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Teenage Parents' Views and Experiences of Sex and Relationships Education, Sexual Health Services and Family Support Services in Kent

Service Users Report, ANTENATAL

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February 2007

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Kent Teenage Pregnancy Partnership

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1.0 Introduction

This document reports on the first part of a study exploring the views and experiences of pregnant teenagers across Kent. The young people were interviewed antenatally, during the third trimester. A second report will be released in Spring 2007, exploring the postnatal experience of the same sample.

1.1 Background

The research was conducted as part of a larger study into teenagers' views and experiences of sex and relationships education, sexual health services and family support services in Kent. The project as a whole includes a survey carried out with over 4000 15 and 16 year old school pupils and focus groups conducted with teenage Looked-After Children across the county. The research was commissioned and funded by the Kent Teenage Pregnancy Partnership.

Teenage pregnancy has been problematised in recent years primarily as a contributor to poverty and social exclusion. Policy concern regarding teenage pregnancy followed the establishing of the Social Exclusion Unit in 1997 and the high priority given to the phenomenon was reflected in the setting up of the Teenage Pregnancy Unit in 1999 and the drawing up of a 10 year strategy with a target of reducing the under-18 conception rate by 50% by 2010. The Kent Teenage Pregnancy Partnership (TPP) was formed in 2000 as a multi-agency collaboration in response to the national strategy, under the remit of the Teenage Pregnancy Unit.

The contribution made by this research is to offer insights into the lived experience of Kent teenagers, both female and male, as they deal with becoming parents. By asking them to reflect upon their attitudes towards sex and relationships, and to evaluate the advice, support and information they received in childhood and adolescence it is possible to capture both the diversity in experience and circumstances and to identify common experiences that may be of use in the improvement of service provision. Across Kent as a whole, teenage birth rates are similar to the rest of England and Wales, however, within Primary Care Trusts, there are marked variations. The knowledge gathered is of local benefit by identifying the strengths and weaknesses of services, highlighting examples of good practice and offering insights from the experience of service-users.

1.2 Aims

The aims of the study of young parents were:

- To describe strengths, weaknesses and gaps in sex and relationships education and sexual health service provision.

- To gain an understanding of how young parents reached this point in their lives, and discover on what informational basis the decisions and choices were made.

- To discover whether young parents feel they are adequately prepared for parenthood, and if family support services respond to the changing needs of young families.

- To provide recommendations for service development.

Table 1: Under 18 Conception Rates* by Local Authority, 1998-2000 to 2002-04

*expressed per 1000 population of women aged between 15 and 17 (Source: Teenage Pregnancy Unit)

Area	**1998-00 Rate**	**1999-01 Rate**	**2000-02 Rate**	**2001-03 Rate**	**2002-04 Rate**
Ashford LA	49.2	48.7	46.3	41.5	40.2
Canterbury LA	38.4	36.5	38.1	33.3	31.9
Dartford LA	43.8	46.1	48.6	47.3	45.0
Dover LA	44.8	41.4	38.9	34.6	39.1
Gravesham LA	43.0	39.8	38.4	34.9	38.4
Maidstone LA	32.2	33.8	35.9	34.9	36.2
Medway LA	47.1	46.5	44.6	43.8	42.5
Sevenoaks LA	27.5	23.5	22.6	22.4	23.2
Shepway LA	53.9	54.2	52.6	52.8	46.0
Swale LA	49.3	51.1	48.8	45.3	42.2
Thanet LA	61.5	59.7	57.5	50.0	48.0
Tonbridge and Malling LA	28.8	27.0	26.0	26.2	28.3
Tunbridge Wells	24.2	23.4	26.6	27.8	27.2
Kent County	41.1	40.2	39.8	37.3	37.0
South East Region	36.6	35.6	35.1	34.1	33.6
England and Wales	45.4	43.9	43.1	42.6	42.2

2.0 Method

2.1 Research Design

The research used a qualitative approach, considered more fitting to eliciting information from people that are more difficult to access by quantitative approaches (Popes and Mays, 2000; Denzin and Lincoln, 2003). Semi-structured interviews were used to provide a more personal, confidential and individual approach, employing open-ended questions that defined the area to be explored. These gave the interviewer the opportunity to pursue an idea or response in more detail, but prevented straying too much from the original purpose of the research (Britten, 2000). The research design has drawn on the work of Ingham et al (1999) who have conducted considerable research with teenagers in the area of sex, relationships and sexual health.

2.2 Sites

The research took place at multiple sites within eight of Kent's Primary Care Trusts:

- Ashford PCT
- Canterbury and Coastal PCT
- Dartford, Gravesham and Swanley PCT
- East Kent Coastal PCT
- Maidstone and Weald PCT
- Shepway PCT
- South Kent PCT
- Swale PCT

An even spread of interviewees across Kent Primary Care Trusts was hoped for, with a target of 10 interviews in each PCT and a total of 80 across the county. Due to a number of factors discussed below, recruitment was more difficult than anticipated and there was wide variation in recruitment rates between the PCTs.

2.3 Sample and Access

Participants were interviewed after 28 weeks gestation to ensure that the pregnancy was well-established and to get a wide spectrum of experiences of services. By this stage, they were likely to have come into contact with midwives, antenatal classes, Connexions and Sure Start

workers. The original respondents are currently being followed up and re-interviewed around the child's first birthday to gain information about their experiences of postnatal support and care. Male and female interviewees were sought, but most respondents were single females. Males were recruited via their partners and therefore tended to be in a sustained relationship with the child's mother.

37 participants were recruited in total, primarily through midwives, but also through other professionals dealing with pregnant teenagers, such as Connexions staff. All of the respondents were 'white-British' and most had lived in Kent since birth. The age range of the female section of the sample was 14 to 19 years; the male section of the sample ranged from 16 to 25 years. A small number of respondents (5) were first interviewed after their baby was born because the baby had arrived earlier than expected or because they were recruited late in the pregnancy.

Table 2: Sample by gender and location

PCT	Antenatal interviews completed by gender	Total
Ashford	4 female; 2 male	6
Canterbury and Coastal	4 female; 1 male	5
Dartford, Gravesham & Swanley	3 female	3
East Kent Coastal	6 female	6
Maidstone and Weald	2 female	2
Shepway	5 female; 2 male	7
South West Kent	3 female	3
Swale	3 female; 2 male	5
Total	30 female; 7 male	37

2.4 Demographics

The age range of the young people was another factor in the sample's heterogeneity. Of the 30 mothers interviewed, 4 were aged under 16 (the youngest being 14), 15 were aged 16-17 years and 11 were 18 years old. Although there was no precise relationship between age, circumstances, outlook or other characteristics, in general, the older teenagers did not see themselves as being particularly young and made a distinction between themselves and younger teenage parents. The younger teenagers were all living at home with their mothers and/or fathers or stepfathers but within this group there were varied relationships with the father of the child. The over-16s had more varied housing circumstances, including living in homeless hostels, living with their partner's parents, living with their partner independently, living with grandparents or temporarily staying with friends. The findings indicate that the category 'teenage parent' may be too crude to capture the lived experience of what seems to be a relatively varied group.

Details were not taken of the socio-economic background of each participant or their parents, however, the range was relatively narrow, with all the respondents being estimated to be working class. However there was a wide range of deprivation levels within the sample ranging from teenagers whose parents were working and whose homes were privately owned to girls who were financially independent of parents but dependent on benefits and living in hostel accommodation. The majority of the respondents were dependent on benefits either prior to or because of their pregnancy. The female respondents were aged 14 to 19 and the males 16 to 25 years. 29 of the mothers were living with parents or with grandparents (sometimes with the partner as well) while only 4 were living with the father of the child in their own accommodation. 2 lived in hostels for homeless women waiting to be housed closer to the time of the birth.

As noted above there were considerable problems of recruitment, some of which were anticipated in the research design. Because the sample sought to recruit amongst less accessible and more 'vulnerable' young people, the recruitment process had to be conducted by intermediaries rather than directly by the researchers. Midwives were identified as key personnel who could raise the study with their teenage clients and introduce potential recruits to the researcher. A steering group of key individuals was convened to facilitate this.

Midwives were asked to approach individuals who met the sample criteria and to pass on to them information about the research. With written consent, the midwife then passed contact details to the researcher. Contact was then made directly with the pregnant girl and/or her

partner and their age, circumstances and willingness to participate were confirmed. An arrangement to meet was then made. Interviews were generally conducted in the respondent's own home, to minimise inconvenience to the participant and to maximise comfort and confidentiality.

The most significant barrier to recruitment was the additional burden it placed on busy professionals, who were the only means of initial contact with potential recruits. This additional recruitment role had to be fulfilled while conducting the usual antenatal checks, when a lot of other important information related to the pregnancy had to be conveyed and gathered. Uneven rates of teenage pregnancy across the county also affected recruitment. Variation in rates meant that the coverage and take-up of specialist teenage pregnancy services varied considerably between PCTs. Professionals involved in these teenage-oriented services were the most likely to be able to recruit individuals to the sample, partly because of increased numbers of teenage pregnancies in their area but also, perhaps, because of their ease and familiarity in dealing with young mothers and fathers to be, and their commitment to improving services for younger users, some were also specialists in this area with designated roles related to teenage pregnancy. Additional recruitment problems resulted from unreliable contact details and potential respondents changing their mind about participation as time elapsed between speaking to their midwife and an interview being arranged by the researcher.

2.5 Data Collection and Analysis

Data collection was carried out between December 2004 and March 2006. Most of the interviews were conducted in the teenagers' own homes, but some were carried out in private rooms in community centres where antenatal groups were attended by the interviewee. Some couples were interviewed together while others were interviewed separately. Consent was sought to record and transcribe the interviews. The antenatal interviews were conducted face-to-face using a semi-structured schedule of questions, exploring such areas as,

- views and experiences of sex and relationships education at school
- knowledge and use of contraception and sexual health services
- experience of antenatal services
- views of other sources of information and support such as partners, family and friends
- experience and expectations of education and work
- decision-making concerning the pregnancy
- anticipation of parenthood

2.6 Ethical Issues

Ethical approval was received from the East Kent Coastal Research Ethics Committee in July 2004. Due to the sensitive nature of the subject, care was taken to protect the identities of those responding and to ensure that no harm came from participation. Teenagers participating were made to feel confident that any professional relationships they had or care they received would not be affected as a result of the study.

Potential respondents were given an information sheet outlining the project and detailing what was involved for participants (Appendix Two). Regarding obtaining consent, unless the potential participant was deemed incompetent, those over 16 were generally regarded as competent to give their own consent to participate, and were asked to sign a consent form (Appendix Two), even if they lived with their parents. If they were under 16 they could still give consent provided they were 'Gillick' competent. Prior to the interview, the researcher ensured that they are able to understand the information given to them about the project, what was proposed, and were able to weigh up the pros and cons of taking part. For those who were under 16 who were considered competent, there was no need to breach confidentiality by informing their parents, carers or legal guardians, but they were advised to include them in the decision-making process where possible. In these circumstances parents or guardians were provided with a letter and information sheet about the research and their teenager's involvement. It was important however not to impinge on the rights of the teenager.

3.0 Findings

Presentation of the findings is divided into 7 sections and is ordered chronologically, from pre-pregnancy experiences of sex education at school and in the home through to the experience of antenatal services and the anticipation of parenthood.

In section 3.1, The Context of Teenage Contraceptive Use, we report the influence of partners, parents, peers and individual outlook on contraceptive decision-making, going on to elicit the experience of accessing contraceptive services, including specialist young people's services, and finally, we aim to reach tentative conclusions about why pregnancy happens, discussing information gaps, the context of teenage sex and problems accessing and using contraception. Section 3.2, Sources of Sex and Relationships Information, considers both formal and informal sources of information, including the content, timing, context and teaching methods of SRE provision in schools and the support and advice provided by family, friends, partners and the media.

In Section 3.3, Proceeding with the Pregnancy, we describe the reactions to the pregnancy of the girl, her partner, parents, family and friends and explore the issues and considerations relating to abortion, including the availability of information and services as well as the individual concerns and outlooks underlying the decision to proceed with the pregnancy. Once the decision has been made to have the baby, Section 3.4, Sources of Support, reports on the teenagers' evaluations of both formal and informal support during the pregnancy, including family and friends, Connexions, Sure Start, Young and Pregnant Groups, Midwives, GPs and antenatal classes. Within the 'informal support' section, the relationship between the teenage mothers and fathers are also explored. Finally, the experiences of and attitudes towards work and education before, during and after the pregnancy are discussed (3.5) Education and Work.

3.1 The Context of Teenage Contraceptive Use

3.1.1 Influences on Using Contraception

There was a high level of awareness of contraception amongst the sample and evidence of widespread, but inconsistent use. This section explores the influences upon the teenagers' use of contraception, including their own attitudes and behaviour, their parents, partners, friends and interactions with sexual health services.

3.1.1 i) Parental Intervention

This section highlights the input some parents have into contraceptive use by teenagers. Levels of parental intervention ranged from mothers initiating and accompanying their daughters' first visit to contraceptive services, or buying condoms for their sons, to teenagers feeling unable to talk about sex at all within the family context. Primarily it was mothers who were consulted or who initiated discussions about sex, although some respondents preferred to talk to grandparents or, in one case, a step-father.

Some mothers raised the subject of contraception with their daughters because they thought the girls had reached an age when sex was likely to happen. Both of the mothers quoted below were strongly motivated to protect their daughters from pregnancy.

> Well my mum said about me going on to the pill…(Int: were you in a relationship at the time?) No, she just thought it was the best time, at the age of 15, in case I did decide to have sex or whatever and then she would feel happy about herself by helping me by getting on the pill instead of just letting me get on with it and going through all that stuff too early. (13:13 Female, 18 years)

> She didn't directly sit there and say 'are you having sex? …and I didn't answer yes or no. She just said right do you want to go on the pill? And I just said yes. That was it…We didn't discuss it sort of thing. (26:8 Female, 17 years)

In another case, a mother turned a visit to the doctor for other reasons into an opportunity to get the Pill prescribed for her daughter. The girl was reluctant, because, she says, she feared gaining weight, but the mother insisted and the girl relented.

> I went down the doctors because I had an ulcer and my mum come with me and my mum turned around and she went yeah she wants to go on the pill as well…And I was like it's me who's got to do it, it's not you. And then like I finally agreed to it. (23:35 Female, 16 years)

Parental intervention was cited as an influence on contraceptive use for males as well as females and not just in the case of the Pill, but condoms as well.

> She just kept telling me to use condoms…I always talk to my mum about relationships and she gives me advice sometimes and then I give her advice. (27: 33 Male, 19 years)

> For my 15th birthday. She thought it would be funny to give me 100. (23: 44 Male, 16 years)

> If I have a boyfriend or anything she always says oh have you got condoms and how long have you been going out with him and stuff like that. (14: 8 Female, 16 years)

It is not clear whether there was ongoing dialogue between parent and child after contraception was acquired and whether problems with using contraception were discussed. Some respondents reported confiding in their mothers as soon as pregnancy was suspected while others delayed telling their parents for as long as possible, suggesting that there was considerable variation in how comfortable people felt with disclosing the details of their sex lives with their parents.

3.1.1 ii) Other Influences

Partners and friends also influenced the use of contraception. One male respondent reported having accompanied a number of previous girlfriends to the family planning clinic, 'because obviously I wanted to get them on the pill.' (17: 11 Male, 25 years). His current girlfriend, the mother of his child, had been accompanied, perhaps coercively, by him to get the contraceptive injection. However, most males did not seem to be this proactive, and were more often reported to have taken their lead from the girl or as having been reluctant to use condoms.

Another influence on contraceptive use, besides parents and partners, was friends.

> I spoke to one of my friends about going on the pill, about me going on the pill, saying that I've made an appointment and everything and then she thought it would be a good idea for her to go on the pill and then it just went on like that.. So like all the friends are the same sort of thing. And then everyone ended up on the pill. (13: 31 Female, 18 years)

Female peer groups seemed to offer a more reliable source of support and advice than male ones, amongst whom serious discussion of sexual issues was rare.

Commentary

The teenagers' responses demonstrate that they are influenced by the people around them when it comes to contraceptive use. In the survey of 14-16 year old school students conducted alongside this study, mothers were cited by both females and males as the most trusted source

of information about sex and relationships. Fathers were much less prominent in the responses, seeming to be involved in discussions only once the pregnancy occurred. Some mothers were clearly keen to break their daughters away from their own pattern of early childbearing, wishing to save them some of the hardships they had themselves experienced. Few of the respondents reported no interaction with their family about sex and relationships, those that did either came from particularly disrupted households or had a family culture where sex was not openly discussed, both of these were rare. In the majority of cases, where sex was discussed, talking about sex and contraception was not necessarily conducted in specific, intimate terms related to the teenager's own sexual activity, but was more a 'sex education' type conveying of information. There is also evidence of mothers trying to assess and intervene in their teenager's sexual activity with a view to preventing pregnancy. Although there is family involvement, which is a generational improvement, this does not appear to extend to full and open discussion, perpetuating the impression that families in the UK still find this difficult.

The interviews hint at the complexity involved in family relationships and in particular, in the relationship between teenagers and parents as the former begin sexual experimentation. The parents' ability to continue to influence their children was limited by the teenagers' growing independence, explored and expressed in part, through their sexual behaviour.

The findings suggest that parental intervention may be more common than expected amongst those teenagers who become parents, calling into question Wellings et al's (2001) findings about the relationship between family communication, contraceptive use and teenage pregnancy. Wellings et al (2001) found an association between non-use of contraception and an absence of discussion with parents about sexual matters. Similarly, Ingham and Stone (2002) found that a 'supportive climate' provided by parents through childhood and adolescence which allowed open discussion of sex and presented a positive view of sex had an impact on the likelihood of young people's use of contraceptives at first coitus. However, the teenagers interviewed in this study had relatively high levels of communication with parents (especially mothers) and high levels of contraceptive use. The source of the pregnancy was inconsistent contraceptive use, a lack of motivation to prevent pregnancy or an active desire to have a baby.

What emerged through the interviews was a view of parent-child relationships where parents consciously tried to shape their children's knowledge of and attitudes towards sex and contraception from a young age, but that earlier, more general conversations did not necessarily translate into the teenagers sharing their sexual experiences with their parents once they became sexually active. The teenagers' desire for privacy for their developing intimate lives was

understandably strong and it is perhaps unreasonable to expect young adults to keep their parents informed of their sexual experimentation.

3.1.2 Experiences of Sexual Health Services

A high number of respondents had visited family planning clinics, sexual health clinics, GP surgeries and specialist youth services to access contraceptive advice.

3.1.2 i) Family Planning and Sexual Health Services

Experiences of Family Planning Clinics and Sexual Health Clinics were generally reported as positive. Staff were usually friendly and unintimidating and information and contraception were readily available to those who sought it. Professional endorsement of the teenagers' actions seemed important in the way the service was evaluated from this teenager's perspective:

> They wondered why I wanted to go on it and I explained to them why and they was like, basically fair enough. You're doing the right thing in yourself and you're thinking like an adult would by doing something like this. So I suppose in a way they gave me my dues for it. They didn't say like 'No. You can't go on the pill' or anything like that. They gave me all the advice that I needed and they gave me free condoms and they gave me the pill and loads of leaflets on contraception and stuff like that. You know, it was quite helpful. (5:14 Female, 18 years)

Clinics fill an important information gap:

> When I went on the pill I learnt more because I went to the Newton clinic and I learnt more there about contraception – what different types of contraception I could use and so on and so forth. But the problem is that in schools they don't talk enough about contraception which is something they should do because there is, you know, so much teenage pregnancy it's unreal. (10: 22 Female, 16 years)

And are able to respond promptly to needs:

> First I was having sex and that and because I was worrying about condoms splitting and so I wondered if like there was another method and they told me about the pill and that and like they put me on the pill there…(11:9 Female, 17 years)

A 15 year old mother described visiting a sexual health clinic at the age of 13, during her first sexual relationship, and on two subsequent occasions. She was clearly quite uninhibited about seeking help and advice, despite her young age, even though she was reluctant to subject herself to some of the tests.

> I got a full screen and that was all alright…I just did it because I thought I'd better really…And the second time I think…I think I just got a chlamydia test thing because you can do it yourself. I didn't feel comfortable about getting a full screening test. And then the last one I did was just to make sure I got my partner to get a full screening test because I didn't want to do it so I got him to do it…My boyfriend came with me…They didn't really offer me advice. They just said, you know, you can have some free condoms. (19:5 Female, 15 years)

Complaints about sexual health services were largely concerned with inconvenient opening hours and concerns about privacy and confidentiality. Some respondents recounted feeling 'exposed' while waiting to be seen at a clinic or feared being seen by their parents or other people known to them as they entered or left the premises. A few respondents expressed a preference for younger members of staff, because they perceived older people to be more judgmental of teenage sexual activity. Female staff were generally preferred, by both males and females.

3.1.2 ii) Specialist young people's services

Health advisors who specialized in the delivery of contraceptive information to young people 'in the community', for example by running sessions at youth centres, were also praised by the respondents.

> She [health advisor] used to go down Riverside when I used to go down there when I was about 14 or 13. And she'd just like…She'd give you condoms and things like that…you know like on a Tuesday. Sometimes she'd be there and give you condoms and give you like advice and things like that which I think was quite good…(16:10 Female, 16 years)

> …from like the youth club one week, Monday after school...They'd have all these like goody bags full of…and if you wanted them you'd just go and get them so…They weren't embarrassed. There were queues of them. (25:8 Female, 16 years)

Amongst their peers, youngsters seemed to be unembarrassed about picking up information and condoms. These teenage-oriented spaces may offer privacy from the 'outside world', where parents could find out about their children's sexual activity. Buying condoms from a chemist, for example, was recounted as a very embarrassing experience, especially for girls and the fear of discovery was a very important factor.

3.1.2 iii) GPs

GPs were assessed positively by the respondents, as with health professionals, the young people were often pleasantly surprised by their encounter and respect they were accorded. This girl was pleasantly surprised by her male GP, who, despite her initial reservations proved himself to be sympathetic and comprehensive in his provision of information.

> At first I was worried because it was a man as well. Males are…I feel that they don't understand. They're just like yeah OK we'll put you on the pill and that's it. But he sat there and he explained like different things that could happen to you, like you can get spots or you can put on weight or lose weight if you go on the pill or injections and stuff like that. And he explained it, what happens and how regular you have to take it, because you have to obviously take it the same time every day. (13:12 Female, 18 years)

Another girl had more limited advice from a male GP, visited when she was 15, but she was not dissatisfied with this.

> I just went to my GP once to go on the pill and he gave me 3 months at a time…He was fine. Just when I went back he said is everything alright? You haven't got any bad side effects? And I was like no, it was fine. (25:9 Female, 16 years)

The exception was a girl who reported being refused the Pill by her GP because of her age, despite the support of her mother.

> I asked a Doctor to go on contraception because I wanted to regulate my periods because they're not that regular and he said no because you're too young (1:3 Female, 14 years)

However, we do not know if he refused not on the grounds that she was too young to have sex (it is possible that she did not reveal this to him) but that he thought she was too young to use the Pill to regulate her periods. She was 13 years old at the time.

Commentary

Overall, given that the sample was constituted of young people whose sexual activity had resulted in pregnancy, it was perhaps surprising how prepared they were to seek out sexual health and contraceptive services, even at quite young ages. Those who did not report making use of contraceptive provision at all were the exception, such as the girl who said she did not make use of such services because, 'I thought I knew best' (9:6 Female, 17 years). The findings here support those of Churchill et al (2000) that adolescents were less reluctant to access services than might be supposed; it was found that 71% of young mothers in the Trent region had consulted health professionals about contraception during the year prior to conception of their babies, 50% had been prescribed oral contraception. This confirms the findings of the 2005 Teenage Pregnancy Strategy Evaluation Final Report that sexually active under 16s from deprived areas are more likely to use specialist young people's services than those having sex later and from more affluent areas (TPSE, 2005).

The challenge then becomes one of encouraging teenagers to access sexual health services at the earliest possible stage but also, to follow contraceptive advice and retain control of their fertility over time. Churchill et al's study of the association between the provision of emergency contraception and the increased risk of termination points to the need for follow-up with those who are at risk of unwanted pregnancy (Churchill et al, 2000). Teenagers seem to be caught in an information gap as they move away from their parents as the main source of advice and support but without developing a prolonged and effective problem-solving relationship with contraceptive providers.

There seemed to be a gap between negative expectations of services and a more positive reality to actual use which may explain why young people tend not to access services until the need is pressing. This is supported by the fact that some of the respondents did not visit a clinic until they experienced a pregnancy scare. Stone and Ingham (2003) also found that it was not until after having first sexual intercourse that many young people acted to find contraceptive protection. The negative expectations were largely the result of fears about meeting with disapproval by health professionals or fears about confidentiality and privacy. Although there were a couple of instances where staff seemed to have made the teenager feel uncomfortable, overall, the interviewees were pleasantly surprised by the professionals' attitudes. This supports other findings that young people's anxieties about accessing services are alleviated by actual experience of use (Mellanby et al, 1997). The issue of young people's fears of disapproval or embarrassment should be taken seriously as they may make them reluctant to seek help at an early stage. Mellanby et al point out that even exemplary services are intrinsically alien to young

teenagers' sensibilities. Both the schools survey and the in-depth interviews elicited views from teenagers which demanded greater knowledge of and access to sexual health services which project a teen-friendly outlook.

These insights into how teenagers experience sexual health services suggest that professionals may need to do more to allay fears and to familiarize young people with what happens in clinics and to work on sustaining a relationship with the young people who make use of services. This could be done perhaps by improving links between school-based sex education and sexual health services, by advertising services more widely, emphasizing their teen-friendly outlook and by encouraging teenagers to visit clinics (perhaps coordinated by schools) in advance of sexual activity commencing.

3.1.3 Why pregnancy happens

Despite the previous narrative which suggests a widespread knowledge of and preparedness to use contraception, all the female respondents had become pregnant. This section explores the evident gap between knowledge and behaviour.

3.1.3 i) Lack of information and understanding

A lack of information and insufficient understanding was identifiable in a number of cases. In particular, there was a lack of knowledge about the length of protection provided by contraceptive injections or once Pill-taking ceased.

> I had the injection…And I stopped having it and then I was going to go on the pill but sort of in between time it happened…It's meant to take a little while for the injections to stop working, 6 months to a year but it didn't take that long. (18:3 Female, 18 years)

In two cases, vomiting and the taking of antibiotics were cited as the cause of interruptions to contraceptive protection.

> I was sick for a week, or about a week…And I like kept taking it and I thought oh it will be alright because it's gone back in my system and then like when I went to my midwife's appointment she said well that's why, because it's not staying in your system protecting you. (23:6 Female, 17 years)

More uncommonly, a girl who was severely bulimic 'didn't put two and two together' (2:4 Female, 17 years), and did not realize that her condition could render the Pill ineffective.

In most cases, the girls described themselves as profoundly shocked to discover they were pregnant, regardless of the risks they had taken. This suggests that although they knew about the relationship between sex and conception and about various forms of contraception, they lacked a robust appreciation of the real risk of pregnancy.

> It's a lot easier than I thought. A lot easier. Because now I think to myself well if I had unprotected sex a few times I'd think well that's it, I've got a strong chance of being pregnant now. I would never have thought of that…before…I used to do it all the time. (19:7 Female, 15 years)

3.1.3 ii) 'Getting away with it'

The underestimation of the risk of pregnancy appeared to be exacerbated by the experience of 'getting away with it'. Some of the respondents recounted that because they did not get pregnant after initial incidents of unprotected sex, their belief that 'it wouldn't happen to them' was reinforced.

> I thought no I'm not going to get pregnant and we were together for ages and I never got pregnant so I thought well…(27:5 Female, 17 years)

> …A couple of times I didn't bother and nothing really ever happened. There's been a couple of times when we've thought I was pregnant but I wasn't. (16:15 Female, 16 years)

3.1.3 iii) Difficulties with oral contraceptives

a) Forgetting to take the Pill

For many girls there seemed to be a mismatch between the vagaries of teenage life and the level of consistency required in taking the Pill. Forgetting to take the Pill was reported by a lot of the respondents as the cause of their pregnancy.

> Well it didn't work because I kept forgetting to take it. (17: 14 Female, 18 years)

> I was always on the pill but I obviously missed a few and then [baby's name] came… (12:8 Female, 18 years)

Although one girl attributed her pregnancy to 'forgetting it once', she also suggested that although she was on the Pill from the age of 14, she 'used to forget to take it'. The accounts of other girls reinforce the impression that although the girls were aware of the need to regulate their Pill-taking, failing to take it as prescribed was something that happened regularly.

b) Physical and psychological side affects of the Pill

Many of the girls reported experiencing side-effects from the Pill, which lead them to abandon it. These unwelcome side-effects ranged from stomach pain and headaches to mood swings and irregular bleeding.

> I was on the pill for a bit but it kept mucking up my periods and it was giving me stomach pains a lot…It just didn't agree with me. So I had to stop that and just stay with the condoms. (15:18 Female, 15 years)

> …the only problem was the pill wasn't agreeing with me. It made me moody and everything and I just couldn't get on with so I just come off it completely. (5:14 Female, 18 years)

> …I don't know what it was but one of them made me stressy I think and mucked my periods up. (19:5 Female, 15 years)

Abandoning the Pill in itself would not be a problem if an equally reliable form of contraception was then used, but the girls reported either falling back on condoms which then failed or were not used consistently, or of ceasing to bother with contraception at all. It seemed that most did not keep going back to medical practitioners to resolve the problems they experienced.

Some of the girls seemed confused by the advice on offer about alternatives to the oral Pill and genuinely seemed to run out of options for finding a reliable form of contraception when they experienced side-effects.

> … you can have a chip in your arm but then that wouldn't have been a good idea because I was only 16. It stops your periods for 3 years, is the idea, and that's not a good idea when you're that young. He said to me you can do it but I didn't think…Because you're young and your periods aren't regulated, you're not…It's not good at that age. I'd only had my periods for 2 or 3 years anyway so I didn't go on that. (26:8 Female, 17 years)

However, others appeared to have self-limited their contraceptive options; 'ruling out' the Pill, because of health concerns and its efficacy.

> I came off the pill last September because I was reading about deep vein thrombosis and that and because I was smoking as well…And I kept getting pains in my legs…So I came off the pill…then I found out I was pregnant. So it was like 2 weeks after I came off. (11:10 Female, 17 years)

> I don't think it's that good contraception because I know loads of people that have fallen pregnant on that pill. So it's not really that good really. (16:17 Female, 16 years)

Further to this, injectable contraception was ruled out by a number of girls because of a fear of needles.

> I ain't having no jab or nothing in my leg…I do not like needles at all. (16: 19 Female, 16 years)

> I don't want the injection because I'm petrified of needles so I just used condoms and that was it. (20:22 Female, 18 years)

Another reported that the Pill made her ill, she was also worried that injections would make her ill and claimed that she was allergic to condoms.

> …I didn't want to be put on the injection because most of the women in my family that have had the injection have ended up 3 months in hospital through being ill on the injection so I didn't want to have that. (27:5 Female, 17 years)

An element of exaggeration was evident in some of the accounts of problems with using contraception. Some of the stories of problematic contraception suggest that the interviewee was making a claim to legitimate the pregnancy as an unavoidable accident. There is such strong public approbation of teenage pregnancy (Wilson and Huntingdon, 2005) that it is very important for teenage parents to manage this stigma by 'absolving' themselves of responsibility for the pregnancy, claiming that contraception just did not work for them is one way of doing this.

3.1.3 iv) Difficulties with Condoms

Despite widespread use of condoms, problems arose primarily through a combination of the product's unreliability and inconsistent use, for which there were a number of reasons. Respondents reported not using condoms because they were not available 'on the night', because they were drunk or because either partner was unwilling to use one. Two of the girls said they were allergic to them. Sometimes no reason was offered.

> We'd been using like condoms and everything but I never really had like a great trust in them because you always hear about them ripping and all this sort of thing and that. (11:11 Female, 17 years)

> I think we actually forgot it that night. So that was the one night it all happened…We both didn't want to be young parents. But then when you're very, very drunk the thought goes out the window…(20:22 Female, 18 years)

An additional problem associated with drunken sexual encounters was confusion about what had actually happened, sometimes meaning that the girl was not alert to the possibility of pregnancy.

This girl did not seek emergency contraception or find out about her pregnancy until she was 5 months pregnant.

> We didn't actually use anything but I didn't think anything of it because I was so drunk and couldn't really remember so I didn't really know much about it…(15: 19 Female, 15 years)

Boys reported finding it easy to get hold of condoms, whether from vending machines, shops or clinics. Girls were much more concerned about being seen buying them. For this girl, the embarrassment of buying condoms was exacerbated by her self-consciousness about her age. She was also concerned about getting her (older) boyfriend into trouble for having under-age sex.

> My boyfriend, he used to buy it (condoms). Because I didn't exactly want to go in and buy it myself…I suppose it was because of my age, because I was only 14 when I got pregnant. It was my age more than anything, in case the shops would ask questions and whether they would say anything and what they would think mostly because of the age that I was. (15:6 Female, 15 years)

Reports of condoms tearing were very common and this sometimes prompted the teenagers to seek out emergency contraception.

3.1.3 v) Experiences of using Emergency Contraception

The failure of contraception need not, of course, result in pregnancy. The next step in the event of unprotected sex could be making use of emergency contraception. This section demonstrates that many respondents were aware of this option and had used it in the past. However, there were some difficulties associated with its use in relation to knowledge, access and cost. There was some confusion, for example, about how often the morning after pill could be used,

> …they don't tell you that you can't use the morning after pill more than once a month. (6:13 Female, 15 years)

Many seemed to know that it was available from health services and from pharmacists. The pharmacist scheme helped where clinic opening hours were inconvenient.

> I went to Boots to get it because I heard from a friend of mine that you can go down there and if you're under 16 they will like give it to you for free and that, because the clinics wouldn't be open in the day. (11:18 Female, 17 years)

> If I ran out of my pills and then had sex and I needed to take one you can go into a chemist and pick one up…I think it's like the morning after pill or something and you can have it… It can be like 2 days later and you can get them. And they have them posters on the windows which is quite good, to show people that they do it in their chemists and that. (13:28 Female, 18 years)

The girl quoted above who went Boots, was embarrassed to have to deal with an older male pharmacist and she had some concerns about confidentiality, but this did not discourage her from seeking emergency contraception following earlier unprotected sex:

> It was a bit like, 'oh my God', because I had an old man who was in charge of it and that and anyway he took me to a room upstairs and my friend came with me and that and…he asked me loads of questions and that and he really wanted to take my name and my details but I was like no I don't want to give them to you, you know?…But I

mean he was quite helpful…Even though it's supposed to be confidential, you know how people talk. (11:18 Female, 17 years)

However, there was confusion about the cost if they chose to access it via a pharmacist;

You can go to the chemist and I think you have to pay for it or you can go to the Doctor's and get it on prescription but because of my age he wouldn't give it to me. (1:3 Female, 14 years)

Asked how they thought emergency contraception could be made easier to get hold of, cost was the most important factor and the age at which it can be issued needed clarification.

Less expensive, something like four pound or something not six or something because it's just ridiculous at that price isn't it?...easier to get hold of because some chemists don't sell it to people under the age of 16 so I reckon that should be dropped to 13 or something like that or 14. (1:8 Female, 14 years)

A couple of the girls did not consider using the morning after pill. It is not clear whether they did not know about the pill's availability or simply did not wish to use it.

I've never really thought about that actually, to be honest, no. (12: 9 Female, 18 years)

I know that sounds really bad but it really didn't occur to me to go for the morning-after pill either, which is a bit stupid really if you think about it…Well although I don't regret having him, like having a baby and that, if I did go for the morning after pill I'd still be in college. [I: So why do you think you didn't?]…I don't know. I don't know. It's just something that didn't occur to me. Something I didn't think about, which I should have done. Not everyone's perfect. (5:17 Female, 18 years)

Only one girl explicitly stated a moral objection to the morning-after pill.

I think that is killing the baby, even though it isn't like completely formed or anything but by then you could have already started making the baby and everything so I didn't use it. (14:3 Female,16 years)

3.1.3 vi) Proactive Contraceptive Use

Some girls reported that it was their own idea to go on the Pill, in advance of having regular sex, sometimes motivated by a need to regulate their periods, but in other cases in order to gain protection from pregnancy.

> I put myself on the pill when I was 15…I only put myself on the pill because I had read in these little books that it helped with your periods, like stops them being so heavy and stuff so… I went to my doctor and asked to be put on to the pill. (13:11 Female, 18 years)

> When you're like 14 or 15 years old you see boyfriends and whatever and I thought I was quite sensible getting on the pill…I was seeing a boyfriend at the time…Although we wasn't intimate or anything like that, still it's better to be safe than sorry…(5:14 Female, 18 years)

Contrary to common stereotypes, many of the pregnant teenagers seemed to have been conscientious about taking precautions in the past.

> Well because at the time I thought well if I'm doing things I should be like careful and I didn't take any risks…(12:4 Female, 18 years)

> I was worried about getting pregnant most of all actually, because I really didn't want it to happen. So I used to go…and find out and places that I could go to find out and talk to someone about it and they told me like all the things I needed to know. (15:6 Female, 15 years)

This girl was proactive in seeking contraception, discussed contraception with her partner and used both the Pill and condoms, calling into question the notion that pregnant teenagers can be typified as ignorant of or unwilling to use contraception.

> I told him that I was on the pill obviously and because he asked. And I was like yeah I'm on the pill. And he was using his own protection obviously as well…I would always take my pill and have condoms on me because you never know…(13:29 Female, 18 years)

Some of the male respondents were similarly proactive in seeking contraception. One male interviewee progressed from being supplied with condoms by his brother to getting them for himself from a local health centre.

> I'd just go in there and just ask where you'd get them from…and they just hand them over and that was it…I started doing that when I was about 15…I don't really get embarrassed about anything. (27:29 Male, 17 years)

Commentary: The Context of Teenage Contraceptive Use

From these responses, a complex picture emerges of how pregnancy occurs which suggests that in their levels of knowledge, sexually active teenagers who get pregnant may not be so different to those who avoid pregnancy or who have abortions. Surprisingly high levels of contraceptive use were reported, but because this was not consistent over time, the risk of pregnancy was still high. Studies have shown that it is not ignorance of or an unwillingness to use contraception that leads to pregnancy, but rather changing patterns of use within relationships and through different relationships, bound up with the complicated social and emotional vagaries of adolescent intimate life. Luker writes that use of contraception tends to be 'relationship specific' and sexual activity may be sporadic and unpredictable, making contraceptive use more difficult (Luker, 1996). It has also been argued that teenagers find it difficult to maintain the highly rational, predictive behaviour necessary to prevent pregnancy. Mellanby et al (1997) point out that even young teenagers who are knowledgeable, sexually active and have contraceptive services in their schools are not very good at maintaining consistent use.

Although we are not in a position to read the 'true' motivations of the respondents from the interviews, attitudes and dispositions emerged that could have shaped contraceptive choices. The relatively high levels of contraceptive knowledge and use and the willingness to access services suggest that what takes many of these teenagers on a path towards pregnancy is a pattern of varying levels of motivation to avoid it. This is not to say that most of the pregnancies were planned or even hoped for, but that pregnancy was not sufficiently feared to motivate prolonged and consistent contraceptive use. This could be because the teenagers actually wanted a baby, or because they did not regard pregnancy as something that could 'happen to them'. This girl 'just never got round' to finding an alternative to the Pill, suggesting either that she did not really believe that she would get pregnant or that avoiding pregnancy was not a high priority.

> So I was thinking oh I'll go and get the injection or go and get the coil or something along them lines but I just never got around to it. (25: 13 Female, 16 years)

This respondent's reluctance to use contraception seems to be underpinned by a more fundamental feeling of a lack of control over her life. She is a lot less concerned with what others think of her actions.

> I've never thought about it. Never. I've never used one in my life. I know it sounds dirty but I haven't. Never, ever, ever…I just used to be drunk and just thought sod it…I never used to really think about it really…I don't care if I get pregnant again, I'll have to get pregnant again won't I? I know it's not a very good like outlook but if I do, I do, don't I? There's nothing I can do. (16:15 Female, 16 years)

The degree of fatalism - the sense that things happen to her and that she feels she has little control - demonstrated by this respondent was particularly strong. Although this girl is an extreme example, especially in her admission that she had never used contraception, aspects of her outlook, less openly expressed perhaps, are present in many of the other interviews.

Given the risks that many of the interviewees had taken, it is possible that a number of the pregnancies were not a complete surprise. One young couple admitted during the interview that they had planned for a baby, but did not dare tell anyone for fear of disapproval. It is not unreasonable to conclude that there might have been other interviewees who conceived intentionally. A recent study by Cater and Coleman (2006) exploring the phenomenon of planned teenage pregnancy suggests that it may be more common than is often supposed, but that the current climate of problematizing teenage pregnancy makes it difficult to admit to planning.

Most common in the sample seemed to be a combination of wishful thinking that a pregnancy would not occur, despite patchy contraceptive use, combined with reconciliation to having the baby once pregnancy occurred. We will explore this further in the section entitled 'Proceeding with the Pregnancy'.

The fathers who were interviewed tended to give different accounts of their attitudes towards contraception compared with those who were not interviewed but whose attitudes were described by the mothers. The interviewed males seemed more proactive in sorting out contraception which may be connected to their willingness to support their partners once

pregnancy occurred. It could also be read as a desire to 'say the right thing' during interview, aware that there is public disapproval of irresponsible males. The non-interviewed males were described as either having taken their lead from the girls or being firmly reluctant to use condoms.

Key Points: The Context of Teenage Contraceptive Use

- Contraceptive use was widespread but inconsistent. The respondents seemed well-informed and more willing than might have been anticipated to seek advice regarding contraception, but sustaining use throughout relationships or in changing circumstances seemed difficult.

- The level of involvement of mothers in contraceptive use was unexpectedly high, as it is thought that teenagers who become pregnant are less likely to have open discussions about sex with their parents. However, it was difficult to assess whether this involvement continued as the teenager became more sexually experienced. The associated survey of teenage school students suggests that girls in particular moved away from their mothers as a source of advice and towards professionals, once they became sexually active.

- There was clearly a difficulty appreciating the reality of the risk of pregnancy, leading to 'wishful thinking' rather than misunderstanding about the likelihood of getting pregnant. Most of the girls were shocked to discover they were pregnant even if they had been aware that contraceptive cover was compromised.

- Even if pregnancy was not consciously planned, it was evident that having a baby was not seen as 'the end of the world' for many of the teenagers. Most did not have concrete plans and ambitions that would be disrupted by pregnancy and early parenthood.

- Sexual activity in the early teens was clearly a reality for a number of the teenagers. This fact needs to be recognised and strategies put in place that are appropriate to the attitudes and outlooks of these young people, to offer them consistent advice and support and to continue to resolve problems of contraception as they occur.

3.2 Sources of Sex and Relationships Information

3.2.1 Formal - Sex and Relationships Education in School

The respondents were asked to recall their experiences of sex and relationships education (SRE) at school. Some could remember better than others, but generally they reported having one or more sessions in year 6 at primary school and further sessions at secondary school in years 10 and/or 11.The consistency with which SRE was delivered seemed to vary considerably from a single, brief address by a visiting speaker in school assembly to a comprehensive course delivered through PSHE.

3.2.1 i) Timing

Many of the young people had strong opinions about when sex education should be provided. The most common view was that it should be provided more regularly throughout the school years, particularly at secondary school.

> I think they should have like different stages of it each year…And I'm like 16 now so year 6… That's like 5 or 6 years ago. How ever do they expect me to remember that? (16:21 Female, 16 years)

> I would say about the age of 11 for people to start giving you advice on sex and how the body works and periods and contraceptives…I think they should go into more detail but not too much detail that it scares the child. I suppose… (13:44 Female, 18 years)

A number of respondents noted the problems of providing information at a young age, when children are less able to appreciate the subject.

> We were only young, weren't we, and you're like laughing at them and you're like yeah whatever … We weren't into sex then. It was like … yeah right – that's adults' things. It's stuff that adults do and it's like, 'Why are they showing us for? We don't need to know'. (4:3 Female, 18 years)

> I know it sounds silly but in my junior school I remember someone coming in with tampons and showing us how to use those and that was embarrassing because you're only about 10 or 11 and you think oh my God. (20: 7Female, 18 years)

However for this girl, sex education at junior school was very helpful because it was relevant to her,

> I think the reason why I learnt it quicker was because I had my periods early – I started when I was 9 and that's quite an early age to start...(5:13 Female, 18 years)

This respondent emphasized the importance of sex education being delivered close to the age when children are starting to engage in sexual experimentation.

> …most of the people I know, and that, lost their virginity when they was like 14 or something so I think they should learn about it just before that…(14: 10 Female, 16 years)

These responses highlight the complications of delivering SRE to year-groups that may have wide variation in emotional, physical and experiential maturity.

3.2.1 ii) What were they taught?

The content of what was taught varied considerably from school to school. Some received quite comprehensive-sounding education with empathetic teachers, as illustrated by this quote:

> The one in primary school was the very bog standard basic level animated video that everyone seems to get. Then the year 4 secondary school one was quite a bit more advanced, let's put it that way. It was a greater insight and it actually used proper pictures…It wasn't just learning about sex as such, there was also relationships, safety within relationships and not just contraception but also knowing when is the right time to say enough is enough and also getting married and moving on to family building…(30:4 Male, 19 years)

This was in contrast to others whose SRE was limited to the showing of a video or a 15 minute address in school assembly.

> It was crap… they put a video on but no one really watched it, we just sat there talking all the way through and the videos were like really out of date so it's like rubbish really…the information that they gave you was just like the average, condoms can split and the pill doesn't always work, and it's like nothing about what to do if you find yourself in that situation or whatever…or the options around. I didn't think it was helpful. (2:4 Female, 17 years)

> Well I know in PSHE they tried to do a little bit on it which wasn't… I think they did STI's which they didn't do much on. And another time we had a school nurse in a sort of assembly sort of thing, in a hall, just talking about contraception and things like that but that was only like a one-off. (19:3 Female, 15 years)

Some respondents could only remember sex being covered in science lessons.

> My school was really bad for that. It didn't do it… Like we did it in science but…That was like the scientific education part of it. They didn't do it in any depth or anything like that. (18:4a)

Many recounted being instructed to put a condom on a banana or prosthetic penis, a task which many found to be embarrassing or just comical. The emphasis on condoms as a solution was seen by some as overly-simplistic. This girl was motivated to find out more about sex and reproduction for herself while she was pregnant.

> Basically I had 2 or 3 lessons and that was it. And it was just the condom on a banana and that was it… I've learnt a lot more by going through it and sort of reading books whilst I was pregnant than I did at school. (20:5a)

As with this respondent, quite a high number of the teenagers were motivated to go beyond the school to get the information and advice they needed. As noted in the previous section, many attended Family Planning Clinics and teenage advice facilities.

3.2.1 iii) The Teaching of SRE

Some respondents had strong views about whether teachers or outside speakers were the best people to deliver SRE, although one girl emphasized that the content and delivery were more important than who taught it;

> I don't think it really matters, as long as you get the information (1:5 Female, 14 years)

The respondents' assessment of their teachers as providers of SRE was variable. This evaluation is particularly positive, not just of SRE lessons but of the general openness and trustworthiness of staff.

> …if I had any questions or queries I'd talk to the teacher because in that way you don't feel embarrassed if you're asking a stupid question…there was a couple of teachers you could go to and talk to about it...they were very friendly. They didn't really look down to you and talk to you like you're a student. They sort of spoke to you like you're a person, like a growing person, not just someone little and that. (25:6-7 Female, 16 years)

But other respondents' experiences were less positive, especially concerning the ease with which they were able to communicate with teachers:

> There isn't anyone to speak to at school. Some people say oh yeah you can talk to your teachers and that but you can't. You try and speak to them and they are just like look we're busy, go away. Basically they're just like that. So I just went through my doctor and done it that way. (13:12 Female, 18 years)

This respondent was annoyed that the teachers were embarrassed to deliver information that she clearly felt was important.

> I think the teachers were quite embarrassed about it sort of thing…and I just think they need to sort of get over the fact that it's embarrassing and just get on with it. (20:5 Female, 18 years)

It is important to note that some respondents' views of teachers were heavily coloured by their views of school more broadly. Many of the interviewees already had problematic relationships with school and some had dropped out before they became pregnant.

There were benefits to having SRE delivered by outside speakers, particularly because of the 'novelty factor' which kept students' attention and the greater ease with which outside experts could run sessions compared to the often embarrassed or embarrassing delivery by teachers.

> I think they liked it when other people came in from different places because it was something different and they were gonna sit and listen because they've never had that thing before… (25:5 Female, 16 years)

> I think they should have different people, they should have people that you've never seen before, because when your teachers, when you see, your teacher, you just think you know, you just take the piss out of them, and it's not good. (Laughs). You haven't got the respect for them if they sit there and one minute they're teaching you maths, next minute they're teaching you sex education. (9:4 Female, 17 years)

These responses suggest that improving both content and delivery should be a priority.

3.2.1 iv) Separating girls and boys

A number of respondents felt that being in a mixed-gender group for SRE inhibited the sessions. One concern was the embarrassment felt by both boys and girls about asking questions in mixed company.

> Boys and girls should be separated as well because the girls don't want to ask a question in front of the boys and neither do the boys…(3:2a)

> I think what they should do is like split girls from boys, like when they are actually doing the sex education lessons. Because when it's all mixed, the boys just piss themselves, they think it's all funny. But I think if the girls were all in a separate room, all sitting down, perhaps in different groups from like their friends… (9:4a)

> I think it would have been better if you split the boys and girls up completely because girls and boys have got a completely different way of looking at things and understanding them…(25: 7a Female, 17 years)

This respondent reflects a common suggestion that classes should be broken down into smaller groups to facilitate more individual advice and to reduce the embarrassment of asking questions.

> …they should be given more advice like as a group of people, not a big classroom where if one person starts laughing about something the whole class starts laughing and then you've forgotten you know what the teacher has said or whatever. So you should have like groups of 5 or something with their own little advisors. And then if they need to ask any questions then they should ask. (13:44 Female, 18 years)

3.2.1 v) No SRE provided

Some of the teenagers reported that their schools did not provide SRE at all. In some cases this was because teaching at the school was generally disrupted, in others teachers appeared to have refused to teach SRE.

> We were supposed to do sex education but our school seems to just lay it off and not do it. They just don't seem to get around to it at all…it was a lot of swapping over teachers all the time so I suppose they'd never really got around to it. (15:4 Female, 15 years)

> They were too embarrassed to do it. Our tutor refused to do it because he was male and he didn't want to teach females how to put condoms on or anything so…[What about in biology?] We were told the reproductive system and stuff that you learn but we weren't actually told sex education or anything like that. (29:3 Female, 18 years)

The problem was not always with the provision by the school, but could also be caused by the child's disengagement or absence from school at secondary level. Some of the teenagers did not receive SRE even though it was provided, because they were inconsistent attendees or had left school by the time secondary level SRE was delivered.

> We didn't have any because I left, like I say, when I was 14 and when I was leaving they was actually going to start about the sex education then. (32:3 Female, 18 years)

3.2.1 vi) What is needed to improve SRE?

Added to the conclusions to be drawn from the respondents' experiences of school-delivered SRE, the teenagers provided very clear recommendations for what should be changed to improve SRE provision.

a) More practical and detailed information

Many wanted more practical and detailed information that could help them to deal with real sexual relationships and attendant problems.

> I've had quite a few friends who have like caught STI's and things like that because obviously they've had one night stands and things but just to inform them really more

about sexually transmitted diseases and you can get pregnant first time and stuff. And the pill…we never got informed about the pill. I think that would be a good thing to inform people about…It was only really condoms. They didn't tell us about the pill. I had to go to the health centre…(11:6 Female, 17 years)

Information about the location of local sexual health services was suggested by a number or respondents.

…maybe explaining where you can like get the morning after pill or something because I wasn't told that. It's horrible not knowing all these different bits and pieces and saying where do I get this and where do I get that? (20:6 Female, 18 years)

I think there should be like a speaker or something, to say you can come here and leaflets saying this is where you go if you want information…(2:5 Female, 17 years)

There was a demand for more detailed information about how to deal with 'accidents'. Some said that the emphasis on putting on condoms gave a false sense of security, and were more concerned to know about what to do if a condom failed. Even those who felt their SRE was good, highlighted gaps when it came to precise, usable information about real scenarios:

…in retrospective they don't really touch on what you need to know…Even if you do do these things there are still dangers and they don't really show you that…it seemed like they felt oh well now they know how to put it (a condom) on they'll be OK. But they don't quite explain that if it rips… if anything goes wrong this is how you tell and this is how you correct it. It's more or less just giving you the basics but they don't explain anything further…They never spoke about abortion. (30:4 Male, 19 years)

Abortion seems to have been shied away from as a topic of discussion, even though it is quite likely to be part of teenage sexual experience. Few respondents recounted having abortion explained to them in the context of contraceptive information, while others recalled only discussing it as a moral and ethical 'issue' in religious education or similar lessons. (See further discussion of abortion in section 3.3, Proceeding with the Pregnancy)

b) Make it more engaging

There was also a demand for information to be conveyed in a more engaging way.

> … make it more fun, if it's fun then you're more likely to remember it, make a game or something to do. (3:4 Female, 18 years)

> I like watching things like documentaries about babies growing, how they evolve and how they're fed in the stomach. I like all that. I think that's interesting, but I don't really… the rest of it I suppose is information that we have to know but you don't really enjoy it really.(4:4 Female, 18 years)

c) More about the consequences of sex

It was suggested by some that the gap between knowledge and behaviour could be remedied by placing a greater emphasis on the connection between sex and pregnancy and STIs.

> I never really thought about it, even though it's the most stupidest thing in the world because obviously if you have sex, sex is part of reproduction…I don't know if that's the right word but I think people should be aware that it is easy, very easy, to fall pregnant, especially when you're younger because you've got the most highest fertility rate. A lot of people don't realise that. They think oh I won't get pregnant this time and stuff like that and it's just not the way it works. (29:22 Female, 18 years)

> It was never drummed into us as much as it should have been. It wasn't like… you know, you will get pregnant, you can catch diseases. It wasn't drummed into us, I don't think…(25: 6 Female,16 years)

This girl felt that although information was provided, the advice to use protection was insufficiently powerful and was not oriented to individuals.

> There isn't enough open advice in these lessons. Although they talk about it, and they do, you know, sex education and all that business…like I say they don't advise like if you're going to have underage sex to use protection, you know. (5:13 Female, 18 years)

All of the respondents knew that sex could result in pregnancy, but innovative ways need to be found to make this real to teenagers. Some suggested that peer educators would be one way of getting the point across.

d) More about parenthood.

There was an interesting response when the young parents talked about wanting to be taught more about parenthood. Their views are divided into those who thought teaching about the realities of having babies and rearing children could act as an incentive to avoid pregnancy and others who felt that it should be taught with a view to the possibility that students could become parents and needed practical advice.

The following quotes illustrate the former category:

> …it's not easy and I don't think it's going to be easy when the baby is born either, I'm going to be tired all the time and plus I'll have to do school work as well, basically, don't get pregnant because it's not fun.(1:5 Female, 14 years)

This female suggests that receiving information about young parenthood while at school would have prepared her for the problems she faced once pregnant.

> all they're bloody worried about is the diseases, they don't tell you what it will be like if you've got a baby, if you got pregnant. They don't tell you nothing about that. It is really hard and I've not even had my baby yet. And I'm finding it hard already, like money, housing, everything, and you think, why didn't they tell you that when you were at school? I know it wouldn't have prevented it but at least then you have a guideline of what it is gonna be when you get to the real world. (9:3 Female, 17 years)

Another thought that peer educators would help to get across the reality of how easy it is to get pregnant.

> …If they had brought some different teenagers in that have got pregnant and they came in and said look seriously it is a lot easier than you think and explained it…everybody says oh I don't think I'm very fertile because I do it all the time and I've never been pregnant. It was the same with me. And I think well yeah I was like that as well and then one day it just happened, then maybe people will take notice more. (19:8 Female, 15 years)

Interestingly, one of the respondents undertook this role in a Sure Start peer education scheme:

> Basically what I'm doing around the schools soon hopefully is not saying don't do it because then if you tell someone not to do it they're going to do it anyway. But sort of share my experience, as a teenage mum, even though I'm not that teenage anymore and

> sort of tell them the struggles I've had and the ups and downs and the good points and the bad points. So I'm not altogether saying don't do it but sort of encouraging them not to, scaring them out of it. I'll have them quaking in their boots. (20: 4 Female, 18 years).

This girl acknowledges that it is not easy to persuade teenagers who are considering having babies to postpone pregnancy, but she believes that greater emphasis on the negative aspects of early parenthood, delivered by teenage parents themselves, would have a deterrent effect.

e) More relationships advice and one-on-one advice

A number of the respondents thought there was a lack of emphasis on relationships. Sometimes this meant that they wanted more education about actual sex rather than about the biology of reproduction, others meant that they wanted more information that contextualized sex within interpersonal relationships.

> We didn't actually learn about sex. We just learnt about like babies and how they were like made but nothing like about the actual relationships or anything like that. (14:6 Female, 16 years)

> I think an actual discussion about what you think of sex and relationships, rather than just being sat down in front of a video, I think actually talking about it, talking about feelings and that side of things, that would be more helpful. (2:5 Female, 17 years)

Others felt that this gap would best be remedied by the provision of opportunities for one-to-one advice sessions in confidence. The role of the school nurse was made evident here:

> Because at the end of the day I was 14, I think, when I had that lesson and pretty much you're young adults so you sort of know what's going on and you just want to talk on a one to one basis sort of thing, just to say right this is what happens and…(20:5 Female, 18 years)

> I do think that would work more than actually speaking to a teacher because then you can actually lock yourself in the room with the actual school nurse and talk to the school nurse then. Because our school nurse only came like once a week which I thought was a bit difficult because if you wanted to talk to her she wasn't in. (27:30 Male, 19 years)

> I'd prefer to speak to someone, like somewhere you can actually go and speak privately. (5:4 Female,18 years)

For this girl, the pastoral care offered by some of her teachers provided opportunities for informal and discrete sex and relationships advice:

> I mean the teachers were really open about it and so you could go and talk to them, like in confidence and that, or the head of year or whatever…And they were really like open about it and supportive or whatever you wanted to do. And like if you had any problems or queries… (11:4 Female, 17 years)

f) Make contraception available in schools

A number of respondents thought that contraception should be provided in school.

> I think it should be anonymously provided in secondary school…I mean when I was 12 or 13 years old there were people in my year that were having sex already, or at least talking about it, so it was obviously on their mind, even if they might not have been doing it…If they know that people are having sex that young they should be providing the access to the contraception in the first place and better knowledge of how to use it, because a lot of people just don't know how to use it.(29:12 Female, 18 years)

> If they offered the pill or the jab or even a free bag of condoms to people there would be less pregnancies, around this age anyway. (1:5 Female, 14 years)

This girl was unclear about the question of confidentiality were contraception to be provided by school nurses, reflecting, perhaps, an awareness of recent newspaper coverage of legal disputes concerning school nurses and parental control.

> Because they were saying that you could get emergency contraception from the school nurse but they can still tell your parents can't they?…Maybe if the nurse could like give it out or whatever…But only like if they weren't gonna ring everyone's mum and dad up that had it I suppose. (18:11 Female, 18 years)

g) What would you tell young people?

When asked what advice they would give to other young people, most of the respondents conveyed a view that teenage sex was a fact of life and that the use of protection should be 'drummed in', even though this message had not consistently influenced their own behaviour.

> Basically, the only advice I suppose you can give them is if you're going to have sex, be safe. Use contraception – that's what it's there for and don't be ashamed of it because at the end of the day all young people are going to be adults and you're going to be thinking like adults and they're going to be acting like adults, you know. The least you can do is protect yourself... (5:19 Female, 18 years)

> I suppose be careful. Be really careful unless it's what you really want to happen I suppose. Because that's where I went wrong. I wasn't careful, careful. I was on the pill but I wasn't careful with it…I wish I'd waited (before getting pregnant). You know I wish it had happened maybe 5 years later. (12:20 Female, 18 years)

Commentary: Formal Sources of Sex and Relationship Information

There are clearly improvements to be made in the structure and delivery of SRE in schools. The strongest demand was for age-appropriate, repeated, unembarrassed, detailed information. The interviews and the related school survey demonstrated high expectations of school-based sex education that were often disappointed. Given the importance placed on school as a source of information, it is significant that the interviewees' responses to questions about SRE were predominantly negative. Another survey of 13-21 year olds found the main source of information about sex and relationships was lessons at school (77%). Other sources included friends (53%), mothers (52%), magazines, books, posters and newspapers (45%), and TV and videos (45%) (BMRB International, 2003).

Interestingly, negative assessments were sometimes given to what seemed from their descriptions to have been fairly comprehensive SRE. This tendency to criticise rather than praise SRE could be explained in a number of ways, a) the sample had very high expectations of SRE which were subsequently disappointed, b) they viewed their pregnancy as the result of failed SRE, c) the interview questions encouraged complaint rather than praise, d) criticising SRE could be a way of sounding 'grown-up' because the implication is that teachers know less than the students. Another possibility is that the respondents had a stake in constructing themselves as 'let down' by SRE provisions as a way of avoiding blame for their pregnancy. This final possibility was exemplified by this respondent's view.

> But the thing is at least though if you're offered like sex education and you mess around it's your fault and you can't blame it on them. But not to be given the chance at all, I think that's wrong, because it should be. (21:8 Female, 16 years)

Key Points: Formal Sources of Sex and Relationship Information

- There was a consensus that SRE needed to be more consistent, throughout the school years.

- Information should be age-appropriate, becoming more detailed and practical as the children get older.

- There was a demand for one-to-one advice within school once sexual activity becomes a reality.

- An over-emphasis on condoms as a solution ran the risk of under-emphasising the problems of condoms and failing to inform teenagers of the steps to be taken in the event of condom failure.

- There was a disjuncture between the provision of information within school and the provision of contraception by separate sexual health services. Bridges between the two would bring together the familiarity and convenience of school-based provision with the expertise and perceived trustworthiness of external providers. This could raise issues of confidentiality and privacy however for teenagers who want to maintain a separation between school and their intimate lives.

- Outside speakers were generally thought to be a good thing, but some teachers were praised as well. Much depended on the student's prior relationships with the school or with individual teachers.

- Abortion information seemed scarce and was sometimes taught as an 'ethical dilemma' rather than as a practical solution within the range of birth control options. Prejudices against abortion did not seem to have been challenged by SRE teaching, although the sample may have been untypically hostile to abortion compared to those who have experienced abortion or who have avoided pregnancy (see later discussion of abortion in section 3.3, Proceeding with the Pregnancy).

3.2.2 Informal Sources of Sex and Relationships Information

Most of the respondents had spoken about sex within their families. In most cases, this meant that their mothers had taught them about sex, periods and reproduction. For some, their mother continued to be their most important confidante into the teenage years, while for

others a sibling, grandparent or friend acquired this role as they got older. Respondents who had never spoken to their parents about sex were the exceptions.

> …it's just not one of those things that I'd talk to my mum and dad about. It's never been brought into a discussion, we've never spoken about everything, it's just one of those things that as a family we haven't spoken about. (2:5 Female, 17 years)

3.2.2 i) Mothers

Many of the respondents cited their mothers as the most trusted source of sex and relationships information. This view may have been coloured by the fact that most of the girls found their mothers to be very supportive once they became pregnant; they may not have picked up on the fact that the question was asking about their earlier, pre-pregnancy relationship.

> I trust my mum's information quite a lot. She was there. She knew all about everything like that. (29:4 Female, 18 years)

> You prefer speaking to someone you know rather than a stranger anyway. And like my mum she is really supportive anyway, with everything that I do. So I find it easier to talk to her. (15:7 Female,15 years)

These views were echoed by a male respondent;

> I feel a lot better and safer to tell mum stuff. If I was in trouble I would tell my mum and I would feel a lot better about it. She understands me. (23:14 Male, 17 years)

In the case of a girl who was estranged from her natural mother, her step-mother played an equally supportive role.

> I've spoke to like my step-mum quite a lot…I wouldn't feel embarrassed to talk to her if I had a question or something. And yeah she was easy to talk to…I would ask her general stuff but when I started having sex I would tell her as well. (25:10 Female, 16 years)

Some mothers seemed highly motivated to be open about sex from a young age.

> My mum is quite open about stuff like that because her mum never told her anything…So she wanted to make sure we were all informed and that…She was showing us a book and she was trying to get us to read it with her but we were laughing too much because we thought it was too funny…I was about 7. (29:3Female, 18 years)

Some of the girl's mothers had been pregnant as teenagers themselves and were concerned to prevent their daughters from following a similar path.

> She said that she didn't want me to go the same way she did…I think my mum was the one that explained it the best, because you can relate to your parents, can't you? (4:4 Female, 18 years)

The schools survey found that most girls relied on their mothers for advice but then began to move away from their mothers once they became sexually active, relying increasingly on professional sources of advice. The interview data supports this transition.

> …when I was sexually active I just felt I couldn't talk to my mum. It's been like that ever since. I wasn't close enough to tell her that I was sexually active. (4:4 Female, 18 years)

> I don't think I'd feel that comfortable to talk about what I've done or anything, you know what I mean. I don't know, I am quite close to my family, but not in that way. I don't think I could sit down and have a conversation about it. (9:6 Female, 17 years)

One of the reasons for this transition is illustrated by the following quote;

> because I was still under age at that time, even though it was only a few months until I was 16 but I was still under age and I didn't want her to think less of me, even though she wouldn't have, but you always still have that fear. (29:8 Female, 18 years)

3.2.2 ii) Fathers

Fathers were cited much less often as sources of information and support. But one girl found her stepfather to be very helpful and non-judgemental and gave her a source of support where she feared disappointing or upsetting her mother.

> Believe it or not my step-dad, that's who I used to talk to most about stuff because I trusted him because I thought that he wouldn't tell my mum and he didn't…I suppose because it's your mum and you think oh they're gonna go mad if they think you're sexually active...They're going to think differently of you because you're not a good girl anymore…Don't want them to judge you or think of you differently…I suppose it's because he's not really my dad. I suppose it's because I thought he wouldn't judge me…(4:4 Female, 18 years)

3.2.2 iii) Siblings

For teenagers who found it too difficult to talk to their mothers, older siblings were an important source of information and support.

> I speak to my sister the most… I'd get shy talking to my Mum about it before. (3:2Female, 18 years)

A girl whose mother had died described how her sister provided a lot information about the practicalities of sex.

> Just like what loads of like things are. Like what you do with people and things like that – explaining anything like that. (8:3 Female, 17 years)

Some of the male respondents had similarly frank relationships with their older brothers.

> The only people that I talk about it seriously to is like my brother. (21:8 Male,19 years)

3.2.2 iv) Grandparents

Perhaps surprisingly, grandparents could also be important sources of support, whether instead of a parent or as well as a parent. This seemed to be so in families where grandparents had been very involved in the teenager's life.

> My mum was a young mum herself…So she's more like my older sister and I don't go to her about anything because I'm too embarrassed. So I ask my nan. And my nan was the one that came to family planning with me…she said, 'right, we'd better get you on the pill' and she took me down the hospital and that was it. (20:8 Female, 18 years)

> Well I'm not really like my mum or a daddy's girl. I'm more of a grand-parents girl anyway. I've always turned to them when I've got a problem. So it's just like family to talk to someone if my mum's not there. Then I will phone up my nan because I know that she's the next person to go to. (15: 12 Female, 15 years)

3.2.2 v) Friends

Information from friends was seen as less trustworthy and sometimes contradictory, but the support of friends was very useful for some.

> You learn most of the stuff off your mates and the telly and the playground and stuff don't you? (17: 6 Male, 25 years)

> It's just really off friends. When you're at school at and that, it's just common knowledge isn't it? (8:2 Female, 17 years)

In some cases this was described as general information shared amongst a large peer group, at other times friends were able to provide specific advice to deal with particular problems.

> It was really with the people I was hanging around with and that, girls I was hanging around with. Because like when I first…had sex I didn't really, you know, fully understand everything, like what you're supposed to do and that…And it was one of the girls, like the older girls… And I was talking to her and she said you have to go down to the clinic on Mondays at such and such a time and that and so she told me about it…I didn't find out from like school or anything like that. (11:9 Female, 17 years)

Friends were able to offer concrete advice and also to support one another in making contraceptive choices.

> My friend, she's on the pill so she was telling me about it. (5:3 Female, 18 years)

They did perceive there to be problems with getting advice from friends. Talking seriously about sex amongst friends was sometimes not possible, perhaps because they could not risk exposing this intimate area of life to peer groups, where self-presentation is often very guarded. Although it is often thought that males are particularly prone to posturing about sex rather than open discussion, it seemed that girls could also be very wary of disclosing intimate details to schoolfriends.

> …my friends and that we did talk about it but it was just the usual sort of immature stuff that you do. (2:4 Female, 17 years)

> …with all your mates it's like a really sensitive subject isn't it? (21:8 Male, 19 years)

Advice from friends could also be contradictory.

> …sometimes you can hear one thing from one person and then another friend would say another thing and you're like, who's right and who's wrong? (4:4 Female, 18 years)

Relationships of support could also be one-way.

> …to be honest, I'm like their agony aunt. I mean they come to me and then I just go to my mum. I don't talk to my mates about things like that; they talk to me about their problems… they thought I was well clued up about it. (9:6 Female, 17 years)

3.2.2 vi) Learning for themselves, by themselves

Some respondents preferred a greater degree of privacy and did not confide in other people at all.

> I keep it all to myself. I mean I don't even sit and talk to my mum…The only time I spoke to my mum about it was obviously when I started my periods because that's the only thing really that I've actually spoken to any of my family and friends about. I'm not really a person that opens up to talk about things like that. I keep it all to myself. (32:4 Female, 18 years)

> I just done it myself didn't I? I just learnt myself. (16:10 Female, 16 years)

> You experiment don't you, what goes where. You don't get told…like in sex education you don't get told this goes here and you have to do this…You have to find it your own way…You can sit there and you can have as many teachers telling you like what happens and what don't happen but at the end of the day you find out by yourself…(23:33 Female, 16 years)

Another girl, who described herself as being very difficult in the past, rejected offers of advice and support from her mother, her aunt and her friends.

> …no-one could talk to me when I was younger. It was just an impossibility to talk to me…So it's just experience really…it was just really embarrassing so it would be like go away, shut up, leave me alone. (27: 4 Female, 17 years)

3.2.2 vii) Partner

Interestingly, very few respondents spoke about their partner as a source of information comparable with family and friends. This girl was an exception.

> …my partner was more open and that, and we did speak about a lot of things because obviously he had a child and that, it brought things into the equation sooner than you would think in a relationship so we did have like long discussions around contraception and things like that…(2:4 Female, 17 years)

There were varying degrees of open conversation about sex and contraception reported between sexual partners. The tensions and anxieties at the beginning of new sexual relationships made open conversation about contraception very difficult for many.

3.2.2 viii) Other sources of information

Magazines and other media were not highlighted as being such important sources of information as family and friends, but for some, they were informative about the practicalities of sex.

> …You get it off watching telly and all that when you're younger don't you? Your mum is watching like one of her films and like, uurgh they're kissing…You just pick it up. (23:33 Female, 17 years)

Commentary: Informal Sources of Sex and Relationship Education

As discussed earlier, the respondents reported a relatively high degree of communication about sex and relationships within families, often at a young age but this seemed to dwindle once sexual activity became a reality for the teenagers. They were less willing to discuss the particulars of their relationships than they were to discuss sex in the abstract. Having sex can be seen as being part of establishing new boundaries of independence. This important development did not sit easily with continuing to confide in parents as the main source of intimate support. The teenagers sensed that the parent-child relationship could be threatened by parents having to deal with their child's development as a sexual being. Negotiating between sexual experimentation, the desire for independence and maintaining a loving relationship with a parent

meant that openness was not always an easy option. The need for privacy in their newly developing intimate life was important to preserve both their independence and the parent-child relationship. The tensions inherent in adolescence, where the child role continues but is also challenged by the move towards 'adult' experiences are acutely exposed here. The teenager needs privacy to pursue their 'adult' experimentation, but also needs advice from a trusted source.

The respondents did not cite their partners as a source of information and sex and relationships. This seems incongruous as it was presumably through their partnerships that they learnt about sex and the realities of relationships. However, perhaps the teenagers did not perceive this as a 'flow of information' in the same way they would a lesson at school or an informative conversation with a parent.

Key Points: Informal Sources of Sex and Relationship Education

- Parents, especially mothers, were the most highly valued source of information about sex and relationships.
- Many parents seemed to have been keen to educate their children about sex and contraception.
- Other family members, such as siblings or grandparents, were also important.
- Once sexual activity begins, it is seemed difficult for teenagers to consult their families. It is from this point that professionals have a more important role to play in providing information and advice.
- Some teenagers were keen to learn for themselves and sought out advice independently of school or parents. Perhaps this reflects a desire to learn experientially and to 'make their own mistakes'.
- While information obviously flowed amongst peer groups, levels of trust in the accuracy of that information and expectations that privacy would be protected were low.

3.3 Proceeding with the Pregnancy

3.3.1 Girl's Reaction to the Pregnancy

Although all the respondents eventually decided to keep their babies, there were very varied initial reactions, ranging from panic to joy.

3.3.1 i) Shock

Most of the girls described their initial reaction to discovering their pregnancy to be one of shock and the feeling that their lives would now have to take a very different path.

> Panic. Just panic. No, I don't know really. I mean I will admit that I was really scared and really nervous. (5:4 Female, 18 years)

> I mean I must admit I was really shocked. I mean it's nothing that I really wanted at my sort of age. You know, I've always said if I was to have kids it would be after at least in my twenties so I could enjoy my life and do what I want to do…(32:7Female, 18 years)

> I think I was just like in shock because I had planned to do so much with my life… I love going to college. I loved it…and I thought I won't be able to go out with my friends, you know, they won't want to know…I just thought, oh my God it's the end of my life…I think I was happy when I first…I wasn't like miserable and like sad. I think I was happy but then I was shocked. (11:11 Female, 17 years)

Even a girl who had planned her pregnancy was shocked to have it confirmed.

> I do admit I was petrified when it did come up positive because I thought, oh shit, this is really it…You think to yourself 'Oh God' and there's no going back now, sort of thing. (4:10 Female, 18 years)

3.3.1 ii) Fear of telling parents

Their own shock was often combined with a fear of telling their parents.

> I was like shocked walking home from the doctors and I was like 'Oh my god! What am I going to do? I'm pregnant. Fuck!...What am I going to do?'. I thought 'Oh no, what's my mum going to say?' (5:1 Female, 18 years)

> First of all I was scared, I was really scared, 'cos I was dreading telling my mum because I didn't want to let her down, I didn't want her to be disappointed in me. I was really scared about telling mum, but then again, my dad, I was like, shit, what do I do about telling my dad? (9:8 Female, 17 years)

This was fear was shared by a male respondent.

> I was just scared…To be parents at…such a young age. What was mum going to say? (23:6 Male, 17 years)

3.3.1 iii) Uncertainty about proceeding

For those who were not spontaneously happy to be pregnant, their initial reaction was shaped by their uncertainty about what they would do.

> I was just like really shocked. I was like…I didn't really know what to do…I was still thinking what do I do? Keep it or not? (19: 9 Female, 15 years)

While this girl was certain to begin with that she wanted an abortion, she later changed her mind.

> I was really scared. I wanted to have an abortion at first but then after a while…(17: 16 Female, 18 years)

3.3.1 iv) Pleasure and excitement

For some of the respondents, both male and female, the positive result was greeted with a more straightforwardly joyful reaction.

> Me and (boyfriend) were over the moon about it. Totally pleased about it. Totally. I cried. (Boyfriend) cried. We're having a baby.(27:16 Female, 17 years)

> I was excited, really excited. (22: 20 Male, 23 years)

Even if the pregnancy was not planned, some respondents were still excited and pleased, seeing the pregnancy as an opportunity to change their lives.

> I didn't want to get rid of it. I don't know why. It's just a strange feeling but I just wanted to keep the baby so…at the time I was only 18 and I thought people would be like well you're only 18, you're not old enough to have a baby, you're not mature enough. But I was just…I didn't really care at the time. I wanted to prove to myself, and prove to other people, that I could do it. (13:37 Female, 18 years)

3.3.1 v) Problems confirming or accepting the pregnancy

A number of the girls had ambiguous or contradictory pregnancy tests which required them to do multiple tests, sometimes over a considerable period of time.

> I went down to the clinic about 2 weeks after my period was due and I took the test and it came back negative so I was like oh phew. Because I had to put my mind at ease, like for myself, not that I thought I was but just to allay my fears and that. So I carried on as normal and that and then another month went by and I just thought something must be up so I went and bought a pregnancy test myself and that and did it at college and it came back positive so I went and bought another one and it came back positive. So I was like oh my God. (11:11 Female, 17 years)

Others ignored or were unaware of the early signs of pregnancy.

> Well to be honest when I first thought that I might be I just didn't think about it. I put it to the back of my mind because obviously I was late on my period and it got to the point where I could see that I was putting on a bit of weight but I was still like in denial about it really. (12:10 Female, 18 years)

These quotes illustrate the importance of timing and good advice about the choices subsequently available.

3.3.1 vi) The Scan - Transition to acceptance

The interviews have allowed us to explore the process the teenagers go through from the discovery of the pregnancy towards reconciliation to parenthood. One significant moment in this process was the experience of seeing the foetus during the first scan. Other important moments such as experiencing the reaction of others are explored in the following sections.

For many, the first sight of the foetus was the point at which their pregnancy became 'real'.

> I couldn't believe it, I couldn't, it wouldn't sink in that I was actually pregnant. and then when I had my scan, that's when reality kicks in and you think, oh my god, I've got a baby inside me you know, and it was brilliant, I cried when I first see it, it was good, I did enjoy it. (9:10 Female, 17 years)

> The best experience for me…was when the baby first moved and when I had my first scan because of me worrying about ectopic pregnancies…It was just this little baby on a picture on a screen sort of thing and I think that was quite nice, to see that it was there. (13:37Female, 18 years)

This girl had very strong feelings that once the foetus has been witnessed by the mother, it is very wrong to terminate.

> Because babies are lovely, as soon as you know you're pregnant, just that feeling you've got something growing inside you, it's just lovely. Especially when you feel them kick for the first time, butterflies in your belly, and you see them on the little scan and you feel their little heartbeat and everything. It's so sweet. My sister's mate and she went for a scan, and she still got rid of her baby after seeing it on the scan. I couldn't do that, that's horrible. You've seen its little heartbeat and you know it's inside you and you still go and get rid of it. That's just wrong. (7:19 Female, 16 years)

In contrast, for others, the scan was intended to confirm their dates in order to assess their abortion options and was a less joyful experience.

> My mum said to me if you're pregnant you're having an abortion right…when you're laying down on the bed there's like a screen that like the sonographer…looks at and then another screen there that you can look at if you want and she said do you want to look at it? I went no. She turned it off. She said you are pregnant, about 9½ weeks and I just sort of like sat up and my mum was sitting there and I had my back to her and I was just crying. (16:23 Female, 16 years)

These quotes illustrate the distinctly individual meanings pregnancy had for each respondent. Practitioners should be aware of the range of responses to the scan and the very different meaning of the scan for those who have already decided to proceed, to those who are still considering termination.

As Lee recommends,

'where a pregnancy is screened in order to date it, the woman should not be encouraged to view the image unless she says she wants to. Women who are going to have an abortion and those having babies need to be treated differently.' (Lee 2004: 35).

3.3.1 vii) Changed attitude and lifestyle

Most of the girls had absorbed health messages about 'healthy behaviour' during pregnancy. Alcohol, drugs and smoking were more prominent than diet as something they felt they needed to change. But other 'risky' behaviour such as fighting, was consciously ceased once the pregnancy was discovered.

> I mean I'd take drugs and do all sorts and I met (boyfriend) and got pregnant and everything changed. I stopped taking drugs. I stopped drinking. I stopped absolutely everything and just look after me and my baby and (boyfriend) now and that's it. There's no-one else. There's just us 3. (27: 8 Female, 17 years)

> It's made me grow up thinking about I'm having a baby and I've got a lifetime responsibility. It's not all just about me now, it's about someone else. Because all last year I was all out fighting, getting drunk, doing everything like a normal teenager does. Now this year I'm pregnant and I'm just like relaxed and don't do any of that stuff no more. I've changed a lot…(21:13 Female, 16 years)

For girls such as these, it is possible to see how pregnancy offers a positive way out of previous patterns of behaviour.

3.3.1 viii) The timing of the baby.

Few of the girls regarded the timing of their pregnancies as ideal. Although they did not regret having a baby, many did regret becoming pregnant at a young age.

> Looking back now I wish I hadn't of done it but in a way I'm glad I did because I've got my little girl but in a way I wish I hadn't had her so young. (1:7 Female, 14 years)

> I mean I don't regret having [baby] at all but I regret the timing of it. I wish I'd waited. You know I wish it had happened maybe 5 years later. (12:20 Female, 18 years)

> It is nice now knowing that we're gonna have a baby because…but I mean at the beginning it was scary…You just thought what have I done? I'm so stupid. I've let everyone down. I've let myself down. I can't go back to college. I mean I'm pleased now that I'm pregnant because obviously the shock has gone down and that but I would definitely say if anyone is doing well at school then just to keep on doing well at school. There's no rush. (25:22 Female, 16 years)

> It's just stupid getting pregnant at a young age. I wish I'd never got pregnant, I didn't want kids but when you know you've a person growing inside you, you don't want to get rid of them. (7:20 Female, 16 years)

This girl held a very strong contrary view.

> I don't regret it at all. I don't know how people can say that…I think that's cruel and that's just my opiniont…At the end of the day you got pregnant, you had your baby, you look after your baby. You don't wish it was later or whenever. I mean if it was later it might have been someone else's baby. It wouldn't be your baby then would it? It wouldn't be the same baby. (16:36 Female, 16 years)

3.3.1 ix) Reconciling to motherhood

The process of coming to terms with the pregnancy and with future parenthood is a lengthy one and some had difficulties getting used to the idea of motherhood.

> I'm still getting my head around the fact that this person will be dependant on me for the rest of my life. Regardless of how old they are they're always going to come to me if they need help. (11:34 Female, 17 years)

This girl was asked what she had considered when deciding whether to proceed with the pregnancy.

> How much my life would change and although I know it's going to change drastically, still being pregnant I don't, some days it is forever and other days it's just like a normal day and so it does take, well it has taken me the whole of my pregnancy to really sink in that this is forever and what will be will be. (2:4 Female, 17 years)

One of the respondents who was interviewed shortly after her baby was born described how the reality of having a baby did not really sink in until after the birth.

> ...I think it must have sunk in about two weeks after he was born that he was mine. It sounds quite weird, even just like going in and having him and everything like…It didn't really…It was like I knew I was pregnant and that and I was having a baby but it didn't sink in until two weeks after I'd had him, it was like 'I'm actually a mum. Oh my gosh. I actually have a baby'. It didn't seem real until like after. (10:6 Female, 16 years)

The following quotes highlight the varying degrees of confidence amongst the sample about the prospect of parenthood. Many were surprisingly unworried about becoming mothers, often because they were already very familiar with babies and small children.

> I wasn't scared about having a baby because, you ask my mum, I've been brought up around babies all my life, if you know what I mean…(16:35 Female, 16 years)

> Some people know what they're doing and some people don't I suppose, but when you have a baby it all comes natural. No matter how much people tell you, you never do what they say. You end up doing it your own way anyway. (4:19 Female, 18 years)

3.3.1 x) Concerns about labour

Some of the girls were worried about the labour and delivery, for many of them, labour was imminent and so probably looming large in their minds.

> I'm a bit nervous about…I'm nervous about the birth but I'm not really nervous about having the baby or looking after her or anything like that. (14: 21 Female, 16 years)

> Petrified, the whole going through the labour thing and the pain, and it's like the rest of my life is going to change from that day…I have been able to talk about it and discuss it with friends and family. (2:11 Female, 17 years)

3.3.1 xi) Motherhood: A positive, life-changing experience

A number of the respondents described embracing the pregnancy and the prospect of parenthood as an opportunity to transform themselves and their lives. For some this was a transformation from 'bad girl' to 'good mum', while for others the baby promised to bring meaning to their lives. This transformation will be further explored in the postnatal interviews.

> It's sort of scary and you do feel ashamed and you feel that small again but you just have to live with it…my mum was ashamed that I got pregnant because I'd been pregnant before but I had an abortion…But I just sort of said…I want to deal with it and my

mum has sort of said it will be the making of me which is quite encouraging…(20: 12 Female 18 years)

I just think over the past like 7 months I have grown up so much…everybody has said to me you know you've grown up so much. You've got a beautiful place. You've got a lovely boyfriend who would do anything for you. You've got a baby on the way….We're all really proud of you. And it's nice to be praised for that instead of going, 'you're out of order. You're all wrong. You do this and you do that'. (27:11 Female, 17 years)

I've got life in a different perspective altogether now, I've changed my attitude totally I used to be a little bastard before I fell pregnant. Proper naughty, mouthy, always in trouble, just naughty. Just getting myself in trouble, going out fighting all the time…and now I've got pregnant I've changed my mind totally, it's like turning your life around, when you've got a baby it's not like a part-time job is it, it's like a full-time thing you have to do really when you've got a baby. You have to have a straight head…you have to look after the baby yourself if you decide to keep it.(7:19 Female, 16 years)

There's more meaning to it…Something to live for…[before pregnancy] I was diagnosed with psychotic depression, I didn't see the point to life and I'd frequently stop eating erm, there just wasn't any point to it for me it was just like boring, mundane. (2:8 Female, 17 years)

…because I wasn't really doing a lot with my life…and I thought to myself to have a child would give me something to have and you know to…not live for but you know what I mean? So that was one of the reasons…well one of the main reasons. And yeah I just.. we just decided that's what we wanted. (12:20 Female, 18 years)

Commentary: Proceeding with the Pregnancy

There were very varied reactions to discovering the pregnancy and this variation continued in the way the mothers came to terms with the pregnancy. For some it was embraced as a positive experience very early on, while for others there were continued feelings of regret about the timing of the pregnancy, mixed with excitement about the future. It is very difficult to judge whether any of the apparently accidental pregnancies were in fact planned, but even if the pregnancy was not wanted, the baby became so very rapidly. There was a strong sense of attachment to the foetus, especially when visible at the antenatal scan, as a baby who was

already loved. Disapproval from others sometimes seemed to reinforce the girl's feelings of protectiveness towards her baby, suggesting a strong feeling of empathy for the unborn child.

A strong current running through the interviews was optimism that parenthood could provide a 'new beginning' and would allow the teenager to make the transition to adulthood in a way that might meet with approval from others. Even if getting pregnant was seen as an unfortunate accident, proceeding with the pregnancy was generally seen as a good thing by those surrounding the teenagers and a number of them had clearly experienced affirmation that had not been available to them during their sometimes troublesome previous behaviour. It was important for the girls to be able to see themselves as having made the right decision to proceed. Disavowing abortion and accepting responsibility for their 'mistake' allowed them to transform the pregnancy into something positive. These findings are in accord with those of McDermott and Graham (2005), who found that motherhood was an opportunity to enter into adult status and to take on the affirmed female identity of the 'good mother'.

It is interesting to compare these responses with those of young women who decided to terminate interviewed for Lee et al's study of regional variations in abortion rates (2004). While teenage parenthood is seen negatively in many quarters, Lee et al found that abortion too was viewed as stigmatizing; the need to justify either course of action is therefore strong: Those who opted for abortion saw it as the 'right thing to do' and a 'responsible choice' (Lee et al, 2004: 50) and in this study, the decision to proceed was justified in similar terms.

3.3.2 Boy's Reaction to the Pregnancy

3.3.2 i) Degrees of Support

There was wide variation in the reaction of the fathers to news of the pregnancy. The fathers who were interviewed were those who had decided to support their partner through the pregnancy and into parenthood, they were therefore not representative of all young fathers, many of whom were minimally involved or totally excluded from the pregnancy (either by themselves or by the girls). In the section exploring 'Relationship with the Father', the full range of paternal reaction will be discussed.

Both these respondents were very excited at the prospect of becoming fathers from the moment the pregnancy was confirmed.

> I have never, ever felt a bigger buzz go through my body than when that second stripe came up. (21:20 Male, 19 years)

> I was well excited. I had loads of things going through my head. I would be able to take my little kid out places and if I start now and do some brick work like labouring or something, just so I can earn loads of money for my kid. Because it's something I can do now isn't it? I can do something for my kid. (22:32 Male, 23 years)

Some of the non-interviewed fathers were reported by the girls to have been extremely unsupportive.

> And well I told him and he was in like shock and he didn't believe me at first. He thought I was just like joking around and that and I was like no, I really am. And he was like oh and then he just shut up. It was sort of like really awkward so I walked off. I went back to talk to him again and he wouldn't talk to me…He's not exactly interested in having a baby or anything so I thought if he's not interested I can't be bothered to go on and on about it all the time because it won't make any difference. (14: 13 Female, 16 years)

The young man described below was not interviewed, but his girlfriend was very confident of his support.

> I knew [partner] would stick by me whatever. I knew he would…his first words were I love you…(11:11 Female, 17 years)

Another was reported by his girlfriend to have been surprisingly supportive.

> ...I just told him that I was pregnant and then he didn't say nothing for a little while. He was just all silent and I thought that it was the wrong time to tell him. And then he goes I'll be back soon and he just went out. I don't know what he was doing. I think he was on the doorstep having a fag… But then when he come in he was like alright then, what are we gonna do? And then we just sat there and discussed it. (13:35 Female, 18 years)

Despite this young man's reservations and the difficulties of his relationship with the mother, he was determined to support his baby.

> I was so scared that I didn't want the baby. I was too young for the baby. I had just lost my job…We broke up…We were trying to sort things out…I don't think there's any man in the country… in the world that could know he's got a baby there but he's not seen it. I think people like that are wrong. (23:10 Female, 17 years)

These girls were very supportive of their partners, almost 'managing' their adaptation to becoming fathers.

> It's different really for blokes in relationships because I don't think they fully understand… he loves me to pieces and that, but he's quite insensitive in the fact that all he wants to do is sit in a pub all night and get drunk with his mates…I used to love to do that and I got on with his mates, it's boring for me because I can't sit there and you know drink with them and be on the same sort of stupid wave length with them and chat bollocks all night about whatever…Do you know what I mean? So it's different for men because it doesn't really change for them. (11:31 Female, 17 years)

> Well he found it quite difficult because he can't do nothing. All he sees is a belly sort of thing...He can't see a baby there and if he comes to see my midwife with me she doesn't speak to him. He just sits there and listens to her speak about oh your blood pressure is fine and you can lay on the bed and we'll listen to the heart beat… he doesn't feel like he's involved because there's not enough there for him if you know what I mean…(13:17 Female, 18 years)

In this couple interview, the girl tried to reassure her partner that their lives need not change completely. They were interviewed shortly after the birth of their son.

> F: I used to say to him just because there's a baby your life hasn't got to stop. If you want to go out you can go out. I mean you go out now don't you?
> M: We went out for the first time the other week and…
> F: But you still go out. You still do your football and you still have a drink. You still do what you want to do. Life don't have to stop just because there's a baby. You just have to work around it. (23: 15 Male and Female, 16 and 17 years respectively)

3.3.2 ii) Financial concerns to the fore

Unlike the girls, the boys tended to stress their concerns about financially supporting the baby.

> It wasn't support from families and that I was really worried about, it was like money from work and that so, but then I thought it's a bit out of order to kill something when it ain't its fault so… I was thinking like, you can't have a kid if you can't afford to buy it like stuff, because kids are always wanting like new gear and all that otherwise like at school if they don't have the latest gear then they get picked on and everything, so, but I should just about have enough working full time. (6:5 Male, 16 years)

> …The only bit that frightens me is the financial bit. I'm not so scared about the actual raising a child though. If I could get the financial bit sorted I'd be happy. I would actually be happy with the situation…(30:16 Male, 19 years)

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> I feel as though in the society that we're living in the onus is very much on any father to be the breadwinner, to be the person that pulls in the income. So the support that is there is not on the fathers emotional needs but on getting the father into employment and getting them working which is what has happened. I don't think anyone really knows how to support a young father. (30:12 Male, 19 years)

3.3.2 iii) Taking responsibility

Among the male respondents, the new responsibilities of fatherhood were experienced in different ways. For some, the financial implications of parenthood were most marked, for others they had a strong sense of moral responsibility for the baby and for their partner.

This male respondent reported feeling guilty for getting his girlfriend pregnant, he felt that it was his fault and that it would be viewed by others that he was to blame.

> It will always look worse on me. That's how I thought it will be and the way it is…You've put the baby there. (23:8 Male, 17 years)

Another male partner was looking forward to having the child and could see beyond the 'baby stage' and was looking into the future.

> It's a child. It's a little person that will one day be my age and could one day be in the same position as I am. What I have to do is get them to that stage and make them be happy with life…So I'm not looking at it as oh this is terrible, why does this always happen to me? I'm now thinking about the child and the child's future. For a young father, I would say it is hard. There's a lot to get your head around but it's not the

worst thing in the world that could happen to you. There is a positive. And if you can accept the responsibility you will be fine. (30:16 Male, 19 years)

Commentary: Young Father's Reaction to the Pregnancy

All of the fathers interviewed and some of those reported by the mothers defied common representations of teenage males as feckless and uncaring, suggesting a need for further research to gain a more accurate understanding of teenage fatherhood. As Coleman and Dennison (1998) have noted, there is a shortage of research into young fathers, and their reluctance to be interviewed by researchers is often incorrectly read as an indication of their unwillingness to become involved fathers. In conducting this study, it was found that some of the young fathers who were still in relationships with the mother were shy of being interviewed and the girls, who were relied upon to facilitate access to the fathers, may have been cautious about their partners being interviewed, especially given the tensions and negotiations often going on in the relationships.

Some of the fathers had a similar reaction to the news of the pregnancy as their partners, where the new baby represented hopes for the future and the opportunity to experience success and affirmation. Unlike the girls, amongst the interviewed fathers, financial responsibilities were apparently central to the meaning of fatherhood, a prospect, given their often unstable employment circumstances, was a cause for concern. Although a few had rejected the girl once she had decided to proceed with the pregnancy, others were trying to negotiate a relationship and wished for some kind of access to the baby. Still others were viewed by the girls as a 'bad lot' who they wished to exclude from the child's life because their behaviour was seen as inappropriate to the role of father. Immaturity, unreliability and violence were all cited as reasons for avoiding a close relationship with the father. A small number of fathers had not been informed of the pregnancy, and some had children from previous relationships with whom there were varying degrees of contact and support.

The postnatal interviews will allow us to explore how the relationships between the new parents proceed.

3.3.3 Reactions of the Teenagers' Parents

3.3.3 i) Reaction of girl's mother

Most of the girls described their mothers as being supportive, some of them immediately, others once the initial period of shock was over.

> A bit shocked. She didn't have a go at me or anything the way I thought she would but she didn't. She was a bit upset about me getting pregnant but then she was OK. (14: 13 Female, 16 years)

> I don't know, she kind of bottled her feelings up but that was about it, she kind of got used to it over a period of time like my dad did. (1:7 Female, 14 years)

Their mothers' support should not necessarily be read as a sign of their mother's approval. It seemed that mother's were not prepared to sustain their initial hostility to their daughter's pregnancy because they were more concerned to offer support.

> She said I was stupid as mums would do, you know. She's really supportive though, she really is, she's so supportive, you wouldn't meet a mum like her, and we're more best friends than we are mother and daughter. (9:9 Female, 17 years)

Where the mother's had difficulty coping with the prospect of their daughters becoming mothers, the girls seemed very understanding of their mother's concerns.

> …after about a month or two after it was like one day she would be fine and the next day she would be really angry and the next day she would be quite upset. It was just total like different emotions…it's understandable why she was like that, because like her little baby girl was having a baby.(10:15 Female, 16 years)

> I was worried about telling my mum and that but not because she'd be angry, because I thought she'd be really disappointed in me because she thought I had so much potential going and like she thought I'd be rich and famous and whatever. You know like mums do. (11:13 Female, 17 years)

For many of the girls, their mother's reaction was an important influence on their decision to proceed with the pregnancy. While some of the mothers were strongly opposed to the girl having an abortion and others wanted their daughters to terminate, most were more open-minded. Many of the mothers offered their support whatever the girl decided to do.

> When I walked through the door my mum just gave me a filthy look and then went, 'I can't believe you got pregnant'. So I went upstairs and then she came up about 5

minutes later. She went, 'look if you want to have the baby then we'll all stand by you'…I wanted to keep it anyway…I probably wanted to have an abortion more because I thought my mum and dad would go mad if they found out. But when I realised that they'd stand by me whatever I wanted to do then I realised that I wanted to have it. (17: 18 Female, 18 years)

3.3.3 ii) Reaction of girl's father

The girls' fathers generally seem to be more disapproving than their mothers or at least, were prepared to express their disapproval for longer, but eventually accepted the situation and became supportive.

> He kind of didn't speak to me for the rest of the day, he went to bed and then he got up and he was like I'm very, very disappointed in you…he was upset at first and then over the weeks that I was pregnant he kind of got used to it and he's kind of looking forward to being a granddad. (1:7 Female, 14 years)

> It took him a couple of months to come round the idea. He's only just started coming round now. But me and my dad have been quite close though and he's like, my little girl's gonna be in pain. That's what he doesn't like, 'cos his little girl's going to be in pain. (9:9 Female, 17 years)

Some father's tried, unsuccessfully, to influence their daughters' decisions to proceed with the pregnancy.

> My dad wasn't really happy. He was quite…He was trying to make me see both sides of like having…of keeping the baby and not keeping the baby and like how young I am and things. But he didn't change my mind…He just made me cross with him because he wouldn't leave me alone. But no, he's excited now anyway…I knew what I was doing. (18:15 Female, 18 years)

For this male respondent, telling his father about his girlfriend's pregnancy was an important step in dealing with it himself.

> I suppose straightaway after I'd told my dad a big load just got dropped. I felt so much better about it myself that someone else knew that needed to know. And he told me to go away and he'd tell mum for me. (23:7 Male, 17 years)

3.3.3 iii) Wider family

Like parents, the reactions of grandparents and siblings were reported as being significant.

> …my brother didn't speak to me for a couple of weeks. My sister has been really supportive, she rings me up and is like, are you scared… (3:2 Female, 18 years)

One 16 year old girl's older sister had had a baby at the same age and tried to discourage her younger sister from proceeding.

> My sister didn't want me to keep her. She said like, 'you've got all your life ahead of you' and I said, 'Yeah, but you didn't get rid of your baby did you?' (7:10 Female, 16 years)

Siblings quite often offered support, both practical and emotional, some of them had experiences of young parenthood to share with their pregnant younger siblings, but others were just concerned and excited at the prospect of becoming aunts or uncles.

> I didn't think I'd get the amount of support of them that I have got. Because my sister's not very maternal and she doesn't really like babies or anything and so it was a real shock…she was like really supportive and that and like asking to feel her kicking and that, but it was a really nice touch because she's not into babies at all. (2:5 Female, 17 years)

Grandparents were cited by a few girls as offering important support and affirmation.

> … Well my granddad he's always wanted me to be the first one to have a baby so he was over the moon about it. He was really excited, because he gets on really well with my boyfriend as well on top of that so he was looking forward to it. My nan was a bit iffy. You can expect that. They're just trying to look out for me I suppose. (15:22 Female, 15 years)

3.3.3 iv) Father's family

This girl alluded to the importance of her boyfriend's family's reaction in their decision to keep the baby.

> We decided to keep it straightaway. Obviously there could have been things that made us change our mind. And then he told his mum straightaway as well and she was very

> supportive. They all were really. All of them. As we got used to the idea everyone started getting really excited. He's got quite a big family. (25:15 Female, 16 years)

A couple who had secretly planned to have their baby were pleasantly surprised by the boy's family's response.

> His mum kind of went 'Oh' sort of thing and looked and was like ok. And then we told his dad and I was in tears …He kind of rubbed his hands together and went 'Ooh, I'm going to be a grandad' sort of thing and got all excited. (4:15 Female, 18 years)

Commentary: Reaction of Teenagers' Parents

As is evident throughout this section, family featured very highly in the young people's reports of their pregnancy experience and relations with family were incredibly important to both male and female respondents. The immediate or eventual positive reactions of family to the pregnancy were often part of a positive transformation in relationships between the young people and their families.

> If I could go back and change anything I wouldn't because it's brought a whole different side to my family out, and it's a much nicer side…I didn't talk to them, we had nothing to talk about, we were like really distant…so it's helped to build bridges. (2:3 Female, 17 years)

Family members provided practical support and care during the pregnancy - 29 of the mothers were living with one or both of their parents or with grandparents, while only 4 of the girls were living with their partners and 2 lived in hostel accommodation.

Family also provided an important 'buffer' of affirmation around the teenagers, protecting them from the real or perceived judgements of outsiders, reinforcing their decision to proceed with the pregnancy and giving them confidence in their ability to cope. This finding reinforces Lee and Ingham's research that having an abortion or keeping the baby tends to be in tune with local community behaviour (Lee et al 2004: 47). Areas with high termination rates for under-18s also had higher rates of termination amongst older women, suggesting that there is a localized culture of norms surrounding young or unexpected pregnancy.

3.3.4 Abortion

Reporting their considerations of abortion often constituted a lengthy part of the interview. Although some of the girls were opposed to abortion and therefore there was no decision to make once they had become pregnant, it was clear that for many, making the decision to proceed with the pregnancy was a more complicated process. Influences on this process included their relationship with the father, the views of their parents, their sense of their own ability to cope with a baby and their assessment of what support they would receive. Few of the girls seemed to have made the decision to proceed with the pregnancy in isolation; even if they were fairly certain of their own minds from the beginning, they were also subject to the views of others close to them.

Balanced against the option of proceeding was their existing view of abortion 'in the abstract', how they saw themselves in relation to abortion and their assessment of how well they thought they would cope in the future with their decision to abort. Timing was also important when they weighed up their options for termination; some were reluctant to have a surgical procedure but would have accepted a medical abortion if this had been available.

3.3.4 i) Never considered abortion

For some girls, proceeding with the pregnancy was the only path they considered. This could be because they were immediately certain that they wanted the baby or because, although the timing of the pregnancy was not right for them, in their view, abortion was wrong.

> ...I never really thought about not having the baby…it didn't even cross my mind really. (18: 13 Female, 18 years)

This girl and her partner were certain from start that they would keep it.

> No, I didn't want one… [I: Did you talk about this with your partner or family?]
> Well, he was there when I got the pregnancy test and it was like oh I'm pregnant and we knew we were keeping it…my Mum spoke to me about having an abortion but I didn't want one…(3:2 Female 18 years)

Some did not see themselves as 'the kind of person' who has an abortion, others thought abortions were cruel to the foetus.

> It didn't even come into my mind. I'm not like that, I don't believe in abortions or adoptions or anything like that. Only if there's something wrong with the baby or if you get raped, it's different circumstances then. (7:19 Female, 17 years)

> …it's not the baby's fault for being there…It's like murder really. That's how I look at it, you know, killing the baby, it is like murder…I said I can't get rid of it…I don't care if you disown me.(32:10 Female, 18 years)

A male respondent offered a similar perspective, with a strong sense of the foetus as a 'baby', a view reinforced by the experience of the antenatal scan..

> I suppose it's because there's a baby inside your stomach and when you see it on the scan and on the telly and it's all live and that…So I don't believe in killing it because it's a waste of a life isn't it? (22:33 Male, 23 years)

This girl experienced a clash between her certainty that an abortion was not something she would consider and the health professionals' attempts to offer her a range of options.

> Well when they told me I was pregnant they were saying what do you think you're going to do? And they were talking about abortions and stuff like that…But that made me feel a bit uncomfortable really…I said straightaway I'm against abortions…But they was like still going on about it and it made me feel uncomfortable…And then we just like walked out because this person kept going on about abortions and that…I don't disagree with other people doing it. It's just not something I would do. (18: 12 Female, 18 years)

Others had a less moral stance that was shaped more by ideas of what it means to be a responsible person. This girl knew from the start that she would have the baby, not because she wanted to be a mum, but because 'you take what life deals you'.

> It's not that I wanted to be a mum because initially I didn't, you know. I just wanted to be me, you know. But I thought that life goes on at the end of the day. Deal with it. You can either go one way or the other and if you don't like one option you're going to have to take the other. (5:4 Female, 18 years)

There was a prevalent sense that if the foetus was viewed as a baby and an abortion was an act of killing, then the girl's claim to continuing her life without a child was morally weak. Getting pregnant was a mistake, but one that could be rectified by 'doing the right thing', which was having the baby. Abortion was framed as a denial of responsibility.

> I don't like killing something just because of your own mistakes. (10: 21 Female, 16 years)

> Because I think in my eyes, if you're old enough to have sex then you're responsible enough to have a child and pay for the consequences…otherwise you should use protection don't you? (4:16 Female, 18 years)

In some ways, pregnancy is cast as a punishment for having sex, and having the baby is a way of exonerating oneself of guilt for having sex 'too' young or for being 'careless'.

3.3.4 ii) Uncertainty

Commonly, there was a high degree of uncertainty, this was often further complicated by the views of other people around them.

This girl wanted to keep the baby from the start, but agreed to abortion under parental pressure, highlighting the constraints on some of the teenagers' freedom to make their own choices.

> I was going to do it [have an abortion] and then I couldn't and then his mum and dad found out. And then we were going to keep it. And then like I said like I wouldn't and it all bubbled up then because like I said I would but I didn't want to really…(23:11 Female, 16 years)

Another girl's mother wanted her to have an abortion, but she wanted the baby.

> …my head was all like muddled up and I didn't know what I was gonna do…I had my mum saying yes you've got to do it. You're only 15. It's gonna be hard. I ain't got the sort of money to support it and all this lot and then…in my head that's my baby. I would never be able to live with myself if I done it. It would always play on my mind. And then I just kept going back thinking, thinking and thinking…And in then in the end I just decided not to. (16:25 Female, 16 years)

Although there is a difficult negotiation going on here, the girls conveyed that in the end they got to make the right choice for themselves. Being able to exert control over the decision was very important to the respondents.

> I wasn't going to get rid of her – I was keeping her no matter what anyone said, I didn't care. It was my choice at the end of the day, no-one else's. Cos I don't care about what anyone else says. (7:10 Female, 16 years)

3.3.4 iii) Involvement of family in decision-making

As intimated above, the involvement of other people could be a source of support, but it could also make for a very messy process of decision-making. In some cases, the parents of both the girl and the boy were involved, often with contradictory opinions.

This couple had made an appointment for a termination before they told their parents, but when the boyfriend didn't turn up on the day of the appointment, the girl delayed and then the parents on both sides became involved.

> I was going with his mum and dad but the day before my mum wanted to see me because she didn't want me to do it…She sat there crying and she said…I don't want you to do it. Do you want to do it? And I said no not really but it's for the best. So we just went through every option, didn't we? What we would have and what we wouldn't have and how hard it would be. (23:15 Female, 16 years)

Another girl was pressured in the opposite direction;

> I felt really pressured into having an abortion by (boyfriend's) family and my family. I mean my mum… obviously she wasn't like going out of her way to pressure me but I knew that's what she wanted…And my tutor at college wanted me to as well and that because she said that I had potential and everything. (11:14 Female, 17 years)

This girl relayed quite an extreme experience of pressure from her family to have an abortion, they even took her to a clinic, despite her protestations.

> …And then they still drove me to Essex and I got in there and I kicked up a right stink…But the woman said if you say no it's your body, without your consent we can't do it and I thought yes great. And my mum wouldn't talk to me. And my dad said yeah

I'm 'a bitch, I've got no respect for my body, my family or no-one…' (16: 23-4 Female, 16 years)

The above example was exceptional, the majority of parents, especially mothers, said they would support their daughters or sons no matter what choice they made.

[I-So did your mum help you to decide as well?] Yes. Well sort of I suppose because she was giving me all the advice that I needed like on abortions and like having them and that but she didn't try and tell me what to do. She was just advising and she just let me make up my own mind with what I wanted to do. I mean my dad wanted me to get rid of him straight away. He was like 'She can't have it', you know and whatever, but my mum was like 'No. You've got to let her make up her own mind'. (5:4 Female, 18 years)

3.3.4 iv) Consulting the father of the baby

The fathers were sometimes not informed of the pregnancy at all, in other cases, they were informed once a decision had been made. There was a prevalent view that the opinion of the male partner was not crucial, especially if the relationship had ended.

…initially when I was going to get rid, we wasn't going to tell him. We thought it wasn't fair, you know…what he doesn't know, doesn't hurt so to speak, you know. But when I made up my mind I was going to keep him and that I phoned him up and I told him. (5:5 Female, 18 years)

I said even if he didn't want it, I'm gonna keep it. I said you don't have to be there. I don't care. (20: 18 Female, 18 years)

In all the cases of disagreement, the male was more in favour of an abortion than the female, there were no instances of the reverse position.

….He said to me if you don't have an abortion I will never talk to you again. I said well don't talk to me again then.(16:27 Female, 16 years)

In contrast, some boyfriends offered unconditional support for their girlfriends.

…from the moment I found out in the back of my mind I was thinking yeah I would like to keep the baby. But then like at the front of my mind I was like well that's not the

> best idea. I'm not really ready and I'm too young and I've only been with (boyfriend) like not even 2 years, which isn't long at all…it wasn't until (boyfriend) turned around and he said something like well if we did decide the other way then I think we could manage…And then that's what made me say well actually I wouldn't mind doing it. And he was like well if you want to do it we'll do it and if not we won't. So he was quite supportive in that respect I suppose. (12:20 Female, 18 years)

Friends were cited much less often as strong influences on decision-making, reflecting the fact that the young people were still heavily reliant on their parents, even if they wanted to make the decision for themselves.

3.3.4 v) Possible barriers to abortion.

Although there is no strong evidence that any of the respondents were 'denied' an abortion, factors emerged which seemed to have posed obstacles to abortion.

a) Age

This girl and her partner would have preferred a termination but her young age (15) meant that she could not get one without parental permission and she was reluctant to inform her parents.

> At first I was going to try and get it [abortion]…without my mum knowing but we found out that we couldn't do that. (6: 10 Female, 15 years)

b) Timing

Some of the girls claimed that by the time they discovered their pregnancies they were too far gone to have an abortion. One girl's pregnancy was not confirmed until 5 months. She would have liked to have had an abortion, but was too late.

> Like I would have been panicky about having it taken out obviously but I would have felt a lot more comfortable if I did…It's alright now that I've like started to actually think about it and like since I've seen it on screen. (15: 22 Female, 15 years)

Others underestimated their dates,

> Because I thought I was only a few days pregnant but I wasn't, I was nearly 2 months pregnant. (19:9 Female, 15 years)

> When we went up to the doctors they said I was 7 weeks but then when I went for my actual scan I was 14…She did ask me what I was going to do and if I had thought about a termination and stuff (24: 10 Female, 18 years)

When respondents discovered that they were further gone than they expected, this seemed to have the effect of making them more squeamish about abortion. Some would consider a medical abortion but not a surgical procedure.

> I had two choices; I could either carry on with the pregnancy or have a termination…I was going to have a termination because…in all honesty I didn't think I was cut out to be a mum just yet…I went to Maidstone clinic to have the pill abortion and this is when I found out how far I was because I thought I was only a few weeks and I wasn't…when they done the scan it actually came up that I was 14 weeks…So the only way I could have an abortion was to go under the anaesthetic and have it done. I'm not too keen on hospitals anyway. Me and my mum talked about it and it took me a while to work out what I was going to do. And as time was going on I was getting bigger and I decided to keep it. (5:3 Female, 18 years)

Factors exacerbating the muddle about dates included irregular periods, confusion about when gestation was medically calculated, 'wishful thinking' or denial of symptoms and suspicions, putting off seeking advice or confirmation of pregnancy. One respondent offered her view of why girls sometimes delayed doing anything about a suspected pregnancy, especially if they are not in school.

> …there's nowhere for them to go and talk about it or to see if they are pregnant or to get contraception or anything. So they just end up oh I can't be bothered now, it's too late, I'll go tomorrow…That's how it is so they end up going like 7 months down the lines without seeing a midwife and they're pregnant because they can't be bothered and they'll go tomorrow, because it's never open. It's only open at certain times, which is normally between 6-8 in the evenings. I mean when it's cold and that or it's summer who wants to go out between 6-8? Not me. (27:9 Female, 17 years)

c) GPs

Two girls reported that they regarded GPs as a barrier to abortion. One of the girls was disappointed in the lack of information available in her GP's surgery.

> …really they should have leaflets on display for it. But I think they worry that it will offend people, some people, like pro-life people and stuff like that. (11:16 Female, 17 years)

She also felt that her GP actively denied her information. She did not want a surgical termination, but felt that her doctor slowed things down to such an extent that she ran out of time to have a medical abortion. She thought that her own GP's reluctance to advise her could be due to his religious or cultural beliefs and perhaps his personal experience.

> They made it really difficult, really difficult for me to find out any information about clinics that provide abortion…But I mean a lot of the doctors are Indians and it's against their religion and that and one of them that I had, his family died in a car crash, his children. So I think he's like all pro-life anyway because of it…I went to see the female doctor, the British female doctor and she was the most helpful. (11:16 Female, 17 years)

These cases suggest that there is a need to provide multiple points of access for young women to abortion services to maximize their choices and their autonomy.

d) Fears about mental health consequences of abortion.

A theme emerged in some interviews of a fear about being able to cope with having an abortion. For some it was concern about coping with the procedure given their dislike of hospitals, needles and the prospect of surgery.

> …I was like over 4 months it would have been an overnight operation. Oh it sounds horrible now but it would have been quite a horrible operation and…And like to have an abortion is really an emotional thing to go through and I don't think I would have handled it very well at all. So that was one of the reasons. (12:20 Female, 18 years)

For others it was a concern for their future emotional and mental wellbeing. Powerful and prevalent stories of regret were told to them from some of the people whose advice they sought and in recent years there has been an increasing cultural availability of such stories. Fear of regretting the decision to terminate was contrasted with what was seen as the lesser likelihood of regretting having a child.

> I just thought to myself well I would rather make a decision that I know I probably won't regret than make a decision that I know I definitely will regret. (19:11 Female, 15 years)

Having a previous abortion was also a reason given for deciding to proceed with the pregnancy. Some felt that it was not right to have multiple abortions, while for others, the experience of an earlier abortion was off-putting.

> I don't want to go through all that again because it is terrifying being up there…I felt dirty. It sounds really weird but I felt very, very dirty and unclean. (20: 18 Female, 18 years)

3.3.4 vi) The 'rightness' of proceeding

From many of the young people, there came across a sense that making the decision to proceed with the pregnancy was very significant and a source of pride. This was a pride in their autonomy and a pride in their having made the right decision. This 'rightness' was not just that it was right for them, but right in a broader sense of being morally correct. Some couples felt that going through the decision-making process strengthened their relationship and proved to themselves that they could cope with parenthood.

> We agreed on it together actually. We both sat there and said what do you think about it? And we both sat there and said well in all honesty I don't want to get rid of it. I would like to keep it. It just means we've got to sort of learn to come together more instead of… and talk about it as a couple, instead of just arguing about it. (25:16-17 Female, 16 years)

> I made that decision…Me and (boyfriend), on our own, we made that decision…it was just mine and [boyfriend's] decision in the end. (12:20 Female, 18 years)
>
> F: We'd split up then hadn't we? And then he used to come around like every so often. Because I was determined that I was keeping it like no matter what now and you hated me didn't you?
>
> M: Even though I couldn't stand to look at her… at that point I was scared. I always used to go around there and just see that she's alright and make sure that the baby was alright. I knew deep down all along that I did want it. I did want it, but… It's scary. We got talking after that didn't we? We started speaking a lot more. (23: 17 Female, 16 years)

3.3.4 vii) Additional support needed?

The interviewees were asked if they would have liked more support to have been available when they made their decision to proceed or to abort. Most respondents felt that their families

and partners provided adequate support. Although some appreciated the opportunity that counselling sessions offered to explore their thoughts if they were undecided, others were more concerned with factual information about abortion than other kinds of support.

> As long as you get it explained properly to you what's going on…I need to know everything that happens to me… (20: 16 Female, 18 years)

Family and friends seemed to be the most relevant source of support.

> I was offered quite a bit of counselling…I didn't take up the counselling because I thought I'd get by on my own, which in part I would have been able to anyway I think because I've got strong support from my family, you know and from my mates. But it was there if I wanted it as well. (5:4 Female, 18 years)

Because most of the respondents inclined towards keeping the baby from fairly early on, in making the decision to proceed with the pregnancy the support they most valued was that which would see them through the rest of the pregnancy and into motherhood. If they had opted for termination, presumably they would have appreciated support for that decision, perhaps from sources outside the family.

Commentary: Abortion

All of the respondents were shocked to discover they were pregnant, even if they were aware that they had taken risks. Some reacted quickly to their suspicions of pregnancy, getting themselves tested at a very early stage (sometimes too early to confirm the pregnancy), this sometimes produced inaccurate negative results which gave false reassurances. Others went through a slower process of spotting, confirming and acting on the pregnancy. Apprehension about telling parents seemed to have been a factor in delayed action. There were evident difficulties caused by lack of independence and ability to access services for pregnancy testing and early advice, for example, because of transport or privacy issues. Many of the girls bought a number of expensive pregnancy testing kits, often showing contradictory results, before seeking professional help.

The importance of timing and a speedy response to pregnancy is supported by Lee et al's finding that amongst pregnant teenagers it is in the time between discovering the pregnancy and visiting a health professional that the decision whether to terminate or proceed is made (Lee et al 2004:48). Leaving abortion until it is too late highlights the lack of support, information and

access to help for this group. Some of the respondents even indicated that they thought health care professionals had been obstructive. While most of the respondents held views that were opposed to abortion, some would have chosen abortion at an early stage, if less intrusive methods had been readily available. It is difficult to tell whether the anti-abortion views were formed retrospectively, in justification of proceeding with the pregnancy (Arai, 2003b) or whether the teenagers had always held such views and were aware of low-level anti-abortion sentiments in their support structure. Only a few were stridently opposed to abortion, stemming from religious or moral convictions, most had 'foetus-centred views' that saw the foetus's claim to life as more powerful than their own claim to planned parenthood. It seemed that for those who lacked a strong vision of their own future plans, it was difficult to make a claim over the foetus's 'right to life'.

For many of the female respondents pregnancy happened without an expectation of lasting coupledom or male support, therefore male influence on decision-making could be minimal. Parents seemed to be more of an influence on outcome than male partners in many cases. It was the assurance of parental support that seemed to finalise the decision to proceed with the pregnancy, although a minority of girls were determined to proceed regardless of anyone else's view. Perhaps the girls anticipated that that their parents would eventually accept a new grandchild, and so the risk of estrangement was low, despite initial disapproval. Mothers were over-whelmingly supportive, but these findings do not suggest that they had encouraged their daughters to get pregnant, in fact some encouraged their daughters to terminate. But this open-mindedness supports Lee et al's finding that those who do proceed with the pregnancy tend to describe their parents as 'non-directive' regarding the pregnancy outcome, but those who abort tend to have parents who favour abortion as more desirable for their daughter at that time (Lee et al 2004: 47).

As described earlier, male responses to pregnancy were very varied, from rejection and fright to joy and excitement. However, the couples who were determined to stay together found the decision-making experience to be strengthening of their relationship.

Key Points: Abortion

- There was a mixture of intention and accident involved in the conceptions amongst the sample.

- Abortion was generally seen as a wrong, but one that could sometimes be justified, for example in the case of rape. Proceeding with the pregnancy was viewed as the morally

'right' thing to do, even if they had doubts that it was right for them at that time. However, anti-abortion were not especially strongly held by the majority.

- There was a noticeable lack of knowledge about abortion, perhaps reflecting the squeamishness of schools about providing such information during SRE. To maximise the choices available, abortion needs to be presented as a normal option during SRE and beyond. Information needs to be made available about procedures and service-providers.

- Media stories centring on the negative effects of abortion have clearly had an impact. The respondents understood the risk of abortion to be primarily psychological or emotional. There needs to be a balanced presentation of the benefits to individual women of the availability of abortion, as well as an appreciation of the complex emotional issues involved.

- Those who considered abortion often had to chase information and services while they were trying to decide what to do, meaning that they had to be much more proactive than if they made the comparatively simpler decision to proceed with the pregnancy. Service-provision needs to be well-publicised, rapidly responsive and available and geographically accessible. For young people who are less free to travel and may lack resources, the latter is particarly important.

- It should not be assumed that abortion is necessarily the 'right' option for all teenagers. Some of the respondents reported being insulted that their commitment to having the baby was not always accorded respect.

3.4 Sources of Support

3.4.1 Formal: Accessing Pregnancy and Young People's Services

The respondents were asked about their experiences of pregnancy services, particularly those aimed at young parents. Mostly they described contact with Connexions, young parent groups such as 'Young and Pregnant' (YAPs), Sure Start and midwives. Fewer had contact with GPs or general antenatal classes.

3.4.1 i) Connexions

Good Connexions workers were the most highly praised of all the professionals with whom the teenagers had come into contact since the pregnancy began. Especially valued was the knowledge to guide them through the benefits system and to act as advocates during contact

with housing departments. They were also able to put the girls in touch with other services such as YAPs groups and antenatal classes.

> I think more than anything the advice (she) got for me about all the benefits because I didn't have a clue about anything like that. And she helped me find out absolutely everything and I've got them all sorted out now which was good for me because I didn't have a clue…Obviously child benefit, maternity allowance was the big one that we were quite confused about…We got that sorted out. Child tax credits. Working tax credits. The Sure Start grant. (12:16 Female, 18 years)

> My Connexions lady…she's trying to help us with all our money and everything at the moment because they refused to pay me any money… she's been kicking up a stink. (27:20 Female, 17 years)

> She just deals with young parents basically just to give them support and helps them to get all their money sorted out and…She's just like a carer really. She just helps…She comes and sees you quite a lot and she is really supportive. She's really, really nice…I mean if it weren't for her I would never have all this help I've got…getting a maternity grant for a start…So she's been really helpful. (32:11 Female, 18 years)

This girl was initially wary of Connexions but was surprised at how helpful they were and that they did not try to 'tell you what to do'.

> I've been going to the Job Centre for the past year and because I'm 17 they don't want to know really…They don't want us to sort our lives out…I think people should be made aware that Connexions are there to help you, not just to tell you what to do sort of thing. (26: 10 Female, 17 years)

One or two Connexions workers seemed to go out of their way to help girls in particularly difficult circumstances. This girl's mother was dead and she was living apart from her sick father:

> They just offer you advice and they helped me get out my dad's house and get into my own. They were just really helpful. Whatever sort of help you needed, don't matter – it was like stuff to do with the baby or something else like something different or confidential and you can ask them anything you want, it don't matter. They're just there to help you. They're so lovely…we see each other like every week. 3 times a week.

> We're not supposed to, we're only supposed to see each other once a week but she'll come round here for a cup of tea and then we'll start chatting. It feels weird when you don't see her when you see her every day of the week. (7:15 Female, 16 years)

For this girl who was living in a hostel for homeless young women (her mother lived in another town and her partner was in prison) the Connexions worker was more helpful than her usual experience of professionals would have led her to expect.

> But she said like anything I need to know I just have to ring up…she was nice. She was like asking me how I am and everything. Usually people come out and they just like go through what they have to do and then they leave, which is alright but this lady was quite nice I thought to come out and ask me…She even helped me in with my shopping and I thought that was nice. (13:21 Female, 18 years)

Others found that Connexions helped them set out their future options with regard to education.

> …when I want to go back to college next year they'll help me sort out my child care and that for me. (2:5 Female, 17 years)

However, for one or two, the experience of Connexions was a lot less positive.

> I went down to see them and it's a load of bollocks…I wanted to find out about a Sure Start maternity grant…Any like benefit or help that I could get because obviously I stopped working and at the time (boyfriend) was only working part-time…They were all rubbish. They were all telling me different things…No one knew anything about it and that up at Connexions…They didn't know anything…(11:25 Female, 17 years)

3.4.1 ii) Young and Pregnant Groups (YAPs)

For pregnancy and child-rearing information and advice, peer support and friendship, young parents groups, such as YAPs, were highly praised, and seemed to be successful in reaching and including a range of pregnant teenagers with differing needs. They were particularly valued for the familiarity demonstrated by the professionals with the specificities of teenage pregnancy and the opportunity to share experiences with other girls going through a similar experience.

Even though this girl had strong support from her family and her partner, she valued the additional support she found at her local YAPs group.

> I think the best support I've had would be coming here. I like coming here. I do get the support that I need and I get to talk to people and they're very helpful…even though I'm quite lucky in the situation that I'm in, that my parents are supportive and I've got a supportive partner and I'm 18 and not 12. It's still nice to have that support. It's still quite nerve-wracking being in this situation…(29:19 Female, 18 years)

For those who were keen to proactively engage with their pregnancy and to find out more about bringing up babies and children, YAPs provided a lot of information that was relevant. The combination of literature, videos, discussions, outside speakers and one-to-one contact seemed to promote interest and address the information needs of these young people, evident in the amount of new knowledge retained.

> …it's really good, so that was helpful.. they give you things to do and there is a health visitor…once we had this guy in to tell us about baby sleep, getting them to sleep and stuff and we had a nutritionist and things like that…(3:3 Female, 18 years)

> They're really good and they sit there and they like give you leaflets on like things and they give us a big book of things that had like…like children's head lice and how to get rid of them and like what to give them and what's healthy for them to eat and…It was a massive great big leaflet of all different things, like brushing their teeth and things like that. It was really, really good. And they just like give you like loads of advice, what they should be doing at what ages… you know when they pick up things like that sort of thing with their 2 fingers? Like they should do that by about 9-12 months and things like that… (16:31 Female, 16 years)

One 'Young Mums' group worker went out of her way to get a girl involved in her local group.

> It's like a Young Mums group in Sheerness and I go there on a Wednesday and she was going to come with me at first but she was too busy…so the day before the group she got one of her other young mums and we like met in Tesco and we were just having a drink there and that before the next day so that I could meet her at the young mums group and I'd know someone… (6:5 Female, 15 years)

For some girls who were not at school and found themselves increasingly confined to home during the later stages of pregnancy, YAPs was something to do that got them out of the house. (They were able to claim travel expenses for their visits to the groups).

It was important to a number of the girls to be amongst people in similar circumstances. This avoided concerns about being judged by 'older mums' and offered an alternative to their existing friendship groups, who were not always able to identify with the pregnant girl's experience.

> …there's more people in your situation so it's like support, a proper support group where everyone's in the same boat more or less. (2:5 Female, 17 years)

> I think it's the interaction, the discussing of things etc, meeting the people, because I've made quite a few friends here…a lot of people who I used to speak to at college just seem very…childish still. (29:17 Female, 18 years)

> …we were going to Young Parents Group as well so you get to meet other like young mums and stuff...Because I never really knew anyone who was pregnant and I didn't really have anyone to talk to, if you know what I mean…because obviously my friends don't really understand because they haven't been through it so they don't know what it's like. (21:22 Female, 18 years)

Of course all teenage parents are individuals and there was not always harmony within the groups. But although this girl did not get on with some of the other attendees, she found the professionals friendly and supportive. This quote also highlights the necessity of staff being able to deal with teenage personalities as they experience pregnancy and impending parenthood.

> … I like the adults here. I don't care if the girls don't like me…there were like the chivvy girls that don't really mingle with you. (10:20 Female, 16 years)

Because the groups included girls who were pregnant and those who had given birth, it could provide an opportunity to experience babies and children at first hand and to familiarize themselves with some of the skills and problems they might face in the coming months.

> They have a midwife there and you spend the first hour with the midwife and then you go into the other room and like play with the kids and stuff and talk to the other parents and that (14: 17 Female, 18 years)

Some of those who had not yet attended a group thought they were a good idea. It was clear that the professionals were doing a good job in promoting such groups to their target audience.

> I would be interested in it, just to sort of get out and see other people in the same situation that are going through the same sort of thing. (25: 18 Female, 16 years)

There were some negative comments about YAPs groups. This 17 year old girl felt that she was too mature to attend a group aimed at teenagers, and another respondent highlighted the inappropriateness of these groups for partners, suggesting that they are more geared towards single parents.

> I don't want to go to Yaps and sit with a load of teenagers and…Do you know what I mean? Because you get these teenagers that are pregnant and then they're just…They are teenagers… my friends are all much older than me and no-one has ever seen me as a teenager because I am much older than I am…(27:22 Female, 17 years)

> Yeah I've been to them a couple of times and it was good but I didn't really feel like I had anything in common, apart from the fact that like we were all having babies and were pregnant and that but I didn't really feel like I had anything in common with the girls there. And I mean [boyfriend] came along with me once and he was the only like bloke there and he felt really out of place but he didn't go back again and that.(11:29 Female, 17 years)

This reinforces the lack of service input for young fathers, but there was some evidence that fathers who sought involvement in the pregnancy were beginning to internalize contemporary notions of 'hands-on' fatherhood and expected to be involved by midwives and to be equally engaged in the care of the new baby. Although the young father in the previous quote had difficulty integrating into a largely female group, some of the groups held sessions that were aimed only at fathers. None of the dad's had attended such a group at the time of interview, but this father intended to go.

> Me and my brother are going…And it's dads-to-be as well. My brother's got a kid. He's gonna come along with me as well so…I like things like that, courses on communication and all that, going on outings. I like doing that…And it gives you a lot more confidence, don't it, with the baby and all that and they do first aid stuff don't they? (22:27 Male, 19 years)

3.4.1 iii) Sure Start

Amongst those that had encountered Sure Start, there were mixed reactions. There seemed to be much variation in the types of services provided, ranging from midwifery care through antenatal groups to tuition for the mother-to-be. (It is possible that some of the experiences have been recalled as relating incorrectly to particular agencies.) One girl who was interviewed soon after her baby was born had attended a Sure Start group antenatally and had subsequently become involved as a helper.

> It's a warm atmosphere. Like I said earlier you learn from people's experiences. There's a lot of young mums, older mums and they sort of say do this, do that. And I get to play with all their children as well, which is also good. And it's just… a lot of information. They prepared me for the birth that I had which I value very, very much and it's just all the support and help you get there really. We're…At the moment we're trying to organise a swap shop because when I found out I was pregnant a lot of people said oh do you want this, this and this? I ended up with 3 Moses baskets, 2 bouncers.… (20:24 female, 18 years)

However, this girl and her pregnant friends did not like the fact that their local Sure Start group was used by 'older' mums who they perceived to have outlooks and circumstances very different to their own. This highlights the importance of referring to groups that are suitable for the age of the users.

> …there's another place called Bumps and Babies but it's crap up there I don't like it... It's run by Sure Start but it's like typical 30 year old planned baby sort of thing, I didn't like it there…because they're all like 'oh, yes she was planned' and I was just like 'she wasn't' (nervous laugh). It was more geared for older people I'd say which is why I prefer to go to YAPS. (2:5 Female, 17 years)

This couple found the Sure Start worker's emphasis on returning to education or work and getting the child into professional childcare to be out of step with their own values and aspirations. The father in particular objected to the pressure to professionalise childcare, reading this as a judgement on their parenting abilities.

> F: …she said like after you've had the baby would you think about like education? And I said well I don't know at the moment. And she's given me a leaflet and she said like you

can get money for carers and everything and things like that. And I said well family and that will be there.
M: Money for carers…That annoys me. Money for carers. He's got a perfectly decent dad sitting here…And family.

F And she said like what about work and that and what sort of work would you want to do?...I said like I don't know what I'm going to do afterwards. Like one day yeah fair enough I will get a job and that but I can't at the moment. But once he starts going to school and that then that's when I will start looking for a job. (23:25 Male and Female, 17 and 16 years respectively)

This highlights the potential clash between professionals who are promoting policy concerns and 'solutions' (in this case, the desirability of parents entering education or employment and using professional childcare) and the values of their clients, who may have very different priorities. Although in some cases integrating antenatal care with other services (such as benefits and career advice) may be helpful, in other instances it may be inappropriate.

3.4.1.iv) Other agencies

A small number of respondents reported having contact with other agencies. These included 'Options', a young people's advice service, and 'NEST', a Health and Social Services intervention project specializing in preventing vulnerable families and pregnant teenagers being referred to social services.

3.4.1 v) Midwives

A number of the girls were pleasantly surprised that their midwives were helpful and non-judgemental, this suggests that they had quite low expectations of the way they were likely to be treated by professionals. This may have been shaped by their experience of school, especially if they were used to experiencing disapproval from adults and often came into conflict with teachers. Although one or two reported clashing with midwives, most were pleased with the care they received.

These quotes highlight particularly effective care, where information conveyed by the midwives has been valued and retained by the mothers.

It has been very helpful, like she's very informative as to what will happen and that rather than just being wishy washy and not really telling you what you want to

know…she tells you…about where to have the baby, what kinds of births are available, pain relief, the stages of labour and things like that she's been really helpful. (2:5 Female, 17 years)

Well all of them were helpful…Each time I went there they were like have you got any questions? And each time I went to see them there was like a different subject that we spoke about and they wrote it down in my notes that we'd discussed it. (12:19 Female, 18 years)

The male respondents who mentioned encounters with midwives were positive about the way their partners were cared for and the way they themselves were treated, reinforcing the point made earlier that some young fathers are beginning to assume that they will be closely involved with the pregnancy, labour and baby's care and are expecting services to acknowledge this.

She's very good at her job. She knows what she's doing but at the same time she's a very friendly person and someone that you feel as though you can talk to about anything pregnancy-related. (30:15 Male, 19 years)

They treat me exactly the same as they treat her…Yeah. They tell me what's going on, how the baby's doing. Everything. (27:32 Male, 19 years)

And like she takes the time to sit with you and go through everything and if you've got any queries she will sit there and explain everything proper...(17:23 Male, 25 years)

Male: Well instead of sitting round saying right [partner] this is what's happening she would say both our names and she would give me eye contact whilst speaking as well and talk to both of us about how I'm feeling and how she's feeling.

Female: She used to do his blood pressure as well as mine. (23: 20 Male and Female, 17 and 16 years respectively)

Some of the mothers-to-be were keen for the fathers to be very involved and were consciously 'managing' their partner's transition to fatherhood.

I think there should be more things for like just the men to go to about pregnancy because they can't really get their heads around what's going on and I don't think until

> the baby is actually there and you can hold the baby that they realise all the sacrifices and things that has had to have gone on…(11:31Female, 17 years)

> Like he said to me he doesn't know what he's doing when it comes to babies…If he wanted to hold a baby he would have to sit down, being too scared to stand up because he hasn't got no younger brothers or sisters so he hasn't got that experience, like with changing nappies and little things like that and making up bottles and stuff. I think he would like to speak to people about that. (13:17 Female, 18 years)

As mentioned above, besides getting adequate medical care and information from midwives, it was very important to many of the female respondents that they were not made to feel judged.

> Well I thought they treated me the same to be quite honest because 2 doors away from my mum there's a lady. She's in her late 20's…and she seems to get the same treatment as what I get…I thought it might be different because I'm only 17 and I was so young but it all seems to be the same, no different treatment or whatever. (32:11 Female, 18 years)

> She was lovely. She was very friendly. She never judges anybody…she's there for you if you need her. (4:16 Female, 18 years)

Sometimes midwives seemed to find it difficult to adjust to the sensibilities of their teenage patients, especially when perhaps they were overly preoccupied with policy directives, such as encouraging breastfeeding:

> she's always on at my ear about breast feeding – always on my ear about it…I wouldn't want to get my boob out in the middle of the town – I'd go proper embarrassed. I'd come home just to feed the baby – I would. (7:17 Female, 16 years)

And a few confirmed the girls' fears of being judged harshly for getting pregnant at a young age.

> She wasn't an old, old lady. She was about 50ish...But she was sort of one of these people that was very judgemental and I felt like because I was a young parent she was sort of like… you know? (20:31 Female, 18 years)

> She looked down at me when she saw my age…She was just so rude to me. So rude and so horrible. (27:17 Female, 17 years)

This girl experienced similar problems with her GP and articulates well her objection to being judged.

> The doctor though, she didn't seem very happy about it…It's just the way that they look at you and stare at you for ages basically. It just makes you feel uncomfortable with it all…(Dr said,) 'You're a bit young aren't you?'…Basically I just think that it's not right that they should say things like that because at the end of the day if it happens it happens and you've got to deal with it yourself, let alone with everyone else judging you as well on top of it. It's like accidents happen. There's nothing you can do about it so I don't see why they've got a right to say anything. (15:23 Female, 15 years)

3.4.1 vi) Antenatal Classes

Most of the mothers were involved in antenatal groups aimed specifically at teenage mothers (i.e YAPs - Young and Pregnant - groups) rather than general antenatal classes. As we saw earlier, it was important to many that they were amongst mothers of a similar age. During the interviews, it was striking how strongly the girls differentiated themselves from 'older mothers' or those with planned pregnancies. They felt strongly that their circumstances were very different and that they were likely to be looked on unfavourably by such women. Constructing classes around the specific needs of teenage mothers seems to be very effective. Timing should also be a consideration for professionals as a number of the respondents missed out on antenatal classes because they went into labour early.

> I think most of them were aimed for people at the very end of their pregnancy so they just learnt it all and obviously I missed the end of mine because he was 6 weeks premature so I missed all of those (12:17 Female, 18 years)

> When I got into my late pregnancy I was offered support from different groups and stuff which I was meant to go to but I had him early, so it was kind of…messed up really. (5.6 Female, 18 years)

An alternative form of antenatal class was a one-off intensive session such as the one this girl was recommended to attend by her midwife, held at a local birthing centre.

as much as I knew what was going on in pregnancy I didn't know anything about labour, about going in to labour, which I really should know by now and that and know what to expect, and what I wanted to do and how I wanted to have the baby. And what would happen if such and such went wrong. Anyway I went to this active birth thing which is like a 4 ½ hour course and it was really helpful. And like they got all the blokes involved and they went off and did their own thing but were informed at the same time and that… And I think that has been the most helpful thing for me. (11:20 Female, 17 years)

3.4.1 vii) Reasons for not taking up services.

It becomes clear from the interviews that there are a number of reasons why some girls are reluctant to make use of pregnancy services. Some wished to preserve their privacy or found it simpler to do things for themselves, preferring to make use of literature and family support.

I like keeping myself to myself…Because people are quite nosey, aren't they, around here? (24: 13 Female, 18 years)

I just tried to get on with it myself really…Family and friends really. Not like professionals or anything …Well like I've got the Sure Start stuff come through…I had books and everything from the midwife…it was really brilliant and it used to like go through week by week and everything and magazines…And there was a…week by week chart thing in there on how your baby is growing and everything and we pinned that up didn't we? And every week we'd look at it and like tick it off and we'd be like oh he's got hair now or whatever. (23:19 Female, 16 years)

While for many, teenage-oriented services were a welcome development, for others they seemed unnecessary because they did not see themselves as having particular needs arising from their age.

I didn't really go to that because I felt like, you know, I'm 18, I'm not that young if you know what I mean. I can do it myself because I'm quite independent…I don't know, I didn't really take much interest. I thought young and pregnant support would be like young people, like 14. You're 18 years old, you're older and you're more … not everybody's the same, but like you're more aware rather than when you're 14 years old. Some people know what they're doing and some people don't and I suppose but when you have a baby it all comes natural. No matter how much people tell you, you

never do what they say. You end up doing it your own way anyway. (4:19 Female, 18 years)

Others reinforced the view that it was important to be independent.

I wouldn't really be interested in it. It's sort of easier to do it on your own and…I don't know…It's just not my sort of… I wouldn't feel comfortable talking to any of them…I've had enough family support and enough people to talk to. I mean the options have been there but I haven't been…I haven't really taken them. (25: 20 Female, 16 years)

I would rather be at home and get into the routine as soon as the baby comes out sort of thing so I know that he can get used to me and I can get used to him, bonding things and basically so I can just get on with learning myself. You've got to teach yourself haven't you really? (13: 18 Female, 18 years)

For those who did see their age as significant to their experience of pregnancy, there was an unwillingness to put themselves in situations where they might be judged.

We get looked down on in the street, young mums…when you walk past people, people look at you as if you're a bit of shit. We don't want to go to some Sure Start group where someone's going to look down on you like… (16: 31 Female, 16 years)

It is often forgotten that many teenagers are simply shy of meeting new people and going into new situations. Support groups may not be to everyone's taste, whatever their age.

I'm a bit nervous, just because I haven't been there before and I don't know like anyone who is there or anything… (18: 19 Female, 18 years)

And she's quite a shy person so going to them sort of things is quite a big step for her I suppose. (17: 25 Male, 18 years)

While for others, the services on offer were simply not to their taste. Both of these girls imply that they do not want to get involved in particular constructions of motherhood.

> It's all cooking and things that are actually going to help you when you're a mother as well. I don't really want to learn how to do it just yet. I'll just do it anyway. (15:25 Female, 15 years)

> Because you have to sort of like just sit and like… and you're just like listening to like whale music and that to calm your baby. Sod that. I had my own dance music on. I'm not listening to some whale crap. (16:30 Female, 16 years)

Commentary: Formal Sources of Support

Many of the girls seemed quite happy with the antenatal care they were receiving, and this support was reinforced in many cases by reassurance from their mothers, partners, family and friends. They were often pleasantly surprised and grateful to be treated with respect by professionals, suggesting that they appreciated being treated as adults rather than adolescents. There seemed to be a willingness to engage with antenatal services among the young fathers interviewed and they appreciated being related to directly during consultations and having clear explanations of the pregnancy's progression. The health support valued most was very clear, attentive and friendly antenatal care from trusted, authoritative health professionals.

The peer support aspect of groups such as YAPs, were particularly appreciated because they provided opportunities to build solidarities, if not friendships, with other young parents. Sharing knowledge about the physical and practical aspects of pregnancy and parenthood and feeling that they were amongst others who sympathised, would not judge and who understood something about them was important to many of the interviewees. In these circumstances providing advice and support to others often seemed as important as receiving it for themselves.

Additional support for financial problems seemed to be welcomed and was reported in most cases to be well-provided by Connexions workers. Although some were able to negotiate their way through the benefits and housing system alone or with family help, most needed help from professionals with up-to-date knowledge and the commitment to lobby on their behalf to chase payments and get their housing needs addressed. A number of Connexions staff seemed to be going out of their way to stay in touch with the young parents and to make sure their needs were met. While some of the respondents appreciated an attentive, almost 'befriending' relationship with professionals others were keen to maintain their privacy and independence. The independent spirit articulated by many of the interviewees may have been a factor in their

pregnancy, but it also likely to be essential to their ability to cope with life after the baby is born. The findings highlight the difficulties in creating services which match the perception of needs held by service-users with those held by service-providers.

Key Points: Formal Sources of Support

- The support of family and friends was most highly valued.
- From professionals, practical support with housing and benefits was very highly valued.
- The particularly isolated respondents valued befriending-style care from professionals, but most were not in this situation.
- YAPs-type groups were especially appreciated by those who were keen to get a lot of information about pregnancy and motherhood, but these also offered relief from boredom and the opportunity to meet with others like themselves. Such groups seemed to be able to successfully address the information needs of this group, which is difficult to do.
- They saw a big gulf between themselves and 'older' mums. Partly, this is indicates a fear of judgement, but also a sense of a gap in age and circumstances. This shows the importance of referring teenagers to groups that are age appropriate.
- We should not assume that all teenage parents see themselves as belonging to a homogenous group, in fact they may have a stake in making distinctions between themselves and others, for example between themselves and younger or 'bad' teenage parents.
- Groups are not necessarily appreciated by shy or less sociable people.
- Most midwives are highly praised. A few bad experiences were reported, but these tended not to be repeated because the girls found another source of antenatal care or the midwifery personnel changed
- There is high praise for midwives who are used to dealing with teenagers.
- The girls report little contact with other health professionals, such as GPs.
- They do not seem to be particularly anxious during their pregnancies, although some reported finding it hard to cope with some of the symptoms of pregnancy such as sickness, tiredness and problems sleeping.

- Their reasons for not taking up services should perhaps, not be problematised. Sometimes it was because they wanted to be independent or to maintain their privacy or because they felt family support was adequate and more helpful.

3.4.2 Sources of Support: Informal

The next section will explore the significance of informal support to the antenatal experience.

Family and Friends

Family was overwhelmingly cited as the most helpful source of support during the pregnancy and was anticipated to be essential to coping after the birth. There are examples of families being very unhelpful, but these are the exception, for example, one girl's mother and sister were violent alcoholics and she moved out early on in the pregnancy. However, she was taken in by her boyfriend's family who were being extremely supportive. Another girl, whose mother had died and who had been caring for her ill, violent father was supported by her siblings in getting re-housed away from him once she became pregnant. Her relationship with her father subsequently improved and he was pleased about becoming a grandfather. As indicated in the 'Reactions to the Pregnancy' section, in the event of teenage pregnancy, both fathers and mothers have to make profound adjustments in the way they relate to their daughters and sons as they all prepare for parenthood and grandparenthood. Very few teenagers were left without any family support.

3.4.2 i) Mother's Support

As we can see from the section describing the mothers' reactions to news of the pregnancy, mothers were generally very supportive very quickly, even though they were not keen on their daughters becoming mothers at a young age.

> My mum's got 5 children but like I've got 3 sisters and a brother so I would ask her, my mum, things about it and she would just tell me her past experiences like through her pregnancies and what happened with… (13:10 Female, 18 years)

The mothers often played a vital role in calming the girls' fears and reassuring them, from their own experience, that things were progressing normally. Many of the girls anticipated their mothers playing a very active role in helping them care for the new baby, whether or not they were living together.

> I normally phone my mum…and say look, you know, the baby's not moving. And mum will be like you're alright...Or like the pains…I normally talk to my mum about it. Because obviously, you know, you get told everything by loads and loads of people but you only really listen to your mum's advice. (27:19 Female, 17 years)

> Obviously I've got sisters and my mum saying you take the day off. Mum will take the baby for a day and sort of let me have a day off so that's why I'm not very anxious at the moment…my sisters sort of say do you want to take a 2 hour nap?…They sort of say well I'll feed her before school so you can go up and have a wash or a shower. (20:28 Female, 18 years)

3.4.2 ii) Broader family support

Family members such as siblings and grandparents were also very helpful for many of the girls. From providing a welcoming reaction to the news of the pregnancy to passing on secondhand baby equipment, the wider family can be very important to the young parents' sense that they will be able to cope in the future.

> The family support…That is priceless. That is worth its weight in gold. Family support, without it you will struggle. Anyone in our position would struggle without family support. (30:15 Male, 19 years)

Having lost her mother at a young age, this girl's sister was a vital source of support and affirmation even though she had initially tried to encourage her younger sister to have a termination.

> She quite likes to come to the midwife and hear the baby's heartbeat. She loves hearing the baby's heartbeat, just to make sure she's all right…My sister loves babies...She can't wait to hold my baby. She keeps shouting at my belly saying come out now, I want to give you a cuddle. She felt her kick for the first time the other day. (7:15 Female, 16 years)

Some of the teenagers' parents are more able than others to offer financial support.

> I mean we've had a lot of support from my family and…from members of his family and they have helped us out a lot. And my mum has been paying for me to have driving lessons….And she's paid for my car…So really it's just been family members that have

helped us. We've had no real help from like the council or the state and it was really hard to get information about stuff we were entitled to. (11:28 Female, 17 years)

It's like my grandparents were so made up by him… they bought the carpets for us…(23:29 Female, 16 years)

We've been pretty lucky so far because most of the stuff like expensive stuff and that like my sisters and that have had babies and so the Moses basket and that, anything, in fact I don't think I've had to actually buy anything expensive yet. (6:6 Male, 15 years)

…my mum buys little things… fair enough it's only Asda's or Tesco's but you can get things like towels, baby towels and you can pick them up for like £3 or something so she picks them up because you go through a lot of them as well. (13:32 Female, 18 years)

Things were not always so harmonious. This girl's immediate family was in conflict with the extended family, some of it provoked by the pregnancy itself.

…probably the best would be the support I've got from my family and that would also be the worst because my extended family don't want to know. (2:8 Female, 17 years)

3.4.2 iii) Witnessing family life - experience of taking responsibility for other children

Another important role of family was in providing experience of babies and young children. Some of the respondents had siblings who were much younger than themselves and those who did, felt that parenthood was less frightening because of their direct experience of caring for small children. Others saw other family members cope with pregnancy and parenthood, often at a young age. One girl's observations of her cousin positively influenced her self-confidence as a future parent.

…looking at how she copes has given me ideas on how I'm going to cope…Because I was thinking oh how am I going to do it? I've got my own responsibility now at the end of the day. What am I going to do? But actually seeing her cope has made me think yeah, think positive, you can actually do it. If you put yourself down obviously you're not going to be able to do the things but seeing her do it has made me a lot more confident. (32:14 Female, 18 years)

This respondent's brother became a father at a very young age, but speaking to him had confirmed to her the positive meanings to be found in parenthood.

> …I mean seeing my brother bring up a baby, it was difficult, you could see it was…Well his girlfriend was actually 14 and he was 15 so…And when I first told him I was pregnant he said it is hard but he said at the end of it it's worth it…It is going to be hard but I think because we're both young we're going to be able to enjoy it more, seeing them grow up and doing the things that we want to do with the child…I'm not gutted that I'm pregnant this young but it would have been nicer to do it in a few years time. (25:19 Female, 16 years)

3.4.2 iv) Can be too supportive or interfering

For some, their family's desire to support them could sometimes be overwhelming, clashing with their desire for independence or undermining their attempts to be 'normal' and forget about impending parenthood from time to time.

> M: At the same time they can be a bit too supportive
> F: …like sometimes you think like they won't let you do it on your own and that …you have to get used to it because you're by yourself anyway.

> M: I don't see how she can act like an adult and a mother to the baby if she isn't like treated like one.
> F: My mum…she doesn't want me to move out until I'm like over 16…
> M: And she wants to be there when you're giving birth
> F: …but I don't really want her to, so I'm still trying to tell her that she can't be there. (6:10 Female, 15 years)

> I like to be independent. I always have. I would rather myself go without than have to ask someone…I always have been…I would rather do something on my own than have someone help me. I've always been like that. (23:30 Female, 16 years)

While for the girls, overbearing family support threatened their efforts to assert independence, some of the male partners seemed to be under pressure to demonstrate their capacity to take responsibility for the baby and their partner.

> They all make a lot of fuss. Do you know what I mean? Like the grandparents only live around the corner and her family is like really close. They normally all pop in every day for half hour and that and...Ever since she's got pregnant that's just the whole conversation… for the last 7 or 8 months it's just been baby, baby, baby, baby. It seems a bit overpowering sometimes. I mean especially when you just want to sit back and just relax and stop thinking about everything for 5 minutes because they're all in your face going you've got to do this, you've got to do that. I know what I've got to do. Just leave me alone. (17: 5 Male, 18 years)

3.4.2 v) Friends

a) Moving away from 'risky' social activities.

Some of the respondents felt that their friends were no longer appropriate or desirable people to have around in their pregnant state and they also rejected their own pre-pregnancy lifestyle. This illustrated the extent to which the girls had absorbed public health messages about 'risky behaviour' during pregnancy; drinking, smoking, taking drugs and fighting were all behaviours that the girls sought to reject. Some were glad to move on while others found themselves isolated because they did not want to join their friends in 'smoky pubs'.

> I don't really hang around with the people that I used to hang around with because the people I hanged round with were drug addicts and everything like that so I don't hang around with them anymore not with a new baby on the way. (1:1 Female, 14 years)

Others did not reject their friends but felt unable to socialise in the way they used to.

> And because I can't go out on Friday nights and go out drinking and all that sort of thing. Not that I'm going to after I've had the baby because I'm not going to. I'm not going to be irresponsible or nothing…I'm not doing the same things as what I was because my lifestyle has changed. (19:25 Female, 15 years)

For some, this social isolation was hard to come to terms with.

> …It don't feel right for me because I'm the only pregnant person sitting there that's not drinking and having a laugh and that. They're all sitting there having their own conversations and I feel like I'm the one that's pushed away because I am pregnant. (13:40 Female, 18 years)

I can't do much. And like I used to go ice skating a lot and swimming and all like physical things…I get depressed after a while and fed up. (15:1 Female, 15 years)

For girls of school age, being at home while their friends were at school was particularly difficult.

It's boring, I just try and do anything to keep me occupied really because otherwise you could end up just sitting around doing nothing all day. So, I try, go for a walk at least once a day, but apart from that there's nothing to get you out the house, because my friends and that are at school there's no chance of like seeing them for a day or whatever. (2:8 Female, 17 years)

b) Friendship group responsible and supportive

Others had friendship groups that continued into the pregnancy and whose affirmation and support was highly valued.

…one of my mates I've got from school, she's going to be the god parent, she's lovely…All the people I hang about with from school they was lovely, they was well excited when they found out I was pregnant. They've all bought her little clothes and things, They all can't wait to see me in the hospital. (7:20 Female, 16 years)

… when I did tell them that I was pregnant, like my college mates, they were really good. I mean myself and my mum thought that they would just reject me and didn't want to know me and that but they were really good. They were really happy and really excited…I don't think I needed any more support than I already had. (5:6 Female, 18 years)

c) Friendships with other parents

A number of the respondents had friends who were already parents.

Yes, I've got quite a few mates that have got kids and they was really good. I mean they offered some support and some advice, apart from running around after their own, you know. No, they offered me some advice and what it was going to be like and how much it's going to hurt…No, it was really good. (5:7 Female, 18 years)

So like there are 3 babies now that are all like quite close together. So yeah… Obviously they're supportive. And my other friends that have cars, they're always

> offering me lifts places, if I need to get dropped anywhere, you know, to give me and Harvey a lift and that. So my friends have been great really. (12:20 Female, 18 years)

Others had made new friends through being pregnant and had accommodated to a less exciting social life.

> Some of them are like friends I've met through being pregnant. Like while I've been pregnant, new people...Because I'm pregnant most of the others are just off doing their own thing like going clubbing and going down the pubs and stuff, whereas me and my friend Debbie, we just sit at home watching telly because we're both pregnant…But now that I stay in at night it's like…I get quite comfortable and watch loads of telly. (13:26 Female, 18 years)

d) Lost friends through getting pregnant.

It was sometimes difficult to maintain friendships when the pregnancy transformed the girl's outlook and experience relative to that of her friends.

> …my best friend, who I've known since I started secondary school and she's the only person that's stuck by me and rings me and that. All the other people that I knew like never phoned and aren't interested…You know I think it's because they think oh my God, I'm only 17 or 18 or whatever. I can't be thinking about babies now. I think that's what they think…So they think it's all too serious and don't want to get involved. (11:30 Female, 17 years)

Commentary: Informal Sources of Support – Family and Friends

As has been noted before, informal support is central to the teenagers' feeling that they can cope with pregnancy and parenthood. Parental support and that of the wider family, including witnessing other family members at close hand cope with young parenthood seemed to normalise the experience and make it seem viable. There were some issues surrounding maintaining independence and autonomy while dependent on parents, especially when the young parents were living in the family home; the post-natal interviews will reveal how these tensions were resolved. Coleman and Dennison (1998) found that younger teenage mums were more reliant on their own mothers than were older teenagers and that the maternal grandmother often made sacrifices (such as giving up her own job) to help care for the new grandchild. Financial dependence on the maternal grandparents was a strong feature of many of the young parents, whether in the provision of housing or material support to supplement welfare payments. Grandparents were more often a source of financial support than the father of the

child. It seems that pregnancy can be a time of change in friendships. Old friendships may be unsustainable and new friendships may be forged. Overall, the respondents seemed to instinctively adjust their social networks and socialising activities in line with their new circumstances and seemed well-supported by their friends, sometimes regardless of whether or not pregnancy and parenthood was a common experience amongst them. There is very little qualitative research into the role of peer support in teenage parenthood but Voight et al (1996), Nitz et al (1995) and Richardson et al (1995) found that friends were an important source of emotional support and it has been suggested that those with the social skills to maintain a friendship network may also bring these skills to bear in their relationship with their child. The interviewees spoke positively of their friends' ability to provide affirmation of their decision to proceed with the pregnancy and to provide opportunities for albeit more limited socialising.

3.4.3 Relationship with the Father

Exploring the relationships between the interviewees and their partners or former partners revealed how complicated the context of teenage pregnancy can be. Very few of the female respondents became pregnant during casual encounters; most were with the father for at least a few months or were in the very early stages of a relationship that they hoped would continue. The majority of the girls did not remain in a relationship with the father throughout the pregnancy: 17 girls were not with the father at the time of interview, 13 were, and of these, 5 were living with the father. There were therefore a range of relationship situations in place at the time of interview and it will be interesting to see how these develop after the babies are born.

3.4.3 i) No longer with the father

Some respondents found out they were pregnant after their relationships had ended, there was a range of responses to this predicament. The first young woman quoted below did not regret that the relationship had ended and that the father was not interested in being involved, but the second was sad that the pregnancy had soured the friendship they had maintained after they stopped going out together.

> Well we were going out for like a couple of months and that and then sort of had sex and then we split up and then I found out I was pregnant after we split up so…So when I told him he didn't really want to know... I only shagged him a few times really. (14: 2 Female, 16 years)

> We was together for a few weeks. I mean we wasn't steady, we was in like the dating stage so to speak, you know…we separated on good terms, you know. But when I found out I was pregnant and told him, I suppose he just got a bit sour really, which is sad. It is really sad because we got on really well before I found out and stuff. (5:6 Female, 18 years)

In retrospect, some of the girls were glad to be out of what they viewed to be bad relationships and were not keen for the father to have contact with the child.

> …the way he treated me, well, it's not the way Id like to be treated he wasn't, he isn't a nice person but I couldn't see it. (2:10 Female, 17 years)

> he was actually beating me when I was a few weeks pregnant…he didn't know….he said to me that if I was to ever get pregnant with his baby he would kick it out of me. He would end up killing me as well with the baby so I haven't told him. I would rather him not know …(told him) I don't want nothing to do with you no more and leave me alone and there's been no contact ever since. (32: 8 Female, 18 years)

> To be honest, this may sound really selfish but I don't want him having nothing to do with the baby. It'll just mess up the baby's life you know. He doesn't need to be involved. He's very immature, he's stupid, I'm sorry but he is, he's a dickhead. (9:8 Female, 17 years)

Many of the girls conveyed a sense of protecting themselves and the baby from the disruptive effect of a relationship, either because they saw the ex-boyfriend as being no good or because they recognised that the relationship between the two of them was not very good. Others were fearful of a relationship because they did not want to have to cope with a future break-up as well as with motherhood. There was a sense that coping with impending motherhood was enough, and the strains of a relationship or even just dealing with the father was too much to handle.

> I did say I didn't want to get with anyone because of the baby because if we split up I would be so distraught. I've still got to look after this baby and I won't be 100% there for her. So we split up during the pregnancy, about 8 months, I said I can't do it...And we split up and haven't got back together since. We still talk to each other every week

> or he still comes down to see her which is fair enough…He's excellent. I couldn't ask for anyone better. (20:21 Female, 18 years)

Others had an abstract notion that a child needed to know their father, even if they themselves had no affection for him. This 16 year old was with a new boyfriend at the time of the interview, but was concerned that her daughter should know who the father is, because she had not known her own father.

> I want her to know who he is and all that but I'm not going to encourage a relationship or nothing, do you know what I mean? … because I know what it's like not knowing like what he's like. (19:13 Female, 15 years)

This girl speaks quite fondly of the father even though they are not together and they argue a lot. She has a strong sense of him as the father of child.

> He was like really happy. He was well excited. The smile didn't come off his face all weekend. He was well happy…He does want to see her. He really does want to see her but he gets too much though. When she's older if she wants to see her dad then she can see him then. But not while she's a baby. So it's her choice then. (7:9 Female, 16 years)

Others might have liked the relationship to continue but had reconciled themselves to the father's lack of interest.

> I've decided to think about it, it's good that he doesn't want to know because he's already got one that he doesn't see and it wouldn't work out, like him coming down here or whatever, so I mean all round I think it's going to be better. I've offered him to see her and that but he doesn't want to know so...there's nothing more I can do. (2:1 Female, 17 years)

> He wants to get involved with the baby but I don't want him to because I know it's just his mother that's trying to push him into it. But if he doesn't want to be the baby"s Dad then I'm not going to force him to do it. (1:1 Female, 14 years)

The teenagers' parents were sometimes involved in negotiating the relationship between mother and father-to-be. This could be because they wanted the father to take responsibility or

because they were fond of the ex-boyfriend and thought he should be involved with the baby despite the break-up. They were perhaps taking a longer-term view than their teenage children were able to do.

> My mum phoned him one night and said 'Look, you know. I think we need to talk, don't you?' and he was like 'Yes'. They said we'll meet up somewhere. I didn't go with them, which I think is a sensible thing…But they met up and they talked and he said 'Yes. I want a DNA test', which I'm quite happy to go with (5:5 Female, 18 years)

3.4.3 ii) Together with father

A minority of the respondents were together with the father of the baby. 'Together' means seeing themselves as being in a relationship with the father, not necessarily living together. The living arrangements were understandably complicated by the dependence of many of the young people on their parents.

Some of the girls described being in love with their partner.

> I'd only been with him for about 5 months…We get on really well and I love him to death. I really do. And like he loves me and that. And he's over the moon about this baby. He really is. (11:13 Female, 17 years)

And others reported that the pregnancy had strengthened their relationship.

> He told me he loved me a couple of days after we started going out with each other and I felt really strongly about him as well …so it was never a case of…shall we get rid of it or shall we keep it… because I think we both knew what we wanted and we both wanted to be with each other… I think it's made us stronger. (27: 13 Female, 17 years)

> He's really supportive. He's a lot better than I thought he would be… We're still together type of thing…he is really supportive. I wasn't expecting it. I was expecting him to do a runner actually but he hasn't yet….I think it's brought us a lot closer now that we know that like we're actually going to have a baby together and that it's not some little silly thing that just happens and goes away in a couple of weeks.(15:15 Female, 15 years)

Only one couple planned to marry after the baby was born.

> It didn't feel like a rushed thing. It felt like we'd just known each other forever. I mean we just clicked as soon as we met each other and it took him a couple of months to actually ask me to go out with him but we kind of just clicked and got on. (29:13 Female, 18 years)

But others had plans to continue living together;

> Well we've been together a couple of years now… now we're talking of getting a mortgage on a bigger place. (12:8 Female, 18 years)

Commentary: Informal Sources of Support – Relationship with the Father

As noted above, there was a wide range of circumstances surrounding the relationships between young parents. The complexity of the relationships between young parents is not often recognized, partly perhaps because young fathers have been hard to recruit and reluctant to be interviewed, and therefore research becomes shaped around the mother-child dyad instead of including the father's perspective.

The majority of the mothers saw their relationship with the child as paramount and non-negotiable, whereas that with the boyfriend was conditional on him proving himself to be a good father. In some instances, the mothers were concerned to protect the child from the potential harm contact with the father could cause, this was at its most extreme in the case of a girl who had not informed the father of her pregnancy and had broken all contact with him early on because of his violence towards her. McDermott and Graham's review of research (2005) found that the relationship between mother and child provided more reliable love, intimacy, fulfillment and self-worth than that available from relationships with male partners.

Contrary evidence from some of the couple suggests there can be an aspiration to make the relationship work and a desire to provide the child with an involved father. The data here suggests that even if the couples do not remain together, many consider carefully how to be parents to the new child. In the interviews with the mothers, there was a sense that the relationship with the father might develop over time, once the father had 'grown up'. The actual development of these relationships will be explored in the postnatal interviews. The variety of arrangements is certainly more flexible than would historically have been the case, with very little pressure being placed on the young parents to 'do the decent thing'; only one couple spoke of marriage. The father was not regarded as an essential source of financial support,

usually because the mother's family had stepped in, his role was therefore often 'symbolic' – the importance to the child of having a 'father figure' or of 'just knowing' the identity of their father was sometimes spoken about.

Key Points: Informal Sources of Support

- Family were most highly valued as a source of support, particularly mothers but also fathers and extended family, offering material support, affirmation, love and respect.

- The respondents seem to have found ways to negotiate changing relationships within their families. Some reported moving from tension to resolution through the pregnancy and the prospect of a wanted grandchild aided the process.

- Friend relationships were very varied. Some respondents felt the need to radically change their social network while others found their friends to be spontaneously supportive.

- Some became socially isolated, especially if they had left school as a result of the pregnancy and did not have other sources of friendship. Some were already isolated prior to the pregnancy. This returns us to the need for teenage-oriented groups to enable young parents to meet one another.

- Others had wide social networks which seemed unaffected by the pregnancy.

- Most were in a relationship of some sort at conception, i.e. none of the pregnancies were reported as being the result of a 'one-night stand'.

- The range of relationships with the baby's father was very varied and demonstrated the complexity of some of the things being dealt with by the teenagers. This relationship was an additional issue to sort out aside from being pregnant at a young age.

- There were varying degrees of commitment on both sides to keeping the relationship going. Some girls wanted the baby more than the boyfriend, others seemed to hope that the baby would keep the boyfriend around.

- Pregnancy offers the opportunity to see situations more clearly – for example, having to make decisions in the interests of the child made it easier to get out of a difficult relationship. The girls demonstrated behaviour that was protective of themselves and the baby, in particular by exiting violent or unsupportive relationships.

- Intentions/desires and outcomes could be very different. Postnatal interviews will reveal the real outcomes.

3.5 Education and Work

3.5.1 Education

3.5.1 i) Before pregnancy

There was a mixed experience of education prior to pregnancy, but many of the girls were disengaged from school and college before they became pregnant. Some became pregnant just after they left school, suggesting that this may have been an important transition point in their lives, where pregnancy represented taking a step towards the next life-stage.

Negative experiences of school were widespread and could be attributed to bad relationships between teachers and the young people, or between the respondents and other pupils. Some struggled with learning and many were bored with lessons or were uninspired by their school, often aware that it had a poor reputation. Some of the respondents saw themselves as too mature and independent to accept school discipline and by the age of 15, were bored.

> You get to like the third year and you think this is boring, you think for Christ's sake, is anything going to change? And all that happens is you change your year as you get older…I wish I was there now though. (9:1 Female,17 years)
> I just didn't like the teachers and I had enough so I just left. (4:18 Female, 18 years)

A high proportion had stopped attending school altogether. In this following case, a 16 year old's father had been fined for her truancy.

> I just went up there one day and said I wasn't going back no more. I didn't want to go back. I don't like it. I don't learn nothing. I don't know nothing, cos I ain't been here and I said I wasn't going back. They said I've got to go to school, but I said I ain't. I'll see you later. And they haven't got in contact with me since. They ain't even bothered no more. They just leave me alone. (7:18 Female, 16 years)

One girl had been excluded from school, then stopped going to college. She went on to attend an Alternative Curriculum project, but walked out of that after an altercation with a teacher.

> Well I got excluded just before my 15th birthday...so I went to college. I done child care. I didn't bother going to that…I just think it's crap, that child care college…It's like you're still a kid yourself. Do you know what I mean? They don't let you think for yourself or nothing. (16:1 Female, 16 years)

Even amongst those who reported a bad experience of school, there was sometimes a sense of regret for having left early and for not working harder.

> …when you're at school you think you're all it anyway, do you know what I mean, you think you're funny and you sit there and you wanna piss about in class and I really do wish I did knuckle down. Like now I think for god's sake. And what I used to do in like lessons and that, it's just not funny at all, and I think, why did I do it? (9:1 Female, 17 years)

It would be incorrect to cast all the respondents as academically disengaged or eager to leave school behind. This respondent was disappointed by the quality of education on offer at her college.

> I stopped going because the course wasn't really what I wanted it to be like…It's not what I expected it to be. I would turn up in to lessons and there would be no teacher and we would just sit there all day and do nothing waiting for someone to come and take over or… And then there was just no point in the end because no one was turning up. (13:1 Female, 18 years)

A few had dropped out of school for health reasons, whether physical or mental. This girl had suffered from unexplained alopecia and could not cope with the school environment. Home tuition was not adequately provided.

> I quite enjoyed school…I mean I liked it because it gave me something to do but when I was sitting at home obviously I was missing out on all that thing. I was so bored. There was nothing to do. (32:2 Female, 18 years)

Even those who had attended more advantaged schools had negative experiences. Some of the respondents had enjoyed and succeeded at school up to a certain age, only to become disengaged later.

> Well I went to the girls' grammar in Dover and did my GCSE's. I was there like up until my GCSE's and that and then I passed that. I got 12…12 or 13 GCSE's and I passed them all like A-C and then I left there and went to *** Grammar in Canterbury…It's a horrible school, yes. Yeah and I hated it. I hated every minute of it…I hardly ever went…I passed my AS levels but I didn't get excellent grades in them like everyone was expecting because of my GCSE's...But I think that's mainly because then I had a really hard time there and that so I was just like bumming around and not going in and stuff like that. (11:2 Female, 17 years)

Some of the girls who left school before they were 16, ended up hanging out with people who were considerably older than themselves, moving away from their school peer group. Some were the youngest amongst an older social group where regular sex, pregnancies and babies seemed more normal.

3.5.1 ii) Remaining in education

In contrast, some of the girls were still at school or college when they became pregnant and some of these planned to return, with pregnancy causing a brief interruption to their plans.

> I was in college. I was doing a performing arts course. I was doing my first year…Started one project, finished that and started another one and then I found I was pregnant. It just totally threw me. (5:1 Female, 18 years)

> Well yeah when I've had the baby I'll go back and…What I'm concentrating on really is my art. That's about the only thing that I'm gonna get. (19:2 Female, 15 years)

For those who were already in more flexible college education, the pregnancy seemed to be less disruptive. Perhaps because the college was more accommodating than a school, but perhaps too, the girls who were committed to college courses were more likely to continue in education than those who were bored but still attending school.

> I went every day like while I was pregnant because I joined when I was 4 months pregnant, so…But I went every day, but I only do 16 hours a week. That was it. But I stopped it 3 weeks ago because of maternity leave. But I enjoy it – it's good. (8:1 Female, 17 years)

For some, the pregnancy was very disruptive of their educational plans.

> I done all my GCSE's and the plan was to take a year out from school and then go to university…I wanted to study paediatric psychology…it didn't quite work out…I found out I was pregnant and that sort of blew everything out of the water. (25:1 Female, 16 years)

> I was going to college before I got pregnant, doing health and social care…I wanted to be a paediatrician so I would have been working with children, but then I got pregnant, even though I didn't ever want children. (13:1 Female, 18 years)

The provision of home tuition was severely criticised by a number of the girls who had not been able to continue in school, exacerbating the disconnection from education experienced as a result of the pregnancy. This girl felt that she had been let down by Education Welfare Officers, who were more concerned, she felt, with more problematic teenagers.

> …there's quite a few teenagers who don't really want to like have an education and stuff and I did and that kind of irritated me quite a bit that she would deal with the ones that really couldn't be bothered…When I wanted it and I needed the help and everything because she was more interested in the other ones who didn't really give two damns… I'm not one of those girls that's like that. I'm kind of like I want an education. (10: 5 Female, 16 years)

3.5.1 iii) Reaction of school/college

The respondents reported varying reactions from their school or college to their pregnancy. Some institutions and individual staff were extremely supportive, others were not. Because relations between the respondent and the school were often already strained, it is difficult to locate the pregnancy as the cause of poor relations between school and pregnant pupil.

> They didn't believe me, basically they wanted proof that I was pregnant and even when I was pregnant and did prove to them that I was pregnant they still didn't believe me and told me that I was a liar, but that's why I left that school because they're basically hard-faced bastards at that school. (1:12 Female, 14 years)

Positive reactions were experienced by some:

> I told my tutor at college. I phoned her up and told her and she was really good…My tutor said I could stay there all through my pregnancy if I wanted… (5:8 Female, 18 years)

> …they wanted to keep me there. They were really helpful, you know, they wouldn't let me lift anything…They were really understanding and like if I felt ill they'd let me go, like go home and that, as long as I like caught up on the work. (11:25 Female, 17 years)

However, even at a supportive school or college, this girl ended up leaving due to the experience of pregnancy.

> …all my emotions were changing and all my hormones were being messed around and everything I found that I couldn't because it was stressing me out…I just thought if I stop college now, take a break and then go back it will be much easier on my behalf. (5:8 Female, 18 years)

The reaction of other schoolchildren to the pregnancy was a concern for some of the girls.

> That's why I did not go, because of what people would say, because of my age and everything…it's just that other girls that have been pregnant at the school they've all like been called just about all the names under the sun and I'm not exactly the one that's just gonna stand there and take it. I will stand up and start fighting. (15:1 Female, 15 years)

3.5.1 iv) Postnatal Education and Training Plans

The majority of the girls reported having plans to return to education once the baby was born, even those who had dropped out of school or college before. This perhaps reflects the recent policy agenda to get teenage parents to return to education. Some of the girls' plans were more concrete than others.

> I'm going back to school in April and I'm doing my GCSE's and then hopefully I am going to college in September. (14: 18 Female, 16 years)

> I found out I was pregnant whilst I was in my year out. Because otherwise I would have gone back to college in September but I couldn't so I am looking at going back this September…just to do child care, level 1 and 2. And then I'll go from there as to what I

> can use it for. Because they have got crèche's in the college themselves and if there's some days when I can't take the baby in then I'm sure I can find someone to…I just want to go back to college and just get the basics of child care again. (25:2 Female, 16 years)

Incentives to get young mothers back into education, such as the EMA (Education Maintenance Allowance), Care to Learn and Connexions courses were cited by some of the respondents.

> I'm meant to be going to college in September because my mum is going to look after her… if I did more than 12 hours or 16 hours I'd get an extra £30, like for the EMA. (16:3 Female, 16 years)

Their motivations for continuing were varied. With vocational courses, the aim was to get a better job and a better standard of living, a few were attached to the subject they were studying. Proving themselves was also a motivation for some, suggesting either that they were aware that getting pregnant young was seen as a mark of failure or that they felt they had been labeled as educational failures prior to the pregnancy. Through the postnatal interviews it will be interesting to see how many of these plans are realised.

> In September I'm gonna go to Sheppey college and I'm gonna do a hairdressing course…there's day care at the college… Yeah, so I'd probably leave her at the day care thing and I can go and see her any time during the lessons and that. Also, they gave me a leaflet and I got like, I'm entitled to what is it, child care things, erm, and erm so that someone can look after her or something (getting quieter). (6:11 Female, 15 years)

> I will do my hairdressing course, get yourself sorted out, you can get a proper job then you've got more money for yourself then haven't you, to buy more luxury stuff. Because the money you get off the Government ain't nothing, you can't get nothing out of that. (7:18 Female, 16 years)

> I'm definitely going back to college because I want to do a college course, have qualifications so then I can have my own job and my own like business as well so I can prove to everybody and myself that I can actually do it. (27:10 Female, 17 years)

> I want to go back to college…I want to go to college after I've had the baby. When the baby is like about 3 or 4 months I want to go there and do performing arts. (31:11 Female, 17 years)

> I don't care what I do… As long as I can do something with my life.. so I can actually prove to people that I weren't lazy and I've actually done something with my life…It's something that I want to do because obviously leaving school so early I've missed out on a hell of a lot. (32:13 Female, 18 years)

3.5.1 v) Anticipation of childcare problems

A number of the girls did not want to rush back into education soon after the birth, especially as childcare arrangements were not always ideal.

> I've got a lot of support from my family anyway so I can go back to college at whatever point I want to but I want to stay at home and obviously breast feed and all that stuff, which you can't do while you're at college so…So I'd prefer to wait a bit…. What I was planning on doing was actually going to college while she's at school, so maybe taking a few years off and then going back when she's old enough to go to nursery school. (29:19 Female, 18 years)

> I went to Connexions…and they said about Care To Learn…they pay your child care costs so you can go to college…but I'd have to go in January as I'm 19 in June and I'm not sure if I'd want to leave her or not… she'd be two months old and I'm not sure about leaving her…(3:3 Female, 18 years)

Many others echoed the views of the girl above in having reservations about leaving their babies in the care of others. If childcare was considered, partners or very close family members were the preferred carers.

> I'm going to go back to school and get my education done and the baby will either be with my Mum or with me Nan. (1:1 Female, 14 years)

A number of respondents reported being fearful of formal childcare. Others felt that 'farming out' the baby was wrong for the baby and reflected badly on the mother.

> Basically they're trying to tell me it's best to have a carer 3 days a week and I don't want a carer and I've said no to it and they're saying like they'll take my mum to court and what have you if I don't go back for this and…I won't want to trust strangers with my baby. (15:27 Female, 15 years)

> I've watched all those…you know those nursery programmes they had where they had the secret cameras?...That petrified me really, giving her to someone I don't know. So I'd rather give her to next door and…And with the college course I'm doing I think they pay up to £5,000 in care costs so it's not too bad. (20:25 Female, 18 years)

Commentary: Education

Although the respondents were not directly asked about their experiences in school, insights emerged in response to questions about the provision of sex education and about their current educational circumstances and qualifications. The correlation between poor educational experiences, low levels of qualifications and teenage pregnancy is well-established (Kiernan, 1995; Wellings et al, 2001) and these findings allow some insights into the individual realities underlying this relationship. While from some of the accounts, the teenagers had evidently been 'difficult' pupils, sometimes triggered by disruptive life experiences beyond school, others seemed to have been badly let down by the education system, still others were not necessarily disappointed in their educational experience but success at school was less important to them than, for example, the fulfillment and affirmation they anticipated finding in parenthood. The interviewees' reports of their school years were frequently characterized by too few engaging teachers, high levels of disorganization and staff turnover, and low expectations of pupils' potential. Some had been engaged in school, but prioritized parenthood when pregnancy accidentally occurred, others were keen to embark on parenthood because it promised greater opportunities for fulfillment and a more assured adult identity than was offered by continued education or work of the kind available to them (Arai, 2003b).

For some, it was not until they were faced with the prospect of parenthood that education had become a focus for their aspirations. Seeing themselves through their child's eyes motivated some to wish to improve on their past so that their child could be proud of them and many had a strong desire to create a better life for their child. The purpose of education was primarily understood to lie in the improvement of employment prospects and vocational courses such as childcare, hairdressing or health and social care were envisaged by as the most likely path.

While for some, the prospect of parenthood made them reconsider their attitudes towards education, for others with particularly poor experiences of the education system and little confidence in their academic abilities, returning to school or college did not hold great appeal and there were hints of resistance to the pressure to resume education. Some of the girls were obviously aware of high-profile media stories about abuse in nurseries and by childminders. It is impossible to know whether these stories had so gripped their consciousness that they could not consider professional childcare as an option or whether citing these stories as evidence allowed them to resist the policy drive to get them into education or work. By asserting themselves as better, more careful mothers than those who would leave their children in the care of others, they could 'rescue' their identity as teenage mothers. A significant factor seemed to be the degree to which they had a clear sense of what they wanted to get out of education. Those with clear ambitions were more inclined to consider childcare as an option.

Financial hardship was not cited as a potential barrier to education and most were aware of the financial incentives available to teenage parents to return to education, such as the provision of childcare and the payment of course fees. The two alternatives were usually seen as either returning to education or staying at home full-time with the child, education was not therefore seen in terms of sacrificing a wage.

Key Points: Education

- The respondents reported a mixed experience of education prior to pregnancy. However, a disproportionate number were disengaged from school.

- Many of them reported that their schools were poorly organized with substandard staff and few points of engagement. The fact that some of them reported enjoying only one subject, with one particularly supportive and engaging teacher suggests that they had not rejected schooling, but that the schools had failed to earn their respect and attention.
- The effect of this was multiple; they lacked a sense of what came next in life; they did not have a concrete sense of a positive alternative to school; they were sometimes attached to older friendship groups; they were bored; they were seen or saw themselves as failures.

- Antenatally, a few were able to continue in school or college, supported by family and the institution and individual staff members.

- The ones who continued tended not to have already been in conflict with the school and had a sense of what they wanted to pursue and the benefits of it.

- Alternative sources of education such as home tuition did not come out well. Education welfare officials were criticised by many as offering little or no support.

- Most included education or training in their postnatal plans, reflecting the recent policy thrust in this direction. Awareness of the financial incentives to continued education was high, but also of the high 'responsibility' value placed on embracing education, even if they were previously disengaged from formal schooling. Vocational training, in almost all cases hairdressing, health and social care or childcare, were cited as a realistic option.

- Postnatal interviews will reveal how realistic it is for them to continue in education after the baby is born. Questions of motivation, childcare practicalities, financial security and the quality of education provided can be explored.

3.5.2 Work

There was a noticeably difference between the young mothers and the young fathers in their attitudes towards work. For the fathers-to-be, having a job was central to their idea of what a father does. Taking financial responsibility for the child was alluded to as something they felt under pressure to do from the outside, from family or from wider society.

> I'll probably go and do a bit of work back out on the sites and that, or painting and decorating. I always get a bit of work here and there, off my mates and that. They've all got like site work or painting and decorating. That's the kind of stuff I like. I like building or painting or something like that. (22: 41 Male, 17 years)

Among the female respondents, there was an assumption that they would work at some point, but this was usually understood to make sense or be possible only once the child reached the age of 3 or more, when they would be entitled to a state nursery place.

> Well at the moment I'm not really thinking of going back to work because I think that would be more hassle than it's worth really because [boyfriend] works every day of the week…(12:17 Female, 18 years)

For some of the female respondents who were not living with the father of the child and were not assured of support from him, who had moved out of the parental home, and had already

had a job, work more likely to be assumed to be necessary, but this would have to be balanced with the availability of family members to offer childcare.

> I'm gonna go back [to work] because obviously I need the money. And I'll try and do that whilst going to college as well. They've said they're gonna work around my schedule…And they've given me the choice of what times I want to do and…we'll talk about it more then, whether I want to go back in the evenings or during the day. So it's not too bad… (20:25 Female, 18 years)

If they were to work, they would not earn enough money to pay for full-time childcare, so would have to take part-time work that could fit around the availability of partners and family members. Work would then have to be taken on in the context of balancing wages against welfare benefits.

3.5.3 Other aspirations

Beyond work, education and training, some of the respondents seemed to have gained a clearer sense of what they wanted from life since becoming pregnant. For those who did not fit into school and were not in jobs they enjoyed, becoming a parent provided an opportunity to fit into an adult world with adult responsibilities and concerns and to focus on the needs of their child.

> Getting out of my house and moving in here, sorting myself out properly, getting your own life on track, and not worrying about everyone else's life and having to look after other people and just worrying about me and my baby really, making everything good for her, everything nice, seeing she's got everything she wants, she doesn't want for nothing. (7:19 Female, 16 years)

> Well I just want him to have a better future than I had, yeah? Or a better life. Like I want him to have a good childhood if you know what I mean because I didn't have one so I want him to have everything I didn't have when I was little. Not that I'm gonna spoil him and that because I know if I spoil I know that he's gonna be a little trouble maker and stuff like that. I just want him to have a good life. That's all. (31:15 Female, 17 years)

For others, the pregnancy had disrupted their plans but they were determined to make the most of the situation.

> It's definitely different to what it was before but not so much bad, just taking a different path to what I was going to before. But I mean hopefully in the future I will go back to college but at the moment I'm just gonna concentrate on me, (partner) and the baby. That's the most important thing at the moment…So yeah I think once he's got a job and we've got our own place it will just be a case of getting through and just raising our baby together. Bringing it up as best we can and then going from there as to what we want to do. (25: 21 Female, 16 years)

> But to be honest with you it's not the end of my life, it's just a different part of my life… I'm not going to see it as my life is over now I've had a baby. I'm gonna see it as I've got a life and I've got a baby as well and so the baby is gonna be part of my life. (29:20 Female, 18 years)

Commentary: Work

Work was approached differently by different respondents. For some it was a fact of life, for others (especially the younger ones), it was something they saw themselves doing after further training or just later on in their child's life. Many were still living a 'teenage' lifestyle – living with parents, claiming benefits and paying few costs. Work was seen a more negotiable option for them, because they had not previously taken on responsibility for independent living. Some aspired to being independent of their parents (perhaps their pregnancy was an indication of this aspiration) and to make their own decisions, exemplified in their decision to proceed with the pregnancy.

Although some of the respondents spoke of their preference for a career rather than just a job, few had a concrete sense of inspiring options being available to them. Cater and Coleman's (2006) study of planned teenage pregnancy amongst teenagers from disadvantaged backgrounds found that in areas of high deprivation and particularly those that are rural and isolated (like many areas of Kent), opportunities for employment and training were perceived as lacking. Having a baby therefore offered an alternative lifecourse that had more immediate meaning and was often normalized in the local area. In contrast to education, training and employment, it is argued, the parenthood option is perceived as being much more within the young person's control.

Given the preference of many of the young mothers for staying at home with their infants, question have been raised by a number studies about the policy prioritizing of getting young parents into training and the labour market.

Key Points: Work and Other Aspirations

- For males, work was loaded with a moral responsibility to be a good father. For girls this was not a factor, being a present mother was more important than being a working mother.

- Some had work plans that were based on the idea of a career in a chosen area, for example childcare, for others, it was simply a case of getting a job that could provide income.

- Pregnancy provided clarity to future plans for some, for example, it made them want to work with children, made them more committed to education or better job prospects.

- Many articulated a desire to create a better childhood for their child than they had themselves experienced, 'better' was not necessarily understood in material terms, but giving the child 'everything they need' was often expressed as a core aspiration.

- While for some the pregnancy provided a welcome opportunity to break with their previous life, others saw the pregnancy as a diversion from their expected or desired path but were determined to build a life that was not 'ruined' because of it.

4.0 Discussion

This project forms part of a three-year, Kent-wide service evaluation using the views and experiences of a wide range of teenagers from different backgrounds. As noted at the beginning of this report, the interviews with teenage parents were just one part of a larger study constituted of a survey of over 4000 15 and 16 year old school pupils and a small number of focus groups with teenage Looked After Children. The overall purpose of the research is to find out whether the sex and relationships education received and the services used meet the needs of teenagers, by identifying any strengths, weaknesses and gaps in the way they are currently provided. In addition, the research with teenage parents aims to evaluate, from the young people's perspective, the antenatal and early years services on offer.

The discussion that follows is divided into 3 areas linked to the objectives of the study:

> 4.1 Identifying the strengths, weaknesses and gaps in sex and relationships education and sexual health service provision.
>
> 4.2 Understanding how young parents reached this point in their lives, and discovering on what informational basis the decisions and choices were made.
>
> 4.3 Discovering whether young parents feel they are adequately prepared for parenthood, and if family support services respond to the changing needs of young families.

4.1 Identifying the strengths, weaknesses and gaps in SRE and Sexual Health Services provision.

One of the main weaknesses of SRE provision described by the teenage parents was the inconsistency across Kent. Some pupils received extensive and engaging SRE lessons while others could remember only one or two sessions, often poorly delivered, boring and embarrassing. The teenage parents echo the findings of Woodcock et al (1992) that young people are primarily critical of sex education, with girls being particularly critical of an overly biological emphasis and boys claiming that the factual information was insufficient. Most of the Kent teenagers expressed the view that it came too late and that they 'knew it all already'. The findings indicate that sessions were often unconvincing and embarrassing and frequently not taken seriously, especially by boys. The apparent inadequacy of classroom-based SRE may explain the high demand for one-to-one opportunities for advice, especially for those who are

already sexually active and are seeking solutions to specific, practical sex-related problems. The young people's almost universal expression of dissatisfaction with SRE seemed to be consistent despite very varied experiences of differing content and methods of delivery. Without denying these young people's assessments, it is worth considering whether their circumstances might make them even more critical of SRE, either because their unplanned pregnancy makes them feel genuinely let down by the provision of information and advice about contraception or because they feel under pressure to provide an explanation for the pregnancy that lessens the guilt or embarrassment they feel about 'making a mistake'.

Feeling let down by school in general may also have influenced the young parent's assessments of SRE. A sense of disconnection from and disappointment with school was a recurring theme throughout the interviews and this understandably extended to SRE lessons. For those teenagers who are already experiencing difficulties at school, either with learning, staff or other pupils, the school environment may be particularly non-conducive to acquiring information about sex and contraception. The interviewees who were less negative about their experience of school tended to be more positive about the SRE they received, this may be an affect of their outlook towards education or it may be that they had attended better schools, where engaged staff, good teaching practice and interested pupils were more likely to be a feature in all lessons, including SRE.

When considering the needs of the minority of teenagers who are profoundly disillusioned with school and who are overly represented in the number of teenage parents and in this sample, it is important to bear in mind research by Bonell et al (2005), who concluded that a dislike of and disengagement from school was not associated with a lower knowledge of contraception, but rather was associated with different expectations about education and training and about their expected age of parenthood. In other words, more fundamental social questions about unequal life chances underlie varying teenage pregnancy rates and the finger cannot simply be pointed at inadequate SRE. Rather than focusing on sex education itself, Bonell et al recommend that school interventions should seek to address wider questions of young people's satisfaction with school and to increasing their expectations of the future.

There was an assumption amongst the teenage parents interviewed that schools should be doing more and doing it better, although some admitted that improved SRE would not have changed their own behaviour. It is perhaps important to make a distinction between the knowledge and services all young people need to enable them to make choices about sex and to control their fertility and the circumstances of the minority who become pregnant and decide

to become parents at an early age. The insights into the pupil experience of SRE provided by the respondents are useful, but it should be recognized that improving SRE may have little impact on the behaviour of teenagers such as these. Although it has become 'commonsense' to blame the UK's relatively high rate of teenage pregnancy on inadequate sex education (comparing the UK with the Netherlands, for example, whose teenage pregnancy rate is lower and whose sex education programmes are often cited as exemplary), wider ranging international comparisons suggest that trying to construct a correlation between sex education and teenage pregnancy levels is problematic. Arai (2003a) points out that although Spain, Belgium, the Republic of Ireland and Italy have comparable levels of teenage pregnancy, they have very different approaches to sex education. Evaluation reviews of sex education programmes have failed to prove that school-based programmes have any measurable effect on behaviour. Oakley et al's (1995) review of 73 US sexual health education interventions showed that only 2 per cent appeared to show effects on behaviour and knowledge.

Whether or not it has a measurable impact on rates of conception, SRE is regarded as a primary source of information by both children and parents. The teenagers clearly had high expectations of SRE and many described the efforts of their parents to guide or at least have some influence over their early sexual activity. Ingham and Stone (1998) surveyed parents and staff and found that parents had a positive attitude towards sex education taught in school, but also felt that the role of teaching children about sex was jointly shared by parents and the teachers. Like the teenage parents discussed here, amongst Ingham and Stone's sample there was a consensus that teaching should become more detailed with age, with most topics covered by the age of thirteen. They also found parental support for schools taking children to visit clinics and providing them with concrete advice about services (1998: 46), this echoes the teenagers' demands for more realistic advice that is closely related to actual services. The demands of the interviewees for concrete advice, grounded in and cognizant of the realities of young people's lives were akin to those found by Oakley et al (1995).

The apparent preparedness of sexually active teenagers to seek advice from health professionals suggests that the further improvement of sexual health services may be a more effective way of ensuring that teenagers who are sexually active are able to choose consistent contraceptive use and protection from STIs. For example, some of the respondents would have liked a more detailed description of what to do in the event of condom failure rather than condoms being presented simply as preventive of pregnancy and STIs. Although accessing sexual health services had not ultimately ensured continued and consistent use of contraceptives amongst the sample, it may have delayed conception in some cases by a number of years, most obviously amongst

those who were aged 17 or 18 but who had been sexually active for a few years previously. That so many of the respondents reported positive experiences of accessing sexual health services in contrast to both their own expectations of the treatment they were likely to receive and to their evaluations of school-based SRE, offers further affirmation of the role of accessible services for those who are becoming sexually active.

It is worth exploring why such contrasting evaluations were made of SRE and sexual health services. An indicator of the teenagers' awareness of adult disapproval and sometimes disgust at their sexual activity was how surprised they often were to be treated with respect when they did seek treatment or contraceptive advice. The girls responded well to one-on-one advice as part of their antenatal care, provided by midwives or in YAPs amongst their peers, often being pleasantly surprised that they were treated with respect and given the information they needed, suggesting that if information is provided in an appropriate way, they are keen to find out more and to act on health advice. The few who did report good experiences of school-based SRE spoke of similarly respectful and individual encounters with trusted members of staff.

Many of the teenage parents reported being taught about sex alongside drug-taking, alcohol and smoking, where it was framed as a 'risky' and illicit activity. Some had been shown graphic images of STI symptoms or childbirth perhaps with the benevolent intention of making them think twice about engaging in sexual activity but this rather crude approach risks making teenage sexual activity even more clandestine than it already is. The emphasis on delaying first sex or on casting sex as an activity associated only with negative consequences, runs the risk of reinforcing rather than diminishing young people's fears of being judged if they seek advice from professionals. Being labelled or seeing themselves as careless or stupid for engaging in sexual experimentation, may understandably make young people less willing to confide in adults when help is needed, whether that is parents, teachers or health professionals. Academics and health researchers have questioned the negative framing of teenage sex. Ott et al (2006) explored the positive motivations for sexual activity professed by young adolescents, such as developing intimacy, improving social skills and experiencing sexual pleasure. Lewis and Knijn (2001) also challenged the overwhelmingly negative focus of English sex education and questioned the focus on self-esteem, contrasting it to teaching in the Netherlands, where the emphasis is on self-reliance and relationships rather than the self, and contextualizes sex as a normal, positive development within relationships. Amongst the teenage parents, the female respondents in particular wanted sex education to include greater discussion of relationships rather than simple biology and this could be read as a desire for teenage sex to be recognized as more meaningful and contextualized within broader experimentation with love and relationships.

4.2 Understanding how young parents reached this point in their lives, and discovering on what informational basis the decisions and choices were made.

Although at a demographic level, clear patterns seem to be evident in teenage pregnancy rates, a qualitative study such as this one enables a more nuanced and complex picture to emerge. All of the respondents were white, working-class and most had lived in Kent all their lives, but beyond these similarities, there was a great deal of variation in their circumstances. A small minority were living in very deprived socio-economic and housing conditions, some of these were living alone in hostels while others were living with parents who might be characterized as experiencing 'multiple deprivations'. However, for the majority, although the economic prospects for the individual teenager were not immediately promising, there was substantial financial and practical back-up provided by (usually the maternal) family. This suggests that to get an accurate picture of the lives of teenage parents they should be, where appropriate, be contextualized within the resources available to them from their families rather than seen as isolated individuals. Very few of those interviewed were estranged from their parents and even in cases where there was distance between parent and teenager, other family members, such as grandparents, usually played an important role. Some of the interviewees described a history of troubled relationships with their parents which in most cases the pregnancy had helped to reconcile, while others had a more stable family history.

The heterogeneity of the sample makes it difficult to draw simple conclusions about pathways into teenage parenthood and without a comparative study of teenagers in similar social circumstances who do not become parents it is even more problematic to construct patterns. There was greater commonality around factors such as educational attainment and aspirations. For example, none of the interviewees expected to attend university, but this was not necessarily simply reducible to problems of learning prior to the pregnancy. Some of the girls' schooling had been disrupted by problems such as mental or physical illness, difficulties in family relationships or moving from one school to another where they failed to thrive. It is possible to state that for most of the respondents, parenthood did not pose a threat to immediate, concrete life plans such as employment prospects or educational aspirations. For the majority, parenthood could be described as offering a more certain path into adulthood than was available otherwise. However, it should be recognized that the majority of the pregnancies were not claimed as planned.

Although the pregnancies were largely unplanned, parenthood had been considered by a number of the sample: it had just come earlier than they would have expected. Certainly young parenthood was not beyond their imagination and for many was commonly witnessed in their

locality or within friendship groups or family itself, supporting Lee et al's finding of the concurrence between local norms and individual choices around termination. It was deducible in a number of cases that although the pregnancy was not planned, it had been 'allowed' to happen. Given the current stigma attached to young parenthood, it is perhaps not surprising that teenagers who might have a strong desire for babies are reluctant to admit to actively embracing pregnancy. The difficulty in unravelling motivations, plans, accidents and post-hoc rationalizations is perhaps compounded by teenager's sensitivity to the disapproval of planned teenage pregnancy.

It was clear from the interviews that although many of the teenagers were fearful of telling their mothers and families about the pregnancy, they could rely on a generally welcoming attitude towards babies, even towards those conceived at the 'wrong' time. Most of the pregnancies were fairly rapidly accepted by the prospective grandparents and unconditional family support swung into action for many of the teenagers. For many of the young women, becoming a mother did not seem to be strongly attached to notions of being in a loving, permanent partnership. Although they were usually in relationships at the time of conception, and sometimes both partners had professed a desire for children, there was a strong sense that once pregnancy occurred, it was the mother's desires and her family's willingness to support her that drove what happened next. Even if the partner was involved in early decision-making, their influence was often downgraded relative to considerations of the more concrete support offered by family.

Most of the respondents had substantial knowledge of contraception prior to the pregnancy and many had accessed family planning services. Use of the contraceptive pill was high, but consistency in use was varied. An indication of how pregnancy occurred comes from descriptions of a gap between their knowledge of how conception occurs and the lack of a belief that pregnancy could happen to them. Taking chances by missing pills, ceasing to use contraception at all or not following up in the event of condom failure were fuelled by a combination of luck in previously avoiding pregnancy despite taking chances, the inconvenience of ensuring contraceptive cover (sometimes exacerbated by lack of mobility and independence), the complications of intimate relationships, wishful thinking that the worst would not happen, or perhaps secret hopes that pregnancy would occur.

It was apparent that for some, the experience of prior miscarriages or terminations had shaped their reaction to a subsequent pregnancy. The girls who had experienced abortion described either feelings of regret about an earlier decision to terminate or acceptance of a termination

when they were younger, but a sense that a further one would be wrong. Those who had miscarried were sometimes fearful about their future fertility and were keen to 'get on with it' in case they could not conceive again. There was also some suggestion that facing the reality of a previous pregnancy had prepared some of the ground and made them think that parenthood might not be impossible after all. All of these experiences influenced their decision to proceed with the current pregnancy.

For those who had to some extent 'drifted' into pregnancy, acting decisively once it was suspected was unlikely. Delaying recognition of the pregnancy, feeling scared of seeking help, being ill-informed about how to go about getting a termination were a factor for some, but for many, abortion was not something they considered for very long. All of the teenagers appeared to have made the choice themselves, to proceed with the pregnancy. Of course, it could be argued that by the time the interviews took place, late in the pregnancy, ambivalences and doubts were more likely to have been worked through and eradicated thus potentially creating a retrospective impression of decision-making that appeared more clear-cut than it actually was.

4.3 Discovering whether young parents feel they are adequately prepared for parenthood, and if family support services respond to the changing needs of young families.

For the most part, this question will be answered through the postnatal interviews, as the young parents will by then have experience of both antenatal and postnatal support services and it will be possible to compare their antenatal expectations of parenthood with the lived reality of raising a child.

Antenatal services were generally reported to be meeting the needs of young parents. Many of the mothers had encountered services specifically geared towards teenage parents and had welcomed this. 'Feeling uncomfortable' and avoiding judgment seemed to affect the willingness of some of the young mothers to access services alongside 'older mums'. For respondents with these concerns, YAPs groups were particularly popular because they were perceived as providing a non-judgmental environment in which they could become accustomed to their pregnancy and to get the information they required whether from medical professionals, informally from their peers or from written and media sources. The most important roles of the YAPs groups seemed to be in providing peer support, alleviating boredom and isolation and in making the pregnancy a time of learning and interest. For most of the girls who belonged to YAPs groups, all their antenatal care was provided through these forums. These generally positive conclusions should be qualified with the recognition that not all the teenage parents

were inclined towards group settings and some preferred to meet their needs for support and advice within their existing social networks, relying on health professionals only for medical care.

Midwives were generally held in high esteem, particularly those who afforded the mum-to-be time and respect. Although there were some clashes between individual midwives and certain respondents, antenatal care was usually provided by an alternative source (such as an other midwife or via YAPs) in this event. The girls had varying levels of need and dependence upon their midwife, with some wanting to be able to contact her by telephone with doubts and fears and others happy to maintain contact at a bare minimum. For the young fathers, often their only contact with professionals was with a midwife during antenatal consultations. It was important to some of the young men interviewed that they be afforded respect and that information about the pregnancy and the baby was related directly to them rather than always mediated through their partner. None of the fathers had accessed services directed specifically at young fathers although some expressed an interest. One respondent had attended a one-day course with his partner on birth and babycare. There were two tendencies amongst the involved fathers; being proactive in taking care of their partner and relying on the girl to manage the pregnancy with them anticipating helping out more once the baby was born. These characteristics were sometimes evident in one individual, for example, if they were keen to care for their partner 'behind the scenes' but were less comfortable in dealing with health professionals.

Connexions staff were rated very highly, with some in particular being regarded with considerable affection for their willingness to help beyond expectations. Some of the more isolated girls seemed to have benefited from a very close, almost befriending relationship with their Connexions adviser, others placed a high value on the adviser's ability to guide them through the benefits and housing system and to act as an advocate on their behalf where necessary. There were varying degrees of support for Connexions' role in encouraging the young parents to enroll in education and training: for some it matched their need for advice on re-entering education, but for others it was experienced as an unwelcome pressure which they saw as pushing them towards a path they did not particularly wish to take.

Kent is not a Sure Start Plus pilot area and therefore Sure Start services aimed specifically at young parents did not feature amongst services accessed. Some of the mothers did report reservations about Sure Start projects being too mixed in age-group. It is likely that Sure Start schemes will figure more highly in the postnatal interviews, as there are a number of Sure Start

centres and activities in the Kent area. It will be interesting to see whether the respondents maintain a strong 'us and them' attitude towards other mums after their babies are born.
Family support seemed overwhelmingly to outweigh state and professional support in easing the transition to impending parenthood during the pregnancy. Families tended to normalise the pregnancy experience, creating a protective and supportive shield to buffer the negative stereotypical image. Professional support was 'bought in' when families lacked expertise, for example, for issues relating to benefits or housing, professional advisers were accessed and generally appreciated. Similarly, expert care by midwives was very highly valued. Teen-oriented activities were welcomed by those who wanted opportunities to get out of the house and to discuss their experiences with others in similar circumstances. For the few who had minimal family support, professional support services evidently increased in importance.

Aside from these external avenues of support, the findings seemed to indicate a further source that emanated from the young people themselves. Pregnancy appeared to bring with it its own internal source of support and motivation, clearly evident once the pregnancy had been established and accepted. The young women were keen to make decisions that minimised risk to themselves and their unborn babies, such as removing unsuitable partners or moving to more healthy social relationships. Unsustainable friendships were readjusted to those that could provide the necessary 'back up'. They also seemed to be more aspirational about future intentions concerning getting back to education or starting a career pathway. This ability to mobilise internal and external resources for health in times of significant need has been discussed by Cowley and Billings (1999). Respondents in this study focusing on urban disadvantage were able to connect themselves to different and often shifting social networks aligned to their needs in order to maintain a sense of stability within the family dynamic. This appeared to preserve wellbeing in the short and long term, but was dependent upon the ability to plan ahead and pre-empt potential destabilising events.

Strengths and Weaknesses of the Research

Strengths

The in-depth interviews provide insights into the under-researched experiences and viewpoints of teenage parents. Getting users' views of services in a way other than a consumer-type questionnaire and in the context of much broader questions about life meant that it was possible to put the significance of services into perspective, providing additional insights into the extent of family support that would not have been available had the questions only tackled service use. By interviewing in their own homes rather than in a service setting, it was possible to see the teenage parent in a broader, but more individual, holistic context. Home interviewing

also meant that the interviewer was more likely to be regarded as independent and therefore greater frankness was perhaps elicited. Conversely, home visits may have made some of the respondents less at ease as they may have felt more exposed or under scrutiny, despite efforts to convince them of both confidentiality and impartiality. However, overall the atmosphere of the interviews was judged to be acceptably relaxed.

Gathering views of school-based sex education from those who were often profoundly disengaged from school complemented the school survey. Although the teenagers' attitudes towards school and staff skewed their receptiveness to SRE, how this disengagement was experienced was important to ascertain given that the research project aims to provide recommendations for the improvement of SRE's effectiveness.

Weaknesses

Because the sample sought to recruit amongst less accessible and more 'vulnerable' young people, the recruitment process had to be conducted by intermediaries rather than directly by the researchers. Midwives were identified as key personnel who could raise the study with their teenage clients and introduce potential recruits to the researcher. Being reliant on professionals to build the sample meant that it was a) difficult to ensure even recruitment in all regions of the county as recruitment levels were dependent on the enthusiasm for project among midwife teams (this did result in higher numbers of respondents from East Kent) and that b) respondents who were viewed by the professionals as 'more difficult' to deal with may not have been recommended. Those who had very poor or no relationships with midwives or Connexions or Surestart were unlikely to be reached by the research. However, there were varying degrees of engagement with services and staff amongst those interviewed. It was also disappointing but not surprising that there were relatively few young fathers; recruitment was especially difficult among this group, given the relationship and commitment instabilities between the young parents. In addition, the project was unable to recruit from ethnic minority groups.

As with all interviewing in research, there is the danger that the respondent tells the interviewer what they think the interviewer wants to hear, this is perhaps especially pertinent when the respondent is young and may see the interviewer as there to judge them. However, the length of the interviews and the broad range of experiences covered meant that it in most cases, it would have been difficult for the respondents to remain guarded throughout.

5.0 Conclusions

The aim of this study has been to explore the experiences of young people in the antenatal stage of pregnancy. In doing so, it has provided a more detailed picture of the lives of teenagers as they undergo a transition to parenthood.

As a service-oriented report, the focus has been on trying to identify gaps in services that can potentially be influenced, such as SRE and sexual health and support services provision, in an effort to meet the needs of this vulnerable population group more effectively. The variation in experiences of SRE and the identification of differing and often conflicting information needs is unsurprising and adds to the body of knowledge already established in this area, but for service providers, it does not give any easy solutions. A further dimension complicates the picture more; as the discussion indicates, dissatisfaction with services can be linked with a general disillusionment with life, and this was certainly found among our respondents. Lack of control over fertility forms a part of the general feeling of lack of control over their lives, and a lack of prospects beyond school life, especially when family life is chaotic. When considering interventions, the research supports the application of a dual focus on overcoming this disillusionment and lack of control as well as developing discreet programme-oriented improvements.

Complementing this service focus, there were a number of interesting findings that provide a different lens into the lives and coping abilities of these young people. These contextual findings could also give direction to those providing advice and support. The ability of some respondents to minimise risk to themselves and their unborn children by drawing upon or engineering health promoting, safer relationships and environments implies a sense of self-preservation. It was clear that the pregnancy in itself became a central motivator for not only changing their lives for the better in the present, but also providing a more positive future orientation for mother and child. This latter aspect was true for both young mothers and fathers. This finding is at odds with the negative stereotype surrounding these young people. However, the potential for risk minimisation is in contrast to the situations surrounding their conception, when they are ignoring the realities of the risk of pregnancy by not fully appreciating the care and precision needed to ensure contraceptive cover and seemingly having a lack of belief that pregnancy could result.

This said, it is important to see where the role of services fits into this as a form of resource to be used as and when needed, and that reluctance to use the services is not an indication of failure but more to do with a multiple range of complex factors and needs. For example, it was

clear that pregnant teenagers cannot be treated as an homogenous group; the needs of 14 year olds differs considerably from those who are 16; there are big variations in how services are used, with some preferring clinics for contraception and others using commercial outlets; the information needs and timing of information differs, not only across ages but across educational background. Where the services worked well however, this was welcomed by the respondents and relationships were formed with those that credited the teenagers with a sense of maturity. The role of specialists must be acknowledged; they were able to develop relationships and to be responsive to individual needs. This is an important factor when considering how to engage vulnerable teenagers in sustainable service provision to prevent future pregnancies. The best approaches seem to be those that are able to see this phase of teenagers' lives as transitions to adulthood and are able to make real the realities of pregnancy. It was evident however that, alongside other research in this area, our respondents indicated that there were barriers to service access that could be improved upon, such as the timing of clinics, costs, access and privacy issues.

6.0 Recommendations

In the light of the findings, this section will draw out the relevant issues for services.

~SRE Programme content -

The importance of identifying and targeting the most disengaged and vulnerable teenagers is supported in the findings, to address the wider issues of disillusionment and chaos in their lives.

There are a number of factors that indicate the need for SRE programmes to place more emphasis on conveying clearer information about fertility, the likelihood of pregnancy and taking responsibility for contraception, to counter the lack of belief about conception. The emphasis on condoms in SRE as the main source for combating infections runs the risk of under-emphasising their problems in preventing pregnancy and what to do in the event of their failure or non-use. Some of our sample would have benefited from knowing how to act quickly in the event of failure and how to access emergency contraception.

The findings have indicated that teenagers would respond better to greater variation in approaches to SRE, such as having gendered and/or smaller groups. Tailoring the information more to the differing levels of sexual experience among teenagers would increase receptivity; this could be achieved in small, confidential discussion groups. Specialist visiting speakers delivering engaging content to larger groups would also be an improvement on under-confident school staff struggling to teach SRE.

There is a lack of factual information about abortion. This appeared to have an impact on the perceived choices and attitudes of the pregnant teenagers. Abortion information needs to emphasise that it is a common and justifiable choice, and issues of confidentiality and entitlement need to be more clearly explained.

~ Health services issues~

Teenagers vary considerably in their views about optimal service accessibility, and a variety of approaches at the interface are needed to appeal to the broadest range of individuals. There was however a general demand for responsive one-to-one advice within school or nearby, once teenagers were sexually active. Practical information that accepts the reality and the validity of teenage sexual exploration might be more effective at winning the trust of young people. The

importance of maintaining privacy and of convincing young people of guaranteed confidentiality cannot be overstated.

Pregnant teenagers respond well to specialist professionals who respect and understand the circumstances and choices of their clients, and are used as a valued resource for navigating pathways through service provision.

The findings have highlighted the inconsistent, 'stop-start' character of teenage sexual relationships that may be incompatible with long-term contraception or that may require more frequent interventions or reminders by contraceptive advisers.

It is important for professionals to be aware of the strength of family support, evident for many respondents and paradoxically a source of independence, and that services are used as one of many resources available to pregnant teenagers. Non-use should not be seen as a failure. It must be recognized that young parents' have aspirations to improve their lives in their own way, on their own terms.

Teenagers knew very little about how to access abortion services, and experiences through health professionals were mixed and sometimes perceived as judgmental. Teenagers need assistance in knowing how to overcome barriers if they choose to consult these services, such as travel to clinics, how to communicate with professionals, and issues of timing in relation to the maturity of the pregnancy and the feasibility of abortion.

There needs to be some development of antenatal groups, as there is great variation in their receptiveness. The idea of providing antenatal groups for mothers and fathers-to-be are well received. Many girls reported being shy of attending group meetings on their own, therefore age appropriate 'pairing' of pregnant teenagers for mutual support may be a way forward.

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Appendix One

Comparison with the School Survey

There were many points of concurrence with the findings of the school survey which runs alongside this study (Billings et al, 2005). The survey engaged almost 4000 15-16 year olds in a detailed, anonymous questionnaire, conducted during school hours. The teenagers were sampled from across Kent, from a representative sample of school types and deprivation levels. Comparing the interview results with those of the survey allows us to confirm, question and nuance the findings of the survey.

[School survey findings are italicised, in-depth interview findings are non-italicised]

- Mothers were most likely to be a source of sex and relationships information for boys and girls and the most trusted person to provide them with reliable information on pregnancy and contraception. Fathers were also a key source of information, but mainly for boys.

- Mothers were most trusted and were involved in early discussions of sex and sometimes early contraceptive seeking. However, this relationship did not seem to continue with a sharing of actual experiences or problems once sexual activity began. Fathers were not mentioned as a source of advice.

- Most of the teenagers had not used community health services. But professionals were seen as trusted sources of information on HIV/AIDS and other STIs.

- Most of the teenagers had used community health services (family planning clinics, doctors etc). They were experienced as helpful, often defying their expectations.

- Most of the teenagers had not used contraceptive services. However, of those that did, girls were most likely to use family planning/young person's clinic and boys were most likely to use a chemist.

- Most of the interviewees had used contraceptive services, perhaps reflecting their higher levels of sexual activity and wider age-range. Girls and boys reported having used services, with boys seeming uninhibited about getting supplies of condoms from drop-in clinics.

- The teenagers tended to trust information on relationships from people who they had close personal relationships with.

- The teenage parents were very trusting of people close to them and family was particularly important, especially once they became pregnant, however, they had also sought professional health advice regarding sex and contraception, suggesting that actual sexual experience is not something so easily confided to family.

- Most teenagers suggested that their sex and relationships education was delivered at about the right time, but a fifth felt it was too early.

- The interviewed teenagers concurred with this, but highlighted the importance of conveying the right information at the right time and of repeating and developing SRE throughout the school years.

- The latest results from Year 2 of the school survey show a shift towards more experience of outside speakers delivering SRE. Boys in particular affirmed that outside speakers made them feel more comfortable talking about sex and related issues.

- This concurred with some of the views of the teenage parents who felt that outside speakers were less embarrassed and more of a novelty than teachers. For teachers to make the transition from their usual role to that of sex educator seemed difficult for both teacher and pupils.

- Only a quarter of the sample were given the chance to discuss issues during SRE and most were uncertain or did not know if they felt comfortable asking questions.

- The interviewed teenagers also felt that SRE sessions were not conducive to asking questions. Their recommendations were for groups to be much smaller, single-sex and for one-to-one sessions to be available with a health professional. Their desire for one-to-one sessions perhaps reflected the fact that they were sexually active and wanted to raise specific personal questions and find practical solutions in discussion with a health professional.

- On the whole teenagers tended to take their sex and relationships education seriously, although boys were marginally less likely to take it as seriously as girls.

- The interviewed teenagers reported a less serious atmosphere to SRE sessions, saying that most people did not take it seriously, mainly because of embarrassment or a lack of respect for teachers delivering the lesson. Outside speakers were reported as receiving greater respect, boys were reported as obstructing the desire of girls to learn.

- More information on their local sexual health services and for schools to provide access to sexual health services and contraception.

- Interviewees also wanted more involvement of professionals in school-based SRE, providing more information about how precisely to access local services and what to expect.

- Confidentiality and free contraception were the most important features of sexual health services for most of the teenagers. Other important features included a friendly atmosphere with staff who were easy to talk to, and being able to attend the clinic without an appointment.

- Confidentiality was confirmed as the most important feature by the interviewees, although they did not seem anxious about this and their experiences as users confirmed their confidence. They were more concerned with the friendliness and respect accorded to them by staff. Opening times were also an issue, especially for those who had restricted freedom to access services between school and home.

- In the survey and the interviews, there was a very low level of awareness of the 'foryoungpeople' website, created by the Teenage Pregnancy Partnership. The only interviewees to recognize the site logo had found out about it once pregnant from a Connexions centre. Access to IT was not readily available for most of the respondents and they did not cited the internet as a source of information on sex and pregnancy.

Appendix Two

Teenager Parents' Views and Experiences of Sex and Relationships Education, Sexual Health Services and Family Support Services
Draft Interview Schedule - Antenatal - Mother

Personal Characteristics

Could you just tell me a bit about yourself?

age, school or employment, living arrangements, when you go out or what you like to do, your relationships with friends, family and boys

Information about Sexual Health and Relationships

Can you tell me about the sex and relationships education that you've had?

- Where did you get most of your information?
- What kind of information were you given?
- What sources of information did you trust or value the most?
- What kind of information would you like to have had and at what time?
- What did you think about the people who taught you?
- Could you tell me what you liked and what you didn't like about your sex and relationships education?

Did you ever try and find out about sexual health or relationships by your self?

- Did anything make it easier for you or stop you from doing this?
- What kinds of support did you get and why?
- What were these services like?
- What did you like or dislike about them?
- Are you aware of the 4 young people logo and website?
- Have you used it? How did you find it?

Were you able to ask your family about sex and relationships?

- What helped or stopped you from doing this?

What feature of sexual health and relationships services do you think is the most important?

- Confidentiality (privacy), young staff, availability of contraception, pregnancy tests, information on sexual health, support groups, etc…

What do you think could be done to make sex and relationships education and services for young people better?

- Access to services? Time and location
- The right information at the right time?

Life Before Pregnancy

Thinking back could you tell me about your life before you got pregnant?

- Were you in school or working?
- Did you go out much? What did you do?
- How was your relationship with the father of your baby? (long term/ one off). What is it like now?

Did you ever think about the possibility that you might get pregnant?

- How did you feel about that?
- Did you talk about this with your partner?
- Contraceptive use in sexual relationships – explore use
- Use of emergency contraception – explore use

Pregnancy

What did you do when you first thought that you might be pregnant?

- How did you feel about it?
- Who did you tell? (friends, parents, partner) How did they feel?
- Who did you get any help from? Explore the nature of this
- When did you seek help from professionals? Explore the nature of this help
- Were you worried about asking for help?

Once you knew that you were pregnant, what happened then?

- Did you think about having an abortion?
- What help and support were you given in deciding whether to keep the baby?
- Did your friends, family and partner help you to decide?
- Is there anything that was especially helpful to you at his time?
- Can you think of any other help or support that you would have liked at this time?

After you'd decided to keep the baby, what kinds of support or help were you offered to prepare you for becoming a parent?

- Advice from family or partner?
- Advice from friends that already have children?
- Specific community services, family planning, midwife, health visitor or GP

Were you offered any support to help you stay in school or college?

- Connexions

Did you ever turn down any support or help that was offered? Why?

Is there anything that you would find helpful that you have not been offered?

Summary

Could you tell me about your best and worst experiences of support services during your pregnancy?

How do you feel about life now?

Thinking about your experiences, what advice would you give teenagers?

Is there anything I haven't asked you that you thought I would?

Appendix Three

Teenager Parents' Views and Experiences of Sex and Relationships Education, Sexual Health Services and Family Support Services
Interview Schedule - Antenatal - Father

Personal Characteristics
Could you just tell me a bit about yourself:

age, school or employment, living arrangements, when you go out or what you like to do, your relationships with friends, family and girls

Life Before Pregnancy
Could you tell me a bit about your life before your partner got pregnant?

- Were you in school or working?
- Did you go out much? What did you do?
- How was your relationship with the mother of your baby? (long term/ one off). What is it like now?

Did you ever think about the possibility that you might get your partner pregnant?

- How did you feel about that?
- Did you talk about this with your partner?
- Contraceptive use in sexual relationships – explore use
- Use of emergency contraception – explore use

Information About Sexual Health and Relationships
Can you tell me about the sex and relationships education that you received?

- Where did you get most of your information?
- What kind of information where you given?
- What sources of information did you trust or value the most?
- What kind of information would you like to have had and at what time?
- What did you think about the people who taught you?
- Could you identify a key strength and a key weakness of the sex and relationships education that you have received?

Did you ever seek support about sexual health or relationships?

- What helped or hindered you from doing this?
- Type of support accessed and why?
- What was your experience of these services?
- What did you like or dislike about them?
- Are you aware of the 4 young people logo and website?
- Have you used it? How did you find it?

Were you able to ask your family about sex and relationships?

- What help or hindered you from doing this?

What aspects of sexual health and relationships services do you considered to be important?

- Confidentiality, young staff, availability of contraception, pregnancy tests, information on sexual health, support groups, etc…

How do you think sex and relationships education and services or young people could be improved?

- Access to services? Time and location
- The right information at the right time?

Pregnancy

What did you do when you first thought that your partner might be pregnant?

- How did you feel about it?
- Who did you tell? (friends, parents, partner) How did they feel?
- Who did you get any help from? Explore the nature of this
- Have you asked for any help from professionals? Explore the nature of this help
- Did you have any concerns about seeking support?

Once you knew that your partner was pregnant, what happened then?

- Did you consider a termination?
- What help and support were you given in making a decision?
- Role of friends, family and partner in making a decision?
- Is there anything that was particularly helpful to you at his time?
- Is there any help or support that would have helped you at this time that wasn't provided?

After the decision was made to keep the baby, what kind of support or help have you been offered to prepare you for becoming a parent?

- Advice from family or partner?
- Advice from friends that already have children?
- Specific community services, family planning, health visitor, midwife or GP, connexions

Did you ever refuse any support or help that was offered? Why?

Is there anything that you would find helpful that you have not been offered?

Do you feel that you have been fully involved since your partner's pregnancy?

- Would you like to be more or less involved?
- Do you feel that the professionals looking after your partner have involved you?
- Do your partner and her family want you to be involved?
- How does your family feel?

Summary

Could you tell me about your best and worst experiences of support services since your partners pregnancy?
How do you feel about life now?
What advice would you give teenagers, bearing in mind your experiences?
Is there anything I haven't asked you that you thought I would?

Appendix Four
Information sheet for prospective participants

Thinking about Sex and Relationships: Your Views on the Education and Services in Kent.

My name is Jan Macvarish and I am part of a team at the University of Kent who have been asked to carry out a project by the Kent Teenage Pregnancy Partnership. I would like to invite you to take part in the project.

Before you decide if you want to take part or not, it is important that you understand what the project is about and what you would need to do if you agree to take part. It may be helpful to talk it through with friends or family.

What is the project about?

In this project I want to find out a bit about your life before the pregnancy, as well as your views and experiences of what it's like to have a baby. I also want to find out your views about your sex and relationships education, contraceptive services, and the support you get before and after your baby is born.

If possible, I would like to interview you twice, once a few weeks before the baby is born and again when your baby is about a year old. This is because I am interested in the different kinds of experiences you have had and whether you think you had the right kind of support at the right time. You can bring a friend or relative to the interview if it makes you feel more comfortable. The information we get from you will be used to make services better in the future, and so your views and experiences are important.

If I take part what do I have to do?

Please give your contact details to the midwife (like your phone number or address) and I will contact you in about 7 to 10 days time and arrange a meeting at a time and place of your choice at two different times. The first time will be before you have your baby, and the second time when your baby is around a year old. If you allow me to, I will tape record the interviews and they will last about 40 minutes, depending on how much you want to tell me.

Again, with your permission I would like to contact you by phone in between the interviews to see how you are getting on, this will be just a friendly call and not recorded.

What happens to the information?

I know that this information is private to you, and I am grateful that you may be willing to share it with me. I would like you to know that anything you tell me will stay with me, and your information will be completely confidential. Your answers will be coded, which means that they will not have your name with them and so they cannot be traced back to you. Any information that has been recorded in the project, such as tapes or documents, will be destroyed when it is finished. Information will only be shared with professionals if it is for the purposes of crime prevention or detection, and support will be made available to you.

Do I have to take part?

It is up to you whether or not you take part, but if you don't want to take part, this will not affect you in any way. If you decide to take part but change your mind, you are free to do so, and this will also not affect you or the care you are receiving now or in the future.

How can I find out more?

If you would like to know more about the study or if there is anything that is not clear, you can contact me (Jan Macvarish) on 01227 823666 during office hours, or leave a message and I will call you back.

You can also contact me via email on J.Macvarish@kent.ac.uk or by writing to the following address:

Centre for Health Services Studies
George Allen Wing
University of Kent
Canterbury
Kent CT2 7NF

Appendix Four

Teenager Parents' Views and Experiences of Sex and Relationships Education, Sexual Health Services and Family Support Services
Consent Form

1. I confirm that I have read and understand the information sheet for the above study and have had the chance to ask questions.

   Please initial box ☐

2. I understand that taking part in the project is voluntary and that I am free to withdraw at any time, without giving any reason, and without my rights being affected.

   Please initial box ☐

3. I understand that I do not have to answer any questions that I am not happy with.

   Please initial box ☐

4. I give permission for my midwife to provide the researcher with my baby's name.

   Please initial box ☐

5. I understand that my GP will be informed of my participation in this research study.

   Please initial box ☐

6. Are you taking part in any other projects? Yes/ No
   (please circle as appropriate)

   If so, what project…….....

7. I agree to take part in the above project.

Please initial box ☐

Name:_____

Signature:_____ Date:_____

Name of Person Taking Consent:_____

Signature:_____ Date:_____