order to appreciate the information gathered and fully understand how the various data sets should and could be related, thought must be given to *how* the data were collected, and what form and type of knowledge resulted from the use of a particular approach (Temple 1994).

Through discussing the ways in which qualitative and quantitative methods can be combined, some of the advantages gained when using a mixed methods approach have been noted. The advantages discussed ranged from those associated with the development of the instruments to be used (e.g. the use of focus groups to inform the development of a questionnaire), to others which can arise when collecting and analysing the data (e.g. using survey data to select certain individuals for interview, and guard against elite bias and holistic fallacy). Yet, it has also been evident that there has been some debate concerning how different methods have been combined, and it should be noted that there are disadvantages as well as advantages in using a mixed methods approach.

When discussing between-method triangulation as a method of cross validation, it was noted that employing different techniques could increase the chance of error if

incompatible methods are used. According to Fielding and Fielding (1986), this is because researchers adopting a mixed methods approach may misinterpret similarities and differences between data collected using incompatible methods by assuming 'a common epistemic framework among data sources' (p. 31). The risk of drawing inaccurate conclusions may also be increased if the methods employed have similar weaknesses or are open to the same biases. Mitchell (1986), for example, notes that different retrospective self-report methods may all be open to the problems of recall, social desirability and stereotypical bias. Thus, if each approach employed is some form of retrospective self-report method, each data set produced may have been influenced by the same biases. However, as Mitchell explains, if a retrospective self-report method was combined with a prospective or concurrent technique of data collection, some of the biases related to the former method could be counteracted. This example shows why only when using methods with different biases and weaknesses can each method counteract the influence of the other methods employed (Jick 1979). It also explains the point made earlier and which indicated that combining methods may not eliminate bias or guarantee validity.

Earlier it was noted that discrepancies found between findings resulting from the analysis of different data sets may lead to a greater understanding of the data collected, the methods employed and the phenomena under study. Whilst this was noted as a potential benefit in using a mixed methods approach, it does mean that when analysing the data, findings will need to be reflected upon in light of one

another and consideration given to the various processes which were undertaken when using a particular method. Thus, when employing more than one method, the analysis stage may be particularly demanding and time consuming.

Discrepancies found between analyses of different data sets also raise questions concerning the meaning and status of the data collected, as decisions will need to be made concerning what is considered valid information and whether greater weight should be given to a particular finding. Traditionally, within the social sciences there was a tendency to give greater weight to qualitative information, as researchers felt that the closer involvement experienced between the researcher and participants when using qualitative methods compared to quantitative approaches led to a richer data set (Bryman 1992). Yet, to adopt such an approach would imply that qualitative methods are superior to quantitative, rather than accepting that different methods vary in relation to their strengths and weaknesses, and in their ability to collect certain forms of information. In addition, as different methods may tap into varying forms of social knowledge (e.g. focus groups may elicit communal knowledge and interpersonal responses, whereas one-to-one interviews may collect more personal, biographical information (Milburn et al. 1994)), considering only one data set could result in only one particular form of information being considered. Milburn et al. (1994) argue that all forms of social knowledge should be given equal weighting as individuals will use each form of knowledge in order to understand their social world. Thus, unless a researcher only wishes to consider one particular perspective or level of data, it would appear that equal

weighting should be given to findings resulting from the analysis of various data sets.

In addition to the issues concerning how to interpret divergent results and weight each data set, Mitchell (1986) notes that another analytical issue facing researchers triangulating quantitative and qualitative data is how to relate information which varies in form and structure. Yet, Morse (1991), when commenting on Mitchell's work, argues the task of relating different data sets does not occur during the data analysis stage but through comparing the results from each analysis, and considering how each can be drawn together into a cohesive or coherent theory. Morse's comments imply that the researcher will not need to relate information which varies in form, and therefore that this task should not present a problem. However, even if the researcher is comparing results rather than data sets, s/he will still need to consider the nature of the data in order to ensure the meaning and purpose of each data set is not lost in this process.

Moving away from simply considering the use of mixed methods as a method of cross validation, on a more general level, mixed methods approaches have been viewed as disadvantageous because they are usually difficult to replicate and may lack focus (Corner 1991). They may also be time consuming, labour intensive and may result in an overabundance of data (Hugentobler et al. 1992). Yet, whilst mixed methods studies may be difficult to replicate and are relatively expensive in terms of resources, such disadvantages will be compensated for by the breath and

scope of the data gathered. Furthermore, some studies may not be suited to only one particular method of investigation and therefore require such a demanding approach (Kelle 2001). The issues concerning a lack of focus and an overabundance of data are problems which can occur when using only one method, and indicate a lack of planning and thought regarding how each method related to the aims and objectives of the research. In the current context of social research where there has been an increase in the number of mixed methods studies undertaken (Milburn et al. 1994), there may be a feeling that more is better. Yet, as Witt (as cited in Fielding and Schreier 2001) argues, employing both qualitative and quantitative methods does not always result in the most appropriate approach being used, and the final results may fall short of what could have been achieved if only quantitative or qualitative methods had been employed. Thus, a mixed methods approach is not always appropriate, and benefits gained will depend on the extent to which the method used are in line with the aims of the research (Fielding and Schreier 2001).

Researchers wanting to adopt a mixed methods approach will require both qualitative and quantitative research skills. Such a range of expertise is rare, however (Brannen 1992). Thus, researchers undertaking a mixed methods study may need to consult others in order to obtain the range and level of expertise required, and this may add to the costs of the project in terms of time, money and organisation (Brannen 1992).

Therefore, there are a number of disadvantages in using a mixed methods approach. Some of the disadvantages relate to resource constraints such as time, money and the individual skills of the researcher, while others relate to the way in which methods are selected and how the individual data sets are viewed and interpreted. This indicates that the extent to which a mixed methods study is successful and conducted appropriately, will depend on both the context within which the work is undertaken and upon the way in which this work is conducted. The context in which this thesis was conducted will be considered next. Following this discussion, attention will be given to how the data collection methods employed in this study were viewed as relating to one another.

3.3) *The research context*

The research described in this thesis was funded by a University of Stirling Studentship and was initiated in 1996. The funding was for three years and was attached to the SHARE Sex Education Trial: an MRC funded evaluation of teacher-delivered sex education (Wight 1997). The SHARE (Sexual Health And Relationships: Safe, Happy And REsponsible) project involved 25 schools in Tayside and Lothian. These schools were randomly allocated either to deliver the SHARE programme (a 2 year, 20 lesson package) to S3 (13-14 year olds) and S4 (15-16 year olds) pupils, or act as a comparison school. The effectiveness of the SHARE programme was evaluated using 'before and after' questionnaires and

conducting in-depth interviews with a sub-sample of pupils. Professors Sue Scott and Gillian Raab were both grant holders on this project and supervisors of this thesis.

During the initial phase of my PhD I was involved in discussions concerning how the schools in the SHARE trial should be randomised to ensure the best balance between arms of the trial. I also collected information which would be used to inform this task. For example, in relation to each of the schools involved, I collected information on the school's catchment area, staying on rates and the percentage of pupils who qualified for free school meals. I also collected information on the distances between each school and the nearest family planning clinic.

Over this period the aims of my thesis were also being developed. When applying for the funding, I had been required to submit a research proposal. In light of the SHARE trial's focus, I had outlined a study which would consider teachers' experiences of teaching sex education. However, my supervisors felt that although my PhD was attached to the trial, the research I undertook should be quite independent.

The decision to focus on the area of teenage pregnancy and early motherhood was based on a number of factors. First, in 1996 when the PhD was initiated, relatively high levels of political and social attention were being given to the prevalence of

teenage pregnancy and early motherhood within the UK. This may have been a reflection of the fact that it was becoming increasingly apparent that the Government's target, of reducing the 1989 conception rate among young women under the age of 16 by half by the year 2000 (DoH 1992), would not be met. Thus, this topic area appeared to be of political and social relevance. Secondly, on reading the literature, although it was apparent that a substantial body of work had been undertaken in the area of teenage pregnancy and early motherhood, very little appeared to have focused on young women's perceptions of each of these phenomena. Thirdly, it was evident that teenage motherhood had become an event which occurred mainly among women from relatively deprived areas, and that a number of possible hypothesis for this situation had been posed. One of these hypothesis was that some form of subcultural acceptance towards early motherhood existed among disadvantaged groups. As explained in the Introduction (page 2), the validity of this hypothesis was still to be established.

The fact that my funding was attached to the SHARE trial, therefore, had not influenced my decision to undertake a thesis which would explore the views young never pregnant women from diverse social and economic backgrounds hold towards teenage pregnancy and early motherhood. Neither did my association with the SHARE trial influence my decision to adopt a mixed methods approach. As explained in the Introduction (page 10), this approach was adopted as it was felt only by employing both qualitative and quantitative methods would the objectives of the thesis be addressed using the most appropriate techniques. However, each of

my supervisors had very different research skills. While Sue Scott is primarily a qualitative researcher, Gillian Raab is a statistician. Thus, although prior to my PhD most of my research experience had involved the use of qualitative techniques, I felt there would be sufficient support and advice available if I was to employ a quantitative approach. With three years of funding ahead, I also felt there would be enough time for me to develop new research skills.

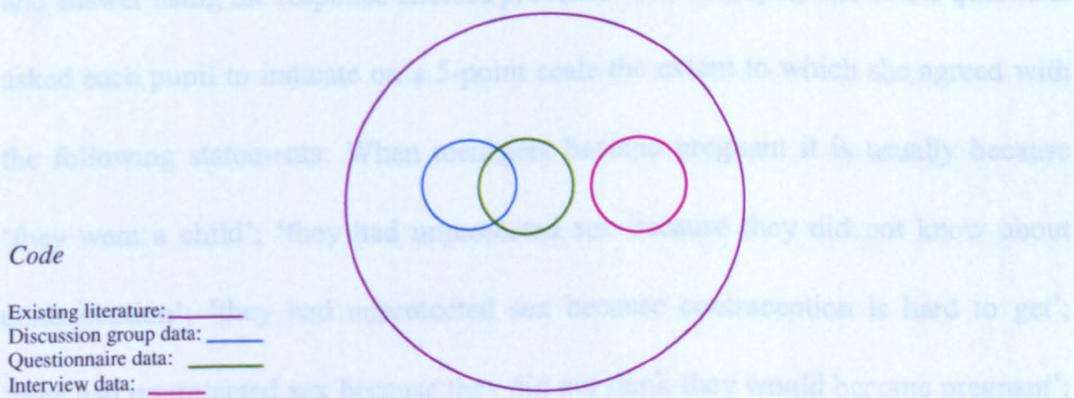
3.4) The three methods, the data they collected and the relationships between the various data sets

In the Introduction (pages 10-11), the ways in which the self-completion questionnaire, discussion groups and interviews related to the various study objectives were discussed. To summarise again, the questionnaire was used to collect information on the lives and experiences of young women from diverse social and economic backgrounds, and to assess the views such women held towards teenage pregnancy and early motherhood. Discussion groups were then held with a selected subgroup of the women who had completed the questionnaire in order to explore in greater detail the views young women from diverse backgrounds hold towards teenage pregnancy and early motherhood. The interviews were used to collect information on what factors and events may influence a young woman's decision to keep or abort a teenage pregnancy, and were

conducted with young women who were either currently pregnant, or had recently entered motherhood or had recently experienced an abortion.

One way to visualise the relationship between the data sets collected by each method, is to imagine three circles; two of which overlap and symbolise the questionnaire and discussion group data, and one of which stands alone and represents the interview data. As the data gathered using each method were given equal weight, each circle is the same size and is placed horizontally alongside the others. The questionnaire and discussion group data sets are seen as overlapping circles since each method gathered information which was unique to it, but also gathered data which addressed the study objective of analysing and exploring young women's views of teenage pregnancy and early motherhood. As each data set adds to the knowledge of teenage motherhood, all three circles exist within a larger circle which symbolises the existing literature (diagram 1).

Diagram 1 *The relationship between the various data sets*



Each data set was given equal weight because each of the methods employed was viewed as having collected different forms of knowledge and information.

The pupils who completed a questionnaire were viewed as providing information which reflected their own experiences, thoughts and opinions. Each pupil completed her questionnaire independently and under 'exam conditions', and was reassured that the information she gave was anonymous and would be treated as confidential. Thus, there was minimal interaction between the pupils, and between each pupil and myself, and each pupil was given the privacy and opportunity to respond to each of the questions asked. All of these factors were felt to encourage the pupils to give their personal views, rather than provide answers which they felt would be supported or expected either by me or their fellow classmates.

However, the structure and content of the questionnaire will have influenced the nature of the data collected. The pupils could only respond to the questions asked, and answer using the response choices provided. For example, one of the questions asked each pupil to indicate on a 5-point scale the extent to which she agreed with the following statements: When teenagers become pregnant it is usually because 'they want a child'; 'they had unprotected sex because they did not know about contraception'; 'they had unprotected sex because contraception is hard to get'; 'they had unprotected sex because they did not think they would become pregnant'; 'the contraception they used did not work'; and finally, 'their boyfriend refused to use a condom and nothing else was available'. The answers given in response to

this question were considered to reflect the extent to which each pupil agreed or disagreed with each individual statement. They were not viewed as indicating the pupils' own views of possible reasons for a teenage pregnancy or providing an insight into which reason they viewed as most likely. If an individual pupil felt there were other reasons, this view had not been recorded and since the pupils were not asked to rank which reason they felt was the most likely, only the extent to which they had agreed with each statement could be determined. Thus, the survey data were a product of the context in which they had been gathered, and a result of the questionnaire's content and style.

The way in which the pupils translated a particular question will also have influenced the data collected. This data may also have been influenced by their perceptions of the areas covered by the questionnaire, as MacNaghten and Urry (1998) note that 'individual responses to survey questions will reflect context, a certain understanding of the cultural significance of the question and its broader argument located in time and space' (p. 94). Thus, the immediate environment, the content and structure of the questions asked, and the wider social context in which the study was conducted, will all have shaped the questionnaire data. Clearly, such factors could have influenced what information was collected during the discussion groups and interviews.

Due to differences in context, and the manner in which questions were posed and structured, in contrast to the questionnaire, the discussion group method was viewed

as collecting data on group norms and cultural understandings, rather than providing personal information. Earlier (page 95) it was explained that discussion groups tend to elicit such information because interactions and debates occur between fellow participants, and not simply between the researcher and each individual. The 'group' atmosphere may also have encouraged communal knowledge rather than personal information to be revealed because the issue of confidentiality was no longer between myself and each discussion group participant, but also between each group member (Milburn et al. 1994).

Although the level of interaction between a researcher and the participants is greater when holding discussion groups than conducting a self-completion survey, the extent to which my thoughts and perspectives influenced the data collected during the discussions was probably less than it had been when designing the questionnaire. While a discussion group guide was used, the questions asked were open ended and issues which had not been foreseen but which arose during the discussions were followed up. Thus, the discussion group participants had more opportunity than the pupils to use their own language and frames of reference in order to express their views. Interestingly, when conducting these discussions, I did feel that my gender had encouraged the discussion group participants to talk more freely, and that the Wellsprings discussion group participants may have viewed my age in a slightly different way to the Redpath discussion group participants. This issue is discussed in the following chapter (pages 229-231) and indicates that

another factor which may have influenced the data collected, and collected using each method, was my own personal characteristics.

The interviews conducted were viewed as collecting personal, biographical information as they requested the interviewee to describe her pregnancy career from conception to pregnancy outcome or, if the interviewee was still pregnant, to the time of interview. The personal nature of the data was also a result of the interviews being conducted on a one-to-one basis, and encouraging the interviewee to discuss personal issues (e.g. how she had felt when the pregnancy was first confirmed) and experiences (e.g. informing others of the news and deciding upon whether or not to keep the pregnancy).

The influence my presence had on what information was gathered during the interviews is difficult to assess. The one-to-one nature of the interviews did increase the intensity of the relationship between myself and the interviewee. In addition, using an in-depth interview method created a situation in which the information given was a product of the interaction which occurred directly between myself and each interviewee. Kvale (1996) highlights the idea of the interview data being product of a two way interaction by referring to this method as an inter-view, and describing this approach as 'a situation of knowledge production in which knowledge is created between the views of two partners in the conversation' (p. 296). Although I did not voice my opinion, the sensitive nature of the information discussed and the fact that I, myself, was not a young mother may have influenced

what information the young mothers gave. Certainly, in the following chapter on page 241 it is noted that on one occasion a young mother was interviewed twice, and during the second interview provided a much more detailed and personal account of her situation. This experience indicated that whilst the interview data did provide an insight into the young mothers' personal experiences and opinions, the views expressed were those which were held *at the time of interview*, and were a product of level of rapport which had developed between myself and each interviewee.

Another issue which may have influenced the interview data was the fact that some of the accounts given were retrospective, and therefore were open to problems of selective retention and post hoc reconstructions (Smith et al. 1999). The interviewee's status at the time of interview, e.g. as a young mother or someone who had recently experienced an abortion, may also have influenced the information gathered (Smith 1994). Furthermore, whilst the purpose of these interviews was to collect information on what factors and events may influence the outcome of a teenage pregnancy, it was accepted that the account given would not provide a complete picture. These accounts were an indication of the factors and events which the interviewees, themselves, viewed as relevant and significant, and not a list of every factor which had been influential.

Therefore the questionnaire data provided information on the personal views the pupils held in relation to the questions asked and the response categories given; the

discussion group data indicated the participants' group norms, and their social and communal views towards the topic areas considered; and the interviews gave an insight into the young mothers' views of what factors, at the time of interview, they recalled as having been important in relation to the outcome of their pregnancy. Each data set had been shaped by the immediate context in which it had been gathered, and either directly or indirectly by my presence and purpose. The data collected may also have been influenced by the wider social context in which the research was undertaken. Each of these points indicate why Temple (1994) suggests that researchers should talk of data *production* rather than data *collection*. They also highlight again the impact the data collection process, and the content and structure of the approach used, can have on what information is finally collected. Together, they also explain why the different methods used in this research were viewed as collecting particular forms of information and, consequently, why each data set was given equal weight.

Although it was the need to gather different forms and levels of data which drove the decision to employ a mixed methods approach, it was recognised that collecting data using different methods would be advantageous at the analysis stage. It was also recognised that if the methods employed varied in their strengths and weaknesses, the limitations of one method could be compensated for by the presence of another. The ways in which the methods were seen as compensating for the weaknesses inherent in each other, and the ways in which the data sets were related, will now be discussed.

As suggested earlier (page 121), using a closed-answer technique clearly curtailed the extent to which the pupils could introduce new ideas and concepts. It also limited the depth of information given, and the degree to which further information or details concerning a particular issue could be requested during the data collection phase. In contrast, the more open approach of the discussion group method did enable the participants' views to be explored within a situation where new ideas and issues could be raised, and discussed in detail. Furthermore, there were opportunities to probe for more information, and ask for a particular point to be elaborated and clarified.

In terms of supporting the analysis of the questionnaire data, the discussion group data were used to illuminate some of the quantitative findings. For example, it was evident that the Redpath pupils were significantly more likely than the Wellsprings pupils and the Greenbank pupils to expect that they would be at college or university in four years time (page 283). During the discussions, the view that parents expected their child to go on to some form of further education was mentioned during the Redpath discussions. This view was not articulated during the Greenbank or Wellsprings discussions (pages 292-293).

Thus, the discussion group method compensated for the weaknesses inherent in using a pre-defined, closed answer approach and collected data which provided

possible explanations for some of the quantitative findings. Yet, there were various weaknesses associated with the discussion group technique.

One of the problems associated with using discussion groups is the fact that assertive or articulate individuals may dominate the discussion, and less confident or articulate individuals may be inhibited in expressing their views; particularly if such views conflict with those being voiced (Sim 1998). Thus, if a range of views are expressed, it is fairly safe to conclude that different members hold varying views (Sim 1998). However, if there is a lack of diversity in the data collected, this may reflect group dynamics rather than indicating group consensus (Crabtree et al. 1993). As the discussion group participants were a subgroup of the pupils, in situations where the discussion groups and questionnaire had been used to explore similar issues, the extent to which the discussion group data had been influenced by the group dynamics could be assessed. This is because the discussion group participants' questionnaires were identified, and the discussion group data considered in light of the answers which they had given when completing the questionnaire. For example, while the Redpath participants' completed questionnaires indicated that nine of them knew women who had experienced a pregnancy while under the age of 16, during the discussion groups only two of the participants mentioned that they knew someone who had experienced a teenage pregnancy. In Chapter Six (page 349) it is suggested that the other participants did not mention their knowledge because they might have viewed this knowledge as 'unusual' or 'uncharacteristic' of their circumstances as teenage pregnancy was a

relatively rare event in their social network. The process of tracing the participants' questionnaires is described in Chapter Four on page 184.

Tracing the discussion group participants' questionnaires also allowed consideration to be given to whether or not the discussion group data had been open to 'elite bias', as the discussion group participants' questionnaire answers could be compared with those of their fellow pupils. Identifying the discussion group participants' questionnaires, and comparing the answers they had given with those of their fellow pupils, also gave a potential insight into why certain views were held.

Another disadvantage which has been associated with discussion groups is the fact that, when comparing data collected during different sessions, inferences can be made in relation to the presence or absence of certain views, but not in relation to their relative strength (Sim 1998). The strength of a particular viewpoint could be assessed by determining the number of individuals who expressed it and the intensity with which it was voiced, and by assessing the number of respondents who disagreed with the viewpoint in question (Sim 1998). However, some individuals may not express their view. In addition, the group context may also influence the emphasis with which a view is expressed (Sim 1998). Thus, quantifying the data set may not provide an accurate picture of the strength with which a view was held. One advantage in using a questionnaire was the fact that information could be collected on, for example, what proportion of the pupils had stated that they would

keep a teenage pregnancy and to what extent did they agree or disagree that teenagers become pregnant because they want a child.

As the participants were a subgroup of the pupils, the questionnaire data could provide information on the characteristics and views of the pupil population from which the discussion group participants were sampled. This allowed an assessment of the extent to which the discussion group participants had been selected from populations that differed in relation to their social and economic backgrounds. It also meant that the questionnaire data could provide background to some of the qualitative findings. For example, the manner in which the Redpath participants described teenage mothers implied that they felt early motherhood was an event which would not occur within their social network. In contrast, discussions held with Wellsprings and Greenbank participants revealed that early motherhood was an event which had salience for them and their families. When analysing the quantitative information it was apparent that only 14 per cent of the Redpath pupils knew someone who had kept a teenage pregnancy compared with 75 per cent of the Wellsprings pupils and 87.1 per cent of the Greenbank pupils (see table 51, page 351). Thus, the questionnaire data gave a possible explanation for the discussion group participants' difference in view.

At the beginning of this section it was recalled that both the questionnaire and discussion group method had been used to address the study objective of analysing and exploring the views young women hold towards teenage pregnancy and early

motherhood. As the questionnaire and discussion group data were viewed as reflecting different types and levels of information, the questionnaire and discussion group data collected in relation to this objective were viewed as complementing one another. For example, whilst the questionnaire data could indicate the extent to which the pupils viewed early motherhood as having various negative implications, the discussion group data captured in detail the participants' views of this role and their perceptions of how early motherhood would affect them personally. In addition, whilst both the pupils and the participants were asked how they would react if they became pregnant, the questionnaire data provided an indication of the extent to which pupils would be upset and the discussion group data a detailed insight into how the participants predicted they would react. Thus, both data sets provided an insight into the views young women hold towards teenage pregnancy and early motherhood and, together, provided a broader base from which to consider such views than would have been gained if only one method had been employed.

The interview data set included information from another viewpoint on young women's views of teenage pregnancy and early motherhood. The interview data were separate from the discussion group and questionnaire data in that potential interviewees were not contacted through the study schools but via staff working in four different medical settings. In addition, whilst the pupils and participants were asked to consider what they would do if they became pregnant, the interviewees were asked what they had actually done or were planning to do. Thus, rather than

adding to the picture created by the analyses of questionnaire and discussion group data, the analysis of the interview data highlighted factors which could influence the outcome of a teenage pregnancy and allowed me to explore the views held by young women who had been, or currently were, pregnant. It also provided another basis from which to reflect upon the data collected in the schools.

As the interview data was viewed as reflecting the views of a different group of women, the disadvantages in using an interview approach could be not addressed by considering the other data sets. The issues which arose when using this method and which were particularly relevant to this thesis, were those associated with using retrospective accounts. The young mothers' views were open to problems of recall bias, selective retention and post hoc reconstructions. However, the possibility of such biases was considered when interpreting the data. In addition, whilst the possibility of such factors cannot be eliminated, the interview approach adopted was specifically selected in order to aid the recall of information. Furthermore, in the following chapter it is explained that staff at each of the centres involved in approaching potential interviewees were asked only to approach women who were either currently pregnant, or who had given birth or had an abortion in the last three months. Thus, the young mothers were not expected to recall events which had occurred some time ago. It should also be noted that one reason interviews were conducted with young mothers, women who had recently had an abortion and women who were currently pregnant, was because I hoped this situation would provide some indication of how the interviewee's status at the time of interview

influenced the data collected. Furthermore, during each interview, each interviewee was asked whether she felt that her current status (as a young mother, someone who had recently experienced an abortion or as someone who was currently pregnant), had influenced her views concerning early motherhood, abortion and adoption. Thus, the disadvantages associated with using an interview approach were addressed through the way in which this method was used, rather than using the other data sets in a supportive or complementary manner.

While discussing how the different data sets were related, it was evident that the extent to which each method could collect information which would support material gathered using another approach, depended upon whether or not each method had focused on the same issue. The final section in this chapter will consider the development of the questionnaire, discussion group and interview guides.

3.5) The development of the questionnaire, discussion group and interview guides

3.5.1) The questionnaire

As my PhD funding was attached to the SHARE trial, I was given permission by the SHARE team to base my questionnaire (appendix 1) on one which they, at the

time, were using in schools to collect information from young women aged 14 to 15 years old.

The SHARE Sex and Lifestyle Questionnaire: your attitudes, beliefs and behaviour acted as a good starting point since it had been developed to use in schools with pupils aged 14 to 15 years old, and to collect information on their socio-demographic profiles, lifestyles, sexual experience, sexual attitudes and knowledge. Furthermore, it had been carefully piloted over 2 years, in 5 different schools which varied in relation to the socio-demographic characteristics of their pupils. This piloting had involved conducting surveys, interviewing individual pupils who had completed the questionnaire, and modifying the questionnaire in response to the pupils' views and the SHARE team's experiences of conducting the pilot surveys. This piloting work was finished at the end of 1995. Thus, the SHARE questionnaire was an instrument which had been recently developed to use in schools with young people who were only one year younger than those I hoped to survey, and to explore areas which I wanted to address. In addition, not only was I allowed to use this questionnaire as a basis on which to build my own, but had been actively encouraged by my supervisors to do so as this would open up the possibility of comparing my findings with those of the SHARE trial once my own research was complete.

However, although the SHARE questionnaire provided an excellent starting point, it included a number of the sections and questions which were clearly relevant to the

SHARE study but were not areas which I needed to explore (e.g. the pupils' use of certain drugs, and whether first intercourse had occurred within a coercive relationship). In addition, none of the questions included in the SHARE questionnaire aimed to collect information on young women's views of teenage pregnancy and early motherhood. Furthermore, having read the literature and become aware of factors which have been associated with the prevalence of teenage pregnancy and early motherhood (e.g. young women's knowledge of women who have entered early motherhood (Alexander and Guyer 1993)), there were a number of issues I wanted to explore and again these would not be addressed if I simply used the SHARE questionnaire.

Therefore, the SHARE questionnaire acted as a foundation on which to build my own and provided questions which I then adopted in order to collect data on the pupils':

- home life, self-image and demographic characteristics (questions 1, 2 (except part 6), 3 to 16, 17 (except parts 3 to 6) and question 25).
- social networks, attitudes to school, and expectations about the future (questions 18, 21, 22, 24 (except parts 5 and 6) and 26)
- sexual behaviour and contraceptive knowledge (questions 38 to 42, 44, 45, 47, 48 and 52)
- sexual attitudes, sources of sexual information and view of abortion (questions 36, 37, 49 (except for part 6), 50 (except for parts 1, 9, 10 and 13), 51 and 53)

In order to address the objective of analysing and exploring young women's views of teenage pregnancy and early motherhood, I developed a number of questions. These were intended to assess the pupils' views of possible reasons for a teenage pregnancy; the implications of early motherhood; how willing they would be to enter early motherhood; and how they would react to and resolve a teenage pregnancy (questions 27, 28, 29 (part 1) and 32). The rationale for developing a question which would assess the pupils' views of possible *reasons* for teenage pregnancy was because I felt the pupils' view of this event would be based on their view of why some women conceive in their teenage years. Data on the *implications* of early motherhood was seen as appropriate as this would provide information on how the pupils' viewed the practical and social aspects of this role. It was felt that the question concerning their willingness to enter early motherhood would indicate the extent to which they viewed this role as personally acceptable, and that data collected in response to the questions which asked pupils how they would react to a teenage pregnancy would provide another indicator of how they viewed teenage pregnancy.

The other questions I developed related to my reading of the literature and to what other information I thought would be needed in order to understand the pupils' views, attitudes and behaviour. For example, I intended to consider the contraceptive behaviour of pupils in each school, as I felt such behaviour could influence their views of the reasons for a teenage pregnancy. The level of access young women have to contraceptive services may influence the extent to which they

use protection (Clements et al. 1998), and it was possible that service provision varied between each of the areas within which the study schools were located. Thus, I developed a question which would assess how easy or difficult the pupils thought it would be to get to a clinic or surgery (question 49 part 6). I also developed questions which would assess the extent to which pupils believed their friends would be willing to enter early motherhood, and the extent to which the pupils felt they and their friends would be willing to consider single motherhood (question 29 (part 2) and question 30). The reason for asking each pupil to indicate their friends' willingness was because this would provide an insight into how acceptable the pupils felt teenage motherhood and single motherhood were among their peers, and this was felt to be a factor which could influence their own views. The reason the context of single motherhood was considered was because teenage motherhood is often associated with single motherhood (Phoenix 1991). Thus, collecting information on the pupils' views towards early motherhood and single motherhood would help to distinguish to what extent their views concerning early motherhood related to the individual's age, or to the possibility that this role could be entered outside of a stable relationship. I also wanted to assess the pupils' knowledge of women who have experienced a teenage pregnancy, had an abortion, entered early motherhood and/or surrendered a child for adoption, as I thought such knowledge could influence their views on how they would resolve a teenage pregnancy. Having noted this intention, I developed questions 34 and 35.

A number of key issues influenced how I developed my questions. In order to illustrate what these issues were, a description will now be given concerning how I developed the questions which assessed the pupils' views of teenage pregnancy and early motherhood (questions 27 and 28), the level of contact they had experienced with teenage pregnancy and the various pregnancy outcomes (questions 34 and 35), and how they predicted they would react to and resolve a teenage pregnancy (question 32).

A question which comprised of a number of sub-statements, and required the pupil to indicate along a 5-point scale the extent to which she agreed or disagreed with a particular statement, was felt to be most appropriate to gather information on the pupils' views of the reasons for a teenage pregnancy (question 27). Sub-statements were required because I wanted to assess the pupils' views of various reasons which had been cited in the literature as possible explanations for the occurrence of a teenage pregnancy. The decision to employ a Likert type response scale was because this would allow each pupil to indicate whether or not she agreed with a particular statement, and to what extent she agreed or disagreed. As attitudes are not easily dichotomised and usually lie along a continuum (Bowling 1991), it was also felt that employing a Likert type scale would improve the validity of the data collected. Furthermore, I felt that if the pupils were asked simply to agree or disagree with each statement, the answers given might have reflected their level of knowledge rather than their attitudes. This is because they may have felt that their

answers were to indicate whether the statement was true or false, rather than to reveal how they personally felt about each statement.

Ensuring that the pupils indicated their opinions rather than their knowledge was also supported by wording of each question and the subheadings used. Researchers have a range of possible response options (e.g. 'very satisfied' to 'dissatisfied', 'always' to 'never') and the correct one to use may not be obvious (Czaja and Blair 1996). Thus, instead of asking each pupil to what extent she agreed with each statement, and using the corresponding response category of 'strongly agree', 'agree' etc., I could have asked each pupil to indicate to what extent she thought each reason could account for a teenage pregnancy and provided the response category of 'often', 'sometimes', 'rarely' and 'never'. However, as noted above, I wanted to explore the pupils' view of each possible reason and this alternative approach would seem more appropriate when the aim is to determine respondents' knowledge rather than their attitude.

When deciding upon the number of categories to include in the rating scale, consideration needs to be given to the scale's reliability, validity, discriminating power, and to the preferences of the target population (Preston and Colman 2000). When using a Likert type scale, usually 5 to 7 response categories are used (Moser and Kalton 1993). The reason a 5-point scale was adopted was because the SHARE team found that a 7-point scale did not achieve a better distribution of answers. They had also found that pupils with learning difficulties experienced problems

with scales which included more than 5 categories. Providing an odd number of categories also meant that a neutral category was available (Moser and Kalton 1993) and, consequently, a pupil would not be forced to indicate in which direction she held a particular view.

The question developed in order to collect information on the pupils' view of the implications of early motherhood (question 28) was similar to that described above, i.e. this question included a number of sub-statements to which the pupil was to indicate on a 5-point scale the extent to which she agreed or disagreed with each statement. The decision to use this type of scale was based on the reasons noted above, i.e. the detail of information wanted and the wish to assess the pupils' attitudes rather than their knowledge. The decision to use a question which included a number of sub-statements was based on the fact that within the literature early motherhood has been associated with various negative implications, and I wanted to assess the pupils' attitudes towards each of these potential costs. Another reason for using a number of sub-statements was because I realised it could be misleading to use a single item question in order to assess such views.

An individual's views towards a particular phenomena may relate to a number of perceptions s/he have regarding the topic under consideration (Procter 1993). In addition, while a respondent's belief towards a specific issue can indicate his/her general attitude, the view expressed may be untypical of the individual's more general view (Moser and Kalton 1993). For example, a pupil could indicate that she

'strongly agreed' that early motherhood had negative consequences for a young mother's education, but may have felt that this role did not have implications for the individual's social life, career and personal relationships. If only the pupil's view of the educational implications of early motherhood had been considered, an inaccurate assessment of the pupil's view would have been made. Thus, by asking a number of questions, a clearer and more accurate insight would be gained into the pupils' views, and on what basis such views were formed.

The fact that an individual's attitude may be multidimensional (Procter 1993), and his/her response to a single statement a poor indication of his/her general view, is one reason why researchers aiming to explore respondents' attitudes develop attitude scales (Moser and Kalton 1993, Procter 1993). These scales are developed using techniques such as Thurstone, Likert or Guttman scaling (Procter 1993).

When the Likert approach is used, a researcher will assemble a set of statements which cover all the various aspects of the attitude under consideration (Moser and Kalton 1993). Having assembled what Moser and Kalton (1993) term the 'item pool' (p. 357), a group of respondents are asked to respond to all of the items. The data collected is then analysed with a view to removing items which are ambiguous or do not relate to the same attitude dimension as the other items. After editing the list, a selection is made of the remaining items in the pool and these are used to form the final scale. This approach was used by the SHARE team in order to decide which items were to be included in some of the SHARE questions. When

employing this approach, the answers given to each item are summed in order to indicate the intensity and direction of the individual's overall attitude (Moser and Kalton 1993).

While I used a number of sub-statements and Likert type response scales in order to assess the pupils' views of the reasons for teenage pregnancy and the implications of early motherhood, when these questions were developed the intention was not to create a scale. As explained above, the sub-statements used were based and selected on my reading of the literature. In addition, it was not assumed that the pupils' responses to each item would be summed. However, a variation of the Likert scaling approach involves the use of factor analysis (Moser and Kalton 1993), and it should be noted that having collected the data it was found desirable to undertake factor analysis on the data collected in response to these two questions in order to reduce the number of dimensions to be examined. How factor analysis was performed is detailed in Chapter Four on page 177.

The questions developed to assess the pupils' view of how willing they and their friends would be to enter early motherhood and single motherhood were also questions whose response category was a 5-point scale which ran from 'strongly agree' to 'strongly disagree' (questions 29 and 30). The reasons for using such an approach was because the aim was again to assess both the direction and intensity of the pupils' views.

When developing the questions which would gather information on the pupils' knowledge of teenage pregnancy and the various pregnancy outcomes, and how they would resolve a teenage pregnancy, the aim was no longer to determine the direction and intensity of the pupils' views. In the case of the former, the aim was to assess, for example, whether or not the pupil knew someone who had experienced a teenage pregnancy. In relation to how the pupils predicted they would react to a teenage pregnancy, the purpose here was to establish which particular outcome and emotion the pupil thought she would experience.

When considering how best to assess the pupils' knowledge of women who had experienced a teenage pregnancy, had an abortion, entered early motherhood and/or surrendered a child for adoption, it was decided that two separate questions should be developed. The first question (question 34) would assess whether the pupil knew of anyone who had experienced a teenage pregnancy and, if so, what the relationship was between the pupil and this individual, i.e. was the person a friend, relative, neighbour or 'other'. Thus, data collected in response to this question would indicate the pupils' knowledge of teenage pregnancy, and whether this event had occurred within the pupil's immediate family or wider social network. The second question (question 35) would ask for information concerning the outcome of the pregnancies known and, consequently, gather information on the pupil's knowledge of each outcome. It was made clear that when answering these two questions the pupils were only to consider women under 16 years of age. This definition was given as I wanted to assess the pupils' knowledge of teenage

pregnancies and pregnancy outcomes which had occurred to women within their own age group or younger. The definition of teenager used throughout the rest of the questionnaire was that of an individual aged between 13 and 20.

The question (question 32) which was developed to elicit information on how the pupils predicted they would resolve a teenage pregnancy was also divided into two parts: one section would assess how the pupils believed they would feel, the other which outcome they predicted they would experience. In order to ensure that all of the pupils were thinking in terms of the same 'time frame', the question asked the pupils to imagine they 'were to become pregnant in the next month'.

The use of a 'hypothetical' question could be criticised as what a respondent says s/he might do, may not be a good guide of what s/he would actually do (May 1993, Newell 1993). However, the purpose of this question was not to provide information on what a pupil would do, but rather to give an indication of how the pupil thought she would react to, and resolve a teenage pregnancy.

When developing this question, care had to be taken to ensure that the question itself was clear, and that the list of response choices given were exhaustive and mutually exclusive (May 1993). The literature and my own knowledge of the subject area were used to determine what response categories should be included. When developing this question, I was also aware that some of the pupils might actually have experienced a pregnancy. Therefore, I developed another question

which was very similar to one just described but which asked the pupil to indicate how she had felt and what the outcome of her pregnancy was (question 33).

All of the questions concerning the pupils' view of teenage pregnancy, early motherhood and single motherhood, and the questions concerning their knowledge of teenage pregnancy and the various pregnancy outcomes, and how they would react to a teenage pregnancy, were all included within one section within the questionnaire. These questions were the most important questions I developed personally. I developed other questions which I inserted into other sections in the questionnaire (questions 19, 20, 23, 43, 46, 54 to 56), and added and incorporated single items to some of the SHARE questions (question 17 (parts 3 to 6), 24 (parts 5 and 6), 49 (part 6), 50 (parts 1, 9, 10 and 13)). The placing of these single items was based on the topic considered and the response scale which had been used for other questions being appropriate for the new item. For example, a question asking the pupils to indicate how easy or difficult it would be for them to get to a clinic was added to the list of SHARE questions concerning the pupils' view of their ability to use and obtain contraception (question 49 part 6). This item was added because, as noted earlier, I wanted information on the level of access pupils in each school had to such services. It was placed among these particular SHARE questions because it addressed a similar issue, and because the response set which had been used for these questions (i.e. of 'very easy', 'easy'...to 'very difficult') was viewed as suitable for the new question.

It is recommended that the first questions included in a questionnaire are those which are relatively simple, easy to answer and applicable to all of the respondents (May 1993). For this reason, the questionnaire was formatted so that the first two sections included the questions which would collect information on the pupils' home and family circumstances, demographic characteristics, levels of self confidence and perceived control, social networks, attitudes towards school and expectations about the future. The reason for these sections was based on the fact that the main aim of the study was to investigate how young women from different socio-economic backgrounds perceive teenage pregnancy and early motherhood. In addition, socio-economic background is not simply a factor which reflects an individual's circumstances; it is also a variable which can influence a young woman's perception of her identity, her abilities and her ambitions (Reay 1998, Skeggs 1997). Thus, both socio-demographic and personal information relating to how the pupils' viewed themselves and their futures was required.

These sections were followed by the section I had developed and which included questions concerning teenage pregnancy, early motherhood, etc. This meant that these questions were placed in the centre of the questionnaire, and this was felt appropriate as they were core to the aims of the research. This section started with the questions which would explore the pupils' attitudes towards the reasons for teenage pregnancy, and then moved onto those which would assess their views of early motherhood. This order reflected the fact that pregnancy occurs before motherhood. These questions were then followed by those which would elicit more

personal information concerning how the pupils viewed different contexts for motherhood and predicted how they would react if they became pregnant in the next month. The section ended with the questions which would gather information on the level of contact the pupils had experienced with teenage pregnancy and the different pregnancy outcomes. I felt it was important that these questions were placed at the end of this section as when answering them the pupils would think of specific individuals who had experienced a pregnancy or a particular outcome and this, in turn, might have influenced their responses to the other questions concerning teenage pregnancy, early motherhood and how they would resolve a teenage pregnancy.

The next three sections included the questions which would assess the pupils' level of sexual experience, sources of sexual information, contraceptive use and knowledge, and the views they held towards contraception, sexual relationships, motherhood and abortion. Thus, these sections would collect information on issues which were viewed as possible influences on a young woman's view of teenage pregnancy and early motherhood.

Again order was important. Johnson et al. (1994) argue that respondents should be asked to provide information on their sexual experiences before they are asked to voice any moral view or attitude concerning this behaviour. For this reason, the questions which would ask the pupils to detail their levels of sexual experience and

use of contraception were placed before those which would ask them to indicate the attitudes they held towards sexual relations and contraception.

The final sections included in the questionnaire would elicit information which was viewed as important but, if time was short and they were left unanswered, would not have major implications for the value of the survey data. These questions would collect information on issues which have been associated with levels of sexual experience, such as perceptions of peers' level of sexual experience, age at start of menstruation, and the pupil's own smoking and drinking behaviour.

Having completed the first draft of the questionnaire, this version was then given to my supervisors and fellow PhD colleagues for comment on its content and structure. It was also discussed on a one to one, item by item basis with Marion Henderson who was a member of the SHARE team and someone who had been heavily involved with the development and piloting of the SHARE questionnaire. This meeting provided the opportunity for me to discuss the questionnaire with someone who had recently undertaken survey work with young women in schools, and therefore was in an excellent position to comment upon its structure and appropriateness. Yet, whilst useful feedback was given at this pre-test stage, a good questionnaire must be understood by the audience for which it is intended (May 1993). Thus, a pilot was undertaken.

The pilot involved two schools (one private and one state) located in and around Stirling. In the state school, 43 pupils were surveyed at one time and this experience provided an insight into issues associated with classroom management and surveying groups of young women within a school context. In the private school, only 4 pupils were surveyed. This was because the head teacher had insisted that before any pupil could take part in the study, written permission from the pupil's parents was required. In both schools, the pupils surveyed were S4 pupils.

The pilot showed that pupils could complete the questionnaire independently and within a 50-minute school period. It also provided a data set which was coded into SPSS and explored in relation to whether certain questions had been missed and, if so, was this because of poor routing or the question being unclear. Consideration was also given to whether a question had nearly always been answered in the same way and therefore had poor discrimination or was simply not worth asking. Following this analysis, only one alteration was made. This involved changing the wording of one particular question from 'I would consider having a child outside of marriage' to 'I would consider having a child outside of a steady relationship'. This change was made because there had been very little variation among the pilot data in response to this question.

Another benefit to result from the pilot surveys was the opportunity to hold post survey discussion groups with pupils who had completed the questionnaire, in order

to hear their views on its content and structure, and to assess how they had interpreted and understood various terms.

None of the pupils who had completed the questionnaire in the private school agreed to take part in a discussion. However, as there was time at the end of the period to discuss the questionnaire, these pupils were asked to comment on the meaning of certain questions and to indicate any areas of confusion. All the pupils mentioned that they had found the questionnaire straightforward and based on their comments concerning how they had interpreted specific questions, had interpreted certain questions in the manner that I had hoped.

In the state school, four pupils went on to take part in a group discussion. This focused primarily on the questions I had developed. Comments made by the pupils implied that they had understood certain terms (e.g. 'unprotected' and 'contraception') and agreed with the use of the term 'abortion' rather than 'termination'. The pupils also commented that they had not found any of the questions too personal and felt that the layout of the questionnaire and the routing instructions were clear.

Clear routing instructions were viewed as helping to increase the reliability of the questionnaire. Methods commonly used by researchers to assess the reliability of their instruments are test-retest, split half and multiple form (Bowling 1991). Out of these three approaches, only the test-retest method would have been appropriate

here as the multiple form reliability is used when there are 2 instruments which measure the same attribute and the split half approach when items in the questionnaire have been divided into equivalent parts (Bowling 1991). However, the test-retest method also appeared inappropriate as it has been criticised and its usefulness questioned (see for example Bowling 1991, Moser and Kalton 1993)².

Thus, rather than assessing the reliability of the questionnaire, attention was given to how the reliability of the method could be ensured when conducting the surveys. Some of the approaches identified included using the same introductory talk and instructions each time the questionnaire was administered, and deciding that an attempt would be made to ensure pupils in each school and survey session completed the questionnaire under similar conditions.

3.5.2) The discussion group guide

The aim of the discussion groups was to explore the views the participants held towards teenage pregnancy and early motherhood. As when designing the questionnaire, when developing the discussion group guide (appendix 2) it was felt that a young woman's view of teenage pregnancy would be based on her view of reasons for this event. Thus, it was decided that the participants' views of teenage pregnancy would be explored by collecting information on why they thought some women conceive in their teenage years.

In order to appreciate the participants' views of early motherhood, it was felt that information needed to be collected on both their perceptions of this role and motherhood in general. This was because by comparing the views they expressed in relation to motherhood with those expressed in relation to early motherhood, a clearer picture would be gained concerning what issues the participants viewed as unique or particularly relevant to the latter.

When considering how the participants' views of early motherhood would be explored, it was also decided that information would be gathered on their general perceptions of this role and how they believed early motherhood would affect their own personal situation. This was because the main aim of the thesis stemmed from the wish to assess whether some form of subcultural acceptance towards early motherhood exists within deprived communities. Thus, I wanted not only to explore whether young women from different social and economic backgrounds varied in their general views of this role, but also in their views concerning how they thought early motherhood would affect them personally.

The discussion groups were also viewed as an opportunity to explore the participants' views of abortion and adoption, as it was felt such information would provide another basis for considering why young women from relatively deprived backgrounds are more likely than their relatively affluent peers to keep a teenage pregnancy. Considering the relationship which exists between socio-economic

background and teenage pregnancy outcome, the participants were also to be asked what factors did they think influenced the outcome of a teenage pregnancy in the hope that this would provide another basis for reflecting upon this relationship. Finally, I felt it would be interesting to hear the participants' views concerning how they thought the current prevalence of teenage pregnancy could be reduced. Thus, a decision was made to assess the participants' views towards this issue.

Therefore, in the end, the discussion groups were intended to collect data on the participants' views of abortion, motherhood, early motherhood and adoption; possible reasons for teenage pregnancy; and finally, what factors influence the outcome of a teenage pregnancy and how the current prevalence of this phenomena could be reduced.

Specific questions were formed in order to ensure that each topic area would be covered during a discussion group. In each case, the aim was to make the question as open as possible as this would encourage the participants to voice their views and, consequently, collect the range and depth of data which was wanted. Thus, the questions developed were 'what', 'why', 'when' and 'how' questions (e.g. what does being a mother entail/mean?, why do teenagers become pregnant?) rather than closed questions or questions which could elicit a yes/no answer.

Earlier it was noted that within the questionnaire, the questions concerning teenage pregnancy had been placed before the questions about teenage motherhood as this

reflected the natural order of events. When developing the discussion group guide, however, it was felt that the session should start by focusing on motherhood and early motherhood, and then teenage pregnancy. This was because I felt the participants would find discussing the views they held towards motherhood and early motherhood, easier than voicing what factors they viewed as explaining the occurrence of a teenage pregnancy.

Whilst it was felt valuable to explore the participants' views of abortion and adoption, what factors influenced the outcome of a teenage pregnancy, and how the current prevalence of teenage pregnancy could be reduced, this task was not viewed as central to the success of the discussion groups as it did not specifically address a particular study objective. Thus, the questions which had been developed to elicit such information were placed at the end of the guide, and after the questions which were to encourage a discussion of the possible reasons for the occurrence of a teenage pregnancy.

In order to assess the validity and completeness of the data which would be gathered using this guide, and to determine whether it would be feasible to cover such a range of topic areas within one school period, a pilot discussion group was held. This group was conducted with the four state school pupils who had been interviewed about the questionnaire and, as a double period had been given, actually immediately followed this discussion.

All the topics included in the guide were covered within one period. The discussion was taped and later transcribed. On reading and reflecting upon the transcript made, I felt little insight had been gained concerning how the participants viewed teenage pregnancy. The SHARE programme used a 'Reactions of Others' sheet to encourage pupils in the classroom to discuss how they and others would react to a teenage pregnancy. I felt this sheet would encourage participants to talk and would give some indication of how acceptable the participants' felt a teenage pregnancy would be within their social network. It was agreed that I could use this sheet during my discussion groups (appendix 3). This 'task' was added to the discussion group guide.

During this pilot discussion, I also asked the women for their opinions concerning how during the main study, pupils should be allocated to discussion groups, i.e. should I assign volunteers to each group or ask pupils to volunteer, along with their friends, to take part in particular discussion groups. As the pupils commented that they felt a more open debate would be achieved if each discussion group consisted of a group of friends, rather than a group of pupils who had volunteered individually, it was decided that the discussion groups would be 'participant' rather than 'researcher' allocated. This decision was also supported by Lees's (1986) observations. During this discussion I also asked the pupils how I should physically present myself during the study. Whilst this last point may initially appear trivial, Delamont (1992) argues that self presentation is crucial since it influences the data

collected. Having heard their views, I made an informed decision to dress 'smart but causal'.

3.5.3) *The interview guide*

Initially the intention was to begin each interview with a single statement asking the interviewee to describe her experiences from the time she realised that she was pregnant to the outcome of her pregnancy or, if she was still pregnant, to the time of interview. Whilst this approach was very simple, it was viewed as appropriate since it would be the interviewees' accounts of their experiences during this period, which would provide information on what factors and events may influence the outcome of a teenage pregnancy. Furthermore, it was felt that the interview should be kept as open as possible, as this would help to ensure that the interviewees mentioned all factors and events which they felt had influenced the outcome of their pregnancy. In addition, the intention was to ask the interviewees to recount their pregnancy careers rather than to respond to direct questioning, since the process of recounting a story can aid the recall of information (Graham 1984).

A pilot was undertaken in order to determine whether this approach would elicit the information required. This pilot was also used to assess the feasibility of contacting young women through medical services, as it was arranged through a family planning clinic/health practice based in Stirling. Unfortunately, this pilot led to no

interviewees and, having contacted several clinics in Edinburgh, I became aware that the whole idea of piloting the process of contacting young women was impossible since each clinic appeared unique in its organisation and structure. Hence, the piloting of the interview and the method of contacting possible interviewees was abandoned. However, the study design, the statement, and the information sheets which were to be given to clinic staff to pass onto possible interviewees (appendix 4), were all discussed with professionals who had worked with young mothers, e.g. family planning staff, general practitioners, fellow researchers and with a family planning counsellor who had experienced an abortion at the age of 17. In addition it was accepted that the approach might be altered as the study progressed and that this stage of the project might lead to very few interviews. This last point was viewed as disappointing but not as having major implications for the value of the main study, since the interviews did not address the main aim of the research but a secondary aim.

In the end the approach was altered following the completion of the first interview, as it had been clear that the interviewee did not feel comfortable with the high level of flexibility this method gave, and required more structure in order to discuss her experiences and thoughts.

When revising the approach, the idea of taking the interviewee from the time she conceived to the outcome of her pregnancy was maintained. A guide was produced which started with a prompt which would ask the interviewee to describe when did

she realise that she was pregnant. It then moved on to other prompts concerning how the pregnancy was confirmed, how the interviewee felt during this time, and when and how an outcome decision had been made. Prompts were also added concerning how others had reacted, whether alternative pregnancy outcomes had been considered, and whether the interviewee felt her decision had been influenced by any particular person or event.

As a woman's current situation may influence her account (Smith 1994), a prompt was added which would remind me to ask the interviewee whether she felt her current status (as a young mother, someone who had recently experienced an abortion or as someone who was currently pregnant) influenced her views of abortion, early motherhood and adoption. In light of the literature which argues that young women may enter motherhood in order to create a role for themselves (e.g. Buchholz and Gol 1986, Ineichen 1986), I also added a prompt which would remind me to ask the interviewee how her pregnancy had changed her situation.

Finally, having conducted one interview I had found myself wondering why the interviewee had agreed to take part. Thus, at the end of the guide, a reminder was added to ask what had encouraged the young mother to take part in the study. This addition was also made because I thought exploring this issue would be interesting and useful in terms of future work.

As I was aware that I would be interviewing three different groups of interviewee, three different versions of the guide were made to ensure that the questions asked reflected the interviewee's situation at the time of interview. Each version was very similar and addressed the same issues, for example, whilst the prompt used for the young mothers was 'When did you decide that you would keep the pregnancy?', the prompt used for interviewees who had recently aborted a pregnancy was 'When did you decide what you would do?' (appendix 5).

Therefore, whilst initially a single statement was designed to begin the interview, following the first interview, a guide was available. The extent to which this guide was used is discussed in Chapter Four.

3.5.4) The relationship between the pupils' questionnaire, the discussion group guide and the interview guide

As the interviews were undertaken in order to address an objective which was not addressed using the other methods, this guide was developed independently of the questionnaire and discussion group guide.

Although the other methods would both gather information on young women's views of teenage pregnancy and early motherhood, and were developed over the same period, both the questionnaire and discussion group guide were developed

independently of one another. This was because, even though similar issues were to be explored, it was felt that each approach would take a different angle. For instance, whilst the questionnaire would assess the pupils' attitudes towards reasons which have been noted within the literature as possible explanations for teenage pregnancy, the discussion group guide would ask participants to voice what factors they felt could explain the occurrence of a teenage pregnancy. In addition, each method was to gather information which would not be collected by the other, and therefore needed to be considered independently and in light of the purposes for which it had been specifically employed.

3.6) *Summary*

In this chapter, consideration has been given to the rationale behind the employment of various methods, and to the advantages and disadvantages of using a mixed methods approach. Attention has also been given to the manner in which the methods employed in this research were viewed as relating to one another, and as providing data sets which complemented and aided the analysis of information gathered. Although the methods and data sets were used in a complementary and supporting manner, it was explained that each instrument was developed independently of the other approaches.

Having discussed the thinking behind the approaches used and their development, and indicated the manner in which they were employed, the next chapter will outline how the data were collected and analysed, and what practical experiences and ethical issues arose whilst undertaking the research.

¹ Triangulation may not only involve methods and data but also investigators and theories (Denzin 1970). Here, however, only between-method triangulation will be discussed, as it was only in this form that this technique was employed in this research.

² The test-retest approach involves administering the questionnaire to same population on two occasions, and comparing the data collected. If similar answers are provided during each survey, the instrument is viewed as reliable. However, the test-retest approach has been criticised as responses given during the second survey may be influenced by the respondent's experience of the first survey, and during the time between each survey, a respondent's view may actually change (Bowling 1991).

Chapter Four

Conducting the Research: Data Collection and Analysis

The purpose of this chapter is to discuss the ways in which the pupils, discussion group participants and the young mothers were contacted; to describe how the methods of data collection detailed in the previous chapter were used and the data analysed; and finally, to discuss the ethical and practical issues which arose during the research process. The chapter has been structured so that all of the research relating to the pupils' questionnaire and discussion groups is discussed prior to the work undertaken with the young mothers.

4.1) *Experience in the schools*

4.1.1) *Study design and sampling*

In the context of the Government's target to reduce the rate of conception among young women aged under 16 by at least half by the year 2000 (DoH 1992), and in acknowledgement of Russell's (1982) comments that women under the age of 16 should be considered separately from women over the age of 16 since the medical, social and educational implications of early motherhood differ between these two groups, it was decided that the study would focus specifically on the views of young

women aged between 15 and 16. This decision was also influenced by the fact that women in this particular age group are about to reach an age at which their position changes in relation to the laws concerning sexual rights, marriage, education and employment. Hence, women coming up to the age of 16 could be viewed as individuals who are on the boundary of adulthood and about to enter a new phase of their lives.

It was crucial to employ a sampling strategy which would enable relatively easy access to the target population. The time available was restricted both by the length of time I had and by the fact that the schools involved would soon be breaking up for the summer. In addition, Lees (1986) has noted the difficulties researchers can experience when attempting to contact young women. I considered contacting young women via social clubs, youth magazines or centres of further education but realised that, in each case, important segments of the population may not be represented. However, in Britain, all young people under the age of 16 have a legal obligation to attend school. As the majority of the population I was interested in were not of school leaving age, schools represented the most suitable means of contacting my sample. In addition, the school setting had certain characteristics which I believed would be of benefit to both the study and the pupils.

First, the physical structure of a school provides an environment where data can be collected and participants readily contacted. Second, the school setting is an arena in which young people can seek emotional support from adults and peers; a feature

which I felt could be important due to the potentially sensitive nature of some of the topics covered in the study. Third, since on average a child will spend up 15,000 hours in full time education (Rutter et al. 1995), a great deal of socialisation will occur within this setting. Hence, the impact of a young woman's schooling, as well as her socio-economic background, on her attitudes and behaviour was of interest and I believed that if the education system was used to contact my sample, this impact could be studied more effectively. I also felt that visiting schools would give me some insight into the relationships young women form with their peers, and I viewed this as a valuable opportunity as I was aware that a young woman's peer group may have a greater influence than her parents on her beliefs and behaviours (Moore and Rosenthal 1993).

However, although schools presented a way of gaining access to a population which, potentially, could provide a representative sample of young women, the aim of the study demanded that the sample selected included women from diverse social and economic backgrounds. Although such diversity could be found within a large sample, the sample design had to be practically feasible as well as theoretically desirable.

The size of the study was constrained by both time and money, and whilst acknowledging that pupils in the same school will vary in relation to their socio-economic background, I felt that the most suitable means of achieving this diversity

would be to purposively select schools from extreme ends of the social spectrum. Thus, a linked case study approach was adopted (Yin 1994).

To ensure that the final sample included women from diverse socio-economic backgrounds, the head teachers of two state schools (selected due to their low staying on rates and the high percentage of pupils who qualified for free school meals) and the head teachers of two private schools (selected due to their funding status and low percentage of pupils boarding) were approached¹. All four of the schools approached were located within Lothian Region. While selecting the private schools an effort was made to approach a single sex school and a co-educational school. Although Schofield (1965) discovered no difference in the sexual behaviour of young women who attend single sex schools compared to young women who attend co-educational schools, McRobbie (1991) states that there is a need for comparative information on the differences between young women attending single sex schools and young women attending co-educational schools.

In the previous chapter, in sections 3.5.1 and 3.5.2, it was explained that a pilot study was undertaken in two schools in order to assess the feasibility and effectiveness of the questionnaire and discussion group guide. While undertaking the pilot I became aware of the difficulties I could face in persuading head teachers to provide access, as during the pilot four state schools were approached and access denied before a school agreed to participate. Two of these rejections were based on the fact that the head teachers believed that their pupils had enough to cope with

since they were already involved in another research project and were working towards their GCSEs. The remaining rejection, however, was connected to the study's focus and based on the belief that parents would object to such a study being undertaken. Such rejections alerted me to the need to allow plenty of time for gaining access and to consider carefully how best to present the study and approach head teachers.

Head teachers were initially contacted by letter. This letter explained the aims of the study and detailed what the study would entail (appendix 6). Each letter was followed by a telephone call to establish the school's willingness to take part. Both state schools (Wellsprings Grammar and Greenbank Academy) and the private co-educational school (Redpath School) agreed to take part. Unfortunately, the single sex private school refused to take part. This refusal was based on the head teacher's view that the focus of the study would upset both his pupils and their parents. Two other single sex private schools were approached but again access was refused. One of these refusals was based on the study's focus, the other due to the fact that the school was already involved with two other studies and the head teacher believed that this was sufficient. The idea of approaching another private co-educational school was considered. However, it was felt that the three schools who had agreed to take part would provide a sufficiently broad sample to proceed and, since there were approximately a hundred possible survey respondents in each school, a sample which would be sufficiently large to enable the questionnaire data to be explored using various statistical tests.

Case studies have been used to illustrate and describe various social events, communities and settings. However, as a research method, the case study approach has been criticised. The two main criticisms of this method have been the apparent lack of rigor in the collection, construction and analysis of the materials which give rise to the study, and the limited extent to which findings can be generalised (Hamel et al. 1993). Yet, as Hamel et al. (1993) argue, the representativeness and value of a case will depend upon how the case is selected and the extent to which it provides the factors required to fulfil the study's aim. In addition, the variety of data collection methods usually adopted within a case study indicate a level of rigor and objectivity not always evident in the more 'restricted' approaches which tend to rely on a single method of data collection and, as Yin (1994) notes, the goal of case study analysis is not to generalise statistically but rather to expand theory and make analytic generalisations.

It was mentioned at the beginning of Chapter Three (page 90) that a number of data collection methods were employed and that schools were purposively selected. In addition, although the decision to involve more than one school was based on the need for a particular sample, it was also recognised that the inclusion of a number of cases would enable comparisons to be made and, subsequently, the uniqueness of and the similarities between each group to be revealed.

Lothian was considered an appropriate region within which to implement the study since, when the study was initiated in 1996, the pregnancy rate in this region for young women under the age of 16 appeared to be increasing; a trend in Scotland which was only apparent in the rates noted for Lothian, Greater Glasgow, Highland and Tayside. In addition, Lothian region includes a large number of private schools and state schools which increased the possibility of obtaining schools from extreme ends of the social spectrum.

Whilst the private school was located in the City of Edinburgh, the state schools were located in small West Lothian towns. This situation occurred for a number of reasons. First, at the time I was conducting fieldwork, the SHARE trial which was mentioned in the previous chapter (page 116), and to which my PhD studentship was linked, was being undertaken in Edinburgh. As this trial involved twelve of the state schools in the city, both of my supervisors advised that I approach state schools located outside of the city but within Lothian region. Second, although this decision may have introduced a number of confounding factors, e.g. inequalities in the provision of family planning services and health education targeting, selecting schools within different locations was not seen as problematic. This was because the questionnaire given to each pupil taking part in the study requested information on their views concerning how easy it would be to reach a doctor or obtain contraception. Hence, the existence of such factors would be highlighted in the data gathered. Third, considering schools outside of the city increased the number of schools which could be approached and thereby increased the scope for selecting

schools at diverse ends of the socio-economic spectrum. Finally, the geographical areas in which Redpath School, Wellsprings Grammar and Greenbank Academy were located varied in relation to local employment, access to public services and educational opportunities. Thus, the pupils from each school could be viewed not only as coming from schools which varied in relation to the socio-economic backgrounds of the pupils attending, but also from communities which experienced different social and economic conditions.

4.1.2) The pupils' questionnaire

All S4 female pupils within each school were asked to complete a questionnaire. As explained in Chapter Three (page 92), this questionnaire was used to collect information which would provide an insight into the lives and experiences of young women from diverse social and economic backgrounds, and the views they held towards teenage pregnancy and early motherhood.

In Chapter Three (pages 92-94) the reasons why a self-completion questionnaire was felt to be the most appropriate method for collecting the data described in the preceding paragraph, were detailed. One of the reasons noted was the fact that this approach would give the pupils complete anonymity and would provide some distance between them and myself. Such conditions were felt appropriate in light of the potentially sensitive nature of some of the questions, and considering young

women are often confused and unsure about their sexuality, and may feel threatened by a researcher who wishes to discuss their sexual behaviour and attitudes (Moore and Rosenthal 1993). Ironically however, the potential sensitivity of the questionnaire's content also meant that some contact was necessary and this requirement had implications concerning how the questionnaire was distributed.

Johnson et al. (1994) argue that when gathering personal information, contact between the researcher and the researched is important since potential respondents need to be convinced of the necessity for such questions before they are willing to take part. Hence, some degree of contact was necessary to ensure a good response rate was achieved and, to this end, the task of distributing and collecting the questionnaires was undertaken personally.

In addition to being concerned with obtaining an adequate response rate, another reason why I wanted to handle the questionnaires myself was because this task can be used as a way of getting to know one's sample (McRobbie 1991); an important feature since I intended to hold group discussions with a number of the pupils. Furthermore, by taking on this responsibility I was available to the pupils to answer any questions they had and removed the need for teacher involvement at this stage.

The survey was organised so that a class of pupils was surveyed at one time and visits made to each study school until every pupil had been given the opportunity to complete a questionnaire. At the start of each class any teachers present were asked

to leave the classroom in case their presence biased the information given or restricted the pupils' willingness to ask questions. Thus, the only roles the teachers had in implementing the study were to organise when the survey could be conducted and to disseminate information sheets which had been posted to each study school.

Information sheets were given to all potential respondents (appendix 7). Each sheet explained the aims of the study, the nature of the questionnaire, and set out to reassure each pupil that the questionnaire would be completely confidential and that she could refuse to take part if she so wished. The sheets were sent to each school one week prior to the time arranged for the first survey to be conducted within that specific school. This was to allow the pupils sufficient time to consider the study and to show their parents the information sheet if they wished to do so. The extent to which parents were informed about the study by the school was left to the discretion of each school. None of the schools involved sought parental consent.

Before each class completed the questionnaire I introduced myself, described what information the questionnaire would request, emphasised that the questionnaire would be completely confidential and anonymous, and requested a verbal consent to take part from all of the pupils. I also stressed the importance of each pupil answering the questions as accurately and honestly as she could, in the hope that this would reduce the fore mentioned problem of intended or unintended distortion of answers to sensitive questions. This introductory talk was a written introduction (appendix 8). Whilst this increased its formality, it meant each class received the

same information. I felt this was important as I believed the information I gave influenced the pupils' view of the study and, subsequently, their answers. Furthermore, as explained in Chapter Three (page 151), using the same introduction within each school and before each survey session was viewed as one way of increasing the reliability of the questionnaire.

Each completed questionnaire was placed in an unmarked envelope by the pupil. The envelope was then sealed and returned to me. Flyers, providing the telephone number of Childline and reminding the pupils that their guidance teachers were available to them if they needed advice or information, were also provided at this stage (appendix 9).

Absentees were left a 'questionnaire pack' which contained a questionnaire, an information sheet, a flyer and a covering letter requesting them to complete the questionnaire within school time and return the completed questionnaire in the pre-paid envelope provided (appendix 10). Teachers were also informed of this arrangement in person and by letter (appendix 11), and were asked to ensure absentees received these packs and had the time and space to complete the questionnaire.

Since all the questionnaires were identical, on receiving a completed questionnaire I wrote on its front cover the initials of the school, the date on which the questionnaire was completed and an identification number. In the case of the

'absentee questionnaires', this information was initially written on the back of the pre-paid envelope to be used. Once I received the posted questionnaire, this information was then transferred onto the questionnaire's front cover.

Having collected all of the questionnaires completed during a class, the next stage of the project - the discussion groups - was described to the pupils. This description emphasised that the groups would not be used to gather personal information but to explore issues around teenage pregnancy and early motherhood. I had not discussed this stage of the project earlier because I had not wished to complicate my first meeting with the pupils by providing too much information at once. In addition, it meant that the time available was spent on doing the survey rather than discussing the next stage of the study; a priority which I felt was appropriate as I wanted the pupils to complete the questionnaire in one sitting, and was willing to make an additional visit to the school to describe the discussion groups if necessary. Pupils who were willing to take part in a discussion group were asked to give me their name or, if time was short, to inform their guidance teacher that they wished to take part in a discussion group.

Immediately after each class a 'Researcher's Perceptions Sheet' was completed (appendix 12). On this sheet I noted the overall level of privacy given to the pupils while completing the questionnaire; and the interaction between pupils, between staff, and between pupils and staff. I also recorded my impressions of the school, the behaviour of the pupils, the number of times I had previously visited the school

and any queries which the pupils had raised. This information was noted so that the process of undertaking the survey was documented during the data collection stage. Thus, if differences were observed in the data gathered from different classes of pupils in the same school, the situation under which the data had been gathered could be considered as a possible reason for such differences. In order to relate the noted information to the questionnaires, the perceptions sheet was dated. In the end, during the analysis, I felt no need to refer to these sheets.

4.1.2.1) *Analysing the questionnaire data*

The questionnaire data were analysed using SPSS for windows version 7.5 (SPSS Inc. 1997). The questionnaires were coded in the sequence in which they were received. The data were 'cleaned' by manually checking each questionnaire had been correctly coded, and by carrying out a number of frequency checks and cross tabulations. The data were also checked for outliers so that these answers could be 'pulled back' in order to ensure that they did not distort the findings produced when undertaking multivariate analysis. These outliers were noted, however, since they may have reflected personal experiences rather than inaccurate answers².

Whether any of the choices provided by closed ended questions had received only a small number of responses was also considered. If a choice had received a small number and was similar to another larger category, then a new grouped category

was defined. Thus, for example, whilst pupils were asked to indicate whether they lived with their 'mother', 'father', 'step-mother', 'step-father', 'grandmother', 'grandfather', 'another women who is not my mum', 'another man who is not my dad' and 'school boarding house staff', these categories were reduced to 'living with both parents', 'living with one parent', 'reconstituted' and 'grandparents/others'. In addition to the data gathered on the composition of pupils' households, the only other categorical data which were altered following a frequency check were the data gathered concerning the pupils' predictions of how they would react if they were to become pregnant in the next month³, and the data collected concerning their housing tenure⁴. Having cleaned the data and made these alterations, the questionnaire data were then analysed at various levels using various techniques.

The questionnaire data were collected not in order to test a specific hypothesis but rather to provide an insight into the lives and experiences of young women from different social and economic backgrounds, and the views they held towards teenage pregnancy and early motherhood. Thus, the methods of analysis used focused on descriptions rather than testing explicit hypotheses. However, the study had entailed selecting particular schools so that the sample included young women from diverse social and economic backgrounds. Since the aim of the thesis was to assess the views held by young women from different social and economic backgrounds, differences and similarities between the pupils from each school were of interest. Tests of significance were used in many of the analyses in order to ensure that the patterns observed and interpreted were not simply chance variations.

The first analysis to be performed simply involved noting the frequencies and distribution of the responses given to each question. This analysis was undertaken considering the data set as a whole, and then focusing separately on data collected in each of the study schools. Although these analyses were useful, they simply enabled an overall picture of the sample to be gained and allowed the data to be explored at a very basic level. In order to explore the relationships between the variables of interest, bivariate and multivariate analysis techniques were required.

Factor analysis was used to reduce the dimensionality of the data collected. However, before this analysis was undertaken, correlation matrices and McQuitty's (1957) elementary linkage analysis were used as a way of exploring and preparing the data for this stage.

Since the correlation matrices were used as a step towards factor analysis, their purpose was to assess which variables grouped together to represent a particular concept or theme, rather than to determine how the variables influenced one another. Consequently, the matrices created consisted of variables which appeared to be measuring some underlying dimension or concept, e.g. measures of self esteem and locus of control were placed within the same matrix since both assessed some aspect of the pupil's sense of self. In addition to the careful allocation of variables, it was ensured that none of the matrices included any potentially independent variables, e.g. deprivation score or social class score.

Having created a number of matrices, McQuitty's elementary linkage analysis technique was used to highlight the relationships which existed between the variables placed within the same matrix. This analysis involved mapping the variables so that each variable had an arrow leading from it to the variable with which it correlated most strongly. Through this process, variables were grouped together and some indication was given concerning which variables could be affected by a common theme or underlying concept. Yet, whilst McQuitty's technique placed some structure upon the data, this technique did not translate this structure into a measurable form, i.e. scales were not created to reflect the groups which had been formed. In order to achieve this, factor analysis was undertaken.

Factor analysis was undertaken using SPSS. The results of the matrices and McQuitty's technique were used to guide which variables should be selected. Missing data were dealt with using the pairwise method and only factors which had an eigenvalue greater than one were selected. Variables were rotated using the varimax method. According to De Vaus (1993) the amount of variance explained by a factor can be increased by eliminating variables whose variance the main factors do not account for. Hence, before variables were rotated, each variable's communality was considered. As none of the variables had a communality below .2, no variable was excluded from the analysis on this basis.

The process of factor analysis reduced the data set to a number of factors. Although this meant some detail was lost, this reduction made the data set more manageable and produced scales which reflected and captured the complexity of the concepts which had been measured.

Having included all the variables which were considered suitable for factor analysis, whether there was a difference between the answers given by the pupils from each school, in relation to each of these factors, was assessed by comparing mean scores using a 2 sided t-test. This test was also used when comparing pupils on the basis of variables which had been measured on a continuous scale, for example, their age, the amount of spending money they had, how upset they thought they would be if they became pregnant in the next month.

For categorical variables, such as, who the pupil lived with and what her religion was, whether a significant difference existed between the Redpath, Greenbank or Wellsprings pupils was determined in most cases by simply comparing percentages using a chi-squared test. However, a Fisher's Exact test was used where numbers were small and there were only two categories. For example, a Fisher's Exact test was used when comparing the proportion of pupils in each school who had used contraception, and when comparing the discussion group participants' questionnaire answers with those of their peers in order to assess how representative the participants were of their fellow pupils.

When comparing means or using any of these techniques to determine whether a significant difference existed between pupils attending different schools, each comparison was made using the data from only two schools. This was done for all three possible combinations, i.e. Redpath pupils versus Greenbank pupils, Redpath pupils versus Wellsprings pupils, and Greenbank pupils versus Wellsprings pupils. When comparing mean scores, this approach was taken in preference to an ANOVA to test the null hypothesis that all means were equal because the schools had been purposefully selected and each individual comparison was of interest. When comparing mean scores using a 2 sided t-test, or comparing proportions using a chi-square or Fisher's Exact test, missing data were dealt with using the listwise deletion approach for the set of variables in each analysis.

The initial comparisons made between the pupils from each school focused on the deprivation and social class scores which had been calculated on the basis of the information they had given concerning their postcode and parents' occupation. This was to ensure that there were the expected differences between the pupils from each school in terms of their social and economic backgrounds. Comparisons were then made on the basis of the data which focused on the pupils' demographic characteristics, views, attitudes, knowledge and behaviour. Where items had been combined by factor analysis, comparisons were made between the factors rather than between the individual items.

When analysing the data in order to determine whether significant differences existed between pupils attending different schools, it was evident that the Greenbank pupils and the Wellsprings pupils were similar in relation to the majority of the dimensions which had been measured by the questionnaire. For example, no significant differences were found between these pupils in relation to their social class, age, religion; their expectations concerning the likelihood of them being employed, at university or with a child in four years time; and in relation to the level of contact they had experienced with teenage pregnancy, and their views of a teenage mother's ability to cope with motherhood, the implications of early motherhood, and how they thought they would react if they were to conceive in the next month. Thus, when it came to modelling the data in order to explore what influenced certain dependent variables, the data sets gathered from pupils at each of these schools were combined. This task was performed using SPSS and involved asking the programme to select the Wellsprings and Greenbank data sets, and omit the data collected from the Redpath pupils. However, if a difference was found between the state school pupils, the Greenbank pupils' data were treated separately from the Wellsprings pupils' data. For example, the Wellsprings and Greenbank pupils were found to differ in relation to the proportion of pupils in their school who had experienced sexual intercourse. Therefore, when it came to considering what might have influenced the state school pupils' experience of intercourse, the data collected from the Wellsprings pupils and the data collected from the Greenbank pupils were explored separately. As the Wellsprings and Greenbank data sets were combined only for the purposes of regression, a weighting frame was not required.

Regression analysis was used to identify factors which had influenced a particular view, behaviour or prediction. Having identified each factor, possible reasons why a particular difference had or had not occurred could be explored by considering whether these influential factors had also differed between the schools. For example, it was apparent that a significantly greater proportion of Wellsprings pupils than Redpath pupils had experienced sexual intercourse. Having explored which factors influenced the Wellsprings and Redpath pupils' sexual behaviour it was clear that, in both cases, the pupils' behaviour had been influenced by how sociable they were. As the Wellsprings pupils were significantly more sociable than the Redpath pupils, this difference presented a possible explanation for why a significantly greater proportion of the Wellsprings pupils than the Redpath pupils had experienced sexual intercourse.

When undertaking simple regression analysis, in order to decide which factors to place in a particular regression model, factors which appeared to be possible independent variables were placed into a correlation matrix. The correlation of each of these variables with the outcome of interest was assessed. All variables which appeared influential in this univariate analysis were then placed, together, into a multivariate model. If a variable was no longer significant when multivariate regression was undertaken, this situation was then explored. This task involved referring back to the matrix in order to see whether this variable had correlated with any of the other independent variables which had been placed in the regression

model. If a correlation was found, this was viewed as indicating that the variable was no longer significant because it was a confounding factor, and its apparent influence a reflection of a relationship which existed between it and another independent variable. Whether this variable was a confounding factor was then confirmed by placing both this variable and the variable with which it correlated into a multivariate model. If the variable remained insignificant, this interpretation was taken as being accurate.

When performing logistic regression again the significance of a possible independent variable was first assessed using univariate regression and then multivariate regression. However, as the dependent variable was no longer a continuous variable, instead of correlation matrixes being used to guide which factors should be considered, frequency tables and chi-square tests were used to establish whether there appeared to be a relationship between a possible independent variable and the dependent variable being considered.

The final technique to be used during the analysis of the questionnaire data was Kaplan-Meier survival analysis. This method was used because it enabled the age at which pupils in each school had become sexually active, and the proportion of pupils in each school who were sexually active at that age, to be considered simultaneously.

4.1.3) *The discussion groups*

The aim of the discussion groups was to elicit information on the participants' views of teenage pregnancy and early motherhood. In Chapter Three (page 95) it was explained that the discussion groups were used because they tend to elicit information on group norms and cultural understandings, and this level of information was viewed as desirable in light of the study's focus on social groups. This cultural or group emphasis was also supported by how the groups were formed. Originally, I had intended to randomly assign participants to particular groups. However, as discussed on page 155, my experiences during the pilot study led to the decision that the groups should be 'participant' rather than 'researcher' allocated. As this decision meant that discussions were held with groups of friends rather than groups of participants who had volunteered individually, the focus on exploring group norms rather than individual ideas was maintained.

There is no set rule concerning how many discussion groups should be undertaken. Calder (1977) suggests that a researcher should stop conducting groups when s/he can clearly anticipate what will be said. Having conducted two discussion groups in each school and looked at the data collected, it was felt that sufficient data to reveal the main differences and similarities across the groups had been gathered.

The interview guide described in Chapter Three, section 3.5.2, was used to guide the discussion (appendix 2). It was requested that all of the participants taking part

were pupils who had completed the questionnaire. An effort was also made to ensure that each group consisted of no more than eight participants.

The prerequisite of questionnaire completion was to ensure that questionnaires which had been completed by the discussion group participants could be traced. As discussed in Chapter Three, page 129, this tracing enabled me to determine the extent to which the discussion group data had been subjected to elite bias. This tracing involved asking each discussion group participant to write down her date of birth and postcode, then matching this information to that gathered by the questionnaire and in response to the same question. Once each discussion group participant's questionnaire had been traced, a new variable which indicated which pupils had taken part in a discussion group, and which discussion this had been, was created in the SPSS data file which contained the questionnaire data.

I was aware that some of the discussion group participants may have felt that this tracing enabled me to associate a particular questionnaire with a specific participant. However, both the questionnaire and the information used to identify the questionnaire were anonymous. In addition, although each participant wrote her date of birth and postcode in front of me, each piece of paper with this information was simply placed in the middle of the table. Hence, I did not know which piece of paper belonged to which participant.

In terms of the research, the response rates and later participation in discussion groups, this process of tracing the participants' questionnaires appeared to have had little impact. Although the fact that this information would be requested was not mentioned prior to conducting the discussion groups, no participant was forced to give her date of birth or postcode and none of the participants appeared to be concerned by this request. Furthermore, I asked for this information once the discussion group had been completed. Thus, this request was made once data collection (both in terms of conducting the survey and in terms of the discussion groups) had ended for those particular participants.

In addition to wanting to trace each discussion group participants' questionnaire, the prerequisite of questionnaire completion was also used to ensure that all the participants had experienced the same degree of 'study exposure'. Already noted is the fact that the questionnaire was used as a way of meeting the study participants and explaining the aims of the study. However, the questionnaire was also used as a means of setting the agenda since, according to Zeller (1993), a questionnaire can be used to sensitise the participants to the topics to be discussed. This belief is based on the principle of reactivity which implies that by asking certain questions, participants can be alerted to certain issues and thus will give more time and attention to these subjects before the discussion is undertaken. While such attention could reduce the validity of a survey or an experiment, Zeller argues that in the case of a discussion group such attention enhances the value of participants' comments since they have had time to reflect and consider the issues to be discussed. Hence, I

hoped that the time period between completing the questionnaire and taking part in a discussion group gave the participants the opportunity to reflect upon the issues of teenage pregnancy and early motherhood, and time to clarify their own views. In light of Zeller's comments, within each school an effort was made to undertake the discussion groups one month after the survey had been completed.

Each discussion was undertaken during school time and completed in one 50 minute school period. With the participants' consent, each discussion was taped. Each tape was later fully transcribed. At the end of each discussion, contextual factors and the process of conducting the discussion group were noted on a Researcher's Perceptions Sheet (appendix 13). I referred to these sheets when analysing the discussion group data in order to remind myself how many participants had taken part in the discussion, the extent to which the group had appeared to be friendship based and whether I felt there had been any tensions between participants.

4.1.3.1) Analysing the discussion group data

The analysis of the discussion group data involved a number of stages. Initially, each transcript was read and coded according to general themes which reflected the main areas covered by the discussion group guide, e.g. views towards teenage pregnancy, views towards early motherhood and the reasons for the current prevalence of teenage pregnancy. The transcripts were then re-read and themes

which had developed during the discussions noted. These included the participants' experiences at school, educational ambitions and contact with young mothers. Codes representing these themes were then developed and used to further analyse the data. Each transcript was then manually cut and data which had been coded under the same theme, and which had been collected during the same discussion group, placed together. As some of the data had been coded under more than one theme, multiple copies of each transcript were made. Each section of data was given an 'address' which indicated from which transcript and page it had been taken. In order that I could refer back to see in what context a particular comment had been made, a complete version of each transcript was kept. Having organised the data in this way, comments placed under the same themes were read in more detail and sub-themes which related to these developed. For example, data which had been coded as 'reasons for teenage pregnancy' were sub-coded as 'intentional/planned' and 'unplanned'. Having listed all of the themes and sub-themes under which the data had been coded, in order to ensure no theme had been missed or areas of data coded inconsistently, each complete transcript was read once more. In order to gain an overall impression of the tone and character of each discussion, I then listened to the tape recordings which had been made of each discussion. This was important as by this stage it had been some time since the discussions had been conducted, and when analysing discussion group data attention needs to be given to the picture created by a group as a whole as well as to the views expressed by individual participants (Kitzinger and Barbour 1999). Once satisfied that all of the data had been coded, the coded data were then pasted onto pieces of

A4 paper under headings which represented the themes and sub-themes which had been developed. As this task was undertaken with each individual discussion group transcript, and six discussion groups had been conducted, it resulted in six separate piles of organised, coded data.

While coding the data I had begun to reflect upon what the participants had said and develop some general impressions concerning their views and situations. However, as Mason (1994) notes, the process of coding data is only the beginning. I still had to explore what similarities and differences existed between the views held by participants in each of the schools, and to consider how the various themes related and what possible factors had influenced the views expressed and the level of data collected.

Instead of immediately attempting to compare and contrast data collected during each of the discussion groups, initially I compared and summarised data which had been collected during groups conducted within the same school. This led to three separate accounts being written, each one focusing on the views expressed by participants attending a particular school. I then compared and contrasted the results of the three analyses undertaken, noting any similarities and differences which appeared to exist between the expressed views and reported experiences of the Redpath, Wellsprings and Greenbank discussion group participants.

4.1.3.2) *The discussion group participants - who volunteered*

Both the first and second Redpath discussion groups, and the first and second Wellsprings discussion groups, included seven participants. Eight Greenbank participants took part in the first Greenbank discussion group, six in the second group.

Earlier in this chapter (page 184) it was noted that each discussion group participant was asked to write her date of birth and postcode on a piece of paper so that the questionnaires completed by the discussion group participants could be traced. Unfortunately, in the case of four of the Wellsprings discussion group participants, questionnaires could not be traced. Three of these individuals were participants who had taken part in the second Wellsprings discussion group. It could be that these participants had not completed a questionnaire, or had not given the correct postcode/date of birth information in the questionnaire or during the discussion.

As only seven female S4 pupils out of a total of eighty three female S4 pupils attending Wellsprings Grammar had not completed a questionnaire, it seems unlikely that four of the Wellsprings discussion group participants' questionnaires could not be traced because these participants had not completed a questionnaire. However, on my visit to conduct the first Wellsprings discussion group the teacher had forgotten that I was coming. In addition, during my visit to conduct the second discussion group, half the pupils who had volunteered to take part were not

available. On each occasion this led to pupils being asked to volunteer at the last minute and consequently, to participants being selected in a rather quick and haphazard manner. Hence, the request that only pupils who had completed a questionnaire could take part in a discussion may not have been implemented either by the teachers or by me. Despite this problem, questionnaires could be located for six out of the seven Wellsprings participants who had taken part in the first discussion group, and four out of the seven Wellsprings participants who had taken part in the second discussion group. Hence, some insight could be gained concerning the extent to which the Wellsprings discussion group participants were representative of their peers.

The representativeness of the discussion group participants was assessed by comparing the answers they had given with those given by their peers in response to a number of questionnaire questions. These questions were those which had gathered data on the pupils' socio-economic status; demographic characteristics; experience of school and expected future careers; sexual experience and contraceptive knowledge; level of personal contact with teenage pregnancy; and finally, the pupils' views concerning the costs of early motherhood and reasons for the current prevalence of teenage pregnancy.

The results of this analysis were used in three different ways: to assess who had volunteered to take part in a discussion; to determine how representative the discussion group participants' views, stated behaviours and knowledge were of their

fellow pupils; and finally, to gain a deeper understanding of why a certain view had or had not been expressed during a discussion. The last of these purposes is illustrated and drawn upon in Chapters Five and Six. The first two are commented upon here.

In each school no significant differences were found between the discussion group participants and their fellow pupils on the basis of mean social class scores; the proportion of their friends who were male, female, at another school, and had left school; their levels of self confidence⁵ and the number of individuals they knew who they could discuss personal issues with. There were also no differences between the participants and their peers concerning their views on extent to which motherhood is valued by society and by women; how willing they were to consider teenage motherhood or having a child outside of a stable relationship. There were also no differences concerning their views on abortion, the implications of early motherhood, how they thought they would emotionally react if they were to become pregnant in the next month, and how likely they were to expect that they would be mothers in four years time. In addition, it was evident that the discussion group participants' contraceptive knowledge was similar to their peers, as no differences were found when considering how knowledgeable they were of a young woman's right to medical confidentiality; the time period in which the emergency contraception should be used; and finally, the risk of pregnancy when having sex for the first time, when having sex standing up and when having sex using the withdrawal method. Thus, the discussion group participants were similar to their

school peers in terms of social class status, composition of friendship groups, views of motherhood and early motherhood, and their contraceptive knowledge. However, a number of significant differences did emerge and these differences did imply something about which pupils had volunteered to take part.

Based on the questionnaire data, both the Greenbank participants and the Wellsprings participants felt significantly more comfortable than their peers talking to their best friend about sex (participants' $\bar{x} = 1.53$ versus peers' $\bar{x} = 2.20$, $p < 0.05$ in both cases). No difference was found between the Redpath participants and their peers concerning how comfortable they felt talking to their best friends. However, based on the variable created through factor analysis and viewed as reflecting a pupil's level social interaction with her peers⁶, it was evident that the Redpath participants were significantly more sociable than their fellow pupils (participants' $\bar{x} = 0.04$ versus peers' $\bar{x} = -0.54$, $p < 0.05$). Among the Redpath pupils, the idea that the discussion group participants being relatively sociable was also implied when their sexual experiences were considered.

Pupils were asked to indicate whether or not they had experienced kissing, petting, oral sex and sexual intercourse⁷. When using a Fisher's Exact test to compare the discussion group participants' sexual experiences with those of their peers, it was evident that a greater proportion of the Redpath participants than their peers had experienced petting ($p < 0.01$), oral sex ($p = 0.01$) and sexual intercourse ($p < 0.01$)

(table 13). The experiences of Greenbank and Wellsprings discussion group participants were not significantly different from their peers (tables 14 and 15).

Table 13 *Redpath participants' sexual experience*

	Participant (%) (n = 14)	Non-Participant (%) (n = 72)	Row Total (%) (N = 86)
Kissing	14 (100)	64 (88.9)	78 (90.7)
Petting	13 (92.9)	37 (51.4)	50 (58.0)
Oral Sex	9 (64.3)	19 (26.4)	28 (32.6)
Sexual Intercourse	6 (42.9)	8 (11.1)	14 (16.3)

Table 14 *Greenbank participants' sexual experience*

	Participant (%) (n = 14)	Non-Participant (%) (n = 72)	Row Total (%) (N = 86)
Kissing	14 (100)	62 (86.1)	76 (88.4)
Petting	12 (85.7)	49 (68.1)	61 (70.8)
Oral Sex	5 (35.7)	22 (30.6)	27 (31.4)
Sexual Intercourse	5 (35.7)	26 (36.1)	31 (36)

Table 15 *Wellsprings participants' sexual experience*

	Participant (%) (n = 10)	Non-Participant (%) (n = 66)	Row Total (%) (N = 76)
Kissing	9 (90)	64 (97)	73(96.1)
Petting	7 (70)	57 (86.4)	64 (84.1)
Oral Sex	3 (30)	30 (45.5)	33 (43.3)
Sexual Intercourse	3 (30)	41 (62.1)	44 (57.9)

The only other differences to be found between the discussion group participants and their peers, and which implied something about who had volunteered to take part in a discussion, concerned the Redpath participants. These participants were significantly more likely than their peers to disagree with the statement 'teenage mothers can cope with being parents' (participants' \bar{x} = 3.64 versus peers' \bar{x} = 3.06, $p < 0.05$), and were also more likely to state that they would have an abortion if they were to conceive in the next month (71.3% (10/14) versus 33.7% (24/71), $p < 0.01$). In addition, compared to their peers, a greater proportion of the Redpath

participants knew of someone who had experienced a teenage pregnancy while under the age of 16 (64.3% (9/14) versus 28.2% (20/71), $p < 0.05$). This knowledge might relate to the fact that, based on Carstairs and Morris's (1991) DEPCAT index, on average the Redpath participants resided in areas which were significantly less affluent than the areas in which their peers lived (participants' $\bar{x} = 3$ versus peers' $\bar{x} = 2.10$, $p < 0.05$). However, the participants had classified 8 of the 14 women known to them, as individuals who had experienced a teenage pregnancy while under the age of 16, as 'friends'. Since the Redpath discussion groups consisted of groups of friends who had volunteered, together, to take part it is possible this greater contact was because the participants knew one particular individual who had experienced a teenage pregnancy.

Thus, overall the views and stated experiences of the discussion group participants were similar to their fellow pupils. Within each school data set there was some suggestion that the discussion group participants were the relatively open, sociable individuals. Yet, across the data sets collected in each school, there was no common factor which distinguished the discussion group participants from their peers. It is interesting, however, that the Redpath discussion group participants' views, stated experiences and knowledge varied from their peers more often than the Greenbank or Wellsprings participants' views etc. did from their peers. Considering these differences included level of sexual experience and personal contact with teenage pregnancy, this finding could relate to the focus of the discussion. For example, it is possible that because only 34 per cent (29/85) of the

Redpath pupils knew someone who had experienced a teenage pregnancy while under the age of 16, in order for a Redpath pupil to feel sufficiently confident or knowledgeable to take part in a discussion, such knowledge was required. Although all of the Wellsprings participants and all except one of the Greenbank participants knew someone who had experienced a pregnancy while under the age of 16, compared to the Redpath participants, this knowledge might not have been so important. This is because teenage pregnancy appeared to be a relatively familiar event to the state school participants as 85 per cent (63/74) of the Wellsprings pupils and 91.8 per cent (78/85) of the Greenbank pupils had such knowledge. The state school participants' contact with teenage pregnancy was not significantly different from their peers. Thus, it can be concluded that personal openness might be a factor which can influence an individual's willingness to volunteer to take part in a discussion and that, in some situations, the actual focus of the discussion may also play a role in this process.

4.2) The young mothers

4.2.1) The interviews

At the beginning of Chapter Three (page 90) it was noted that semi-structured interviews were held with young women who were currently pregnant, had recently entered motherhood or had recently experienced an abortion. It was also noted that

within this thesis, these women have been referred to as the young mothers or the interviewees.

The decision to include teenage mothers and women who had experienced an abortion was based on the fact that I wanted to explore both the pathway to early motherhood and the pathway to abortion. I wanted to do this because I was aware that the contingencies leading to a particular outcome can only be fully examined if both young mothers and women who have experienced an abortion are focused on, as this ensures women who were placed in a similar situation but did not reach the same outcome are also considered (MacIntyre 1977).

In addition to interviewing young mothers and women who had recently experienced an abortion, women who were currently pregnant but intending to keep the pregnancy were also interviewed. The decision to interview these women was made in the light of the literature which states that retrospective accounts may be influenced by the woman's current situation (Smith 1994). Therefore, by including both groups I hoped to gain some indication of how becoming a young mother had influenced the account given. The impact of an interviewee's current status was also explored by directly asking each interviewee during the interview whether she believed that her current status (as a young mother, someone who had recently experienced an abortion or as someone who was currently pregnant), influenced her views concerning early motherhood, abortion and adoption. There was no attempt to interview women who had surrendered their child for adoption as very few young

women now surrender their children for adoption (Phoenix 1991, Sobol and Daly 1992).

This stage of the study did not involve the study schools but was implemented with the help of staff working at four different medical settings located in the City of Edinburgh: two family planning clinics, a general practice, and an antenatal clinic. I had approached staff in the two family planning clinics since I knew these clinics were the main clinics in Edinburgh. Staff working in the general practice and antenatal clinic became involved because staff at the family planning clinics had suggested that I contact certain individuals, in each of these settings, who had undertaken research with young mothers.

It was hoped that this range of settings would ensure an adequate response rate. In addition, as each clinic/setting was known to have a particular clientele which varied with respect to socio-economic background, I also hoped that this coverage would ensure women from different backgrounds were contacted.

All the professionals working within each of these settings were briefed about the study. They were also asked to give information sheets to women who were under the age of 20 and were either currently pregnant, or had given birth in the last three months or had an abortion in the last three months. This time period was specified in order to reduce the possibly of recall bias. Women were not excluded on the basis of previous pregnancy experiences.

Three versions of the sheet were made so that sheets were tailored to the interviewee's current situation. Each version was very similar, however, and all explained the aims of the study, invited the individual to take part in an interview and stated that the interview could be conducted over the telephone or on a face to face basis (appendix 4). Women who were willing to be interviewed were asked to write their name and a contact telephone number or address on a tear off slip, and to return this slip to me, in the pre-paid envelope provided. Women who responded to the sheet were then contacted by telephone or by letter in order to arrange a suitable interview time and place.

The interview style adopted was based on the 'storyline' approach (Graham 1984). In Chapter Three (page 159) it was explained that 3 versions of an interview guide had been developed in order to ensure that the prompts reflected the interviewee's situation at the time of interview. The main purpose of the interviews was to enable the interviewees to recount the story of their experience from the time they realised that they were pregnant to the outcome of their pregnancy, or if they were still pregnant, to the time of interview.

All the interviews were taped with the interviewee's consent and later fully transcribed. Immediately after each interview notes were taken concerning how the interview had gone, where the interview had taken place and the level of privacy this setting had given. These notes were written on a Researcher's Perceptions

Sheet (appendix 14) and referred to when analysing the interview data in order to remind me of the context in which the data had been collected.

4.2.1.1) *Analysing the interview data*

The interview data were initially analysed biographically. This involved carefully reading the interview transcripts and presenting each interview as a case study. This approach was felt to be appropriate because each of the 'pathways' told by the interviewees had been so different and dependent upon the interviewee's own beliefs and situation at the time. Thus, I felt that the only way of capturing the uniqueness and individuality of each interviewee's experience was to present the data in this way. This approach also enabled the young mother's situation and pregnancy history to be detailed. Thus, it allowed each pregnancy to be contextualised within the framework of the interviewee's past and current situation, and meant that the pathway of each pregnancy could be followed from conception to outcome and in the light of any previous pregnancies the young mother had experienced.

Having completed this analysis, a number of drawbacks to using this approach emerged. First, whilst the aim of the interviews was to explore what factors may influence the outcome of a teenage pregnancy, these interviews were part of the wider project and the data collected from the participants had been analysed and

presented according to various themes, e.g. the participants' views of abortion, early motherhood and adoption. Thus, the data from the main study had been analysed thematically and this suggested that the interviews should also be analysed in this way. Second, whilst the case studies enabled the complexity and uniqueness of each interviewee's situation to be captured, general themes and issues remained separate and thereby prevented an overall picture of what had influenced the outcomes of these pregnancies to be gained. Clearly one way to solve this problem would be to provide a discussion at the end of the case studies detailing the similarities and differences between each interviewee. Yet, based on the aim of the interviews, the differences which were of interest were those which existed between the pathways of each pregnancy, not each young mother. In addition, this discussion would no doubt entail making comparisons across themes which had emerged from the various accounts. Whilst this in itself is not disadvantageous, it would mean the 'space' given within the thesis to the interviews would be quite considerable. Since the interviews were only an additional or secondary focus of the research, this allocation would not produce the correct 'balance'. Finally, presenting the data biographically gave the analysis a psychological rather than a sociological tone. As it was hoped that the findings of the research would have implications concerning how teenage motherhood could be addressed from a social and economic perspective, rather than from an individual or psychological position, this tone did not seem appropriate. Therefore, having analysed the interviews biographically, the process of analysing the data was undertaken once again but this time using a thematic approach.

This approach involved manually cutting and pasting the data under headings which reflect themes which had emerged when reading the interview transcripts, and then exploring and reflecting upon the data placed under each of these headings. While analysing the data in this way, a number of advantages to using a thematic approach became apparent. First, although the experiences of each interviewee varied, each interviewee had passed through various stages, e.g. confirmation of the pregnancy, informing others and deciding upon a particular pregnancy outcome. Thus, there were certain junctures through which every interviewee had passed and this provided a 'natural' framework within which the data could be analysed. Second, the thematic approach enabled themes which had emerged across the separate accounts to be drawn together and discussed, and consequently the factors which had influenced each stage of the pregnancy to become clear. This also meant that the interview data were presented in a less fragmented and individualistic manner. Third, it appeared that the outcome of each pregnancy had been influenced more by the young mother's social situation rather than by her own beliefs or personal biography. This finding is in keeping with the literature (Bracken et al. 1978) and analysing the data thematically helped to reflect this point. Finally, the thematic approach appeared to be more attuned than the biographical approach with the overall structure, aim and perspective of the research. Yet, like the biographical approach, this approach also had its drawbacks; the main one being the fact that analysing the data thematically prevented the experiences of each interviewee being fully documented and the pathway of each individual pregnancy being followed.

Having analysed the data using both approaches and considered the advantages and disadvantages of each, it was finally decided that the data would be analysed and presented thematically. This decision was based primarily on the fact that the interviews had been conducted in order to highlight what factors influence the outcome of a teenage pregnancy, and such factors were clearer when the data were organised in this way. This experience of analysing the data both ways indicated that there is no right or wrong way of analysing and presenting such data; the appropriateness of an approach depends upon the purpose and aims of the study.

4.3) The sequence of analysis and integrating the data sets

In this chapter, details of how the questionnaire data were analysed were given before those concerning how the discussion group data were analysed because the survey was completed before any discussion groups were held. In addition, when writing this chapter I felt it would be clearer if details concerning how data collected using a particular method had been analysed, directly followed the discussion concerning how that particular method had been employed. In reality, however, the discussion group analysis was actually undertaken before the questionnaire analysis. This was because both sets of data focused on similar areas and therefore it was felt that, consciously or subconsciously, knowing what the questionnaire data had

revealed could bias the analysis of the discussion group data which was more 'open' to subjective interpretation.

The interview data were analysed once all the interviews had been conducted. Since interviews were still being conducted beyond the time taken to collect the data in the study schools, this information was the last to be explored. This situation, however, did not appear particularly important since the interviews were viewed as existing alongside rather than *within the main study*.

It was important that each data set was analysed independently before any relating of the data sets was undertaken, as this sequence helped to ensure that each data set was analysed using the most appropriate methods and explored in its own terms. This sequence also meant that an understanding of the potential of each data set was appreciated before the technical task of relating the data sets was initiated. The independent analysis of each data set also meant that material was not overlooked due to the focus of the analysis being influenced by the analysis of another data set.

In Chapter Three, in section 3.4, it was noted that the discussion group data were used to illuminate some of the quantitative findings, and that the questionnaire data were used to assess the extent to which to discussion group data had been influenced by group dynamics and open to elite bias. The questionnaire data also provided information on the pupil populations from which the participants had been drawn and possible explanations for some of the views expressed by the

participants. It was also noted that the questionnaire and discussion group data were used in a complementary manner and that the interview data were used as another basis for reflecting upon the data collected in the schools.

The task of considering how the questionnaire and discussion group data sets could be linked was undertaken before either of these data sets were considered in light of the interview data. This was because some of the ways in which these two data sets were to be related would further an understanding of the material collected in the schools. For example, some of the questionnaire data would provide background to some of the qualitative findings, and some of the qualitative information used to illuminate some of the quantitative findings. This was not the situation when comparing the interview data with the other data sets. Thus, it was appropriate to first consider the questionnaire and discussion group data sets and then, having gained a clearer understanding of this material, to use the interview data for further reflection.

Both the questionnaire and discussion group guide had been developed in order to collect information on young women's views of teenage pregnancy and early motherhood. In order to appreciate how the two data sets could be used in relation to one another, I reflected upon the content of each and noted where similar issues had been explored with the pupils and the participants. For example, I noted that both the pupils and the participants had been asked how they would react if they became pregnant in the next month. Having done this, I then listed a number of

headings which reflected where the two methods had addressed similar issues, and under each heading listed the conclusions and findings which had been drawn during the analysis of each data set. This process was aided by the fact that when analysing each data set, I had documented and summarised findings and conclusions under various headings. Thus, prior to this stage, I already had, for example, descriptions of the participants' accounts of how they would react if they became pregnant, and tables which detailed the pupils' predicted reactions and which were accompanied by notes concerning what conclusions had been drawn when analysing these data. The information placed under each heading was then considered in order to assess where each data set could be used in a complementary manner, where the qualitative data could be used to illuminate some of the quantitative findings, and where the questionnaire data could provide background to some of the qualitative material. Having drawn together findings and data from each of the data sets, I then wrote a paper in which both the questionnaire and discussion group data were discussed and presented in a way which provided an insight into the views young women hold towards teenage pregnancy and early motherhood. It was through the process of writing and discussing the data sets alongside one another, that I gained a true appreciation of how the questionnaire and discussion group data complemented and supported the analysis of one another.

When relating the findings of the questionnaire and discussion group analyses, the questionnaire data and the discussion group transcripts were revisited in order to explore new ways in which the two data sets could be related. This process of

moving backwards and forwards between the data sets led to a range of areas which I had not predicted, being compared and contrasted. For example, I had not intended to explore the participants' views of their academic futures but when revisiting the discussion group transcripts I noted that some of the participants had described their educational ambitions and indicated possible reasons for the views they held. Thus, in the end, the discussion group data were used to provide a possible explanation for why the Redpath pupils were significantly more likely than the Greenbank pupils and the Wellsprings pupils to expect that they would go on to some form of further education.

Bryman (1992) observes that the manner in which researchers integrate data sets is not always planned in advance. Bryman argues that this situation is not problematic but actually advantageous, and reflects the fact that there are few guidelines on when and how quantitative and qualitative methods should be related. The fact that there are few guidelines meant I felt there was some level of flexibility concerning how the questionnaire and discussion group data could be used in relation to one another. Yet, the main reason I continued to consider this issue beyond the stage of data collection and the initial analyses, was because only once each data set had been fully analysed and viewed in light of the other, could I fully appreciate how each could be linked. This was because the openness of the discussion group method meant that a number of issues which were not included in the discussion group guide were discussed. Thus, prior to analysing the discussion group data I

would not have fully known the full range of possibilities which were available concerning how the two data set could be used.

When assessing how the interview data could be used as a basis for reflecting upon the questionnaire and discussion group data, I considered what issues had been discussed with the participants, what data had been collected from the pupils, and what insights the young mothers' accounts had given. This led to an awareness of how the interview data could be used in relation to the other data sets as it indicated 'common' areas for reflection.

When actually using the interview data to reflect upon the other two data sets, I simply used the interview data as another stance from which to consider the other material. So, for example, having explored the young mothers' accounts of the reasons for their pregnancies, I reflected upon the views the participants had expressed when discussing possible reasons for the current prevalence of teenage pregnancy. While doing so I noted that the pregnancies described by the young mothers could not simply be categorised as planned or unplanned, but that the reasons mentioned by the participants had implied that they viewed teenage pregnancies as either planned or unplanned. Thus, having considered the interview and discussion group data, I felt that the analysis of the participants' views had presented perhaps a too simplistic view of the factors which might explain the current prevalence of teenage pregnancy.

When using the interview data for further reflection, I considered the extent to which findings from the analysis of the interview data, discussion group data and questionnaire data were in keeping with the literature on teenage pregnancy and early motherhood. I did this because the interviewees were not viewed as representative of other young mothers, and therefore felt I should have another basis from which to consider the pupils' answers and participants' views. This meant that I would often consider each data set and then make a further comparison by referring to the literature. For example, having noted the findings from the analysis of the interview and discussion group material on the reasons for teenage pregnancy, I observed that a number of researchers (e.g. Ineichen 1986, Luker 1996, Trussell 1988) state that teenage pregnancies cannot always be categorised as either planned or unplanned. This observation furthered my view that the analysis of the participants' views had presented too simplistic an understanding of this issue. The process of comparing each data set and drawing upon the literature provided me with a basis not only for reflecting upon the data collected from the pupils and participants, but also upon the thesis as a whole.

Therefore the task of relating the questionnaire, discussion group and interview data sets involved a number of stages. These included initially analysing each data set, and then relating findings under areas which were common to the data sets being considered and reflecting upon other ways in which the data sets could be related.

4.4) *Ethical issues*

Permission to access schools was granted by Central Region Education Department and West Lothian Education Department. However, both departments insisted that access was conditional upon gaining consent from the head teachers of the schools involved. Permission was not sought from Edinburgh City Education Department since all of the schools approached and located in the city were privately funded and therefore independent.

Permission to contact young mothers and women who had recently experienced an abortion was granted by Chairman of the Lothian Paediatric and Reproductive Medicine Research Ethics Sub-Committee, and by medical staff working in the various settings which were involved. The medical ethical committee covering Central Region did not believe I required committee consent in order to approach young women in Stirling as I was only intending to interview three or four women in this area.

Although gaining the approval of various ethical committees was important, addressing the ethical issues involved in a research project involves more than gaining ethical consent from the relevant boards. It involves considering how the study could affect those directly involved and associated with the research; how the study could be conducted in order to protect the interests and well-being of these individuals; and finally, how the data will be analysed and disseminated so that the

views of those interviewed are accurately presented, whilst their right to anonymity and confidentiality is maintained (Mason 1996). Hence, ethical issues need to be considered before, during and after the implementation of a project. In light of this, it seems appropriate to discuss how the methods of data collection and analysis used in this study worked in practice.

4.5) Putting it into practice

In Chapter Three (section 3.1) when discussing why particular methods of data collection had been employed, it was evident that methods were chosen on the basis of the information required, the context within which the study was to be implemented and with consideration for the pupils', participants' and young mothers' needs. Thus, methods were chosen for both technical and ethical reasons. This dual purpose is apparent in the following discussion as both the practicalities of undertaking the project and the ethical issues which were raised whilst doing so, are discussed. Since the research divides into discrete stages, e.g. planning, gaining access, fieldwork and the dissemination of results, as a project progresses the practical and ethical issues change. In light of this point, the following discussion has been organised according to these various stages.

4.5.1) *Planning the proposal and developing the idea*

When I initially started to formulate my research aim and to discuss the project with family, friends and colleagues, I was always amused by the embarrassment, shock or smile my topic received. What was it about teenage pregnancy and early motherhood that was so shocking or amusing? I suspect such responses stemmed from a number of sources: teenage motherhood is an issue on which everyone has an opinion; teenage motherhood is a role which is socially and politically stigmatised; and finally, teenage motherhood encapsulates two issues which some people may feel unsuitable for study - teenage sexuality and motherhood. Whatever the reason each response reminded me that the manner in which I presented my work would be important both from the point of view of encouraging others to give their support, and with respect to the degree to which my topic area would be viewed as a serious and creditable research topic or as a 'fashionable' interest.

The range of responses elicited also encouraged me to consider how my work should be presented since it highlighted the fact that the sensitive nature of a piece of research resides less in the topic itself, and more in the relationship between the topic and the social context in which the research is conducted (Lee and Renzetti 1993). Hence, as Lee and Renzetti (1993) argue, the sensitive nature of a particular topic may not be entirely predictable since what may be considered threatening by one group of individuals may not be considered threatening by another. Thus, when attempting to gain access to my samples of young women, I considered what

concerns the pupils, participants, young mothers, teachers, medical staff and ethical committees might have in relation to the project's focus and methodology. I then thought how best to describe and implement the study so that these concerns were minimised. This is not to say that I provided each group with a different or limited version of my proposal. Rather it means I aimed to increase the likelihood of schools and individuals agreeing to support my research by providing each individual with information which I felt would address his/her particular concerns. For example, I predicted that head teachers would be concerned with how staff and parents would view the study, and how the research would impact upon staff workload. Thus, when writing to the head teachers I emphasised that I would be willing to discuss the study in person with them, their staff members and parents of pupils, and would conduct the study in a way which would not increase teacher workload. In contrast, when writing the information sheets which were to be given to potential interviewees, I mentioned that the interview could be conducted at home, elsewhere or over the telephone, and that any information provided would be treated as confidential, as I thought such factors would be of concern to young mothers.

4.5.2) Gaining access and reaching the interviewees

In order to conduct the study within a school setting various individuals needed to be informed: officials in education departments, head teachers, teachers and pupils.

This array of individuals reveals the 'hierarchy' of gatekeepers a researcher may face when attempting to gain access, and highlights the fact that access is a process which occurs on various levels. Acknowledging this hierarchy also encourages one to consider why so many individuals need to be informed, and whom such a hierarchy benefits.

Independent of the official need to seek such support, when seeking ethical approval I often wondered if I sought such consent because I believed it helped to protect the interest of potential respondents, protected the interests of the school, or to protect the 'professional' and ethical image of social research. I also wondered if such consent was sought in order to protect my own well-being and professional credibility as on gaining this support my work received some form of external approval and, consequently, gave me a greater level of confidence with which to enter the field and conduct the study.

Earlier it was mentioned that consent to contact pupils was given by Central Region Education Department and West Lothian Education Department, and that in the main study three out of the four head teachers initially contacted by letter consented to my access. This letter not only stated the aims of the study but also stressed that I did not expect an answer straight away. It also emphasised that I was willing to negotiate the conditions of the study and send the head teacher a copy of the questionnaire before the survey was undertaken. Hence, my approach was flexible and I sought a 'progressive' rather than 'once and for all' consent.

Whether such flexibility was beneficial is unclear. The three schools which agreed to take part gave this support without requesting a meeting or a copy of the questionnaire. The school which refused did request a meeting and a copy of the questionnaire. The meeting lasted for over an hour and an interest in the project was shown. However, on receiving the questionnaire, access was refused.

The reason for this refusal was because the head teacher viewed the focus of the study as too sensitive. This view may reveal why this particular head teacher wished to deal with me directly. In contrast, the head teachers of the other schools had immediately passed my letter onto their head guidance teacher and asked me to negotiate any further requests directly with these individuals. This would imply that these head teachers did not view the study as problematic. It also meant that, in the schools which eventually were involved in the study, a copy of the questionnaire and the precise details of how the study would be undertaken were sent to the head guidance teacher, not the head teacher. Thus, in these schools the final decision concerning my access lay in the hands of those who, I imagine, had a greater insight into my topic area and possibly a greater appreciation for the need for such a study. It is also worth recalling that none of the schools which took part in the study sought parental consent as this implies that staff within these schools did not view the study area as problematic; although there is the possibility that this situation may reflect a feeling among the teachers that they could make a decision on behalf of the parents, and/or felt the pupils themselves were sufficiently mature to make their own

decisions concerning whether or not they wished to take part. This last point is supported by the fact that the Redpath guidance teacher stated parental consent had not been sought because, as far as she was concerned, if the pupils wanted their parents to be involved they could show them the information sheet.

However, it has been noted that the school which refused was an all girls' school, and that after this refusal two other all girls' schools were approached but also refused access. Thus, it does appear that the head teachers of all girls' schools are particularly protective of their pupils and their reputation.

A similar 'hierarchy' of access was faced when attempting to contact young mothers. Before potential interviewees could be contacted, support needed to be gained from the Chairman of the Lothian Paediatric and Reproductive Medicine Research Ethics Sub-Committee, and from medical staff working in the various settings selected.

The idea of interviewing and contacting young women was first explored with the medical staff who had agreed to approach potential interviewees on my behalf. As in the case of the head teachers, initially staff were contacted by a letter which, in addition to stating the aims of the study, stated that I would be willing to discuss the study in person. Each staff member approached requested a meeting and only agreed to take part in the study having been reassured of various conditions, e.g. university headed noted paper would be used and a copy of the information sheet

would be sent prior to commencement of the interviews. Hence, I believe in this case, flexibility and willingness to discuss the study had aided my application for access.

At first it appeared that the request for a meeting and for various conditions to be met was made because staff were concerned with the impact my study could have on the well-being of their clients. However, since such meetings and requests did not focus on the method of data collection to be used, but rather on the content and style of the information sheet, I felt that such requests were made because these individuals believed they had superior knowledge concerning the manner in which young women would respond to the study. This they may have had since key staff members in each setting had previously undertaken research with young women, and this was an area in which I had not previously worked. However, I also felt such comments were made because they gave each practitioner a sense of being involved with the study, and having some control over maintaining professional standards and the practice/clinic's image.

In contrast to the medical practitioners, the Chairman of the Lothian Paediatric and Reproductive Medicine Research Ethics sub-committee readily consented to my study being undertaken. I believe that this willingness was due to a number of factors⁸. First, during my application I highlighted the intention to use a flexible, unstructured interview technique which would allow the interviewees to define the boundaries of the discussion. Second, I stated that the interview data would be

treated as confidential, and described the manner in which potential interviewees would be contacted. This last point meant that the committee was informed that potential interviewees would initially be approached by medical practitioners, i.e. by individuals who were deemed able to determine which young women would be able to cope with an interview. Finally, within my application I had stated that I had already gained support from the medical practitioners who would be involved. This information may have removed any concerns the committee had in relation to how these practitioners would feel if access was given.

4.5.3) Meeting potential respondents

As mentioned on page 171, pupils were first informed about the study through an information sheet. This indirect contact meant pupils could consider the study in their own time and helped to ensure that, on meeting the pupils, these individuals had some knowledge of who I was and the purpose of my visit.

When visiting each school the pupils did appear to be familiar with the study and aware of who I was and what my intentions were, e.g. even before I said anything I could hear female pupils informing their male peers that the study did not concern them. Since the information sheet only gave a basic overview of the study, before asking the pupils whether they wished to complete the questionnaire a more detailed description of the study and the questionnaire's content was given. The purpose of

this more detailed description was to ensure that each pupil would be able to give informed consent concerning whether or not she wished to take part in the study. However, in any research project the ability to gain informed consent is hindered by two factors: first, the fact that this task does not occur within a vacuum but within a social context, and second by the extent to which a respondent can be 'informed' (Dean 1996).

Although I stated clearly that no pupil had to complete a questionnaire, I was aware that some of the pupils may have felt pressure from both their peers and their teachers to do so. It appeared that groups of pupils rather than individuals consented to take part, and even though teachers were asked to leave the room their presence could still be felt. In addition, on one particular occasion the teacher in charge insisted on hustling the pupils into a room and requesting that the pupils complete the questionnaire with minimal fuss. On this occasion this teacher also repeatedly came into the room whilst pupils were completing the questionnaire, even though I had stressed I would prefer it if she remained outside.

Such events highlight some of the problems which can arise when conducting research within a school setting and, to some degree, are unavoidable. In order to address such issues, in addition to stressing to the pupils that no individual had to take part and asking teachers to leave the room, I also told the pupils that their teachers would not be informed of who had or had not completed a questionnaire. I also tried to associate myself more with the pupils than with their teachers by

introducing myself as a student, using my first name, dressing fairly causally, and overtly stating that I was not a teacher but a researcher and therefore could not make any demands upon the pupil's time.

The attempt to associate myself primarily with the pupils was also made in the hope that this would reduce the hierarchy which can develop between a researcher and his/her respondents (Oakley 1981). However, I was aware that no matter how I behaved in relation to the pupils, I would still have greater control of the situation since I knew what information the questionnaire requested and how this information would be used.

While I described the questionnaire's content and indicated the type of information which would be sought, I doubt whether such details really enabled the pupils to make an informed decision concerning whether or not they wished to take part. No description can fully detail the contents of a questionnaire, and no individual can completely predict how s/he will react to certain questions. In order to resolve this issue I informed each pupil that she could leave the study at any stage, and could choose not to answer certain questions if she wished. Hence, once again, the practice of gaining 'progressive' consent was applied.

When consent was sought concerning participation in a discussion group, I felt the issue of ensuring that this consent was informed was less problematic as by this stage each pupil had a fairly clear idea concerning the study's focus.

Requesting consent from the young mothers was aided by the fact that these individuals had actively responded to a letter. Thus, the young mothers appeared to be women who were sure that they wished to be interviewed. In addition, I felt it was unlikely that this decision had been influenced by the expectations of others since this letter focused solely on the young mother, and because I doubt that any of the medical practitioners involved would have placed pressure on a young woman to take part. Yet, I was aware that the young mothers may have found it difficult to refuse a request which was being made by someone who was currently helping them. As Smith (1992) notes, even if potential interviewees are offered a free choice to take part, their position in relation to the individual making the request may influence the extent to which they feel they should comply. Thus, on meeting each interviewee, before starting the interview I checked her willingness to take part. Only once I was sure the interviewee was willing to take part, did I start the interview. When requesting consent from the young mothers I was also aware that the interviews aimed to elicit their personal views and to explore potentially sensitive issues such as, the experience of abortion. This meant that it was particularly important that the interviewees had sufficient information to give informed consent. I was also aware that the use of a semi-structured interview technique would create a direct relationship between the interviewee and myself, and therefore increase the intensity of the interview situation. Hence, prior to starting any interview, and in addition to assessing the interviewee's willingness to take part, I informed each interviewee that she could refuse to answer a question if

she wished and could stop the interview at any time. None of the interviewees did this, however.

Thus, the well-being and concerns of the pupils, the discussion group participants and the young mothers were protected during initial meetings and via the clarification of their rights. However, their well-being and concerns were also protected by the methods of data collection employed and by the settings in which the data were gathered.

4.5.4) Collecting the data within the schools

The use of a self-completion questionnaire gave the pupils anonymity and privacy. Anonymity was also given through the use of unmarked envelopes, and privacy created by requesting pupils to space themselves out and sit at separate desks while completing the questionnaire. The pupils were reassured that the data would be treated as confidential and would not be shown to their teachers, parents or peers. I also mentioned that I would personally code and handle the information. Interestingly, despite such measures and reassurances it appeared that some of the pupils were still concerned about providing the information requested.

Nine of the pupils did not write their date of birth, and eight of these also left the question requesting postcode information unanswered. Eleven other pupils also did

not state their postcode. Based on comments written in the questionnaires, such omissions appeared to arise from the pupils believing that this information would be used to trace them. For example:

'I feel uncomfortable about writing date of birth and postcode in case they can be traced up.' (Wellsprings pupil)

'I thought it was meant to be confidential. Well how come you have to give your D of B and postcode then?' (Greenbank pupil)

As the questionnaire data were coded during the data collection stage, such comments were noted and explanations concerning why this information was sought added to subsequent introductory talks. To some extent these omissions and comments suggest that the decision to use an anonymous, self-completion questionnaire, on the basis that young women may feel uncomfortable discussing their sexual behaviour and attitudes, was correct.

Interestingly, the pupils who had omitted such information were willing to answer the questions which I believed would be 'sensitive', e.g. questions on sexual experience. This pattern of response suggests that the pupils were not so much concerned with giving the information sought but the possibility that such information could be traced. The answering of apparently sensitive questions, and the refusal to answer questions which appeared relatively straightforward, also highlights the point made earlier that the sensitivity of a topic depends upon the

individual's view of that subject, rather than on the subject itself (Lee and Renzetti 1993).

Some of the pupils did criticise the questionnaire for being too personal, and some negative comments were made. Yet, again, the questions which were viewed as being too personal were not necessarily those which I thought would concern the pupils, and the negative comments made appear to relate more to the questionnaire's structure rather than its content. For example:

'I don't like telling folk about my mum and dad's jobs because it is nowt to do with anybody.' (Greenbank pupil)

'I thought that some questions were really personal and some weren't really relevant.' (Redpath pupil)

'Although this asks you specific questions you find it hard to go into detail, e.g. I have 3 brothers but I only live with one, one of my friends have been pregnant 3 times - 2 miscarriages, 1 abortion.' (Wellsprings pupil)

In addition there was no indication that the questionnaire had directly upset any of the pupils; quite the opposite, all of the teachers reported that the pupils had enjoyed taking part in the study and the comments made by some of the pupils were very encouraging:

'I think this was a really good questionnaire as older people don't take the feelings and opinions of teenagers into consideration. They judge people before hearing their opinions or feelings.' (Redpath pupil)

'I think the questionnaire was very out front. I really enjoyed answering the questions.' (Wellsprings pupil)

'I think this questionnaire has been very well thought out.' (Wellsprings pupil)

'This book helps people to be honest with themselves.' (Greenbank pupil)

'I think this questionnaire is good for young teenage girls because it lets you get everything out even if you are not talking to someone you are still getting it all out.' (Greenbank pupil)

Thus it appeared that for some of the pupils the task of completing the questionnaire had been a positive experience and viewed as an opportunity for the pupils to voice their views. This positive response to the questionnaire may explain why most of the pupils appeared to concentrate when completing the questionnaire. It could also explain why, when answering the questions which asked how honest and accurate their answers had been, 97 per cent of the pupils stated that their answers were 'completely/very' honest and 92 per cent stated that their answers were 'completely/very' accurate.

Overall, most of the pupils appeared not to have any difficulties in completing the questionnaire. Most took half an hour to answer all of the questions and this ability, plus the fact that whole classes were surveyed at one time and within each school over 90 per cent of the pupils completed the questionnaire⁹, meant that the questionnaire's ability to effectively gather a large amount of data was fully utilised. In addition, only five pupils gave answers which implied that they had been

confused by the questionnaire's content and unable to follow the filter questions. Furthermore, this confusion appeared to relate to a particular section of the questionnaire as, in each case, the pupils' apparent confusion was indicated by the fact that the pupil had stated that she had experienced sexual intercourse and had used a particular method of contraception, but had then noted a reason why contraception had not been used¹⁰.

The extent to which the absentees returned the questionnaires which had been left for them varied between the schools. Sixteen out of the nineteen questionnaires left for absent Greenbank pupils, one out of the eight left for Wellsprings pupils, and two out of the ten questionnaires left for Redpath pupils, were returned. This variation appeared to relate to how motivated the teachers were in organising the pupils as it was evident that the Greenbank teacher had proactively approached absentees, whilst the Wellsprings and Redpath teachers had been 'unable' to see the pupils who had been absent.

Earlier on page 163 it was noted that the school setting enabled a sample of potential respondents to be accessed relatively easily. The fact that over 90 per cent of the pupils in each school completed a questionnaire does indicate how efficiently and successfully the questionnaire data were gathered. The success of this stage of the study may also have been increased because questionnaires were distributed and completed during school hours as this allowed pupils to take part with minimal effort on their behalf. Yet, the school setting was not only considered an

appropriate way of contacting young women because of its physical structure, but also because schools are institutional units which can be easily selected on the basis of social and economic factors; a characteristic which was valued as I needed to ensure that the final sample included young women from diverse socio-economic backgrounds.

An individual's socio-economic background is usually assessed in terms of his/her social class and in terms of the social and economic characteristics of the area in which he/she resides (Bartley and Blane 1994). In this study, the pupils' social class status was based on the social class status of their parents which had been determined using CaSoc (Elias et al. 1993). CaSoc is a computer programme which classifies occupational titles according to the Register General's classifications of occupations (OPCS 1991). In situations where the pupil's mother's and father's social class score differed, the score indicating a higher social class status was taken to reflect the pupil's status. In order to classify the areas in which the pupils lived, area deprivation scores which had been calculated according to Carstairs and Morris's (1991) DEPCAT deprivation index, were assigned manually to the pupils' postcodes. The deprivation scores were provided by Philip McLoone from the Public Health Research Unit in Glasgow and were based on 1991 census data as described in McLoone (1994). Having calculated the pupils' social class scores and assigned DEPCAT scores to their postcodes, it was evident that the final sample did include pupils who were from social classes 1, 2, 3, 4, and 5, and that pupils resided in areas experiencing different levels of deprivation. The pupils' social class and

deprivation scores are noted in tables 17 to 20 in Chapter Five (pages 257-258). Hence, the idea of purposively selecting schools *in order to gain an appropriate sample* had been successful.

As explained in Chapter Three (pages 94-95) the decision to use discussion groups was based on various points: the need to explore both the participants' views and the rationale behind these views; the wish to use a method which was sufficiently flexible to enable ideas to be explored in-depth and in situ; the fact that discussion groups can enable participants to become co-researchers; and finally, because I wanted to explore social norms and values rather than individual views. The following extract illustrates that using the discussion group method did ensure that the first three of these four needs were met¹¹:

'I couldn't have an abortion.' (LH)

'Why?' (BH)

'I just, well, in English we done like a discussion essay on it and for that we had to do research and some of the things you find out about it, its totally barbaric, its horrible.' (LH)

'Aye but that's just one side of the story.' (BH)

'Aye that is just one side of the story but it's a side which totally put me off it.' (LH)

'Aye but when you get an abortion the baby is no even a baby yet.' (BH)

'Aye but some of them are.' (LH)

'They have got a brain by, what is it, by the time they are 6 months or something no?' (C)

'Some of them like can feel pain and that and some of the things that they do to them, ken, like when they are in your stomach.' (LH) (1st Greenbank discussion group)

Although a decision had been made to hold discussions with existing friendship groups, due to the organisational difficulties which were mentioned on page 189 and

related to the recruitment of Wellsprings participants, both the Wellsprings groups consisted of participants who had volunteered individually rather than individuals who had volunteered along with their friends. However, by comparing the data and atmosphere created during each group, the influence this situation had on the participants' interaction with one another did enable me to assess the implications of this arrangement. Conversely, this situation also enabled me to assess the extent to which choosing friendship groups had been beneficial.

To some degree the Wellsprings participants' did appear to be less willing to voice their opinions as, compared to the other participants, these participants had appeared relatively reserved. However, the Wellsprings groups still remained sites of 'collective remembering' and therefore the notion of dealing with a social group or network remained. For example:

- 'What, a friend of yours got pregnant?' (KT)
- 'Aye.' (group)
- 'She is in the year above us.' (D)
- 'And there is that wee lassie in the year below us.' (PT)
- 'Aye and she has just had a wee boy. Aye that Mary.' (group)
- 'And has she left school then?' (KT)
- 'Aye.' (group)
- 'But that Karen came back to school.' (D)
- 'Aye but her parents supported her.' (BH)
- 'Her mum didnae.' (PT)
- 'Aye but she does now.' (BH) (1st Wellsprings discussion group)

Interestingly, it appeared that the participants were aware the topic areas explored during a discussion were potentially controversial and hence, were willing to respect the views of others:

'I couldnae have an abortion. I am sorry but I wouldnae.' (S)

'I can understand how some people can.' (B)

'Aye if its a rape baby or if the baby is going to be really really deformed.'
(C)

'But you shouldnae think less of a person just because they didnae want to have the baby.' (S)

'No.' (group)

'No because it's everybody's own choice. If they feel it's no right to have the baby then maybe it's better being aborted because like they wouldnae really have much of a life anyway.' (B) (1st Greenbank discussion group)

One issue which perhaps was heightened by the fact that the Wellsprings participants were not surrounded by their friends was the issue of confidentiality. The group context meant that the agreement concerning confidentiality was no longer between the participants and myself, but also between each participant. However, none of the participants taking part in any of the groups appeared concerned with this issue. This lack of concern could relate to the above point which implied that the focus of the discussion meant individual views were respected. Alternatively, it could relate to the fact that participants were asked to share general feelings and predictions rather than to state specific, personal information; if any personal experiences were revealed, the giving of this information was initiated by the participant rather than elicited in response to a direct question.

I felt being female had aided my relationship with the participants. This feeling was based on the fact that the participants provided information which I believe would not have been revealed to a male researcher and because they appeared to view me

as a 'fellow female', a person who would understand their views and relate to the concerns they had. For example:¹²

'So you think guys have an easy time?' (KT)

'Oh aye.' (group)

'Aye they do. They didnae go through any pain of periods, they didnae go through all the pain of the birth, they didnae go through all the depression and that.'

'They didnae have to carry it about for nine month.'

'They didnae have to have a big fat belly and didnae have to get fat.'

'Loads of things.'

'Mood swings.'

'No, but they get the brunt of these things.'

'They get the other end of it.'

'That's the best bit.'

'That's the good bit.' (1st Greenbank discussion group)

Yet, a researcher's gender is only one characteristic which can influence the data gathered (Fielding 1993). Educational and socio-economic background are others and I have reflected as to whether my relatively middle class accent affected my interaction with the state school pupils and participants more than it did with the Redpath pupils and participants. No pupil or discussion group participant commented upon my accent, however, and during each discussion I felt participants were happy to voice their views to me. In addition, during the preceding discussion it has been apparent that the responses participants gave were elicited not only in response to my questioning, but also in response to questioning from group members. The fact that I was discussing topic areas which have implications for all women may also have cut across social boundaries since motherhood, as a topic, is classless in that a researcher can talk to any woman about motherhood regardless of her social background (Ribbens 1989). However, my relationship with the pupils

and discussion group participants may have been influenced by my age. Furthermore, this influence may have differed between pupils and participants from each school due to the expectations they held concerning the roles of women. For example, while it appeared that the Redpath participants, like myself, did not consider the idea that I may be married, the following remark made by some Wellsprings participants clearly implied that they had not considered I would not be:

‘What would your Dad do?’ (looking at me and asking how my father would react if I was to become pregnant)

‘He would be upset.’ (KT)

‘What, at your age?’

‘Yes.’ (KT)

‘Are you not engaged or married though?’

‘No.’ (KT)

‘Wow, good for you.’ (1st Wellsprings discussion group)

This quote reveals that, when asked a direct question, I responded. Whether a researcher should reveal personal information during a discussion group or interview has been debated within the literature (Fontana and Frey 1994). Some researchers believe it is ‘unprofessional’ to do so, others believe it is ‘unethical’ not to. I, however, believe that the decision does not always lie in the hands of the researcher. Although before entering into this discussion group I had planned to defer any questioning directed to me personally until after the interview, when faced with a group of individuals who clearly would have resented such deferral, I saw no option but to provide an answer.

4.5.5) *Conducting the interviews*

In total, eight young mothers were interviewed. Initially I had hoped to interview at least ten women who had recently become pregnant, entered early motherhood or experienced an abortion. However, the interviews conducted gave a valuable insight into the decisions made by young pregnant women and therefore were sufficient to meet the study objective they were specifically intended to address. In addition, whilst the method I used to contact the young mothers may not have been the most effective, I felt comfortable using this approach. Other researchers have approached women within hospital and clinic contexts but having had no training in counselling, I felt insufficiently qualified to approach women in such 'vulnerable' situations. I was also aware that my role would be limited to that of a researcher, and therefore I would be restricted in terms of being able to give information or counsel the individual if necessary. I viewed this as potentially problematic since I predicted that during the interviews some of the young mothers might become upset. In addition, I was aware that emotionally charged interviews can lead to the interviewee requesting levels of support, advice and information which the researcher, because of his/her position, is unable to meet (James and Platzer 1999). Such situations may not only leave the interviewee distressed but also the researcher feeling helpless (James and Platzer 1999). Whilst contacting young mothers through four different medical settings would not remove the risk of the interview having negative implications for the interviewees and myself, this approach did

mean that potential interviewees were selected by individuals who had some knowledge of the individual's ability to cope with an interview.

The effectiveness of the approach I used may have been enhanced if more general practices and antenatal clinics had been involved. This theory rests on the fact that all the young mothers interviewed were women who had attended either the general practice or the antenatal clinic involved, i.e. none of the interviewees were individuals who had heard about the study through the family planning clinics. Furthermore, it did appear that the messenger was more important than the message as, at end of each interview when the young mothers were asked what had persuaded them to take part, most stated that the way in which the practitioner had described the study had been the main influence. Both of these points imply that the GPs and the midwives had been more dedicated to the study than the clinic staff. Yet, the family planning staff had been very supportive during the planning stages of the study and had appeared keen to contact potential interviewees on my behalf. Thus, I believe the difference between the effectiveness with which staff in each setting recruited interviewees, was due to the relationship the potential interviewee had with the practitioner, and the stage of her pregnancy when she visited the setting.

Pregnant teenagers are more likely to have regular contact with their midwife or GP than they are with clinic staff since, even if the pregnancy is confirmed by clinic staff, the individual is usually referred to her own GP or to an antenatal clinic.

Thus, young women have greater contact with GPs and antenatal staff, and only the GPs and midwives involved in the study had contact with the 'currently pregnant' sample. Hence, staff within these settings may have been more effective in recruiting interviewees because they would not have needed to introduce the study during a consultation to determine whether the individual was pregnant or wanted to keep the child. They could have introduced the study during a follow up consultation or during a routine check-up.

The fact that all of the young mothers interviewed were contacted through the general practice or the antenatal clinic involved, resulted in the final sample including young mothers who were from particularly deprived areas. Both the general practice and the antenatal clinic were located in areas which have been defined as socially and economically deprived¹³, while neither of the family planning clinics involved were located in such areas.

In addition to implementing this part of the study in four different locations, another strategy adopted in order to encourage women to take part was to provide potential interviewees with a choice of being interviewed over the telephone or face to face and, if the latter, at home or in a place convenient for them. I believe giving this choice made little difference however as, on contacting the interviewee to arrange an interview time and place, most of them appeared to assume that they would be interviewed at home.

All except one of the young mothers were interviewed at home¹⁴. I was pleased that most of the young mothers were interviewed at home as this situation helped me to gain first hand knowledge of their circumstances and often enabled me to witness the interactions between an interviewee and her partner, and between her and her child. This meant that later, when reading an interview transcript, I felt closer to the data as I was able to visualise the interviewee's personal and social situation, and had some idea of the age of her partner and child. I also believed interviewing the interviewees at home helped them to feel relaxed and in control of the situation.

Earlier on page 198 it was noted that the interview style adopted was based on the storyline approach. Using a relatively open approach which allowed the interviewees to freely express themselves meant that themes and topics which I had not predicted were revealed, and the interviewees could emphasise issues which were important to them by guiding the conversation in a particular direction or stressing a particular point. The final transcript consisted of a story. The data had depth and richness which would not have been gained if a more direct or rigid interviewing technique had been used. The telling of a story meant that an interviewee's situation, emotions and thoughts could be presented simultaneously, enabling me to appreciate in more depth how an event had occurred and been experienced. For example¹⁵:

'See when I am walking down the street with the wean (child), pushing the pram, I think that folk will look at me and if they didnae know Jack was mine; they would think that he was my wee brother, you know, and I was just taking him out a walk for somebody else, you know. And like when we

are in the car and the wean is in his baby seat in the front and somebody is driving in the front and I am in the back I think people looking into this car will think whoever is driving, that's their wean, you know. I hate it.' (YM, 1st preg., 15)

However, it did appear that using this approach required the interviewee to be relatively confident and articulate. During all of the interviews there were instances where I needed to prompt since the young mothers seemed to expect such directness. However, whenever possible I tried to keep my questioning as open as possible and use a style which reflected the storyline approach. For example, I usually started by asking the interviewee to think back to when she first realised that she was pregnant and then, only if necessary, prompted her to describe how the pregnancy had been confirmed, how she had reacted etc. I kept my approach as open as possible because I found using the guide and asking direct questions potentially strained the relationship between the interviewee and myself. Irrespective of the tone I used, when asking questions such as, 'Why did you decide to have an abortion?', 'Why didn't you use contraception?', and 'Why did you delay confirming your pregnancy?', it was difficult not to sound judgmental. In order to avoid this problem, on meeting each interviewee I explained that the purpose of the interview was to reveal information which would help me to understand the decisions she had made from her own perspective. Thus, I tried to explain that my aim was not to judge but to understand. In addition to giving this explanation I tended to initially ask such questions in third party terms, e.g. 'Why do you think young women have abortions?', and on one occasion I actually stopped the interview and overtly stated that I realised my questioning sounded judgmental, but

that I was asking such questions in order to understand why a particular event had occurred. Having made this statement the interviewee relaxed, agreed that she had felt judged but was willing to continue. Explaining the purposes of the research can reduce participant anxiety (Alty and Rodham 1998), and researchers not only have to consider how the interviewee's well-being will be protected prior to conducting the research, but also *during* data collection by watching for signs of distress and responding accordingly (Kavanaugh and Ayres 1998).

The degree to which I employed the interview guide varied between each young mother and during different stages of the same interview. Some interviewees needed to be prompted at the beginning of the interview until they felt sufficiently comfortable to freely express themselves, while others needed guidance when discussing the area of how others had reacted to the pregnancy in order to ensure that various parties were considered. As the guide only covered one side of A4 paper, often I would simply glance at the prompts listed rather work through them in an orderly manner. At the end of each interview, however, I did check that all of areas included in the guide had been covered and, if not, I would prompt. Thus, overall I aimed to keep the interview as open and flexible as possible, but did employ the guide in situations where I felt the interviewee needed support and where I wanted a particular experience or event to be discussed.

A factor which I had not predicted prior to conducting the interviews was the possibility of an interviewee being both a young mother and someone who had

experienced an abortion. Five out of the eight interviewees had experienced more than one pregnancy, and three of these interviewees had experienced an abortion and were young mothers. This situation did not cause a problem but it did make me aware of the assumptions I had made prior to meeting the young mothers.

As earlier pregnancies had influenced the outcome of the current 'study' pregnancy, I decided earlier pregnancies also needed to be considered and discussed. Thus, whilst in order to control for recall bias I had asked practitioners to only approach women who were currently pregnant, had become a mother or had an abortion in the last three months, previous pregnancies which had occurred years prior to the interview were described. Due to the clarity with which the young mothers could remember certain events and emotions, this did not appear to present a problem.

For example:

'So the first time you were pregnant how did you feel?' (KT)

'When I first found out? Scared, upset, and I don't know. I was scared to tell my parents and I felt upset because I didn't know if I could cope. I basically felt like I could barely take care of myself never mind a child as well.' (YM, 2nd preg., 19 describing a pregnancy which had occurred two years prior to the interview)

The interviewees' ability to recall such details reveals that the importance of an event determines the extent to which it is remembered (Johnson et al. 1994). In addition, as this quote illustrates, young mothers were not only able to recall how they had felt but could also reflect upon why they felt this way. Hence, asking them to recall past events not only appeared feasible but also advantageous. Considering

earlier pregnancies was also advantageous since it meant that, whilst only eight young mothers were interviewed, the pathways of fourteen pregnancies were discussed.

The extent to which an interviewee's current situation influenced the accounts she gave is difficult to assess. Retrospective accounts are subject to problems of selective retention and post hoc reconstruction (Smith et al. 1999), and can be influenced by the individual's current role or situation (Smith 1994). I had hoped that by interviewing both women who were currently pregnant, and women who were young mothers, the extent to which the role of motherhood altered an interviewee's view would be assessed. The small number of women interviewed made this assessment impossible. However, having spoken to three interviewees who were currently pregnant, it appeared that having decided to bring the pregnancy to term, the interviewee already envisaged herself as a young mother. In addition, when each interviewee was directly asked whether her experiences of pregnancy, motherhood and/or abortion had influenced her current views concerning early motherhood and the different pregnancy outcomes, each interviewee stated they had not. Admittedly, this question is also open to personal interpretation. The extent to which the young mothers were willing to criticise themselves, however, also encouraged me to believe that their answers were independent of their current situation and status. For example:

'It doesnae make nae difference what (sex education) you have had at school whether you do it or no (have intercourse). It is completely up to us really. I

know I should have known but it just happened and I am not trying to make myself out to be some kind of, I don't know. I know I made a mistake and should be strong and I am no going to deny it.' (YM, 1st preg., 15)

One aspect of these interviews which had given me cause for concern prior to conducting this stage of the study was the extent to which the young mother would find discussing certain events emotionally upsetting. To my knowledge none of the interviewees found the interview stressful. If anything, most of the interviewees appeared to enjoy the experience. In addition, one interviewee mentioned that she found motherhood physically isolating and had enjoyed my company, and another mentioned that I was the first person she had met who had actually listened to her story. I also felt that, in general, the interviewees were comfortable in my presence and willing to openly discuss their experiences. This last point was evident in the fact that some of the young mothers mentioned issues which they had not even informed their families about. For example:

'My Dad doesnae know (that she had an abortion). He knows that I was pregnant because it come out in the end because it was obvious sort of like, it was only a few weeks but I was obvious because I was being sick but I just told him I had a miscarriage. So I never told him I had a termination. No one knows apart from me, William (her partner), the doctors and now you.' (CP, 2nd preg., 19)

This willingness to talk may have been because the interviewee knew that once the interview was over, I would leave. My commitment to confidentiality and my desire to understanding teenage pregnancy and early motherhood from the interviewee's viewpoint may also have encouraged them to reveal such experiences. Yet, even though I believe none of the young mothers were upset by the interview, I

was aware that how a respondent appears during an interview may not reflect how s/he actually feels (Kavanaugh and Ayres 1998). I was also aware that following the interview the young mothers may have felt vulnerable or empty having discussed their thoughts (Kvale 1996), and might have reflected upon what had been discussed. Such reflection can lead to disturbing emotions in the interviewee (Alty and Rodham 1998).

Before leaving an interviewee I would ask her if there was anything she wanted to clarify or talk over. I also ensured that the interviewee had my contact telephone number and address, and reminded her that staff at the medical centre through which she had been contacted were supporting the study and were available to her. The importance of this 'debrief' was heightened by the fact that all of the interviews had been conducted on a one-to-one basis, and that five of the eight young mothers were interviewed at a time when they were at home alone. Thus, unlike the pupils and discussion group participants, when I left the interviewee, she had no peer or adult support immediately available.

Although the intention had been to interview each young mother only once, on one occasion having interviewed a young mother I did contact this person again in order to request a second interview. I did this because on transcribing the tape I realised that there were several points which did not appear to make sense. This second interview was undertaken and a more detailed and personal account was given. This situation made me wonder to what extent I had captured the situations and

views of the other interviewees, and reminded me that the data gathered were a product of the interaction between myself and the interviewee.

James and Platzer (1999) describe how conducting work on sensitive areas can impact upon the emotional well-being of researcher as well as the researched. Some of the interviewee' accounts left me feeling concerned and frustrated. Writing my account of how the interview had gone, I dealt with such feelings by reflecting upon on how each interviewee may have benefited from voicing her views and, while keeping the identity of the interviewee confidential, discussing the young mothers' accounts with fellow colleagues.

4.5.6) *Analysing the data*

During the project I kept notes of how my views concerning young women, young mothers and abortion had changed, and after each survey, discussion group and interview I noted what issues had arisen unexpectedly and what insights had been gained during that specific session or interview. These notes enabled me to trace the assumptions I made, and became a reminder of the emotions and feelings I had experienced while meeting the pupils, participants and young mothers.

Earlier in section 4.3, it was noted that each data set was analysed before any attempt was made to relate the various data sets. This simplified the task of relating

the questionnaire, discussion group and interview data as I worked with summaries and accounts of the data, rather than the full data sets. In section 4.3 it was also noted that when considering how the questionnaire and discussion group data could be related, I moved backwards and forwards between the data sets. This led to these data sets being related in ways which I had not initially predicted. I viewed this process as advantageous as it ensured that all possibilities concerning how the data could be linked, were explored. However, the process of relating data sets adds to the work involved when using a mixed methods approach. In addition, whilst this task led on from the earlier individual analysis it was an additional, separate stage since it involved a new set of comparisons. Yet, this process was advantageous in terms of addressing the aims of the thesis and providing an insight into the data gathered. The extent to which the benefits of using a mixed methods approach were viewed as outweighing the disadvantages is discussed in Chapter Eight, following the chapters in which data are presented and discussed.

Having analysed and related each data set, I wanted to ensure that the study's aim of eliciting and presenting the views of young women was maintained. Illustrating various points using quotes has allowed me to present the pupils, discussion group participants and interviewees using their own words. Whilst I am aware that by personally selecting the quotes I still intruded upon the data (Humphery 1993), quotes were selected according to the extent to which they illustrated a point or could 'speak alone'. Selecting quotes which spoke for themselves also addressed Smith's (1988) comments which imply that a researcher should present his/her data

in a manner which enables an audience to imagine the situation and, consequently, to draw their own conclusions. Such contextualisation also helped to ensure that pupils, participants and interviewees remained the subjects of the study rather than becoming objects of the study (Smith 1988).

Ideally, during my analysis I would have liked to have met up with the pupils, discussion group participants and young mothers in order to undertake some form of respondent validation and to hear their views concerning the manner in which I had presented their comments. I was aware that in order to really allow research respondents to 'speak for themselves', respondents need to be involved in each stage of a project from design to dissemination (Melrose 1996). However, by the time I had gathered and analysed the data, the schools had broken up. In addition, I felt uncomfortable with the notion of contacting the young mothers again as some time had passed since we had met and the interviewee's situation may have changed and moved on. Also, having analysed the data thematically, individual accounts had been lost and therefore the value of contacting each individual interviewee in order to discuss the findings drawn was questionable.

I did send written feedback to the head teachers of each study school, and copies of my results to the staff working in each setting who had contacted young mothers on my behalf. I did this to indicate that I had appreciated their help and to disseminate the study's findings. I also gave such feedback in the hope that pupils and participants would be informed of the results and that staff working the medical

settings would gain a greater understanding of their clients and, consequently, that the results of the study would benefit young women in the future.

4.6) *Summary*

This chapter has detailed how the methods of data collection were employed and the data they collected analysed. The issues which were faced when using particular methods of collection and analysis have also been discussed, and building upon the discussions in the previous chapter, some of the experiences associated with using a mixed methods approach have been illustrated. The next three chapters detail the results of the study.

¹ Information concerning staying on rates and the proportion of pupils eligible for free school meals was provided by Lothian Regional Council's Department of Education. Information on the proportion of pupils boarding was provided by the Independent Schools Information Service based in Edinburgh. State schools with low staying on rates and a high percentage of pupils who qualified for free school meals were selected because staying on rates provide some indication of the extent to which pupils in a school go onto some form of higher education (a transition which strongly correlates with socio-economic background), and because free school meals are means tested. Private schools with a low percentage of pupils boarding were selected since I was aware that state schools do not provide boarding facilities, and felt that the experience of boarding could influence a pupil's behaviour as it is possible that a pupil who boards may be under greater adult supervision than a day pupil. Thus, selecting private schools with a low percentage of pupils boarding removed a possibility of introducing a factor which could have implications for the data collected from pupils in each of the study schools.

² One Redpath pupil noted that she had first experienced 'kissing with tongues' at the age of 4. As the next lowest age given by a Redpath pupil was 9, this 4 was replaced by a 9. Two Wellsprings pupils had noted that they had first experienced a kiss at the age of 6, and one pupil at the age of 7. In each case, the answer was changed to 8 as this was the next lowest age given. Two of the Wellsprings pupils stated that they had experienced sexual intercourse with 16 different partners. This figure was changed to 7 as this was the next highest. One Greenbank pupil noted that she had first experienced a kiss at the age of 5. This figure was pulled up to 8 as this was the next highest figure given by a Greenbank pupil. One Greenbank pupil stated that she had first experienced 'heavy

petting (hand touching genitals/private parts)' at the age of 7. This answer was changed to 10; the next lowest age noted by a Greenbank pupil.

³ The question concerning predicted pregnancy outcomes asked pupils to indicate whether they believed they would 'have the child and keep it', 'have the child but surrender it for adoption', 'seek an abortion', or 'don't know'. Only four Wellsprings pupils noted that they would have an abortion and, in total, only fourteen pupils noted that they would have the child adopted. Hence, these categories were recoded so that only two outcomes were considered: whether or not the pregnancy would be kept, and whether or not the pregnancy would be aborted. Thus, when analysing whether pupils believed they would or would not keep a pregnancy, all answers which indicated that the pregnancy would be kept or surrendered for adoption were included in the 'pregnancy would be kept' category. All other answers were included in the 'would not be kept' category. When considering what proportion of pupils had stated that they would abort a pregnancy, all answers predicting this outcome were noted, and all other responses were included in the 'would not abort' category.

⁴ The pupils were asked to indicate if they lived in 'council housing', 'privately-owned housing', 'other rented accommodation', 'temporary accommodation', 'care or foster home', 'school boarding house' or 'don't know'. These categories were reduced to 'living in council housing', 'living in privately owned housing' and 'other'. Thus, the last five choices were grouped under 'other'.

⁵ This factor included data gathered in response to four questions which asked the pupil to mark on a 4 point scale the extent to which she agreed with the following statements: I like myself; I am a failure; I am totally responsible for my own behaviour; There is a direct connection between how hard I work and how well I do.

⁶ This factor included data gathered in response to questions which asked the pupil how often she saw friends outside of school hours and how easily she found it to make new friends.

⁷ Heterosexuality cannot be assumed but I was specifically interested in heterosexual experiences due to the overall focus of this thesis.

⁸ I think it is worth noting that committee consent was needed irrespective of the fact that the staff, i.e. the people who would actually be involved with the implementation of the study, had already given their consent. This consent was needed because the settings involved were funded by Lothian Health Board and I think this point is worth noting because it indicates that consent is not only hierarchical in terms of professional status, but also in terms of the rights and weight it carries.

⁹ The exact percentages were 91.49 (86/94) for the Redpath pupils, 96.63 (86/89) for the Greenbank pupils and 91.57 (76/83) for the Wellsprings pupils. The year group for the state schools may be smaller than the Redpath year group because these calculations are based on lists given to me by the Wellsprings guidance teacher and the Greenbank guidance teacher for S4 pupils which did not include pupils who had been suspended or rarely came to school. Hence, these lists did not include the whole year group. However, as I viewed these lists as including pupils who 'attended' each of these schools, it is on the basis of these lists that the above response rates have been calculated.

¹⁰ Two of the Greenbank pupils and three of the Wellsprings pupils indicated that they had used some form of contraception but then gave a reason why contraception had not been used. In three of these cases the pupil had noted that the withdrawal method had been used but that intercourse had been unplanned. This apparent contradiction may have been because the pupils did not view the withdrawal method as a 'real' method. Within this study the withdrawal method was considered a form of contraception. Hence, when analysing the data, all three pupils were viewed as individuals who had used contraception. In the remaining two cases, the pupils had noted that a condom had been used and that intercourse had not been planned. This response may have been because the pupils felt that their partners, rather than themselves, had used a method. Hence, as in the other cases, these pupils were viewed as individuals who had used some form of contraception.

¹¹ The codes indicating which participant was speaking are codes which reflect something about the individual, e.g. 'LH' stands for 'long hair' and 'BH' for 'blonde hair'.

¹² I have not noted which participant made a particular comment since on transcribing the tape this was unclear. This problem was experienced elsewhere and explains the absence of initials in other quotes which have been reproduced in this thesis. KT refers to Katrina Turner.

¹³ The residents of Edinburgh city often describe the areas in which the general practice and antenatal clinic are located as particularly deprived parts of the city. In addition, based on Carstairs and Morris's (1991) deprivation score, the area in which the general practice was located was assigned a deprivation score of 5, and the area in which the antenatal clinic was located was assigned a deprivation score of 7.

¹⁴ The exception was a young mother who was currently pregnant and was interviewed in the antenatal clinic just after she had attended an appointment.

¹⁵ The codes used for the young mothers reflect the interviewee's status at the time of interview in terms of her motherhood/pregnancy status, the number of pregnancies she had experienced and her age, e.g. YM, 1st preg., 15 indicates that at the time of interview, the interviewee was a young mother, had experienced one pregnancy and was 15 years old.