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A follow-up project on perceptions of women about fertility, sex, and motherhood: probing the data further

Jo Murphy-Lawless

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The views expressed in this report are those of the author and do not necessarily reflect the views or policies of the sponsors.

TABLE OF CONTENTS

Executive summary 7

1.0 **Introduction** 10

2.0 **Younger lower-waged women in small rural communities: new interviews** 13
- 2.1 Gaps in the first study 13
- 2.2 Methodology, sampling frame, making contact with gatekeepers and respondents and final sample size 14
  - 2.2.1 Sampling strategy 14
  - 2.2.2 Identification of gatekeepers 14
  - 2.2.3 Contacting potential respondents 15
  - 2.2.4 Difficulties in contacting potential respondents 15
  - 2.2.5 Sample achieved 16
  - 2.2.6 Data recording and analysis 17

3.0 **Findings from the interviews with respondents** 18
- 3.1 Learning about sex from family, school and friends 18
  - 3.1.1 Parental and home-based inputs 18
  - 3.1.2 Older siblings, cousins and peer groups 18
  - 3.1.3 School sex education 19
- 3.2 Becoming sexually active and finding emotional support 20
- 3.3 Problems in learning how to access and use contraception and health services and feeling safe about it 21
  - 3.3.1 Knowledge and cost of contraception 21
  - 3.3.2 The importance of anonymity and reputation 22
- 3.4 The dual pressures to have sex while being labelled for having sex 24
  - 3.4.1 Pressure to have sex 24
  - 3.4.2 Negotiating contraceptive use – self-esteem and reputation 25
- 3.5 Crisis pregnancy 27
- 3.6 Measures to support better sex education and better access to services 30
- 3.7 Discussion of findings and conclusion 32

4.0 **Perspectives from three 'gatekeepers' working as service providers** 36
- 4.1 Perspectives from a youth worker 36
- 4.2 Perspectives from a health services support worker 38
- 4.3 Perspectives from a caseworker working with vulnerable young women 40
- 4.4 Discussion and conclusion 41

5.0 **Further analysis of data from the original study** 44
5.1 Judgement and labelling 44
5.2 Dealing with the need to appear knowledgeable and sophisticated about sex 48
5.3 Women's changing relationships with men 50

6.0 **Conclusions and recommendations** 54

7.0 **References** 58

Executive summary

This report is the result of a follow-up study to the Crisis Pregnancy Agency study *Understanding how sexually active women think about fertility, sex, and motherhood* (Murphy-Lawless, Oaks and Brady 2004). The original study was based on in-depth qualitative interviews with 66 Irish women from across the country in the age range 18-34. The study focused on the women's:

– perceptions and experiences of sex
– feelings about dealing with fertility and motherhood.

The rationale for the follow-up study arose from two constraints on the original project.

First of all, the timeframe meant that the research team was unable to collect data from an important group: younger, low-waged women from rural communities.

Secondly, the large amount of data collected for the original project was not able to be fully utilised in the published report in respect of several themes involving how women deal with being sexually active and how they feel they are perceived in that role, specifically:

– being labelled as a 'slag' or a 'slut'
– needing to appear knowledgeable and sophisticated about sex and sexual relations
– changing nature of relationships with men.

New fieldwork was conducted and, after gaining access through a series of gatekeepers (people who worked directly with young women who would fall within the target group), qualitative interviews were held with seven women, aged 20-24, from rural and very small town backgrounds who had limited educational opportunities.

Three interviews were also held with women who worked as health social service and youth service providers to the target group of women.

Significant findings from this part of the follow-up project are discussed in Sections 3 and 4 and include the following:

- Younger women living in rural locations and very small towns are sexually active like their counterparts in larger sites, but they are more constrained in their actions because in the settings where they live it is harder to be sexually active and preserve one's privacy.
- They live in a local social climate that, in the main, adheres to an older moral code that non-marital sex should not happen. Thus, a larger proportion of older adults, often including their parents and those in authority, such as teachers and GPs, are perceived to have attitudes to non-marital sex that tend to be negative.
- These factors mean that young women from lower socio-economic backgrounds are more likely to have a poor self image because of lack of supportive inputs from parents and schools.
- In addition to the lack of emotional support, there is a lack of adequate education and information on sex and contraception and a lack of supportive services that respect a young woman's reproductive/sexual choices and her need for anonymity and privacy.

- Another problem for young women is the lack of self-esteem experienced by young men, allied to a rapidly changing rural and very small town economy, which is eliminating the traditional male work base and work roles.
- Young women are under pressure
  - to offer sex to gain a boyfriend
  - to have sex because young men need that for their self-esteem
  - to have sex for the status it confers with their female peers.

Section 5 of this report concentrates on the re-analysis of data from the original project under these themes:

- Experiences of women being seen as a 'slag or a 'slut' if they use contraception and/or carry condoms in case they have sex or if they choose to have sex on their own terms.
- The perception that women must present themselves as knowledgeable, sophisticated and ready to have sex, whether they actually feel that level of confidence and regardless of what they may want for themselves.
- Other dimensions of women's changing relations to men, including negotiations around contraception and challenging men to be more responsive and responsible.

Section 5 indicates that there are wider cultural challenges that need to be met as women attempt to take control of their sexual lives. Women must respond to and deal with discourses that:

- disparage their status as autonomous people determining their own sexual needs and desires
- pressure them into engaging in a sexualised discourse in which they must appear knowing and sophisticated
- emphasise that male roles and power-plays around sex are changing, but slowly.

The report concludes with the following recommendations:

- School-based Relationships Sexuality and Education (RSE) programmes need to be fully implemented and improved by those charged with delivering them; these programmes must comprise relevant, substantive and on-going inputs that begin at a younger age in schools and that match the emerging needs and issues of adolescents, including the emotional aspects of having sex.
- Additional developmental education programmes should be implemented that will help support a grounded sense of self-esteem and self-worth for young women and young men from lower socio-economic backgrounds.
- Specific sexuality education and health programmes need to be designed and tested for delivery to adolescents who leave school early in pre-employment training centres, youth clubs and other venues.
- To increase access to sexual health and support services it is vital that reduced-cost and age-appropriate women-friendly services that protect younger women's needs for privacy, anonymity and complete confidentiality be established on a country-wide basis.
- While GPs and other health care professionals need to have their own ethical and religious views respected, young women who are sexually active urgently require to have their contraceptive needs met, regardless of where they live.

- A longer-term action-research project should be undertaken, with young women in a rural location or nearby small-town location carrying out data collection as part of an empowerment approach for participants – this could include skills-building and educational elements.

1.0 Introduction

The Crisis Pregnancy Agency study *Understanding how sexually active women think about fertility, sex, and motherhood* (Murphy-Lawless, Oaks and Brady 2004) was launched in September, 2004. The study presented data from interviews with 66 women across a number of diverse geographical locations in Ireland, ranging from the Dublin conurbation to rural areas. The women were all aged between 18 and 34 years and were drawn from a significant cross-section of socio-economic backgrounds. In these qualitative interviews, women were asked about:

– openness about sex and women's changing roles in contemporary Ireland, including the role of the media
– sex education
– dealing with sex and contraception
– safe and unsafe sex
– becoming a mother
– reforming reproductive health services.

It is arguable that women in this age range have benefited from growing up in a society with a more open attitude to sex and sexuality. For example, the loosening of the Irish legislative framework in the early 1990s, making condoms available for purchase at commercial outlets such as chemists' shops or vending machines in pubs, was a policy change that accepted rapidly changing sexual mores. The policy encouraged responsible decision-making about having sex for the many young people who wished to be sexually active.

This generation is often exploring sex and their attitudes to relationships in more complex patterns, which were unthinkable in Ireland up until very recently (Inglis 2003). In Ireland we are several decades behind our nearest neighbours in lending comprehensive support to young women who are sexually active (Cook 2004), and the original study pointed to a number of critical failings and gaps in current sexual health provision and wider frameworks of support for younger women when they become mothers (Murphy-Lawless, Oaks and Brady 2004).

While the data for the original study brought together a new and welcome exploration of these issues in the Irish context, the timeframe for the project's completion and the necessity of keeping the report as concise as possible in relation to that timeframe limited the report in two key areas:

1. In the timeframe for the fieldwork in the original study, the research team was unable to collect data from an important group of women: younger, low-waged women from rural communities.

2. The large amount of data collected for the original study was not able to be fully utilised in the published report in respect of several themes involving women's management of being sexually active and how they feel they are perceived in that role:

– Being labelled as a 'slag' or a 'slut'
– Needing to appear sophisticated about sex and sexual relations
– Understanding/negotiating the changing nature of relationships with men.

In the wake of the report's publication, the Crisis Pregnancy Agency concluded these issues would merit further exploration.

The two issues were of a quite different order, the first entailing fieldwork with a new group of women to gain their understandings was an extension to the original study. The second was a re-analysis of the existing data base.

This report presents the findings that follow up the original report and that attempt to extend our knowledge base. Part One details the findings from the new interviews, Part Two presents the re-analysis of data from the original project, and Part Three comprises conclusions and recommendations arising from the findings.

The report is presented in six sections.

Section 2 discusses the context and fieldwork issues for a series of new interviews with low-waged women in rural communities, aged 20-24.

Section 3 presents the findings from these interviews.

The findings indicate a deep vulnerability for younger women living in more rural areas in relation to the following:

– learning about sex and contraception
– becoming sexually active and accessing contraception
– being seen to be sexually active and being labelled for being sexually active
– the pressure to have sex
– crisis pregnancy
– motherhood.

These are all elements that were part of the original findings, but the specific difficulties experienced by young low-waged women in more rural areas are explored in the current study.

The challenges and difficulties in accessing respondents for this follow-up project led to a decision to interview several service providers in order to learn about how they see and work with these issues with women in the target group. Interviews were held with two youth workers who were from rural areas themselves and had returned to work with young women in the general geographical area and one was conducted with a women's health worker involved in setting up initiatives on access to information on sex for young women. Data from these interviews with service providers are discussed in Section 4.

Section 5 re-examines data from the original study, drawing out aspects that were less immediately evident in the earlier report. The analysis concentrates on these themes:

– the problems of being judged and labelled as a 'slut'
– feeling the need to appear knowledgeable and sophisticated about sex
– changing social and sexual relations with men.

Section 6 draws together the main findings from each section and returns to some of the substantive themes of responding to changing patterns of sexual practice explored in the original study. The report concludes with recommendations.

PART ONE

New research on young, low-waged women in small rural communities

2.0 Younger lower-waged women in small rural communities: new interviews

2.1 Gaps in the first study

In our original study, one group of women went un-represented. This group could be described as:

– low-waged
– limited in educational background
– working or living locally in small communities in rural Ireland.

Although we had made contact with one 'gatekeeper' (person who worked directly with young women who would fall within the target group) to gain access to this group, the timeframe for the end of the fieldwork could not be met by the gatekeeper and this arm of the research had to be abandoned.

However, we did collect data from rural women who had good educational backgrounds and career opportunities. This data indicated that, in general, women from rural areas continue to feel disadvantaged in two respects:

– being open about one's status as a sexually active woman
– having reasonable access to supportive health service providers.

Of course, these realities are not exclusive to women from a rural locality, but the data indicated that a rural location may deepen the impact and complexity of these realities. So, for example, in the original report, women from a rural location spoke about:

-sex as still being a taboo subject and largely 'closeted' in rural areas
-a greater scrutiny of one's actions in a small community
-fewer options in small communities to remain anonymous about one's sexual life.

These experiences in turn led to potentially uncomfortable encounters with service providers, an avoidance of purchasing contraception where one might be known, and such subterfuges as changing one's name or looking for a Protestant surname amongst local GPs when seeking emergency contraception (Murphy-Lawless, Oaks and Brady 2004).

The original report also indicated that personal confidence, depth and quality of information that recognised the positive aspects of sex and sexuality, and accurate advice were crucial to women negotiating their sexual lives with a sense of safety.

These elements may be a less established part of the lives of younger women from a rural background.

It was hoped that a follow-up study involving two focus groups and two individual case studies focusing on younger low-waged women in rural communities in the 20-24 age group could explore these issues in depth. The intention was to use the same broad interview themes from the original research.

2.2 Methodology, sampling frame, making contact with gatekeepers and respondents and final sample size

The methodology for this second group of interviews followed that of the original study, which used qualitative interviews with respondents, including focus group and individual interviews. The objective was to use the same list of themes developed for the original study (see Murphy-Lawless, Oaks and Brady 2004: 15-20) in order to gain an understanding of how young women develop their insights into sex, fertility and motherhood through their experiences of being sexually active.

In this second round of interviews, the target group was women aged 18-24 who lived in rural areas or who came originally from rural areas and were now living in very small towns. It was hoped to achieve a total sample size of between 10 to 12 women, divided between two focus groups and two case studies.

2.2.1 Sampling strategy

Because of the great sensitivity of the issues involved, a purposive sample was used again with this round. Such a framework means that potential respondents are approached, generally through gatekeepers, and asked would they be interested in participating. Given the nature of the issues involved in the study, if they express an interest in going ahead with an interview, they must be fully informed as to what their participation will involve. Special consideration is given to the issue of confidentiality. In this way, purposive sampling actively supports participants who choose to relate their experiences. At all points in the initial contacts and in the interview itself, respondents are supported to determine the nature and pace of the interview as they see fit. Documentation on the project and consent forms are distributed prior to the interview, and cards with information on confidential free counselling are distributed at the outset of the interview. In these ways, despite the intimate topics under discussion, it is hoped to fully support respondents, and to enable them to seek assistance if, in the wake of the interview, any respondent feels in any way disturbed.

2.2.2 Identification of gatekeepers

To gain access to potential respondents, a range of gatekeepers was identified, mainly through contacts with professionals involved in women's health issues and voluntary groups working on women's health in rural or very small town areas of the midlands, the south, the west, the northwest and a northern border county. In general, in all these locations, access to contraception would need to be through a local GP; women would need to travel to a different, larger locality to access a specialised family planning clinic.

Gatekeepers were people who worked directly with young women who would fall within the target group. Gatekeepers included:

– Youth workers
– FÁS training scheme organisers
– Family support workers for young single parents
– Public health and GP practice nurses.

All the gatekeepers were convinced of the importance of the research. When speaking with the researchers, this range of workers expressed concerns about a number of related issues that appeared to them to lead to diminished life chances for younger

women from less well-off backgrounds in these geographical locations. In particular, two factors were cited:

– Poorer educational opportunities and outcomes.
– Lack of personal and practical support, often leading to crisis pregnancies in the late teenaged years.

Several gatekeepers pointed out that young women who had attained lower levels of education and who were living in more economically depressed rural locations were limited to work in the service sector of nearby pubs, restaurants, B&Bs and hotels associated with the tourist industry.

2.2.3 Contacting potential respondents

Accessing potential respondents proceeded in two ways:

i) Several gatekeepers asked to have explanatory materials sent to them from the original study, including the executive summary, the one-page project description, the list of themes for interview and consent forms. Gatekeepers then contacted potential respondents whom they could identify in their work to discuss possible involvement. If potential respondents wished to take part in the interviews, the gatekeeper arranged a suitable time and place between them and the researcher.

ii) In some instances, gatekeepers spoke with potential participants and if the latter wanted to talk directly with the researcher about the project and about taking part, the researcher's telephone number was given to the potential participant and they made contact with the researcher. After an initial conversation with the researcher, if the women were interested and wanted to engage, the researcher sent these same materials directly to them and then subsequently contacted them about arranging suitable times and venues.

2.2.4 Difficulties in contacting potential respondents

The number of responses coming out of the sampling strategy described above was small, and recruitment proved very challenging.

In the original study, too, there was difficulty in securing arrangements, but nothing as severe as encountered in the follow-up study. In the first study an individual case-study interview was scheduled where women were not free for a group interview or did not feel comfortable with that format. In this follow-up project it soon became clear that participants required considerable confidence to engage in any form of interview. (This was possibly linked to the findings that emerged in the original study that sex remains an unsafe and acutely uncomfortable topic in a smaller community where there is far less anonymity.)

Having gone through the stages of recruitment women withdrew, despite having made arrangements that they had felt were suitable for them.

Two women who had agreed to do individual interviews withdrew once they had received the materials outlining the themes, although these had been discussed over the telephone previously. In another instance, the researcher travelled down to a location expecting to meet a group of three to four women. Three women in their early twenties attended, but it soon became clear that two of the group felt acutely uncomfortable. After

a further discussion, during which it was explained again that participation was entirely voluntary, both women apologised and withdrew. The third woman said that she would like to participate but that she would prefer the researcher to take notes and not to use the tape recorder.

The difficulties in accessing a sample and the withdrawal of women from the interview process raise issues about 'rapid' ethnography to obtain qualitative data. This fieldwork approach may be limited where younger women feel exposed to possible opprobrium because of the nature of the deeply sensitive material such as sex and sexual relations. (This latter issue will be raised again in Section 6.) The difficulty experienced in recruiting women for the study has clear implications for conducting future research with a very vulnerable group of women about a deeply sensitive subject.

2.2.5 Sample achieved

In total, the fieldwork yielded seven participants who were interviewed: six women in two group interviews and one woman who was interviewed on her own. Five of these seven women had young children arising from a crisis pregnancy. Two women disclosed that they had experienced at least one crisis pregnancy that ended in abortion (one woman had two abortions).

Below is a table setting out the characteristics of the final study group:

Age	Location	Occupation	Level of completed education	Relationship status
24	Village nr small town	Retraining	College degree	In relationship
22	Village nr small town	Retraining	Leaving Certificate	None at present
23	Village nr small town	Unemployed	Leaving Certificate	In relationship
20	Outskirts of small town	Unemployed	Leaving Certificate	In relationship
23	Village	Retraining	Early school leaver (before Junior Certificate)	None at present
24	Outskirts of small town	Unemployed	Early school leaver (before Junior Certificate)	None at present
23	Outskirts of small town	Unemployed	Dropped out of FE College	None at present

2.2.6 Data recording and analysis

The individual interview was recorded through note-taking. The other two group interviews were audio-taped. Women were guaranteed in the consent forms (one copy of which they retained) and assured verbally before the interviews began of complete confidentiality and anonymity.

After the interviews had taken place, the taped data was transcribed, and along with the written interview notes data were analysed using the categories of analysis that had been identified and developed for the original study (for more details of these categories see Murphy-Lawless et al. 2004: 16).

3.0 Findings from the interviews with respondents

3.1. Learning about sex from family, school and friends

3.1.1 Parental and home-based inputs

Attitudes towards sex in the home ranged from one woman's parent who was open in her support of her children's decision-making to homes where sex could not be mentioned.

The aforementioned young woman spoke about the value to her and her siblings of open attitudes about sex:

> *I've got two older sisters. My mum would have been pretty open as well. It's just the way she was.*
>
> (Woman, 24 years old)

The mother of this woman worked in a local chemist's shop and was very anxious to ensure that once her daughters had boyfriends, they understood about contraception and got access to appropriate contraception and learned properly how to use the pill:

> *It was a completely open thing, and if she knew, like, if you went into her and you had to get an antibiotic, you'd get the talk in front of no matter who was there! 'Now you know this doesn't work, your pill doesn't work…' I just remember going down to her one day and I was going on my holidays, but I was sick and I couldn't take the pill at the time. She had two twelve, I'll never forget it, going into the chemist, and she had two twelve boxes of condoms: 'There now, take them with you, that's it.'*
>
> (Woman, 24 years old)

But this was an unusual divergence from the far more common pattern of young women having to learn about sex and about contraception on their own:

> *My grandparents were Catholic, and they were quite, they weren't very strict, but obviously they had their convictions. Because I lived with our grandparents, so it's not the kind of thing that I could talk about at all, and I was so young and then I left home and lived on my own.*
>
> (Woman, 24 years old)
>
> *My mum wouldn't be open at all. When we were growing up I think she just decided to herself one day that we already knew everything so she wouldn't bother telling us. Like, she never, you know the way some mothers will sit down and be like, 'So…', and you know they're about to start having that topic, and you're like, 'Ah no mum, it's OK, we learned it at school' and they're like 'OK!', she didn't even do that! She just assumed that we knew.*
>
> (Woman, 23 years old)

3.1.2 Older siblings, cousins and peer groups

Siblings, peers at school and family members such as cousins were important as a default method of learning, especially because living in the countryside, "You wouldn't have any friends around."

This was fragmented knowledge, however:

> *But I'd say I found most of it out from, like, in my neighbourhood there was a lot of older boys, and they just, like, talked about stuff like that constantly, so you just picked it up. I don't think you're actually even aware when you're actually picking it up of what it all is. Just one day, someone starts talking about it and you realise you know.*
>
> (Woman, 23 years old)

3.1.3 School sex education

Sex education in school was limited in nature, and not all respondents stayed on in school long enough to access what schools were providing – generally a discussion on the biology of sex. However, even this level of information was appreciated by one respondent:

> *I know whenever we went into it, no matter what we were talking about – I know I was so enthralled by the whole thing. Like, I used to listen so intently.*
>
> (Woman, 24 years old)

This was in the context of a single-sex school, which may have made discussions easier:

> *Like, if you have a fourteen year old and a fifteen year old in a school, and the teacher says the word sex, all of a sudden, because it's a gang of fellas, the whole place, it's always a joke. At least in girls' [schools], like, whenever you say the word sex, I think, maybe because they're more interested in it, or what, but it's not a joke, like.*
>
> (Woman, 22 years old)

Another woman reported a community-school setting where there was a video shown about being sexually active, but she admits it was too little:

> *They taught us it at school. It was actually at school, like. There was a video, like, about being sexually active, like, and that's all we were actually taught, like, when we were at school.*
>
> (Woman, 23 years old)

The limitations of such a narrow approach received severe criticism:

> *I mean, it's strange, like: they'll just do anything but [sex education]. You'll have the workbook, and you'll see the sex education part coming up. And you can't wait, because it's actually something interesting. And they'll stay off it for as long as they can. And when they finally touch on it, it's for half a class, and that's it, it's gone. It's done as far as they're concerned, it's completely covered in the curriculum. And they'll spend four weeks doing like personal hygiene, or something stupid like that. And it's just ridiculous.*
>
> (Woman, 24 years old)

Although formal sex education in schools was minimal, the school setting provided an on-going context for informal exchanges amongst their peers about sex. Girls in school asked one another continually about "doing it":

One of your friends slept with a boy, and they tell you, and how great it was, and you're going to sit there and think, 'Oh, that sounds good, I might have a go.'

(Woman, 23 years old)

Girlfriends could even be in competition to become intimately involved with the same boy at school:

There'd be fighting over the fella. I'd have a kiss, and then my friend would have a kiss after me. That's the way it was, being honest, like: who could kiss longer, like! And who's a better kisser, stuff like that! It was more kind of who could have him, and who was better, and who he fancied more. You were competing all the time.

(Woman, 23 years old)

3.2 Becoming sexually active and finding emotional support

Five women disclosed their precise ages at becoming sexually active for the first time: one was nearly fourteen, one was fourteen, and three were fifteen years of age. The remaining two women indicated that they were all sexually active before the end of their teenaged years. The related issue for respondents was how well-supported emotionally they found themselves in being sexually active. This is an important aspect, given the impact that the lack of parental support, support from the schools and general confidence-building can have on young women about being sexually active (see Murphy-Lawless et al. 2004).

There appears to be a widespread perception that first sex needs to be accomplished within a certain timeframe. Television, and particularly the concept of 'prom-night first sex', were mentioned as key influences in this belief that one should be having sex before the end of one's teenaged years:

You know like American TV drama where, like, 'American Pie', where they have to all lose their virginity on prom night. And I know this from having relations in that age group, and from their friends and stuff, like – it's seen as romantic if you do it on prom night. Because you'll feel all lovely, and your hair will be done and you'll be wearing a nice dress. And you've no idea how you're going to feel after it. You might think that you're going to feel great, but you're not. It's not a bed of roses, as such, by any means. And they're just rush, rush into everything, like.

(Woman, 24 years old)

This issue of the right time to have sex appears to impact on boys as well:

I mean, if a fella's sixteen, or whatever, and he hasn't, as such, 'done it', it's this whole thing. And even it's got to the stage with girls, they're coming up to eighteen, and they're like 'Oh my God, I can't be eighteen and haven't done it!'

(Woman, 23 years old)

The woman who reported being almost fourteen when she first had sex, had a steady boyfriend and – looking back on her experiences – does not regret having sex at such a young age:

I did want it to happen. I don't feel strongly that I should not have been having sex.

(Woman, 22 years old)

At the same time, she had no support whatsoever outside of her relationship with her boyfriend and could not speak to anyone else about the fact that she was having sex.

Although talk of sex dominates the conversations and perhaps even the expectations of many adolescents as an important occasion, actually being sexually active for the first time is a clandestine activity, the specifics of which are not discussed:

It's like a big secret, weren't it? You couldn't tell anyone, like.

(Woman, 24 years old)

It was like you'd done something so bad that you couldn't tell anybody about it. But it wasn't so, it wasn't like you committed a murder or something, do you know? But nobody could talk about it.

(Woman, 22 years old)

Another young woman, who was also an early school leaver at fourteen years of age and who then emigrated to England, found her early sexual experiences challenging, even frightening at times, but found that at least she was able to speak to trained staff at local drop-in centres in England:

If I was in trouble or I was scared, I could go into them and talk to them.

(Woman, 24 years of age)

3.3 Problems in learning how to access and use contraception and health services and feeling safe about it

3.3.1 Knowledge and cost of contraception

If being sexually active is an activity that remains hidden in one's younger years, despite all the talk of it, it is complicated further by lack of knowledge about the need for contraception and where to obtain it without drawing unwelcome attention to oneself. This poses a considerable risk for much younger women, as with the respondent who began to have sex while she was only thirteen years old:

I was still so young. I knew nothing about contraception. It was nothing really discussed by anybody. I knew of it, the name, but nothing really about it.

(Woman, 22 years old)

This lack of knowledge can create an on-going problem for women a few years older in the more restricted climate of a rural or very small town area:

There's a girl that we would know as well; she was like sleeping with different people a lot. So I said, 'Maybe you should just go on the pill.' I had just got the thing in my arm at the time, and she was mesmerised by this thing: 'That stops you getting pregnant! Imagine!' And I said, 'Why don't you just go on the pill, like?' She was, what, twenty-one at the time? And she turned around, and she was twenty-one, and she said, 'What way does the pill work? You just take one pill and that stops you getting pregnant?' and I was,

'Oh here, girl, come on.' It was unbelievable. She was so far gone, she had no clue. She first of all thought that she couldn't get pregnant because she couldn't have an orgasm. Then she thought that if you take the pill it protects you against STIs as well. And then she says, 'Well, how does the pill work?' and we were saying, you know, you have to get it and take it every day, as close to the same time. And she was like, 'You take it every day? Every day?!' She was so shocked. She's in the town working, like. She's twenty-two and a half now.

(Woman, 24 years old)

It is noteworthy here that not knowing how to use contraception is seen as being "far gone", or 'out of touch', when, in fact, all the women in this sample, save one, reported having to stumble on to specific and accurate knowledge about contraception. That one woman, who was clearly and correctly informed about contraception by her mother, in turn was able to act as a resource for her friends:

When I was around seventeen and I was still at the convent, one of my friends, she was in the relationship for a few months, and she'd never had sex. She came to me and she knew I had been on it [the pill] for a couple of years, like, and she knew at that stage I knew all about it. And she was like, 'I think I'm ready, and I really want to do it, like.' And I says, 'Right – you're not doing anything unless you go on the pill.' And she was like, 'Right – what do I do, like?' and I was like, 'Right, we'll go to the doctor and get you on the pill, and you can do it afterwards, like.' So I made the appointment, and I went with her.

(Woman, 24 years old)

Cost of services for low-income women was identified in the first report as creating a barrier (Murphy-Lawless, Oaks and Brady 2004) and it also emerged in this study as creating an additional barrier:

And the price, I mean, even the price to go and see the doctor now is just completely ridiculous – thirty-five euros. What you have to do, like, if you wanted the morning-after pill, I mean, if you're working or whatever, you only have seventy-two hours to get it, like. So if you're working, to go to the doctor and sit for maybe two hours. Go in to see the doctor and then maybe get your prescription, then you have to go down and go into the chemist, pay for the pill on top of it, which is, what is it, twelve euros or something, isn't it?

(Woman, 23 years old)

3.3.2 The importance of anonymity and reputation

Although the availability of chemists' outlets in nearby small towns has increased access to contraception, the issue continues to be complicated by the lack of privacy and the fear of being exposed or condemned for being sexually active:

I mean, unless maybe you're living in a massive city somewhere, where there's a chance you're going to go in somewhere and not know anybody, like. But nearly every chemist in the town, you know somebody, or someone'll see you; someone who doesn't work there will be there and, you know, you always seem to get caught in the act of walking to the counter with something.

(Woman, 22 years old)

For a young woman who is sexually active in very small localities, even her being seen in the local doctor's surgery can have a negative impact on how she is perceived:

> *I remember about two years ago being in the doctor's surgery, just because I had, like, a stomach ulcer. And my boyfriend of the time was with me. Two weeks later we were out and one of his mutual friends [said] 'Oh, I hear she's pregnant' and he was like, 'No she's not,' like. And it was like, 'Oh such and such seen the two of you up at the doctor's surgery'.*
>
> (Woman, 23 years old)

This gives an indication of how compromised young women can feel by any public indication that they are or might be sexually active. This same sense of anxiety constrains women in seeking out emergency contraception, as with this young woman who disliked the local GP knowing her circumstances:

> *Like, it doesn't matter who he tells. Like, he actually did say he knew some of my family from up around here, he knew the name. It wasn't that, it was more that he would actually judge me.*
>
> (Woman, 23 years old)

This finding about the lack of anonymity emerged to a degree in the last project also. But there appears to be a much more intense concern about being identified as a sexually active young woman within a smaller community, especially if one lacks the material resources and opportunity to travel outside the community to obtain access to contraceptive services. There is a hint of defiance in the young woman's voice as she speaks about not caring who might or might not be told locally about her seeking EC. But there is no particular trust in a professional undertaking of confidentiality, especially when a doctor in that context, even perhaps in a friendly conversational way, comments that he knows a woman's family.

The fear of being judged, either by health care personnel or by people within the wider community weighs heavily on young women:

> *It's really, really daunting…because people are driving past and they can see you going in, and they're like, 'Well!' You're being judged, yeah.*
>
> (Woman, 20 years old)

A residual sense of apprehension and lack of safety lingers even when women have worked hard to find contraceptive solutions. One woman described how she and her girlfriends went and collected one another's prescription for the pill to avoid exposure:

> *And I would get it for them, but we just couldn't deal with it yourself, because you just felt like you were being judged all the time.*
>
> (Woman, 24 years old)

This is a complex area, especially when parental concerns focus on not getting pregnant, but parents are slow to offer positive and practical support to ensure that young women are protected from pregnancy. In the quotation below a young woman describes a good 'talking to' that she received from her mother when it was discovered that she

was sexually active. She was told of the bad consequences of having sex and possibly becoming pregnant:

More like you have your whole life to look forward to and what's the point? Because at the time two of my cousins were pregnant and the father didn't bother sticking about. And it was a case of [my boyfriend] 'will do the same to you if you got pregnant, and the fella'll not bother to stick by you' and all of that.

(Woman, 20 years old)

3.4 The dual pressures to have sex while being labelled for having sex

3.4.1 Pressure to have sex

Becoming sexually active appears to feature as a strong component in a young woman's personal identity. She may choose to begin to have sex as part of how she sees herself making a transition to adulthood and she may want to accomplish this activity by a certain threshold age, as we have seen above. At the same time, these interviews reveal the pressures on younger women to have sex in contexts that they experience as more negative.

Thus having a boyfriend can be complicated by accompanying pressure to have sex. It also appears to some young women that if one refuses, it is harder to have a boyfriend:

You feel like you have to do it. I don't mean it's like rape or anything like that, but you're just pressurised, and feel big and in the crowd, you're going to do it.

(Woman, 24 years old)

If it's someone that you fancy, like that you've really fancied for a long time as well, and it's kind of come to the crunch and you're kind of wondering, like, should I or shouldn't I? And if I don't, I'm never going to see him again. And somewhere in your own head you should be saying 'Well you know if he really likes you he's not going to mind waiting for a while.' But you don't think like that, you're just like 'Right if I have to keep him, I have to do this.'

(Woman, 20 years old)

Sex as part of the unspoken contract of going out with a young man appears as a decisive factor for some young women:

There's a girl I know and she won't sleep with a fella until she's three months going with him, and if he doesn't hang round she knows it wasn't worth it.

(Woman, 20 years old)

3.4.2 Negotiating contraceptive use – self-esteem and reputation

Significantly, part of the pressure about having sex may entail the young woman feeling constrained about insisting on condom use. There is no great sense of confidence that young men are going to use contraception to prevent pregnancy:

> *If you actually said 'Do you have condoms?' and he said 'No' you'd just kind of be, like, 'Alright…' Like, you just wouldn't do anything about it because you'd just so be too afraid that he'd, because of the way boys are, just up and leave, and you'd be left there.*
>
> (Woman, 20 years old)

> *And a couple of times I slept with fellas and I spoke to them about protection, and as soon as I said protection they kind of walked away. Some fellas they don't want to use it. So if you really like this fella and you want to sleep with him, then you'll sleep with him without protection.*
>
> (Woman, 23 years old)

A refusal to have sex with a man who himself refuses to use condoms raises fears that this will result in the woman being the subject of damaging comments or gossip:

> *If you don't sleep with a fella, the next day it's around the town – you'll be the slut, and you'll be, excuse my language, you're a whore, and there's things going round about you that are not even true.*
>
> (Woman, 24 years old)

> *Oh yeah, definitely, they'll click the fingers, and you'll come running. If you don't, you're liable to be talked about; things are going to be said. And because this is such a small town, it's a very bitchy town.*
>
> (Woman, 23 years old)

In their own experience and those of their friends, being labelled either for insisting on condoms or for withholding sex unless condoms are used is a commonplace hazard that contributes to emotional confusion and even distress.

The young woman below feels she will be called 'frigid' if she does not agree to sex, but in her opinion this is better than the alternative label of 'slag'.

> *Thing is, fellas have a lot more respect for girls who actually say no. Although they will get a bit frustrated, probably call you every name under the sun, but at the end of the day, they're still not calling you a slag or whatever. They're calling you, what, frigid.*
>
> (Woman, 24 years old)

> *Girls take everything boys say totally to heart. Even if they know that they're being ridiculous, for days they'll carry it round with them. I'll never forget as well…I was seeing a boy. And every night there was some hassle with, like, he'd run out of condoms or something. So I decided – 'Right, it's not his entire responsibility, so I will get condoms'. And one of the boys lifted it up [handbag] and was like 'Look at her! You dirty bitch! What are you doing with condoms in your wallet? You dirty bitch!' and I was like 'Oh my God, I'm trying not to be!' a dirty bitch as such, catching something, or getting pregnant, or*

something. And he was just like, 'That's just an invitation. Some boy opens your wallet – that's just an invitation for sex.' And I was like, 'What if the boy has it [the condom]?'

(Woman, 23 years old)

Both these accounts are illustrative of the deep contradictions and double standards that these young women confront in settings where there is virtually no overt, positive social support for their being sexually active, let alone for their defining that activity in their own terms. It is striking that the young woman above reasons that getting hold of condoms should not be the 'entire' responsibility of a young man in a context where her young man is evidently not taking responsibility, but wanting sex without condoms.

Disturbingly, in spite of their own difficult experiences, young women also label other young women. In answer to a question on awareness of STIs in one interview, both respondents said that it was never mentioned as an issue by the young men with whom they had sex. They then unselfconsciously recounted a story about a young woman who was sexually active and was seen as a source of STIs in their locality:

The only thing I ever heard was, there's a girl in the town and she's just like...

(Woman, 22 years old)

A slapper!

(Woman, 23 years old)

The town bicycle, you know what I mean. And everybody in the town knows that they would catch something off her. But at the end of the day, every single one of them'll go and have a go at her. And then the next day it's like, 'Oh you're mad, you could catch something off her!' and he was like, 'Oh, a shag's a shag', like, and all that kind of craic. He doesn't care, and he probably wouldn't have used anything, like. But they just don't care, like.

(Woman, 22 years old)

The twin issues of women's choices about being sexually active and the problems of unprotected sex with young men who do not choose to use condoms and how vulnerable young women are as a result were not commented on by respondents as relevant to this story.

Yet, reflecting on their own experiences during adolescence, respondents were preoccupied with how the timing of having sex should be within a woman's decision-making and how to make that more possible now for the young teenaged women in their locality:

The one thing I'd like to do is make young people aware that you actually can say no and that it doesn't matter. I'd love to be able to teach them some self worth. So they wouldn't have to think they must have sex.

(Woman, 23 years old)

Very much that part that they [younger girls] should enjoy it. Because you don't want them to think that it's this terrible thing out there. If you're comfortable enough to say to them, like, that it is wonderful and that they are going to enjoy it, but they need to wait for the right person. Rather than saying 'Don't have sex with anybody because it's wrong' and they might be able to start thinking about it in a different way.

(Woman, 22 years old)

3.5 Crisis pregnancy

In such unsupported circumstances and with unsafe sex a commonplace in women's lives, it seems inevitable that crisis pregnancies are occurring. Seven crisis pregnancies were disclosed by five women in this sample of seven women overall. Three of these seven crisis pregnancies ended in terminations.

Three women had a crisis pregnancy at 15, 17 and 17 years of age respectively. All three of these women went on to term and kept their babies.

One woman experienced two crisis pregnancies at 18 and 21 years, the first of these ending in a termination.

One woman experienced three crisis pregnancies. The first was when she was sixteen; she went on to term and kept the baby. The second and third crisis pregnancies occurred when she was 18 and 21 years of age respectively and both ended in termination. The woman lived in England throughout this period, having left school early and subsequently emigrated on her own. She returned to her place of birth soon after the second termination.

The woman who had a termination with her first pregnancy became pregnant a second time at 21 years of age and decided to keep the baby. She was attending a course when she became pregnant the first time:

At a young age when I seen other people, I always said if I ever got pregnant, I would definitely have an abortion. And I did get pregnant and I did go and have an abortion. Because it was, you know it was an accident as well, but it was totally, like, the timing: I was in my first year in college and the timing was just all wrong.

(Woman, 23 years old)

This woman had become sexually active in her mid-teens and had not used contraception. She believed she was infertile and continued not to use contraception when she moved away from home. The first pregnancy came as a shock:

For about five months in college, [I had] just constant unprotected sex and then suddenly, bang, I was, my period didn't come, and I was like. 'OK what?'

(Woman, 23 years old)

She did feel "panicked" but her boyfriend supported her and she arranged to go to the UK for an abortion. When she became pregnant the second time, she was completing her course. She ultimately decided to keep the baby as it made little difference to her when she began to work:

It wasn't actually planned. But I didn't panic the way I did the first time at all.

(Woman, 23 years old)

However, the issue arises as to why she was not able to explore approaches to contraception that would be more protective, especially given that she had the same boyfriend throughout that time.

One of the women who became pregnant at 17 years of age had also become sexually active in her middle teens without incorporating contraception into her life. She had not been given any grounding by her mother in sex education; it simply was not discussed. She experienced family rejection as a result of the pregnancy and now wonders how she did not understand that she could have refused to be sexually active if she had wanted:

It was totally unplanned. My family didn't react to it well at all; because I was left on my own for months on end. I had to tell my mam straight away, because I was in a relationship at the time and he had told his mam. And I thought I'd better tell mine before they found out from somebody else, which would more than likely happen. My mam was angry. Like, how could I be so stupid and that? But at the end of the day I didn't hear anything from them about sex education or anything. I learned all I knew from friends or magazines or TV. To be honest, I'm not blaming it on this or anything, but to me, I was never taught to say no, or you, that you could say no, like. And that's a couple of years, like, she's three now. And whenever I started becoming sexually active, or whatever, that I didn't realise, it was probably stupid of me, but I didn't think 'I can say no here.'

(Woman, 20 years old)

The second woman who became pregnant at 17 years of age had left home and was attending a further education college when she became pregnant:

I didn't go on the pill because I said that I wanted to put my studies first before I had a child. But then I fell pregnant then, like, so I had to stop, like, then. I wanted to stay at home here near the fella and my family.

(Woman, 23 years old)

This woman did have family support and the support of the father of her baby, although the relationship did not endure.

The two women who were youngest when they had crisis pregnancies were both early school leavers. One woman became pregnant at 15 years of age and she experienced anger and rejection from her mother. She had a steady boyfriend during her final year at school, left at 15 and took up work in a nearby hotel. When she realised that she was pregnant, she delayed telling anyone for three months:

At the start, I didn't want to tell anyone, more because of the rejection. My mam was upset and that. She said that she had reared her children and she would not rear my child for me. It was a very hard time.

(Woman, 22 years old)

Her boyfriend was with her when her son was born. She lived at home for the first six weeks after the baby's birth, but found it very difficult because of family tensions. She and the baby moved out and stayed in her boyfriend's family home for a few weeks before finding other accommodation for herself and the baby. She returned to work part time. It was only after her baby was born that the young woman sought contraception. She went to a local GP and asked could she be put on the pill. She felt that she had the confidence to ask once she had been pregnant. But she constantly worried that the pill was not enough protection and that she might forget to take it: "I'd be panicking about taking it." She was certain she could not deal with another crisis pregnancy:

> *I did some research for myself, got hold of information on different types of contraception. I went on to Depo-provera for a few years. That worked for me. It was a great relief. It fit in and I trusted it.*
>
> (Woman, 22 years old)

She is currently using implants, but her status is a single parent. Her relationship with her child's father ended when her child was two years old.

The woman below expresses the wish that she might have waited to become sexually active until she was a bit older, so that she could have enjoyed a genuine opportunity of building up towards some skills or training:

> *When I got pregnant with my daughter, it was, I will be honest, it was kind of a … I slept with this bloke twice, and I fell pregnant by him. I was young. Looking back I don't regret my child, but I wish I had waited and did something with my life, because now I can't do anything: can't work. It's quite hard. And that's a situation I do kind of regret.*
>
> (Woman, 24 years old)

The woman lived in England throughout this period and became pregnant on two further occasions, with both those pregnancies ending in termination. Since returning home, she has found herself unable to talk about her terminations because she fears that she would be ostracised by her family. Yet she is finding it very difficult not to feel guilty about having had her terminations:

> *I know there's probably them that would say that you got rid of your baby, and get on with your life now, because I didn't do it, I didn't fall pregnant just to go in and have a termination, and come out and feel all right, like. It happened, it shouldn't have happened: I shouldn't have fallen pregnant; I didn't want to be on my own with a child at that time. You know, it's hard to do. I'm still not the same after my terminations, like. No way. Not even just my mind, like: my body. I haven't been able to talk to a lot of my family about it, because obviously my family are all Catholics, and they don't agree with terminations, which is fair enough. But at the time, I had to have them. It wasn't … I didn't have to, no-one put me down and made me have it done, but I thought at the time it was the best thing to do. Now looking back, I'm feeling guilty and I'm feeling wrong, and I can't go up to my family and say 'This is what's after happening, this is how I feel.' There's no little place you can go to and talk to someone. People are – that'll never change; that's there years.*
>
> (Woman, 24 years old)

As in the original study, there was an issue of having unprotected sex for all five women. The original study indicates that developing consistent contraceptive practice is often an upward learning curve for women, one reason why good access to emergency contraception is so important (Murphy-Lawless et al. 2004). However, there may be aspects of crisis pregnancy that this sample has brought out more clearly. None of the five women who had crisis pregnancies had access to any formal reproductive health services before becoming pregnant, although three women specifically mention such contact after they had carried their babies to term. Two of those three appeared unable to use this contact with health services to build safer sex strategies into their lives. One of those two – the woman who was in England at the time of her first crisis pregnancy – mentioned accessing drop-in centres in Section 3.2 above; yet she appears to have been insufficiently supported. This may be more than just an issue of creating wider access to services where women feel safe and respected: it may have to do with issues of self-confidence and self esteem, and, above all, developing a sense of entitlement and empowerment. These issues will be taken up more fully in Section 3.7 below.

3.6 Measures to support better sex education and better access to services

Reflecting on their experiences, the respondents were clear about what needs to be done to smooth the passage of this transition to being sexually active.

All the respondents said there is an important role for parents in educating their children, and they wanted to be open and supportive with any children they have now or might have in the future. Correct and supportive information was seen as essential. However, there was also a sense that it might be better to encourage the decision to have sex later rather than earlier:

> *She'll be told anyway – if I don't tell her somebody else is going to tell her out in the streets, so I prefer to sit down and tell my daughter the facts of life before anyone else does. Because I think that the parents should tell them. Rather than the parents don't have to tell them, they hear it out on the street; kids are making up things. So where's it going to go but 'Oh, that sounds good, I want to try it.' And once you try it, you want to keep doing it and doing it and doing it. So I'd rather tell her.*
>
> (Woman, 24 years old)

Women also saw a need for the following:

– School sex-education programmes.
– Reproductive health services that would be more user-friendly towards younger women.

On the basis of their largely negative experiences in schools, especially for those in convent schools, it was suggested that schools' programmes needed to start at a younger age to deal with the factor of embarrassment that so often features in secondary schools:

> *I don't know whether it's a fellas' thing, but I think they actually need to start in their last year in national school. If they were even round the twelve mark, so that by the time they do come to the age of fourteen, when they need to be taught very seriously, they might not laugh at the word sex.*
>
> (Woman, 20 years old)

There was concern that sex-education programmes should take into account the emotional dimensions and emotional boundaries about sex:

> *It'd all have to come together whenever they start off to learn about sex. It'd be sex and respect would nearly have to be linked together, the two words, all the time.*
>
> (Woman, 23 years old)

The problem of convent schools being very reluctant to engage with the issue was also raised:

> *You have to go to the nuns and say 'If you're so against teenage pregnancy, why won't you let people in to talk to them?'*
>
> (Woman, 22 years old)

As for health services, several women asked about having specialist services for younger teenaged women, where they would not be judged for being sexually active and being responsible about it by accessing contraception:

> *I think you need some sort of youth centre where there's people there, and you know that they're not going to judge you. I think it helps if they're really lively people with a good personality, have a bit of craic with you. That won't judge you. That you feel so welcome into that if you need to get anything like that or you need to go and do anything like that, that you can go without this, like, 'Oh what am I going to do and what if somebody sees me?'*
>
> (Woman, 24 years old)

Of course, in reality the same problems of actually being seen entering such a service and therefore being known to be sexually active arise. Yet a sense that it must be a better approach to have services tailored to young people's needs was apparent.

One woman who had worked for a summer in Edinburgh and used the services there was impressed with the fact that very young teenaged girls seemed able to use services with little embarrassment:

> *Honestly, you were sitting in there and everyone who was there was younger than me, which meant – it made me feel better about myself, because I was so uncomfortable, and they were all in school uniforms. It didn't bother them: they didn't care that they were coming in their school uniform to get the pill or the morning-after pill or whatever it was.*
>
> (Woman, 23 years old)

She did not comment on the fact that this was an urban setting, where it is easier to access services without feeling compromised; to her what mattered was that she had seen secondary-school students openly taking care of their sexual health needs. She was impressed by this level of empowerment and confidence and wished that circumstances could be similar in her locality.

3.7 Discussion of findings and conclusion

This second round of interviews with younger lower-waged women with fewer educational and work opportunities supports the data findings in the original study (Murphy-Lawless, Oaks and Brady 2004). Women from rural locations in the original study reported the following:

- sex is still a taboo subject and largely 'closeted' in rural areas
- there is far greater scrutiny of one's actions in a small community
- there are far fewer options to remain anonymous in small communities about one's sexual life.

The sample group in this second round of interviews offers important insights into issues that arose within the original study. The combination of the women's geographical location and socio-economic circumstances appears to lead the following issues having a greater impact:

- a perception of an often negative social climate about young women being sexually active
- pressures on young people to become sexually active, often before they feel ready to engage
- young women undertaking sexual experiences in a largely secretive way
- self-esteem, self-worth and self-confidence influence the feelings and experiences of young women as they become sexually active
- widespread unavailability of resources, education and services in such localities specifically targeting the sexual health needs and emotional health needs has an adverse impact on young women
- widespread unawareness of the implications of STIs, paralleling the unavailability of local prevention and screening services.

Like those who participated in the original study, this second sample of women interviewees experienced their formative adolescent years during a period when Ireland could be argued as having completed a process of modernisation. From the mid-1990s Ireland has opened up economically, socially and culturally to a diversity of influences, including a widespread consumer society. Part of that growing openness has been an openness about sexual matters. It has become commonplace to read about sex in magazines or see and hear sexual matters being aired across the media, television, films and advertising[1]; these convey images of young people, including teenagers, having or contemplating having sex.

1 A recent Bank of Ireland advertisement shows two young people in a taxi kissing as they go back to the young man's accommodation, hoping they will find some private space and that flatmates will have gone to bed. His voice says 'Please don't let them be up' which the young woman repeats when the young man says he has 'forgotten' his keys, and asks if they can they go to her place instead. The Bank of Ireland voiceover tells us that someday 'you will want a place of your own and Bank of Ireland will be there for you.' The implication is that one's own private living space is an important prerequisite for having sex.

In her work, Cook (2004) has argued that becoming competent at sexual activity can be fairly described as 'work' because of how important sex has become to the self-identity of younger generations of women. (Sexual competence is a term used to describe a person's ability to make healthy and empowered sexual decisions.) Younger generations of women now expect to gain sexual fulfilment and pleasure for themselves, quite separate to the notion of sex for reproduction. This perspective, grounded in strands of second-wave feminist thinking of the 1970s and 1980s, has been facilitated throughout western countries by accessible reliable methods of contraception, and has been reinforced by the massive media emphasis on sex, reflecting a more general cultural trend about the importance of sexuality for the individual.

Social norms in Ireland have shifted to such an extent that no young Irish woman now will be expected to marry and have large numbers of children if she does not wish to do so. However, the paradox that emerges sharply in the data in Section 3 is that while Irish society is more open to sex, becoming sexually active remains hard work – the harder if one is more marginalised.

What has not changed is what the anthropologist Gayle Rubin (1984:282) refers to as a 'sex hierarchy', or spectrum of how sexual activity is weighted:

'Good' sex – sex taking place entirely within a given set of social norms that values, for example, heterosexual, monogamous and reproductive sex.

'Contested' sex – sex, for example, as part of an unmarried heterosexual couple or as part of a perceived 'promiscuity', challenging the boundaries and norms of when and how sex should occur.

'Bad' sex – sex that can be characterised as 'sinful' or 'abnormal' – for example, sex for money – which violates the standards of a society.

Recent Irish social trends show that there has been considerable movement across this spectrum in the last two decades. For example, there is now general acceptance of young adults living together and not marrying. Furthermore, the ICCP study (Rundle, Leigh, McGee and Layte 2004:66-67) indicates a significant trend amongst younger cohorts of women, a growing number of whom experience their first intercourse below the age of 17 years.

On the one hand, these changes seem to confirm the greater openness. On the other hand, we have a partial openness at best, and young women pay a price for that incompleteness.

According to the findings of the original study, young women fared best in navigating this complex territory of emerging sexuality if they had the following inputs:

– supportive parental and family attitudes towards sex and sexuality
– good and accurate sex education
– good general self-confidence and a sense of entitlement about being sexually active
– good access to affordable and age-appropriate formal health services.

(Murphy-Lawless, Oaks and Brady 2004)

However, findings from this second round of interviews reveal:

– lack of supportive inputs from parents and schools
– emphasis on 'doing it' – having sex – before one leaves adolescence
– need to offer sex as part of having a boyfriend
– lack of emotional support
– sense of isolation in having sex
– sense that sex is shameful
– finding it difficult to insist on young men using condoms
– being labelled for having sex or choosing not to have sex
– being labelled for carrying condoms
– lack of connection between having sex and being respectful of one's partner
– lack of adequate accurate education and information on sex and contraception
– lack of supportive services that respect a young woman's decision-making and her need for anonymity and privacy.

The interviews reveal the ways in which the 'work' of becoming sexually active continues to be more constrained and inhibited for younger, less well-off women living in rural and small communities in Ireland, despite the fact that sexual desire is a normal part of growing up (Maguire 2005).

Some of the images are very sobering: being called a 'dirty bitch' for carrying condoms; labelling another young woman 'the town bicycle'; the lack of knowledge that could lead a 21-year-old woman to have unprotected sex with different men and not even to know how the pill works. We get some notion from the women's stories of the distress of being labelled for having sex that is not on one's terms and for refusing to engage in unprotected sex and of the shock and isolation of a crisis pregnancy.

There is also a very important issue on the prevention of STIs. In a recent research report, the Women's Health Council has pointed to the growing rates of STIs – a 174 per cent reported increase in Ireland between 1994 and 2003 – and the vulnerability of younger women to contracting an STI (Women's Health Council 2006); the Council attributes this to young women being less able to negotiate about effective contraception. The research presented here indicates a critical absence of knowledge and skills at the centre of young women's efforts to deal with being sexually active. STIs simply did not arise in the interviews as an issue of primary concern – the primary concern was with not becoming pregnant.

These findings extend our understanding of the original study for the Crisis Pregnancy Agency (Murphy-Lawless, Oaks and Brady 2004), which showed that there is an intractable element to the process of many young Irish women becoming sexually active. In Rubin's terms, 'contested' sex challenges how many adults in the community believe young people should behave. This complicates the work of:

-learning about sex
-first sexual experiences
-negotiating about sex with male partners
-trying to access contraception and sexual health services.

A sense of shame can be reinforced at the point of decision-making around any one of the above, which can shift the issue from the category of 'contested sex' to that of 'bad sex'. If a crisis pregnancy results, it can quickly be categorised as stemming from 'bad sex', in the sense of being shameful, especially if a termination is involved.

Women who participated in this second round of interviews are growing up and living in the rural and small communities of Ireland, where there is less social protection afforded by a more anonymous urban setting, and where attitudes about 'good sex' as part of a particular social order appear to remain strong.

The very sharp geographical divisions that once existed between urban and rural spaces have been eroded; for example, a secondary school will be located in a nearby small town so that teenagers living even in the most rural of areas will commonly travel by bus to get there. Young women will travel into nearby small towns for work, for shopping, and for socialising.

However, the lack of social space within the home and within the formal school programmes to learn about sex in a positive and safe way and the lack of access to informed, caring and reassuring professional help on the issue of contraception continue to make matters very difficult for this group of young women.

Their circumstances are also exacerbated by lower levels of education and lower levels of income. Put simply, if there is no possibility of contact with a wider infrastructure that can bring with it greater opportunities to access information, positive emotional support and resources for contraception and sexual health, women from rural backgrounds are left more vulnerable[2]. As to income, it is reasonable to assume that very young women with very low wages will find it harder to pay for the costs of contraception.

There is a clear need for:

- relevant sex education at a younger age in schools, including the emotional aspects of having sex
- developmental education that will help support a grounded sense of self-esteem and self-worth for young women
- appropriate sex education for younger men before they leave school
- accessible, reduced cost and age-appropriate women-friendly services

These are deeply necessary measures in the contexts of the findings from respondents in these small communities.

2 Of course there is no guarantee that these opportunities are taken up by young women, and crisis pregnancies are occurring in these contexts, as data from the original study indicated. But in the absence of comprehensive widely accessible and affordable reproductive health services, student health services are 'as good as it gets' for many younger women in Ireland and often serve as their introduction to vital forms of health care.

4.0 Perspectives from three 'gatekeepers' working as service providers

The difficulties that were experienced in enabling young women to engage in this follow-up study with confidence (see Section 2.2 above) led to a decision towards the end of the fieldwork to return to audio-tape interviews with several of the 'gatekeepers' themselves: women who had worked directly with the target group of young women. This was seen as a way of exploring further some of the issues that had arisen in the data collection with the sample group of seven women, providing a valuable context and additional insights.

Three 'gatekeepers' were interviewed:

- a woman who had worked as a youth worker, first in a major urban area and latterly in a rural area
- a woman who had worked in a major urban area as a case worker with young homeless women, now working in a social services team in a small-town setting with vulnerable young women
- a woman who had worked as a support worker in a health service in a small town, which takes in young women from the surrounding rural areas.

The three gatekeepers were given a summary of the original study and were then asked to describe their interactions with young women and their views on young women, sex and sexual health. These were unstructured interviews, the data from which was subsequently analysed in relation to findings from the target group of seven women.

4.1 Perspectives from a youth worker

The clash between traditional mores on sex and current sexual practices was discussed by the youth worker. The job brief of this youth worker was to be a link with external courses set up in a rural location where there is now widespread unemployment. The youth worker was supporting both young men and young women in re-training options. Coming originally from the locality herself, she said she was aware of the strains on young people as traditional small-scale farming structures have collapsed, taking with them occupations that used to provide employment, especially for boys:

> *Traditionally, more boys than girls would have stayed behind in rural areas and it would have been a very strong ethic for them to get a job locally and to become a provider. But now, when they have left school early there are no jobs, no prospects; they feel the loss of that traditional role very keenly. The role of men is changing so fast; we're not really adapting to keep up with these changes facing young men in rural areas and it means more pressure in a very bad way about sex on both young girls and men.*
>
> (Youth worker, rural location)

While her own work role was not meant to provide direct input and support for young women in relation to their sexual health needs, the youth worker found that young women would seek her out for information. Because she had lived away from the immediate location for some years, studying at university and taking up her first employment elsewhere, she felt that she was perceived by younger teenaged women as a safe source to approach, almost as if she were an outsider. She pointed out that young women frequently moved out of the area, attracted by the possibility of seeking better life chances and opportunities elsewhere and to get away from an atmosphere they perceived as being too parochial.

A lot of girls will move; ones who become pregnant will move out as well.

(Youth worker, rural location)

However, she felt that those who stay behind are 'left in a vacuum' in relation to sex. Pre-marital sex is happening, but the old moral guidelines, however damaging they were, have not been replaced with an open supportive dialogue for young people growing up and seeking to understand their own sexual feelings and experiences:

But now young people who are left behind face hard futures. Whereas before, say, the 1950s version of sexuality, of 'don't have pre-marital sex' – of course those who did were ostracised and suffered – but there was a guideline for all young people. Now their parents say 'don't have sex', teachers and schools say it, and there is no sex education in the schools that is really helpful, even doctors say it: 'No sex'. On the other hand they are bombarded with images of sex from the media, from teen magazines, from all over. They have no ownership over the issue and their views of it are very clouded. They are told very negative things, but not given spaces or guidelines where they can take their time to sort out their own position and their own needs. There is no space that is supportive of their development, to support an analysis of what having sex might mean for them. They are left in a vacuum with only these negative views. Drink and drugs complicate it for them. Again, they are told 'don't drink, don't do drugs', but they use alcohol and drugs to get them over their nerves. They're unsure of sex, of having sex, but alcohol and drugs create more problems with the disinhibition they create.

(Youth worker, rural location)

This problem the youth worker identifies – of having 'no ownership' about the process of becoming sexually active – brings into sharper focus how the lack of support from the institutions of school, family and health services on the one hand and the continual exposure to sex and to having sex as a part of contemporary identity on the other combine in a volatile way to increase pressures on young women and young men.

In the experience of the youth worker:

The pressure to have sex quite often comes from other girls – once one girl has lost her virginity, there is pressure on other girls to do the same [and] pressure on boys to sleep with them.

(Youth worker, rural location)

She sees the loss of the traditional male role creating problems of self-esteem that deepen the confusion around sex and being active sexually:

> *Young men have a troubled sense of self-esteem. There is this confusion, this loss of role, and in that context if a young woman rejects the advances of young man for sex it does real damage to his sense of self. There is not much space for a young woman deferring having full penetrative sex.*
>
> (Youth worker, rural location)

Local access to condoms in the area where the youth worker works is extremely limited. There is one bar that has a condom machine, but it is difficult to purchase condoms there with any privacy; also, the machine is frequently empty. The nearest chemist is some distance away: almost twenty miles. Thus, young women are putting themselves at risk because they do not have good quality information or access to reliable services.

The youth worker's impression – based on what young women have confided in her – is that approaching local GPs can be a potential minefield, especially in relation to emergency contraception. The stance of a GP can be complicated by traditional Catholic beliefs as well as by family connections:

> *The doctors are very religious, they might be married to a near relative In this atmosphere the idea of confidentiality is non-existent.*
>
> (Youth worker, rural location)

She recounted a story told to her by one young woman of approaching a GP for emergency contraception and having him offer to say prayers with her. This GP was well-known locally for his strong religious beliefs and he eventually gave up practice to become a priest. A GP with such a background might well be practising in a town or a large urban area, but in such a setting a young woman might have more options as to the GP she contacted. The point is that in a rural location there is effectively no choice about attending a medical care provider who might disapprove of a young woman's decisions about sex and disapprove of supporting her sexual health needs.

The youth worker argued that there is a strong necessity for schools-based education that is effective across a range of practical and emotional issues to do with sex. There is also a need for training for parents who are caught in this transition between traditional and contemporary mores.

Finally, she argued that there is a pressing need for far superior information and access to sexual health services.

4.2 Perspectives from a health services support worker

The health services support worker is responsible for developing age-appropriate information for young women on sexual health and contraceptive use. In the course of her work, she has been able to gain access to schools and youth clubs in and near the small town where the health service is based in order to talk with young women about their needs and perceptions. Her perceptions are similar to those of the youth worker in respect of traditional rural life radically changing to the point that it seems to be imploding. For both teenaged women and men she observed that:

They have no skills, no self-esteem, no prospects for changing their circumstances unless they can move away. Young women are thinking they have to get a man. Getting the boy is nearly the most important in their lives and having sex to keep him is part of that. The traditional aim of getting a man and pleasing him is now crossed up with demands to have sex.

(Health services support worker, small town)

At the same time, it appears that becoming active sexually is not just about having and keeping a boyfriend; it also entails being able to appear socially successful to other young women. As a result,

The pressure to have sex comes from the girls as much as the boys.

(Health services support worker, small town)

As a result of her work with young women, this worker also wanted to make the point that there is often little pleasure in having sex for very young women, other than the acquired status of being able to say one has 'done it'. For her, this implies that there is a space to be opened up in support work about learning to gauge when one feels ready for sex and thus learning the skills not to be pressured to engage before one chooses.

Access to contraception is complicated and limited, while actual usage is very much the women's problem:

The men are not having any sense of responsibility; they're not turned on to the need for contraception at all. They don't see themselves as responsible – they'll just go for it.

(Health services support worker, small town)

She argues that young women are having unprotected sex, especially when drink is involved:

When they're drunk it is much harder to think about using a condom, so they just say to themselves 'Sure, I'll be alright.'

(Health services support worker, small town)

A recent report of a gang rape of a young woman in the town got little coverage in the local newspapers, but the health worker argued that this was a missed opportunity to open up a discussion about sex and sexual values:

It was a chance for an older male role model to begin to make statements about respecting young women, because young men no longer do so. Boys don't have that, that's gone. A footballer or a politician could have spoken out, but that didn't happen.

(Health services support worker, small town)

The health worker argued that transition year is an important space to use to develop personal skills in relation to sex and emotions, where specific components on self-esteem, perhaps using drama and role play, could help develop young people's sense of themselves and their needs outside the frame of reference set by the media and advertising. Transition year could be a critical time to work with boys on the issue of safe sex, while reinforcing a more positive sense of identity for them.

4.3 Perspectives from a caseworker working with vulnerable young women

The third gatekeeper had worked in Dublin before returning to her (small) home town to take up a post in the social services, working with vulnerable young women. She identified differences between the young women in her home town and those in Dublin:

> *I was working amongst young homeless women [in Dublin] and they are a vulnerable group but they had more a sense of entitlement around contraception. They were a lot more open about contraception and about asking for condoms and things.*
>
> (Caseworker, small town)

She locates much of the difficulty young women face in the lack of discussion by parents about sex:

> *I know young women who wouldn't watch Sex and the City in front of their parents – the parents are stuck with an older way of thinking, while their kids are out having sex. But they're not talking to their kids. Some parents have the reply that if you explain about sex, they'll go out and do it. And they are denying that kids are having sex regardless.*
>
> (Caseworker, small town)

She argues that mothers do talk with their daughters about 'not getting into trouble' –that is, indirectly warning them not to get pregnant – but that boys have no way of hearing any responsible conversation from their parents at all because this is seen as women's territory:

> *In the families, the mother might talk to the girl about not getting into trouble, not getting pregnant. But it is always cast in that negative way. Fathers have no role at all towards the boys in talking about sex. If it's coming from the mam it's seen as effeminate; sexual health has nothing to do with it, it isn't even shared between the parents as a job they have to do.*
>
> (Caseworker, small town)

The net effect is to demarcate contraception as a woman's issue only:

> *The responsibility for contraception is on the female. The men get off the hook for it; it's up to the girl to control her destiny. There is nothing on men's health, no awareness at all: of STIs, AIDS, Hep C – nothing.*
>
> (Caseworker, small town)

The consequent lack of entitlement and the lack of openness about sex amongst young women living in a small-town setting is reinforced by the formal lack of access and the attitudes of medical gatekeepers:

> *Down here doctors give you a lecture about sex and withhold your prescription. Like, you have to find your GP who will help you, and that's just how it is. Otherwise, you have your local GP and they know your family. They are controlling, many of them, especially with underage sex and they will say things like 'Does your mother know you are here?'*
>
> (Caseworker, small town)

In her experience such attitudes have deeply unfortunate consequences:

I've seen that it deters young girls if they are sexually active from even thinking about contraception. It definitely puts up barriers.

(Caseworker, small town)

The expense of contraception and the lack of options other than the Pill, if GPs will prescribe it, create more barriers to effective decision-making:

There are no free condoms the way there are at some of the street services in Dublin. If you go and ask GPs here about the Pill, they won't know or won't discuss different options with you – it's just the Pill and that's it.

(Caseworker, small town)

The negative image of carrying condoms is yet another deterrent:

There's a certain thing that if you're carrying condoms you're having sex, and that attitude prevents young ones from protecting themselves.

(Caseworker, small town)

Schools are very important as a venue that will reach many teenagers and help to correct these negative attitudes and practices. However, here too the case worker identifies problems in respect of the catchment group and the content of what classes are held:

A lot of them [younger teenaged men] wouldn't have much contact with secondary school, so there are knowledge differences between men and women as well. What classes there are, are for girls, with the emphasis on not becoming pregnant.

(Caseworker, small town)

Yet she feels it is 'imperative to get in there', in whatever the setting might be – schools, youth clubs and so on, to do substantive work on sex, emotions and sexual health with young people who are currently vulnerable for lack of any work being done at all.

4.4 Discussion and conclusion

The gatekeeper interviews help us to see the extent to which young women in rural areas and small towns are caught between an older interpretation and set of expectations about how they should conduct themselves in relation to sex and the expectations coming from contemporary Ireland, where sex is portrayed through media and popular youth culture as intrinsic to one's emerging identity as an adult. Young women emerge with an often negative perspective on sex because they have no positive developmental framework in either home or school.

These are useful insights that help us make sense of some of the young women's experiences that we have encountered in Section 3, specifically the pressure:

– to offer sex to gain a boyfriend
– to have sex because young men need that for their self-esteem
– to have sex for the status it confers with girlfriends.

The issue is raised whether having sex for these reasons is less than pleasurable or satisfactory for young women. The lack of self-esteem for young men from less-skilled backgrounds in the wake of widespread change to the traditional rural economy is seen as a contributory factor to young women having unprotected sex.

The gatekeepers are able to articulate more clearly than the young women respondents the kind of power that health providers can exercise in this situation. The lack of access to a choice of services and thus being confined to only a GP provider can create barriers for young women. Lack of age-appropriate and affordable services that are guaranteed to protect a young woman's privacy and anonymity are also identified as a factor that jeopardises the well-being of young women.

Based on their experiences of working with young women, and young men in the case of the youth worker, the gatekeepers raise issues to do with the imperative to provide an anchor to young people, especially where parents may be confused and lost as to their children's needs and experiences. The interviews identify the following needs that will match the realities of young people's sexual lives and not what older adults believe they ought to want:

– information
– education
– emotional support and positive reinforcement
– practical sexual health services.

PART TWO

Further analysis of data from the original study: Understanding how sexually active women think about fertility, sex and motherhood

(Murphy-Lawless, Oaks and Brady 2004)

5.0 Further analysis of data from the original study

As described in Section 1 above, the original study for the Crisis Pregnancy Agency generated a large amount of data from the 66 respondents, not all of which could be utilised fully in the original published report (Murphy-Lawless, Oaks and Brady 2004). This section reconsiders three themes that emerged in the original study.

Overall, the original study revealed often contradictory discourses that face women about being sexually active:

- What might be termed the public health perspective, which asks women to focus on their responsibility for ensuring their sexual health, including safe sex.
- The second-wave feminist discourse that has stated, from the 1970s, that safe, effective contraception permits women to discover and explore sexual pleasure on their own terms, be it in a short– or long-term relationship or in a temporary sexual encounter.
- A view often seen as linked to parents, teachers and some health care providers that becoming sexually active carries a connotation of shame.
- A discourse linked to the behaviour of many young men that reinforces a sexual 'double standard' – women need to be available for sex but their choices can also be construed as 'sluttish' behaviour.

Temporality (that is the timeframes in which girls mature into women), age, class and social support stood out in the interviews for the original study as especially important in how women internalise these discourses and deal with them in relation to:

– experiences of their being judged and labelled as a 'slag or a 'slut' if they use contraception and /or carry condoms in case they have sex
– the perception that they must present themselves as knowledgeable, sophisticated and ready to have sex, whether or not they actually feel that level of confidence and regardless of what they may want for themselves
– other dimensions of women's relationships to men, in addition to negotiations around contraception.

These latter three areas of the data were identified as needing further analysis; this analysis is presented in the following three sub-sections.

5.1 Judgement and labelling

In the first, larger study women discussed their need to appear responsible about their sexual activity and therefore to attend health care providers. They wanted to feel responsible, for example, in relation to accessing emergency contraception (EC). However, they found they could be subject to judgmental remarks from healthcare providers. It was clear that women also internalised these judgmental remarks and spoke of themselves as 'silly' or 'careless'. Stories were told about women seeking EC because of their own 'stupidity', for example (Murphy-Lawless, Oaks and Brady 2004:34, 37-39). Even women with education, a good career and financial independence were ambivalent about the issue of when one is behaving responsibly.

This ambivalence about one's sexual activity and the need to be responsible becomes very marked in relation to multiple sexual partners and encounters. A pattern of variable contraceptive usage is commonplace in such circumstances. Women reported coming off the pill when their relationships ended and subsequently relying on no contraception, then using EC and the condom as they moved back into being sexually active with people who were not their steady partners (ibid:35).

This pattern appeared to be linked to the inability to expect contraceptive responsibility from a man with whom one is having occasional, once-off or unexpected sex. Although some women felt that it was becoming easier to have sex at one's own choosing and to carry condoms to protect oneself should sex occur, the data indicated that there is a male discourse that actively limits women from exerting their own autonomy about sex and about using contraception.

As a result, either requesting to have sex and/or carrying condoms for use is seen as exposing oneself to the charge of being a 'slut'.

Women are aware that there is a double standard but they are not equally equipped to deal with this double standard. Age, class, and career independence appear to be involved as key variables. The original study showed that as women move through their twenties they are more able to dismiss being labelled a slut (ibid.: 36).

There was one very young woman (20 years of age and living in a suburban area) who felt that she was assertive enough and the men with whom she associates sensitive enough to such derogatory language that she and her woman friends have never had to confront it:

> *I suppose if you have a good group of friends like I do, you can actually be yourself, either a sexual person, or a person who doesn't want to have sex or isn't ready. We're all very open about it and nobody holds any grudges, and there's no pressure.*
>
> (Student, 20, suburban area)

But just because you can cope with it, does not mean that you should be expected to do so. The damage from this double standard is evident. It affects women's sense of how open we are about sex in Ireland:

> *No, we're not necessarily more open. It still goes that same way: that lads go out and do what they want to do and have sex with as many women as they like, they're still the studs at the end of the day, whereas if a girl goes out and does it, they're still classed as a slut or a slapper – whichever way you want to put it.*
>
> (Invoicing clerk, 24, Dublin)

This discourse affects women's sense of themselves. To illustrate this, below is an example of a group consensus about the double standard that formed a dialogue between a group of interviewees, all nursing students from a small city ranging from 20 to 26 years old. One woman had been explaining that when she went to work in Germany with her Irish friend in their late teenaged years, they were amazed to find German women their age so open about having sex. At the weekends when everyone was going out for the night, their German women colleagues would check with one another to ask were they 'sorted' about condoms in a very matter-of-fact way:

I just found women in Germany, and that, just a lot more open. If they wanted sex – no problem. They all carried condoms, no bother to them, whereas I've had the Irish girls coming over, and even to go into a chemist and ask? Not a chance. Not a hope.

(Student, 24, small city)

This opened up the issue of whether women have the 'right' to have sex when they want. It was acknowledged that men could have multiple partners, occasional sex and even go to sex shops with no disparagement of their characters and yet the women have to accept this double standard:

I would always have thought that it's fair enough for women to be sexually active, but for women to openly say that they want sex, and that they want this and that and the other, then it's like 'Oh my God! Slapper!' you know?

There's this whole thing.

You have a name then.

Oh, you're a slut, like.

If it's a man it's fine, it's perfectly acceptable for a fella, a guy, to go on and boast about it, but if it's a woman – totally opposite.

And then there's this thing where men, I've heard this a few times, where they'll say 'Oh that one's a right one, and it's all well and good to go out with them or whatever, but you wouldn't marry her!'

Yeah, there's this thing 'Oh you wouldn't marry her: bad reputation; you wouldn't marry her. She's not the type.'

Because she's had a few partners.

Yeah.

Yeah.

That's true, yeah.

This group of seven women were in verbal or silent agreement that this is what they face: that effectively women are not generally in a position to ask for sex or to carry condoms without negative consequences.

Women internalise this discourse and then replicate it by judging one another:

I think this thing with the slut and the slapper and all, the women are worse for labelling other women than men are, because we're just really bitchy! I think that they are, like! Women are worse for it than men.

(Student, 24, small city)

Women want to believe they do have more control over their decisions about sex; yet they find it hard to overcome the fear of being labelled a 'slut' and if they internalise that description of themselves, it is hard for them to see how conflicted their actions become as a result. Below is a dialogue illustrating this between a group of women ranging from 19 to 24 years of age, three of them with good careers conferring status and financial

independence. They have been discussing how women are growing more confident about being sexually active:

We all have our own minds and we know what we want to do.

(Accounts manager, 26, suburban area)

Despite this agreed position, another respondent follows on trying to describe her belief that carrying condoms is the man's job and that if she does not carry condoms then she is safe from being labelled as being 'open' for sex:

The reason I wouldn't have carried one [a condom] is not because I'd wonder what the guy would think about, I never even thought about that, to be honest. It was more just 'No, I don't feel comfortable carrying them.' I think it's the guy's job. Now that might be very naïve, but that is the way I do think about it. I would never dream of going into the pub and buying a condom. But then it depends on your situation, it depends on if you're going out and you do think you're going [to have sex], yeah, and then, well, better safe than sorry. But I've never been in that situation, I've never deliberately gone out to buy a condom, no, never. But that's just my own, it wasn't because I thought the guy would think I'm ... because I'd rather be safe.

(IT worker 24, suburban area)

There is confusion and overlap between these two positions. Women can be more assertive, but men do not necessarily accept this shift in power. A younger respondent in another group confirmed that women can decide or want to decide to have sex on their terms, but that many men may not relate to this perspective:

It's just that we're learning now that we can do it too, without feeling ashamed about it. There's no shame about a man doing that [having sex when he wants], and nobody talks about it. Nobody cares. But now among your friends, like, they kind of get the gist of it now. But the fellas still won't, they just don't understand that if they can do it, we can do it too. But that's what's come about, we've realised that we can do it too.

(Student, 19, Dublin)

However, this same young woman unselfconsciously uses the word 'slut' to label another very young woman:

Like, when I was in first year [of second-level school], I hung around with a few sluts. That's the only way to put it. In a bush, happy day.

(Student, 19, Dublin)

Three women in the original study, including the 20 year old discussed at the beginning of this section, were explicit about setting their own standards and exploring their sexuality and sexual desire by seeking out sex on their own terms and actively challenging any attempt to label them. However, their attitudes may represent an unusual level of personal confidence. In general, the sample indicated that women are still conflicted about doing this; they are still caught up in a set of power relations that privileges the double standard associated with men. As a result, women still fear being labelled as a 'slut' for pursuing their own agenda in relation to their sexual needs.

5.2 Dealing with the need to appear knowledgeable and sophisticated about sex

Within what is now a far more overtly sexualised culture, women are under pressure to appear more knowledgeable and more sophisticated about sex than they may be feeling. They need to know about sexual techniques, for example, and how much of a repertoire they wish to acquire. To use Cook's phrase, it needs 'work' to become competent at being sexually active (Cook 2004). However, knowledge is gained in a piecemeal way, while women deal with their emotions, but outwardly they have to appear quite knowing and sophisticated to the point where they can participate in jokes about sex without appearing to be compromised.

This pressure is undoubtedly bound up with the fact that our sexualised culture works in tandem with consumerism: sex is used to sell consumer goods and women need to be 'on message' with changing consumer trends. The message that sex is an integral part of one being a sophisticated young woman – that sex is 'good' – is built in to current daily life[3]. This section explores that part of the work of becoming sexually active and how it involves thinking through these issues with care.

Within this more sexualised climate, women are expected to know quite specific aspects about having satisfactory sex:

> *Our generation, if you watch TV or listen to the radio, you get your sex tips, this, that and the other: how to drive your man wild and all that.*
>
> (Student, 20, Dublin)

Women need to consider this abundance of information on having satisfactory sex and work out how this is aligned with their own feelings about the sex they want and how they then negotiate with men:

> *I think it's always difficult because you'd love to live in a world where everybody can throw their clothes gleefully away – the phrase 'zipless fuck' comes to mind! – the Erica Jong thing; but it's not like that. OK, over the last two years I would have had maybe five or six significant-ish lovers. Interestingly enough, the one who would have been the most, most, most scrupulous one was the one who is the most incorrigible womaniser, to be honest. With him there's always a very great sense of partnership in the proceedings. There's absolutely no sense of power play and 'Ooh, how much is he going to get, or how much is he not going to get', which can be the dynamic in some of them.*
>
> (Health worker, 26, small town)

How you want to present yourself as knowledgeable is also related to being open to having just sex and not a relationship:

> *I think it depends on the person, the sexual partner you have. And it depends on the demeanour you have in yourself. If that's what you want to do, if you just want to have sex, then it's got to be between two people who know that's all they want, as many people call them now: shag buddies; and it could go on for as long as you want it to go on for, but that's basically what the relationship comes down to: sex, and nothing else.*
>
> (IT worker, 25, suburban area)

3 Jeff Weeks (1997) has argued that the market exploitation of sex to increase the commercial viability of an expanded consumer market has changed our relationship with sexuality, a relationship which must have particular impact on younger women and men.

However, this woman when pressed as to what she does, as distinct from what she might observe as the current trend, was typical of many respondents in being more conservative and more reticent:

I suppose I have to have an attraction to someone to do that. It's not just 'Oh well, I'm horny, I want sex. Let's go for it.' I'd rather just go home and just leave it at that rather than just going and doing it for the sake of it.

(IT worker, 25, suburban area)

This is not unrelated to the discourse on being a 'slut'. Nevertheless, even while women have to guard themselves from being labelled a slut, they are expected to listen to conversations in mixed company about sex and to be able to participate in the frequent jokes and ribaldry about sex (which can be directed at them personally). Here a woman describes how she deals with that:

Among a lot of men the main conversations would be sex. And I've come to terms with that, and I love them for it, and I would join in on their conversations. And, my God, they've all come on to me at one stage or another, and I've turned every last one of them down. And because I never talked about my sex life, or who I was with, because I'd never tell them – I wouldn't bring it up in conversation – I was called a lesbian.

(Student, 20, Dublin)

One of the interesting aspects of the group interviews was that women were speaking with one another in a serious and sustained way about issues that they were experiencing and were concerned about but may not often consider in depth with one another. The group interviews had the function of allowing women to learn from one another's experiences.

The group interviews also revealed concerns about the increasing sexualising of children's lives, as with this dialogue of eight women between the ages of 28 and 34 years old:

These kids see these things on TV and they read magazines.

And they hear it from older people, like, and then they have all their siblings as well.

They're growing up quicker and quicker, like. You see kids around even our estate or whatever, and you say 'God when I was that age I wasn't doing that!'

Going round holding hands with their boyfriends younger and younger, and just coming out and stand on the street with their friends in, like, miniskirts and tube-tops.

The ways that women were reflecting on their sexual lives and exchanging information strongly suggests that women are having to negotiate perceptions, often in isolation, about how they think they ought to appear as sophisticated, measuring themselves against a projected ideal, and how they really are as sexually active women.

5.3 Women's changing relationships with men

In Section 5.1 above we have seen some very negative comments that imply men in Ireland, especially younger men, continue to objectify and demean women in relation to sex.

However, the data in the original study indicates a diversity of responses about men and changing relationships with men that move across a spectrum from negativity to ambivalence to a sense that men are struggling to find more responsible expressions of how they relate to women. We present some of this data here to try to help make sense of these changing contexts.

When women are in a relationship (and even when they are not) there is still deep ambivalence about permitting men to take responsibility for contraception. A number of respondents spoke of the need to rely on female-controlled contraception because of men's unreliability. Below is an example of this from an interview with professional women in their late twenties. Both were in long-term relationships; one was planning to marry soon:

> *How important is the pill? Rather than condoms? As regards pregnancy, I think so definitely. The woman is still the person left with the baby, you know? I don't think, at the end of the day, if the male pill was available, I don't think that that would make a difference.*
>
> (Financial adviser, 26, small town)
>
> *It's very scary now. I mean, trust is one thing, you can trust your partner but, like, you might have to nag him to leave out the bins or whatever. I might trust him but not with contraception!*
>
> (Social worker, 25, small town)

In an interview with two other women, aged 27 and 30, who were discussing the cost of contraception, one mentioned that her boyfriend had offered to split the costs with her of a check-up and re-prescription of the pill:

> *I go to the family planning. I remember going a few months ago and getting a smear and getting three months of the pill and then over a hundred euros later. And my boyfriend said, 'Look I'll split it with you,' which is fair enough, like.*
>
> (Media officer, 27, suburban area)

She had complained to her boyfriend that her consultation had 'cost a fortune' whereupon he offered to help with the expense. Although the cost of contraception was a frequent theme, this was the only instance where a respondent spoke of the cost being taken into account by her partner.

Some respondents were aware that men's attitudes towards women as potential sexual partners needed to change or indeed are changing and that family relationships present a critical starting point:

I grew up in a house of four brothers. And the attitude I think I probably would have grown up with is that they don't really want to hear about, you know, 'This is what I want' or 'This is the priority of the relationship' or, they really aren't going to be listening to any of that! So my perception of what guys would or would not tolerate comes from what really I've grown up with. It's the boys' perspective completely on it, yeah.

(Accounts manager, 26, suburban area)

Women argued that socialisation patterns have favoured men not taking responsibility in relationships:

The thing is, I'd say as girls we probably had it more dinned into us to be careful because we're the ones left holding the babies, actually. And because a lot of people still do find it a taboo subject, men especially think 'Oh well, I don't have to talk about sex and relationships, we can let it go.' Whereas, I think as women, I think we all would have been educated a bit more than the guys would have been. Especially because of periods and stuff like that; we need to know about things like that.

(IT worker, 25, suburban area)

In my family growing up, I'd definitely say that my father was a lot more lenient on my brother than he was on me. I mean, if he saw us standing outside in the garden holding a boy's hand, he'd be out and shouting at us. If we were on the phone to a guy, he'd pick up the other phone and go, 'I'm waiting for a phone call.' But if it was my brother on the phone to a girl, he was laughing, going, 'Ha, he's up there on the phone to his missus' or 'his girlfriend', or whatever.

(Project manager, 25, rural area)

Sibling relationships can provide an opportunity to change young men's thinking, however:

The girls put more sense into them and make them realise. With guys having sisters, if they kind of step back and look at how, you know, how they'd like their sister to be treated. I just think they do do it a lot better now than maybe a couple of years ago. They're not as embarrassed to talk about it with girls. Before it was all macho talk with guys. Now you can sit in your room with guys and just have a normal conversation about it [sex].

(IT worker, 24, suburban area)

A continuing concentration on women taking responsibility for most aspects of a relationship also leads to a focus on women in crisis, with men needing help but their issues going unaddressed:

I think women might say, morally, women sometimes will feel a sense of guilt, whereas a man just, you know, it's basically their nature, like! You know, that they need to be educated, they don't think twice about it; it's 'I'm a man!' But then also, it's always, in advertisements and Rape Crisis, it is always a picture of the woman in crisis. Well, maybe because usually at the time they are on their own. But there doesn't seem to be help offered to men publicly – I've never seen it.

(IT worker, 25, suburban area)

Despite this lack of responsiveness that has been built into an older male generation, younger men can be supportive and more respectful:

> *I think you'd be surprised about how in tune they are with women's issues. Most of my male friends would be in tune. Not going on about it or talking, but when it comes to the crunch they're in tune.*
>
> (Computer programmer, 30, Dublin)

Younger men carrying condoms (rather than carrying none or leaving that burden on women) is seen as an indication of growing responsibility :

> *I think guys are quite safe now as well. I think a lot of guys do carry condoms around with them, I think it's, and it's really, really acceptable to carry condoms; it's no longer, like, it's nothing to be embarrassed about, like. I do think they are a lot more aware now.*
>
> (Restaurant worker, 29, small city)

In respect of crisis pregnancies, several women reported being fully supported by their boyfriends. Women also felt that, in general, men now do get involved in parenting and childrearing duties in long-term partnerships and marriages and that paternal leave for men was a crucial element in copper-fastening greater male involvement.

Overall, what women conveyed was that as they become more determined in their own decision-making and autonomy they can hope to see change and greater responsiveness and responsibility in their male partners, especially where these relationships are of a long-term nature.

One deeply problematic area of relations with men is the way some men objectify women; this is particularly linked to men's views on occasional sexual encounters and casual sex. There are real concerns about how to shift those mindsets that are so disparaging to women and also how to educate very young men to be more responsible and supportive towards women, especially where the relationships are brief sexual encounters.

PART THREE

Conclusions and recommendations

6.0 Conclusions and recommendations

The original study and the follow-up interviews captured data on sexually active women in a society that has undergone profound economic and social change within a relatively short timeframe. In respect of sex and sexual activity in Ireland we may have entered into a phase similar to that described by Cook (2004) in relation to Britain. She argues that the cultural transformation she terms the 'sexual revolution' in Britain, comprising safe contraceptive technology, changing legislation and changing social attitudes, has made 'sexual acts less important in people's lives'. For although 'they may well engage in more sexual activity more often or with more partners than was the case fifty or even thirty years ago' (2004:339), the critical difference is that in an earlier epoch, 'having sexual intercourse with a person of the opposite sex was tantamount to choosing them as a lifetime partner, the act had immense emotional, economic and symbolic weight attached to it' (ibid.).

Cook deems the 'relaxation of anxiety' about sexual activity and sexuality to have brought about very significant improvements in women's lives, yet she does acknowledge that there are continuing problems, including the fact that many men continue to believe they can dominate women. Cook's account is essentially a very optimistic one – that the 'messiness' of being active sexually and the learning curve that this entails for all women as they grow up is now done with a primary emphasis on women's choices and decision-making.

Although it is true that we have seen many shifts towards a radical improvement in women's lives, Irish experiences suggest a need for caution and a less optimistic account.[4] This appears to be especially so in relation to class and location.

It is true, for example, that in the original study, interviews with inner-city Dublin women indicated a much greater personal and social acceptance of crisis pregnancy. But those pregnancies are still occurring and are an indication of women's vulnerability.

Another encouraging shift was the thinking of women about sex education in both cohorts (19-34 years of age in the original study and 20-24 years in the follow-up project). Women in these cohorts felt they would want to be far more supportive to any children they might choose to have around sex and sexual relations. These views were very strongly held amongst the women who had experienced crisis pregnancies and gone on to keep their baby. With some children in that group already in the middle years of childhood, these women as mothers were determined to do things differently in respect of education in the home about sex and about emotions.

4 British figures on crisis teenage pregnancies and the frequently aired debate in the UK on the continuing high rate of pregnancy (despite a slight reduction due to more targeted resources) might also suggest a need for caution in the UK context.

But this also needs to be qualified: even if this cohort of women, as they become parents/or parent older children into adolescence, is exceptionally careful with their children in the ways they have indicated they would like to be, parents cannot do this work unaided. There are policies that need to be state-led and state-financed to have sufficiently wide impact.[5]

The vital nature of these infrastructures is underlined by the harsh realities discussed by the young women in the follow-up study, discussed in Section 3 above. The exploration of the contradictory aspects – the pressure to have sex, the problematic nature of the discourse on 'sluts' and the difficulty of refusing to have sex – makes it clear that younger women are struggling with a disabling male discourse. There has been very little change in this discourse since Sue Lees wrote about it nearly twenty years ago (Lees 1986). Holland et al. (1998), Tannenbaum (2000) and White (2002) refer to its continuing strength. This inappropriate objectification of women serves to reinforce unequal heterosexual power relationships.

The interviews with gatekeepers in Section 4 suggest that this discourse serves to make relationships more unequal, especially for young men in lower socio-economic groups with decidedly fewer life chances as traditional forms of male work vanish.

Sections 3 and 4 bring out how the latent parochialism of a small community leaches into young women's perceptions of themselves in a negative way.

Hyde's work (1997), based on a largely urban sample collected over a decade ago, indicated parental concerns, such as the following:

– fear of one's children growing up and making life-changing independent decisions for themselves
– fear that a pregnancy at a young age may compromise their life chances
– fear of social stigma of a crisis pregnancy.

That range of reactions is still embedded in young women's struggles to deal with their coming of age as sexual beings. The silence about sex in homes and schools combines in a deeply unfortunate way with the lack of access to safe, supportive and accessible sexual health services.

We can also see these struggles in the data that make up Sections 5.1 and 5.2. Women must respond to and deal with discourses that:

– disparage their status as autonomous people determining their own sexual needs and desires
– pressure them into engaging in a sexualised discourse in which they must appear knowing and sophisticated.

Women also have to respond to the realisation that male roles and power plays around sex are changing, albeit slowly.

5 It is telling that in the UK, where a target has been set to halve crisis teenage pregnancy by 2010 and to reduce current rates of STIs, a target which authorities is unlikely to be met, efforts have been made to develop a so-called 'hot spot' strategy of investing extra training and resources into electoral wards with the highest rates of teenage pregnancy (see Andalo 2005).

It is clear from the data in Section 5.3 that negative discourses can be challenged: young men do begin to think differently about women and relationships. The issue is how to reinforce this in a much more systematic and coherent manner in order to target young men in a supportive way at an early point in their adolescence. This entails much more than promoting safe sex. As Marge Berer observes:

> *Sex and sexuality do not fit quite so directly or comfortably into the practicalities of the reproductive health and rights agenda ... There is a stark disjuncture between the reality of what sex is, and the myth that sex can be transformed into a health-seeking behaviour.*
>
> (Berer 1998:7)

The vast distance between public health discourses on sexual safety and cultural impetuses about sexuality, especially for young adults seeking to build their identities, has to be bridged by quite different emphases in education programmes.

Finally, it is important to return to an issue raised in Section 2.2 above: the problem of enabling young women from lower socio-economic groups in rural and small-town locations to discuss their experiences as part of a research project. As indicated in Section 2.2 above, this can be a painful and difficult area for young women who may fear being vulnerable and exposed. The number of women who dropped out of the current project in the early fieldwork stages suggests that a different and more holistic and grounded research strategy might be useful to work with young women from such backgrounds. Such a project might be located in a single rural or small-town location. It might employ a different set-up procedure, in which gatekeepers identify young women who might consider becoming involved as information-gatherers themselves; it might combine elements drawn from participatory action research to build ownership of the project, to build specific skills and to enable younger women to be more empowered.

The needs identified in this follow-up study lead to the following urgent recommendations:

- Relationships, sexuality and education programmes need to be implemented and improved by those charged with delivering them; these programmes must comprise relevant, substantive and on-going inputs that begin at a younger age in schools and that match the emerging needs and issues of adolescents, including the emotional aspects of having sex.
- Special attention must be given to the issue of STIs, to counter the extremely poor levels of knowledge about them and – equally importantly – to reinforce the skills young women require to negotiate effective contraceptive use that will protect them from STIs.
- Additional developmental education programmes should be implemented that will help support a grounded sense of self-esteem and self-worth for young women and young men from lower socio-economic backgrounds.
- Specific sexuality education and health programmes need to be designed and tested for delivery to adolescents who leave school early in pre-employment training centres, youth clubs and other venues.
- Reduced cost and age-appropriate women-friendly services that protect younger women's needs for privacy, anonymity and complete confidentiality are vital to establish across the country to increase access.

- While GPs and other healthcare professionals need to have their own ethical and religious views respected, young women who are sexually active urgently require their contraceptive needs to be met, regardless of where they live.
- Low-cost prevention and screening services for STIs should also be made available locally as part of a comprehensive service for young women.
- A longer-term action-research project should be undertaken, with young women in a rural location or nearby small-town location carrying out data collection as part of an empowerment approach for participants – this could include skills-building and educational elements.

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