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# Meet the Parents

Stories of teenage pregnancy and  
parenthood in Lewisham



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# Foreword

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In Lewisham, teenage pregnancy is strongly associated with the most deprived and socially excluded young people. Pregnancy and parenthood at such an early age present major challenges in the lives of our vulnerable young people, affecting their chances of achieving the best outcomes in their lives.

We have made sustained progress in reducing the rate of pregnancies in under 18s, with a 11.8 per cent reduction in conceptions since 1998. The reductions are a reflection of our increasingly robust approach to the management and oversight of Lewisham's Teenage Pregnancy, Parenthood and Sexual Health services. Since 2006 there has been a successful drive towards planned integrated services with partner agencies of the programme having clearly defined roles and responsibilities and a targeted approach.

Building on this progress, the review of Lewisham's Children and Young People's Plan 2006 – 2009 (Progress and outcomes in the second year: 2007-2008) we made a commitment to conduct an ethnographic study to increase our understanding of young people's aspirations and motivation for early pregnancy. The Young Foundation was commissioned in summer 2008 to undertake research in the borough and to facilitate the exploration of new approaches to service provision.

The resulting report is both enlightening and thought-provoking and will be used to inform the realignment of the borough's teenage pregnancy strategy at a time when the borough is reorganising its services for young people. The new Integrated Youth Support Service will include teenage pregnancy within a focus on preventative services, building on the experiences of the young people who participated in the study.

It's not hard to measure phenomena like teenage pregnancy. But it is much harder to get under the skin of what really happens in young people's lives. At the Young Foundation we are cautious about relying too much on statistics and surveys. They can show the broad patterns but they often don't help in reaching effective solutions.

That's why we've often tried to combine analysis of the data with ethnographic methods that try to see things through the eyes of the people involved: in-depth interviews, spending days or even weeks sharing people's lives, getting their insights into the choices they make, their hopes and aspirations.

These approaches are particularly vital for an issue like teenage pregnancy. The insights we've drawn here from ethnographic study help to make sense of why some messages, and some services, don't connect. But they also point to the very different cultures that can be found in different places. Being a teenage girl in Lewisham is not the same as in Barking, or Southall, let alone Bradford or Newcastle.



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Designing good services isn't simply a matter of good analysis or clever theories, or for that matter neat flow charts and fancily designed storyboards. Services have to fit with the messy grain of everyday life, and if the design process doesn't begin there, it's almost bound to fail.

Meet the Parents helps to unravel the story of life as a teenager in Lewisham – what motivates young people and how they go about their lives. Starting from this perspective will help LB Lewisham to meet the needs of young people in the borough both now and in the future.

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## 1

# Introduction

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Reducing the number of teenage pregnancies has been the subject of national debate for the last 15 years. Although increased attention from agencies at the local and national level has successfully reduced the number of births to under 18s in the London Borough of Lewisham, the rate of conceptions and births remains amongst the highest in the UK.<sup>1</sup> There is concern that, although significant work has been put into understanding why such high numbers of teenaged girls continue to have unplanned pregnancies, understanding of motivations and underlying drivers of behaviour is still patchy and incomplete.

In summer 2008 Lewisham commissioned the Young Foundation to undertake research in the borough, and facilitate the exploration of new approaches to service provision, in the hope of developing new solutions to this persistent issue. Mapping the perceptions and experiences of service users (here teenagers) is a critical step in the service innovation process. Innovations, or changes in service provision, may be small shifts or radical changes. Innovation in this context can seem like a daunting prospect and although innovations may be entirely new, they are often likely to be borrowed or adapted from other directorates, boroughs, sectors or countries.

The research has included ethnographic research and interviews to explore the perceptions and experiences of both teenagers and service providers and will culminate in a workshop with practitioners and policy makers to explore new approaches to meeting this most pressing of challenges in March 2009. The format of this workshop will be informed by the Young Foundation's recent work on innovation in local government, using methods and techniques to develop radically new approaches to meeting some of the most challenging needs in society. These techniques have been used in other fields such as education, youth crime and public sector collaboration.

Our research findings suggest that unplanned teenage pregnancy is a complex and nuanced issue. There is wide ranging awareness of contraception, but the balance of power within sexual relationships means it is not always used. Unstable home lives, poor experiences of education and low aspirations make young people more vulnerable to risk-taking sexual behaviour, and less resilient to unplanned pregnancy.

## Sources

1 See <http://www.everychildmatters.gov.uk/resources/IG00200>

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This piece of research is not intended as a comprehensive overview. Rather, the narratives from the lives of young parents, expecting teenagers and other young people in the borough, captured through 'day in the life of' studies and interviews, tell their own story. The voices of the teenagers and service providers involved throw up a number of questions about how best to support teenagers in the future, both to reduce the number of pregnancies and to continue to support young parents.

The aim of this report is to inform and inspire conversations with practitioners and policy makers to develop a range of new options for working with teenagers across the borough, from different styles of working to new targeted initiatives, and to consider the implications for mainstream services. After all, issues of belonging, identity, health and care are at the centre of public service provision and successful communities.

# 2

## Research approach

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### 2.1 Key questions

There have been many national studies into teenage pregnancy and a number of local studies in Lewisham looking into issues such as abortion and transactional sex. Whilst these studies have revealed useful trends around sex, conception and pregnancy there is also a consensus that a detailed understanding of the lives of the young people in Lewisham who become young parents is missing.

With this in mind LB Lewisham commissioned an ethnographic study focusing on the perceptions and experiences of young people in the borough, and how these impact upon teenage pregnancy. Specifically we considered:

- young people's motivations, aspirations and behaviour;
- their views on sex, contraception, pregnancy and parenthood;
- teenagers' knowledge and perceptions of support services across Lewisham;
- practitioners' views on these issues, and their ideas for additional or modified services.

It is important to note that this study is not an evaluation of services for teenagers in Lewisham, nor a comparison of Lewisham's performance versus good practice in authorities elsewhere. Rather, we have sought to gain valuable insights from looking at the subject of teenage pregnancy from a different point of view – in-depth ethnographic study. These alternative perspectives will feed into a service design process, informed by methods and techniques for developing innovative solutions in local government.

### 2.2 Research methods

#### 2.2.1 Ethnographic studies

Ethnographic research with young people lies at the heart of our approach. Ethnography is a holistic approach to research developed by anthropologists in order to understand people within their social and cultural contexts. The underlying theoretical basis of ethnography is that people's actions and thoughts are dependent on a vast range of factors, and what they say they do in one context is not necessarily what they actually do in another.

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The primary method of the ethnographer is participant observation, where a researcher spends the day with the participant – going where they go, seeing what they see, doing what they do, and asking questions along the way. The emphasis of these ‘day in the life of’ studies was on listening and on seeing the issues from the teenagers’ perspective to understand their social and emotional worlds in their terms.

This type of research is resource-intensive, but gives rich pictures of the worlds teenagers operate in and allows the researcher to ask questions that would be difficult to grapple with in a focus group or interview. Fourteen ethnographic interviews with young parents (female and male), pregnant teenagers and other teenagers aged 15–21 were carried out for this study.

### 2.2.2 One-to-one in-depth interviews with young people

To compliment the ethnographic work and test the themes arising from it, interviews were held with young parents (female and male) and pregnant teenagers. During a typical interview of 30–45 minutes, the researcher and young person would cover a range of topics, including attitudes to relationships, sex, contraception, pregnancy, parenthood, school and work. In total, 26 interviews took place as part of the project. The interviews were conducted in Lewisham at the regular Connexions drop-in sessions and events organised by Sure Start Plus.

### 2.2.3 Focus groups

To test the emerging findings and themes from the ‘day in the life of’ studies with a wider set of participants and allow peer-to-peer discussion, focus groups were held with male and female teenagers aged 15–19 at Lewisham College. The focus groups included both teenagers who were sexually active and a few who were not. Five females and ten males participated in the focus groups.

### 2.2.4 One-to-one and paired depth interviews with service providers

To capture service providers’ experiences and perceptions of teenage pregnancy, nine members of the Lewisham ‘virtual team’ (officers from the Primary Care Trust, Sure Start Plus, midwives, sexual health workers and officers from the council, all with a specific remit to focus on teenagers, etc.) were interviewed. On average these took 45 minutes to two hours and all but one were one-to-one interviews. The interviews allowed practitioners to share their perceptions of young people’s attitudes and behaviours, as well as allowing space to highlight good and poor service provision and ideas for future interventions.

### 2.2.5 Desk-based research

To inform the practical research, information on national and local trends in teenage conceptions and births has been considered. Conversations with practitioners and policy makers, as well as desk-based research into alternative ways of delivering services and a review of the literature around teenage pregnancy, have also formed part of this study.

### 2.3 Participants

In total we worked with 64 participants between September 2008 and February 2009. All the names of the young people we interviewed as part of this research have been changed. This study was never intended to be a representative sample, focusing instead on rich stories. However, interviews with 30 young mothers or pregnant teenagers is not an insignificant proportion of the c.150 births to teenage mothers in LB Lewisham each year.<sup>2</sup>

Figure 1: Participants and research methodologies used in the study

Person (age)	Day in the life of studies	One on one interviews	Focus groups	
Young mothers (15–22)	4	12	–	<b>16</b>
Young fathers and young 'soon to be' fathers (15–21)	4	4	–	<b>8</b>
Pregnant teenagers (15–19)	4	10	–	<b>14</b>
Female teenagers (16–19)	2	–	5	<b>7</b>
Male teenagers (16–19)	–	–	10	<b>10</b>
Practitioners (n/a)	–	9	–	<b>9</b>
	<b>14</b>	<b>35</b>	<b>15</b>	<b>64</b>

### 2.4 Next steps

Lewisham's virtual teenage pregnancy team are highly regarded, and the Council and its partners have seen reductions in the rates of teenage pregnancy over the last 10 years. However, teenage pregnancy is a persistent challenge that may require very different service approaches in the future, building on current best practice.

This report will be used with practitioners and policy makers at a workshop on 9 March 2009, to inform conversations. The format of this workshop will be informed by the Young Foundation's recent work on innovation in local government, using methods and techniques to develop radically new approaches to meeting some of the most challenging needs in society. These techniques have been used in other fields, such as education, youth crime and public sector collaboration.

#### Sources

2 ONS and Teenage Pregnancy Unit (2008)

# 3

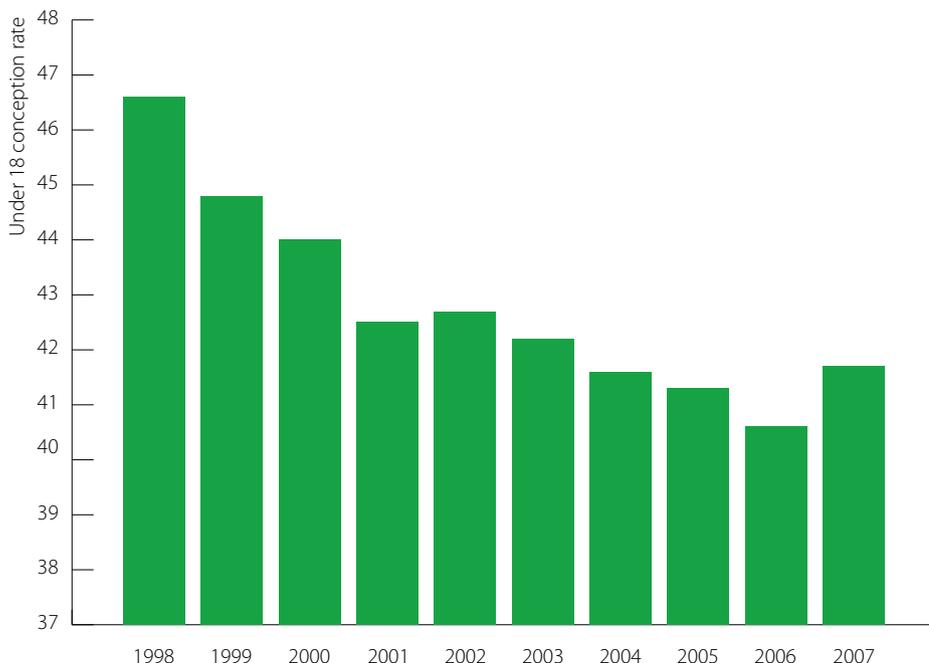
## Context

### 3.1 National context

#### 3.1.1 Conceptions and pregnancy

The United Kingdom has the highest rate of teenage pregnancy in Western Europe<sup>3</sup> and the fourth highest number of live births to women aged 15–19.<sup>4</sup> In 1998 the government launched the national Teenage Pregnancy Strategy – a target to halve the rate of conceptions to under 18s by 2010, using 1998 as a baseline. The strategy is supported through significant additional funding and an increased importance in local action plans. Nearly ten years on there has been a dramatic shift with more than six per cent fewer conceptions to under 18s, as Figure 2 shows. The number of teenage conceptions which lead to births also fell by 10.7 per cent in England from approximately 23,800 to 19,700.<sup>5</sup> For under 16s, an average of 7.7 females in every 1,000 conceived in 2005, a reduction of one per cent over the seven years since the Teenage Pregnancy Strategy was first published.<sup>6</sup>

Figure 2: Under-18 conception rate for England, 1998–2007<sup>7</sup>



Having fallen to its lowest level for over 20 years, the under 18 conception rate in England then rose from 40.6 girls in every 1,000 in 2006, to 41.7 in 2007.<sup>8</sup> This upward trend has generated much press attention in recent weeks, with politicians scrutinising the extra £280 million spent on sex education and contraception for under 18s since the Teenage Pregnancy Strategy was announced 10 years ago. Such a trend makes this research all the more pertinent.

#### Sources

- 3** Reducing the Rate of Teenage Conceptions – An International Review of the Evidence: Data from Europe, Health Education Authority (1999).
- 4** Council of Europe (1997). Note the rates refer to 1996 data, or the latest available year.
- 5** Teenage Pregnancy Unit (2009).
- 6** Office for National Statistics and Teenage Pregnancy Unit (2008).
- 7** Office for National Statistics and Teenage Pregnancy Unit (2008).
- 8** Teenage Pregnancy Unit (2009).

### 3.1.2 Abortions

The United Kingdom has the fourth highest abortion rate in Western Europe, with a rate of 20.2 legal abortions per 1,000 women aged under 20 in 1994,<sup>9</sup> although it has a relatively low ratio of abortions to pregnancies. Since 1998 there has been an increase in the number of abortions for 15–17 year olds, rising from 42% conceptions to 49% in 2006 and 2007.<sup>10</sup>

Studies suggest that, faced with an unplanned pregnancy, the decision to take the pregnancy to term or have an abortion is likely to be influenced by factors related to the informal, cultural framing of sexuality and pregnancy by the community they live in and the availability of services.<sup>11</sup> In relatively deprived areas, young females are more likely to take the pregnancy to term.<sup>12</sup>

### 3.1.3 Characteristics of young parents

Studies of young parents in Western Europe suggest that there is a strong correlation between poverty and early motherhood. There has also been an increase over the last ten years in the number of births to mothers who are cohabiting or married, though there has been little change in the number of births to single parents (where only the mother's name is registered on the birth certificate). Young people in care are more likely to become teenage parents, with 40 per cent of young women who have been in care being mothers by age 20.<sup>14</sup>

Media articles in the UK and anecdotal evidence often suggest that births to young parents are planned, in order to secure council housing or economic stability. Previous studies have found little evidence to support the supposition that teen motherhood is used as a means to secure economic independence, or as a route away from the family into adulthood. Rather, young motherhood often leads to a reintegration within the family at a time when peers are forming their own identities outside the home.<sup>15</sup>

Though teenage pregnancy and motherhood are widely viewed as a negative life choice, as it can limit the options open to young mothers and fathers for schooling, employment and mobility, there is strong evidence to suggest that young motherhood can provide direction in life, the opportunity to take personal responsibility and, in some cases, a close personal relationship with a valued other.<sup>16</sup>

### Sources

**9** United Nations (1996).

**10** Office for National Statistics and Teenage Pregnancy Unit (2008).

**11** A Matter of Choice? Explaining National Variations in Teenage Abortion and Motherhood, Lee, et al., Joseph Rowntree Foundation (2004).

**12** Teenage Pregnancy and Choice: Abortion or Motherhood: Influences on The Decision, Tabberer, et al., Joseph Rowntree Foundation (2000).

**13** Reducing the Rate of Teenage Conceptions– An International Review of the Evidence: Data from Europe, Health Education Authority (1999).

**14** See <http://www.everychildmatters.gov.uk/files/6983570B080FA8B58C9CF31C58547A7D.pdf>

**15** Teenage Pregnancy and Choice – Abortion or Motherhood: Influences on The Decision, Tabberer, et al., Joseph Rowntree Foundation (2000).

**16** A Matter of Choice? Explaining National Variations in Teenage Abortion and Motherhood, Lee, et al., Joseph Rowntree Foundation (2004).

### 3.1.4 Contraception and sex education

Formal sex education in the UK begins in its simplest form for pupils aged 7–8 years in primary school, and continues in Personal and Social Education (PSE) lessons in secondary school through to ages 13–14 years. The National Curriculum covers reproduction, contraception and relationships. The quality of PSE is often very variable, and the experiences of Lewisham teenagers who had received sex education is a key part of this research. Connexions centres (for young people aged 14–18 years) and sexual health workers (often based within clinics and schools) offer contraception advice to young people.

Young people in Lewisham can access free contraception through sexual health clinics, some of which have extended opening hours to encourage them to attend. A 2006 UK study concluded that young people aged 16–22 often expressed attitudes of ‘positive ambivalence’ to contraception. Although the need for contraception in preventing pregnancy seemed to be understood, stopping the use of contraception was not necessarily recognised as being connected to the potential for pregnancy. Nationally the oral contraceptive pill and condoms are the most popular methods of contraception for women aged under 30.<sup>17</sup>

### 3.2 Lewisham context

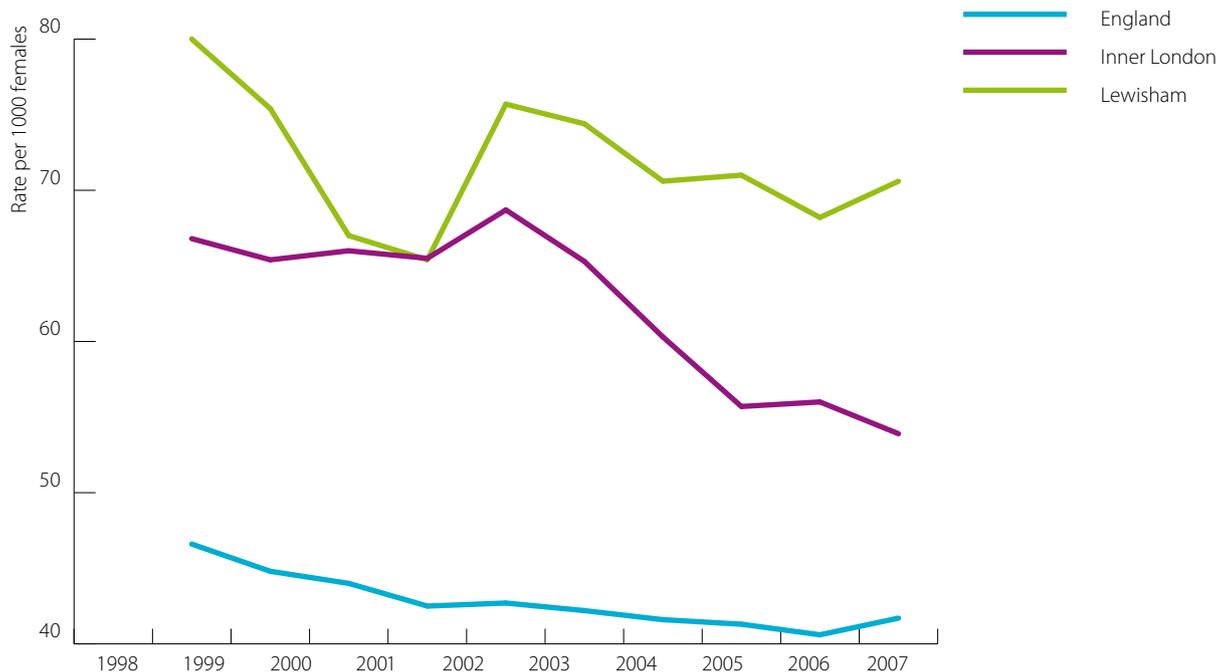
The dedicated work of LB Lewisham, Lewisham Primary Care Trust and its partners over the last nine years mean that the rate of teenage pregnancies in Lewisham has fallen by 14.8 per cent between 1998 and 2006, two per cent more than the national average at the time. However, the average reduction in inner London is 16 per cent, with some boroughs seeing a drop of 25–30 per cent (LB Hackney and LB Hammersmith and Fulham), as Figure 3 shows. Data released this month shows that there was slight increase in the number of conceptions and births during 2007. Local practitioners suggest this is also the case in 2008, but such a trend has yet to be verified.

### Sources

<sup>17</sup> See <http://www.statistics.gov.uk/cci/nugget.asp?id=326>

<sup>18</sup> ONS and Teenage Pregnancy Unit (2008).

Figure 3 : Rates of conceptions and pregnancies amongst 15- to 17-year-old females <sup>19</sup>



In 2007 there were 311 teenage conceptions in LB Lewisham, of which 59% led to abortion. There has been an overall increase in the percentage of conceptions leading to abortions in the last 10 years, as shown in Figure 4.

Figure 4 : Percentage of conceptions leading to abortions in under 18s <sup>20</sup>



**Sources**

- <sup>19</sup> Teenage Pregnancy Unit (2009).
- <sup>20</sup> Teenage Pregnancy Unit (2009).

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LB Lewisham has selected NI112 '*reducing the under 18 conception rate*' as one of their 78 indicators against which the performance of the borough (both the council and its partners) will be measured in the future. Twenty other London boroughs have also selected this indicator, demonstrating the degree of concern and of local commitment to improving the opportunities available to young people.

# 4

## Findings

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### 4.1 Information about sex and awareness

#### *“Sex is all around you”*

– Expectant mother, 17 years old

#### 4.1.1 Information from friends

The majority of the teenagers we spoke to identified their friends and peers as the most important sources of information about sex and relationships. The younger teenagers reported they talked mostly about the biology of sexual intercourse. The older teenagers were much more likely to be discussing who was having sex and how often, and how to have more enjoyable sex themselves. Schools act as incubators for peer pressure and gossip. As one young expectant mother said: *“All the year 11s were talking about it [sex]... and it would float down to years seven and eight.”* It was talked about “like it was a game”.

Teenagers commonly found out about service provision from friends, with many girls saying their friends had suggested going to a sexual health clinic or to the GP’s surgery when they started having sex.

In addition to being the source of information, friendship groups were also key to establishing the boundaries of what was considered normal and acceptable behaviour. Many of the boys felt pressured into have sex at an early age (between 10 and 14) because they thought their peers were having sex. As one teenage dad said, *“There’s real pressure from friends. Boys get pushed into having sex. All their friends say they are having it, even when they are not.”* While the boys felt the peer pressure to lose their virginity, among the girls it was clear that when one member of a peer group had given birth, it was considered far more acceptable for the others to become pregnant.

#### 4.1.2 Information from taught sex education

Formal sex education is delivered through schools. However, many of the teenagers who are most at risk of becoming pregnant are those who have very low levels of educational attainment and are frequently absent from school. One pregnant 16-year-old explained that there might have been sex education at school, *“but I wasn’t there. I wouldn’t know.”*

Of the young people we spoke to who did remember taking part in sex education lessons in secondary school, most did not think it had been comprehensive. As one pregnant 19-year-old said, *“It was just talking about how to have sex. The nurse didn’t talk about the consequences. If you do this you’re going to get some STI. They should show pictures. People should be scared.”*

Practitioners shared the young people’s poor opinion of sex education in schools: *“Sex education at school is crap. Putting condoms on bananas and talking about foreskin is not sex education.”* When asked what they could recall from sex education many of the young women spoke of seeing a video

of a woman giving birth, others recalled demonstrations on how to put a condom on. For many young people sex education came too late – after the onset of sexual activity. For example, one young mother told us her midwife had told her everything she knows about contraception.

The teenagers we spoke to were fairly knowledgeable about types of contraception, though perceptions and use varied dramatically. However, there were significant gaps in knowledge around the likelihood of getting pregnant and understandings of fertility. One young mother thought she could not become pregnant because she had irregular periods. Another thought she would not get pregnant the first time she had sex. Others were convinced that their partner must be infertile because they hadn't got pregnant after unprotected sex, and so hadn't felt the need to use contraception again. As one teenage dad explained, *“One night we didn't have any condoms and ended up having sex without them. This happened a few times. She didn't get pregnant and so I thought she couldn't. We stopped using them.”*

Most young men and women talked about the dangers of sexually transmitted infections (STIs) and the stigma that would be attached if you were found to have contracted one. However, there were some significant exceptions. One young mother spoke of how she learnt about STIs only when she was pregnant with her first child, another about a visit to the local sexual health clinic to get information. Views of the clinics were mixed; some felt intimidated and patronised when visiting, whereas for others a group visit had taken away some of the embarrassment of discussing contraception and STIs. There was an overall feeling among the teenagers that messages about using contraception should focus on STIs when targeting boys. As one 18-year-old dad said, *“They need to give more of the bad shit. The scary stuff. AIDS and shit. You can die by having sex. Talk about diseases. Show pictures. That's the only way to get the boys.”*

Young people reported that they had discussed relationships in sex education lessons, but it wasn't enough. As one young mother said, sex education at school did not prepare her for “the emotional stuff” of sex and relationships. Communication, respect, assertiveness, negotiation – how to treat others and how you want to be treated – were rarely mentioned, and yet these sort of skills could have a dramatic impact on how teenagers view sex and relationships.

## Tamara

**is 16 and 6 months pregnant with her first child. She told us about sex education lessons at school**

*“[they] started in year eight but it was too late, everyone knew everything by then”*

**So how did she find out about sex and contraception?**

*“my mates told me things... it's just from knowing”*

#### 4.1.3 Learning from parents

Parental behaviour had strong influence over the behaviour of the teenagers. Nearly all of the girls who took part in the ethnographic work stated that their mothers had been pregnant teenagers and they were angry that their daughters were 'repeating their own mistakes'. One young father said that his dad had been a father of two by the age of 14. This has important implications for policy interventions in the future.

The young people who believed most strongly in using contraceptives had often had its importance reinforced through parents, older siblings or informal mentors. They set expectations for young people in relation to their sexual behaviour and gave the idea of safe sex more credence. There was a sense from practitioners that many parents were naïve about their children's sexual activity and they needed to take more responsibility for educating their children and support teaching of sex and relationships in schools – *"The 'no sex please, we're English', needs to change."*

#### 4.1.4 Information from the media

Though young people tend to first hear of sex from their parents or friends in primary school, by the beginning of their teenage years sex has become ubiquitous. Be it on television, in magazines, on the internet, though conversations with friends or downloading pornography, *"sex is all around."* And yet sex and relationships are rarely discussed in the home. As one practitioner put it, *"[sex] is half taboo, half in your face – we don't talk about sex, but there's page three [and] Nuts magazine."*

The sexualisation of young people from an early age is a well-documented phenomenon. Sexual behaviours that previously took place behind closed doors are increasingly normalised in teenage culture. Teenagers talked a lot about what they'd learnt about sex and short-term relationships from TV, but these implicit messages are often not tempered by messages from parental figures, extended social networks, or educational institutions, about the qualities valued in intimate relationships.

Over half of the young men in our focus group had also stayed up late to watch pornography on TV, but it can also be accessed easily through the internet, emails or Bluetooth messages sent between mobile phones. *"There was porn around when we were kids, but not like now. Now it's everywhere. On phones. On the internet. Everywhere. It's crazy. It makes it all look normal."* Boys turned to pornography for cues on how to perform sexually. *"The boys knew much more. They are the ones that watch more porn – on the internet or DVDs. They know more about what to do."*

Pornography influences their expectations of sexual experiences and pleasure. It also creates gender specific sexual stereotypes – most teenagers reported content typically depicted a woman performing sexual acts on a man.

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**Key findings / Information about sex and awareness**

- Young people get the majority of their information on sex from peers and take cues on acceptable behaviour and expectations from culture and society. Peers set expectations about when to have sex and create pressure.
- Peer pressure to have sex is largely driven by young men.
- There are gaps in the provision of sex education, with low levels of knowledge about the likelihood of pregnancy, STIs, contraception and relationships.
- It is important for sex education to be reinforced outside of the school setting, through parents, older relatives, trusted acquaintances, or mentors.

## 4.2 Age of first intercourse

**“You can’t be a virgin. That’s the message out there.”**

– Teenage father, 19 years old

Most young mothers and fathers we spoke to lost their virginity earlier than their peers (see Figure 5). The age at which they first had sex was often driven by peer pressure not to be a virgin. “You look like a donut if you don’t [have sex].” The boys in our focus group were almost in unanimous agreement with one boy’s statement that they had sex because all their friends had done it.

Figure 5 : Average age of first intercourse amongst research participants

### What age did you first have sexual intercourse?

Young fathers and expectant fathers	14	Young mothers and expectant mothers	13.8 (mean)
Other teenage boys	13 (mode)	Other teenage girls	15 (mode)

### What age do you think others first had sexual intercourse?

Teenage boys	14 (mode)	Teenage girls	14 (mode)
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### What age do you think is the ideal age to have first have sexual intercourse?

Teenage boys	16 (mode)	Teenage girls	After 1–6 months
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Although many of the young people we spoke to first had sex at a relatively young age, it should be remembered that sexual activity amongst young people can be infrequent because their relationships are often casual or short-term. Periods of courtship are also very short and young people often have sex soon after entering into a relationship (from one week to to six months). Formative sexual experiences were often considered underwhelming. “I did it cos I thought it’s what I had to, then after I was like, ‘Was that it?’” Another young man spoke of having sex at age 14, and then waiting until he was 16 to have sex again. The teenagers in our focus groups were all adamant that the ‘best’ time to first have sex was at least two years older than when they themselves had lost their virginity, as Figure 5 shows.

The number of sexual partners young people had varied greatly. Three of the young men in our focus group claimed to have had more than six sexual partners, but most had less than five and this was also reflected in our talks with young parents

## Clara

is eighteen and lives with her son at her mum’s house. She was sixteen when she met Tom outside a fish and chip shop. They began having sex two weeks after that first meeting, which Clara thinks was “too soon.” She became pregnant seven months later and told Tom six months into the pregnancy, by which stage they had broken up. He now plays an active role in his son’s life.

## Sources

21 This figure is based on our findings from the focus group.

### Key findings / age of first intercourse

- Teenagers often lose their virginity aged 13–15. On reflection they would have preferred to wait until they were 16 or older. Peer pressure plays a major role in this.
- Formative sexual experiences are often underwhelming.
- On average teenage parents had lost their virginity earlier than their peers

## 4.3 Attitudes to and use of contraception

***Young girls don't even want to see a penis, let alone put a condom on it.***

– Practitioner

### 4.3.1 Whose responsibility is contraception?

Contraceptive behaviour among young people in Lewisham is characterised by good intentions that are not always realised. Contraceptive use reflected the power dynamics of many of the teenage relationships. The boys had usually lost their virginity earlier, watched more pornography and were considered more knowledgeable about sex in general. This combination of factors often gave the boys greater authority in deciding whether to use contraception and the method of contraception.

Condoms are the most popular means of contraception for both males and females, but it is not uncommon for young people to have unprotected sex. Young people's opinions were divided on whose responsibility it was to ensure contraception is used. Teenage males suggested it was the responsibility of both parties, but all acknowledged that at the end of the day *"it's the girl who's going to get pregnant, so she ought to do something"*.

Girls echoed this sentiment saying both partners had a responsibility towards contraception, but at the end of the day it would be girl who was left with the baby.

### 4.3.2 Condoms

Condoms were the most popular means of contraception for our participants, though an obvious discrepancy exists between actual and professed behaviour, which many of the teenagers admitted in the interviews. We often heard that condoms *"don't feel good"* and reduced sexual pleasure (for both males and females), and because of this half of the sexually active young men in our focus group acknowledged they often had unprotected sex. However, for all the posturing and rhetoric, it was also evident that some teenagers were not using condoms effectively (attempting to put them on too early or too late) and many didn't use condoms because they didn't have them at the time (sex amongst young people is often impromptu and opportunistic e.g. when parents are away, or at a party). As one 16 year old

## Emily

**Emily is 15 years old and pregnant. She has known her boyfriend since childhood, but they only started going out a year ago. She had an implant, but they used condoms too at first – "we did use condoms, but stopped because we don't like the feel!"**

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mother said, *“Boys don’t really like condoms and the girls don’t care. Condoms don’t get used because either you’re careless, it’s a rush or you’re somewhere you can’t use them or you can’t be bothered.”*

The balance of power in sexual relationships often means young people, especially women, are not able or willing to insist on condom use. Young women we spoke to expressed squeamishness about putting condoms or asking their boyfriends too. Practitioners reported *“young girls don’t even want to see a penis, let alone put a condom on it.”*

For many of the young people we interviewed the condom was considered a method of contraception that was associated with STIs and promiscuous sexual activity. Some of the boys stated that they would only use a condom when having sex with a girl who had a *‘reputation’*, as one young father explained *“[I won’t] use a condom unless it is fully necessary... if she’s got a rep.”*

However, because this association between condoms and bad reputations was well known, boys were then reluctant to insist on using prophylactics for fear of insulting the girl they wanted to sleep with. Similarly, those couples that were using condoms would only do so during the early stages of their relationships because condoms were not considered to be appropriate in a stable relationship. And as a stable relationship was exactly what many of the more vulnerable teenagers were craving, condoms were frequently not used to make a statement of commitment.

#### 4.3.3 The pill

The oral contraceptive pill is a well known, but seldom used, form of contraception amongst the teenagers we spoke to. Like condoms, myths surrounding pill use have gained currency among young people. One young mother told us she had not wanted to use the pill because her friends had told her it would make her *‘fat’*. She now thinks she should have taken the pill, because *“you can control getting fat on the pill, but you cannot control getting fat due to pregnancy!”*

A number of the teenage mothers or those that were pregnant complained that they had found it difficult to remember to take the pill every day or at the same time of day. This was particularly the case for those with more chaotic lives, such as those in care or who had unstable living arrangements. As one pregnant 16 year old said, *“The clinic gave me the pill. I took it fine for the first three weeks or so. You have to take it every day at the same time. But after that I started forgetting. Then it didn’t work. They did offer me an injection, but I don’t like getting injections. I wish I did have it now.”*

One pregnant 19-year-old complained that she had not been informed that her anti-depressant medication might affect the effectiveness of the pill.

#### 4.3.4 Long-acting Reversible Contraception (LARCs)

LARCs are costly and can have immediate and long-term side effects (one in four women are estimated to have unsustainable side effects), meaning a high percentage of users often discontinue after a short time. However, LARCs are now widely promoted to young people,<sup>22</sup> as they do not require the user to remember something each day (the pill) or each time they have sex (condoms) and so can result in a significant reduction in the number of unplanned pregnancies.<sup>23</sup> Awareness of LARCs amongst teenage women we spoke to was relatively high, though much lower amongst younger ones who may only have recently become sexually active.

Evidence from practitioners in Lewisham suggests that the take up of LARCs in the borough is higher than the national average, despite the reluctance of teenagers to engage with health care professionals. Of the four types available to teenagers in Lewisham (the coil, hormonal injection, intrauterine system and contraceptive implant), the implant was the most popular. It is often offered to young women who have already had a child during their teenage years as a potentially more effective way to reduce the chance of repeat pregnancies. LARCs may be suitable for young women who are in stable and relatively long-term relationships, but may be less convenient for young people having their first formative sexual experiences.

#### 4.3.5 Other forms of contraception

We only spoke to one young woman who had used the morning after pill as an emergency form of contraception. Many of the young people used the term 'morning after pill' as a euphemism for a termination. Subsequently, use of the morning after pill was subject to many of the same moral and religious arguments associated with abortion and many girls believed it to be wrong.

None of those interviewed mentioned female condoms. A few young women had talked to their sexual health worker about the coil, but were squeamish about the prospect.

#### 4.3.6 Presenting contraception choices to young people

Opinions about how contraceptive choices should be presented to young people are divided. Condoms and the oral contraceptive pill are undoubtedly the most popular methods of contraception among young people. Changing the choice architecture healthcare professionals employ around contraception by giving greater consideration to LARCs could increase the rate of take up, but costs, side-effects and the rate of discontinuation of use are all barriers to doing so.

The young people we spoke to most commonly sort information or advice on contraception choices at local sexual health clinics. Many expressed their dissatisfaction with these services. A number said that the clinics in

### Lyndsy

is 16 and was very surprised to find out she was pregnant

*"The lines [on the pregnancy test] didn't make sense!"*

She'd talked to her mum about sex and contraception before she became sexually active

*"[mum] always said use a condom, always use the pill. She has the thing in your arm, but I wouldn't have anything put into me."*

#### Sources

<sup>22</sup> See [http://www.dh.gov.uk/en/Publichealth/Healthimprovement/Sexualhealth/DH\\_085686](http://www.dh.gov.uk/en/Publichealth/Healthimprovement/Sexualhealth/DH_085686)

<sup>23</sup> In 2005 the National Institute for Health and Clinical Excellence (NICE) published guidance on the use of LARCs, suggesting that the National Health Service could save £100 million through a reduction in unplanned pregnancies made possible by 7% of women currently on the oral contraceptive changing to LARCs.

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Lewisham were not accessible to young people and the teenagers did not consider these to be places where they were comfortable asking questions or where they would be taken seriously. A number of teenagers stated a preference for travelling to the Brook Clinic in Brixton, rather than go to the local clinic. As one 16-year-old mother said, *“When I started having sex I went to the clinic in Catford. They are so rude. They don’t respect us. They don’t take the time to listen to us. It’s not surprising that young people don’t want to go there. They gave me the pill, but didn’t explain how it worked. They didn’t talk it through with me. I didn’t take it regularly, that’s why I got pregnant. We didn’t plan to have a baby.”*

#### Key findings / **contraceptive behaviour**

- Young people are not consistent in their use of contraception.
- Condoms are the most popular form of contraception, but young men are often reluctant to use them and their partners often do not feel empowered to insist on their use. Given the short-term opportunistic nature of many relationships condoms are the most preferred method of contraception.
- Condoms are often used ineffectively, if they’re used at all
- The oral contraceptive pill when used is often not taken regularly and is therefore ineffective.
- LARCs have limited take up and require young women to engage with sexual health services proactively.

## 4.4 Pregnancy and young mothers

*“People look at you in the street like you are too young to have baby”*

– Young mother, 16 years old

### 4.4.1 Characteristics of teenage mothers

We spoke to a wide range of teenage mothers, all of whom became pregnant in different circumstances and in different contexts. This research aimed to document these individual stories. To overly generalise shared characteristics from such a small sample would be foolish. However, it was clear that certain groups of young people were more at risk of becoming pregnant than others. These included people with poor educational attainment, those who had been abused, those in care, those with low aspirations and those whose parents had themselves experienced pregnancy as teenagers.

### 4.4.2 Contraception use at time of conception

In total we spoke to 30 young mothers, or expectant mothers aged 15-19 (and one aged 22 who had been a teenage parent). The majority of these had not been using contraception at the time of conception. Practitioners are frequently told by expectant young parents that they were using a condom at the time of conception, but it split. The number claiming this seem statistically unlikely and when pushed at interview many young parents admitted they had not been using any form of contraception when their baby was conceived, but were uncomfortable explaining this to health professionals.

However, there were instances when contraception had failed either through misuse of condoms or in one case where a teenager with a LARCs implant had become pregnant. Even when contraception is used correctly there will always be instances of unplanned pregnancies as it is impossible to have absolute control over fertility.

### 4.4.3 Discovering the pregnancy

Most young women were shocked to discover they were pregnant. Some were angry, other confused, but after a few days most said they were happy. One had not suspected the pregnancy at all, she told us *“friends said I was getting fat and was pregnant. I didn’t think so because I still had my periods.”*

The majority of teenagers who had suspected they were pregnant, put off seeking confirmation and telling their family, many echoed the sentiments of one young mum *“I was scared of what [mum] would say”*. Pregnancies were sometimes concealed until the third trimester. One girl told us she found out about her pregnancy one month after conception, but did not tell anyone until she was eight months pregnant because her mother was *“all over the place”* at the time and she did not want the pregnancy to be an additional burden.

## Shinead

is eighteen. She has been with her partner since she was 15 and they always used condoms. On the night their baby was conceived they only put on a condom half way through sex. She was concerned about how effective this was, so took the morning after pill two days later. She went on to conceive and now has a healthy year-old baby boy.

## Lucy

aged 17, *“cried for about the first four months”* when she discovered she was pregnant. Having a baby was not in her life plan and she thought she was too young. Her mother was shocked too but has been supportive and Lucy plans to continue living at home once the baby is born.

There was no pattern in who the young mothers confided in first – for some it was best friends, for others their own mothers and for others the father of the baby. Responses from fathers were varied, some were supportive (whether they were told immediately or near to the birth), others wanted nothing to do with the pregnancy. One young father provided half a dozen pregnancy tests and waited with his girlfriend while she took them. Two years later he is still in a relationship with his son’s mother and sees them both daily.

#### 4.4.4 Planned pregnancies and repeat pregnancies

Nationally it is estimated that 20 per cent of pregnancies to young women under 18 are repeat conceptions. Of the young women we spoke to at least five had previous pregnancies.<sup>24</sup> Helping young women who have had one pregnancy make contraception choices to reduce the chance of a second unplanned pregnancy is important. In Lewisham the private provision of abortion services makes it difficult for practitioners to follow up with young women who choose to have a termination. *“One girl was supposed to be going for an abortion, I spoke to her a couple of weeks after and asked her how it went – she hadn’t had it. She had slept through the appointment, couldn’t get out of bed, and was still pregnant.”*

Although only one of the teenagers described their pregnancy as planned, there were certainly a couple of those we spoke to who had wanted to have a baby whilst they were young. For example, one pregnant 17 year old, who had spent her life in social service care, described wanting to have a baby so that she felt needed, *“I just want someone to call my own really ... I’ve always wanted a boy. Girls are high maintenance. Boys stick to you. They stay with you, especially to their Mums ... I’ve always wanted a baby. They’re so cute and cuddly. I just want one to love”*

Practitioners highlighted that more prevention work on repeat pregnancies needed to be targeted at the 18-19 year old age group. Often these girls did not receive the same intensive support as younger mothers, with the majority of services targeted at under 18 conceptions.

#### 4.4.5 Views of abortion

We did not ask the young women we spoke to about their reasons for choosing to continue with the pregnancy, as it was outside the scope of our research. However, some young women voluntarily offered their reasons for choosing to continue with the pregnancy. Often it was because they discovered their pregnancy when it was quite far advanced (after the first trimester), others objected to termination on ethical grounds. Many considered the timing inopportune, but did not consider a baby or parenthood as inherently bad – they had always wanted to have children, it was now happening sooner than expected.

## Emma

**Emma is 19 and has two sons. Her first pregnancy, at 16, was unplanned. She had split up with her boyfriend just before she found out she was pregnant and was so nervous about telling her mum that she left her a note instead. She’s now in a relationship with a barber who turned 30 in February. They have a son together and the pregnancy was planned. She’s looking forward to the time when both her boys will be in school and she can work as a family support officer or mentor**

#### Sources

<sup>24</sup> Three were live births; one was a still birth.

#### 4.4.6 Experiences of pregnancy and motherhood

The experiences young women had of pregnancy were not unique to their age. They complained of swollen feet, lower back pain, sore breasts, and talked about being nervous about the labour and birth. They were excited as well as anxious about their new role; aware motherhood would be hard work but equally expecting it to be rewarding. They talked about looking forward to their child's first day at nursery or their first day at school. Young mothers spoke of the enormity of the realising that their child was entirely dependent on them.

Everyone said parenthood was hard work, but their expectation ahead of the birth that motherhood would be continuous hard work with no respite often went unrealised. One young mother told us *"it's not that hard. But maybe that's because he is a good baby. It's easy because it's your child and you love them. When you put your mind to it you can make something good out of something unexpected."*

The modern tendency to portray parenthood as being a taught skill as opposed to being modelled did not match these girls' lived experiences. While there is a place for parenting classes and there were things these girls were still to learn, many of them had cared for younger siblings or other relatives and felt comfortable in a parental role. The prospect of caring for children was not in itself an adequate deterrent to having unprotected sex. In-school programmes that stress the *"hard work involved in child care"* may have limited impact among young people who have seen their peers cope relatively well with parenthood.

#### 4.4.7 Relationships with extended family

Expectant mothers often placed a lot of value on their relationship with their own mother. This is not to say that these relationships are not without tension and difficulty. Discovering that their daughter was sexually active, let alone pregnant, is shocking for many parents. Practitioners' spoke of coaching parents through the news of the pregnancy and room seems to exist for a dedicated resource to help parents. This could have a preventative function, in terms of helping parents to talk to their children about sex and contraception before pregnancy occurs, and take many different forms from a families' worker to an online resource, depending on need. It could also be utilised to help reduce repeat teenage pregnancies.

Extended family was also important when young women learnt of a pregnancy with many turning to older sisters or female cousins for counsel in the first instance. Many of the young mothers and expectant mothers we spoke with were living at home with their own mothers and in the case of expectant mothers hoped to continue doing so after the birth of the child. They valued the practical support their families could provide such as taking responsibility for the grocery shopping and providing ad hoc childcare.

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Emotional support was also important with many of the young mothers being very close to their own mothers and often looking to them for guidance. As one young mother said *“it’s nice to be around those you know and love.”* There was no pattern in home lives of the teenagers – some had absent fathers, others not, some were in care, others in very stable families circumstances.

#### 4.4.8 Benefits and housing

The myth that teenage girls get pregnant to secure council housing and benefits persists. Yet, benefits were not identified by either young parents or practitioners as an incentive to have a child. When they first become pregnant most young people are unaware of the benefits they are entitled to and many of the young mothers we spoke to have actively chosen not to pursue council housing as they consider it to be unsuitable.

Many of the pregnant teenagers lacked any financial awareness, living on a parental allowance of around £10-20 per week to cover some leisure activities, clothes and mobile phone credit. Their parents were often responsible for most of the shopping and the teenagers had little awareness of money or the cost of living. This changed dramatically when they became mothers. The teenage mothers we spoke to were very aware of the benefits they and their children were entitled to. To be able to access resources for your child was considered to be a sign of being a good mother.

Housing allocations do give priority to single mothers, but in the majority of cases young parents are expected to live with their maternal families, one pregnant 16 year old said *“I want to be with my Mum. She’ll help me. I don’t know what to do”*. A teenage parent reported *“they often don’t change your [housing] band when you are pregnant”*. Another told us *“the waiting list is a bit ridiculous and their priorities – an alcoholic or a crazy person would probably get a house first, and a pregnant mum [sic] would get a crappy hostel.”*

Many members of the virtual team actively encouraged young women to remain at home. They had previously taken on a mediation role between the young woman and their mothers if there were problems. However, living with extended family is not an option for all of the young women we spoke to. Some were with foster families, others were in social housing or temporary accommodation (such as mother and baby units) secured for them by a social worker.

If young mothers are seen to be living with their baby’s father they can lose their entitlement to housing. For example, if a young mother is in a mother and baby unit and the father stays over more than a certain number of times a week she runs the risk of losing that accommodation. This policy risks breaking up already vulnerable couples. There is a need for flexibility in this area given that they are often still in fledgling relationships. They want to be together, but are not always ready to commit to living together. More

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often than not they are also not able to support themselves financially and would not be able to secure council or private housing as a couple.

#### 4.4.9 **Stigma attached to young motherhood**

The young mothers also perceived there was a stigma attached to being a young mother. *“People look at you in the street like you are too young to have baby. I say to them, ‘have you got a problem?’ My Nan stands up for me.”* Another mother said that other young people would call her and her daughter names and this became so bad that she was reluctant to leave the house. *“I didn’t want to go out,”* she said, *“I didn’t want people to see me. But then I was like, they can’t stop me leading my life. I don’t care now.”*

The young people described feeling judged not only by other teenagers or members of the public, but also when they engaged with state services that were not youth specific, such as housing.

#### Key findings / **pregnancy**

- Young women often suspect they are pregnant but do not seek confirmation immediately, instead concealing the pregnancy.
- Expectant mothers feel stigmatised and face discrimination, during their day to day activities and when dealing with services.
- There is a high rate of repeat pregnancies and gaps in how women who have had an abortion are referred to services for follow-up.
- Teenage parents do not expect to access social housing – the link between benefits and motherhood is a myth.

## 4.5 Expectant fathers and young fathers

***“Having a baby has made me grow up. I can see it in myself. I’ve got responsibilities now.”***

– Young father, 15 years old

### 4.5.1 Characteristics of young fathers

We spoke to eight young fathers, or expectant fathers, aged 15 to 21. Their children ranged from five weeks to two and a half years old. All were actively involved in their child’s upbringing and had good relationships with their child’s mother, even if they were no longer together. Most were in education or working.

Of the fathers we heard of, but did not meet, most seemed to be in their late teens or early twenties. The age difference was usually one or two years, but sometimes up to five or six years. We did not come across many cases of much older men fathering babies to teenage girl, although several girls stated that had engaged in sexual relations with older men.

### 4.5.2 Role of a young father

The ‘soon to be’ young fathers we spoke to were often eager to get involved but not totally sure what their role was or would be. The idea that they were important to a child’s upbringing often needed to be reinforced by the baby’s mother, their families, or the young fathers’ worker, before they would become actively involved. A sense of being superfluous was noticeable in how young fathers initially spoke of their new role.

For all the young fathers we met who were actively involved in the upbringing of their child, there are probably an equal number who had no continuing involvement with the mother and the baby. Some fathers are unwilling to assume the responsibility of fatherhood, or would have preferred a termination and decided to disengage because the pregnancy was going ahead. Sometimes mothers did not want the father involved because they thought he would be a poor role model. We also came across instances of the father being in prison. Sometimes the young fathers were pushing for more involvement, but it was restricted by the mother.

In a number of cases the fathers attributed the pregnancy as being instrumental in turning their lives around. One father explained, *“Being a dad has changed my life. I never used to be bad bad, but I used do nothing. Literally nothing, just kick about with friends on the street. MCing with them, putting down beats. You know, doing my music. I used to sign on. That was the first thing I did when Kerry found she was pregnant. I had to get a job before I could tell my Mum. I had to get a future. I knew she’d say that I have to be responsible now. I want to have a future. I want to be able to give my son what he wants.”*

## Gemma

**is 16. She found out she was pregnant when her boyfriend was in prison. At first “he didn’t believe it was his”, but once he calmed down he was happy. They live in a one bedroom flat in Lewisham and have worked out roles for once the baby is arrived – “he’ll do the feeding and I’ll do the nappies”. Gemma’s boyfriend is currently in prison again, but he’ll be out soon. In the mean time her mum has bought the buggy.**

#### 4.5.3 Family and peer support

The father's own parents (the paternal grandparents) are often instrumental in determining what type of involvement the young father will have in the child's upbringing. Many young fathers spoke of how their families had told them becoming a father would mean assuming responsibility for that child. Paternal grandparents often helped to pay for some of the costs involved in child rearing, such as a pushchair and clothes. They also provided informal childcare. The mother's relationship with paternal grandparents often carried on after the relationship with the father had ended.

Many young fathers said their friends had teased them at first, but have later been more accepting. It is not uncommon for teenage father to form strong bonds with other teenage fathers.

#### 4.5.4 Professional support

Young fathers are lost in the official narrative of teenage pregnancy. Services tend to focus on the mother and the baby and policy is often based on the assumption that all young mothers are single mothers. Expectant mothers are guided through the pregnancy and new motherhood with official support from midwives, social workers, housing officers and Sure Start Plus staff. This policy bias plays a role in perpetuating the idea that mothers are solely responsible for the welfare of a child.

Lewisham benefits from having a young fathers worker, based out of the Connexions centre. Cases are referred to him through the midwives and he proactively reaches out to young men. The young fathers appreciated being able to talk over issues with someone they could relate to, as one said, *"He's good. Everything else is girl stuff. It was good to talk to someone who'd done it. It was good that it was about me. Everything else was about her."* Another attributed the change in his lifestyle to the young fathers worker, *"He was really good. He was the one who got me back on track. He can really motivate people. You know encourage them. He got me back on track and then I got [my girlfriend] back on track."*

### Terry

**is 19 years old. He has a son aged three and a half and he "can't wait until he's old enough to pick him up from school". When Terry first found out his girlfriend at the time was pregnant his mates laughed at him. But so many of them are now fathers themselves, "it's not even a surprise no more". "There are 10 people on my football team and they've all got babies"**

#### Key findings / young fathers

- Young fathers are excluded from the policy narrative on teenage pregnancy and early parenthood.
- Paternal grandparents are incredibly important in determining the role a young father will play in the child's upbringing.
- For those fathers who maintain contact with their child, the responsibility of fatherhood can play an important role in changing lifestyles and lifting aspirations.
- Young fathers are often one to two years older than the young mother.
- The young fathers support worker plays an important role in motivating and counselling teenage fathers.

## 4.6 Vulnerability

### *“There aren’t many happy endings.”*

– Practitioner

What many of the young parents had in common was vulnerability. Vulnerability often preceded pregnancy and could be seen in three main areas: unstable home lives, unmet emotional need, financial insecurity and an inability to reverse that situation. These often continued into parenthood.

#### 4.6.1 Vulnerability at home

Falling out with family led to young people to relying on the generosity of friends, extended family or the state for housing. These arrangements were often ad hoc and temporary. Foster care often created stability, however fleeting. When they turn eighteen young mothers often felt they needed to move out of care and begin living independently.

Those teenagers we spoke to who were living in overcrowded accommodation, living with members of an extended family (not mother or father) and those with a history of family conflict and breakdown appeared to be at most risk of becoming homeless.

We came across many who were anxious about living alone and being away from the support of family and extended networks, and those in social housing who struggled with the isolation, especially if their relationships with the baby’s father are no longer close.

Teenagers living in Lewisham who have arrived in the UK seeking asylum or refugee status are an extreme example of being away from the support of social networks. One of the teenager mothers we interviewed was an asylum seeker from West Africa. She described her lack of knowledge about contraception before becoming pregnant in this country and she was also unaware of where she could go for sexual health and contraceptive advice.

#### 4.6.2 Emotional vulnerability

Practitioners often commented that teenage parents need to be loved – *“There is a theme...a need to be loved. They may be streetwise but they don’t have much knowledge of themselves, of knowing what they’re getting themselves into, they don’t look at the bigger picture.”* This can lead to risky behaviour in relationships, including multiple partners and not insisting on contraception use – *“They haven’t had that pure unconditional love, so when they get attention from men they misread signals. They don’t realise this man isn’t going to be there forever. He might not be the one to be there for her – they end up having his child. There aren’t many happy endings.”*

For some young women having a baby presented them with an opportunity to reinvent themselves. Very few of the alternative social recognised

## Georgia

**is 17 years old and seven months pregnant. When we meet her she’d been living with her foster family for two and a half years, she told us** *“it’s the longest I’ve ever lived in one place. They’re really nice. I’m happy here.”.*

## Louise

**had her son five days before her sixteenth birthday. She went into foster care when her son was born. Two years later she had been allocated a flat by the council. While she was happy with the standard of the flat, she did not want to live alone with the baby. She was visibly worried about the prospect and thought she was too young.**

transitions to adulthood were realistic options for these girls (getting a job, moving out of home, entering higher education). Having a baby could be seen as a rite of passage and a way of publicly demonstrating a transition from childhood to adulthood. One expectant mother of sixteen told us that, *“With a baby it will be time for me to grow up. I’m looking forward to it.”*

Another expectant mother told us of how her baby will be something for her to love and a chance to leave her past behind. *“I [used to get] into trouble. Everyone I used to hang out with was drunk or smoking something.... But I don’t want anything to do with that lot. It’ll start all over again. I wanted a baby to change that”*

#### 4.6.3 Financial vulnerability

Financially many young parents are struggling and dependent on benefits. The £500 maternity grant soon runs out and they find themselves struggling to afford nappies, baby clothes and baby food.

Practitioners also spoke of how many young parents lacked life skills and did not know how to access benefits or make arrangements for college or childcare. *“I’ll be on the phone sorting out benefits, housing needs, direct them to appropriate services, talk through housing services, go to housing options with them. There’s a lot of handholding.”* All of the practitioners spoke of how this type of support forms a large, if informal part of their role. *“We do a lot of confidence building; a lot find it hard phoning up the housing or benefit people. A girl yesterday didn’t know what to say.”*

#### 4.6.4 The domino effect

Vulnerability was rarely the result of one poor experience with interpersonal relationships, at home, or in education. More often a domino effect, where one poor experience compounded and affected their ability to respond well to the next challenge that they faced.

## Nadia

is seventeen years old and five months pregnant. Nadia is excited, but the baby is going to be born with a disability. She came into Connexions for help filling out a form for housing as her literacy is poor and she has learning disabilities. She hasn’t attended school for two years, because her father didn’t want her to. She’s now estranged from her immediate family and after a short spell with her uncle is homeless. She sometimes stays with her boyfriend in his hostel room, but he has a history of substance misuse and doesn’t have a job.

## Jess

is 16 and the mother of a 14 month old daughter. She receives £100 per month in family allowance, which usually lasts her for three weeks. She’s then relies on the generosity of her aunt to see her through the rest of the month.

### Key findings / vulnerability

- Unstable home lives, poor experiences of education, low aspirations and achievable goals make young people more vulnerable to unplanned pregnancy.
- Asylum seekers and other new arrivals to the UK are particularly vulnerable if they have received limited sex education in their home country and are unaware of the support services available in the UK.

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## 4.7 Experiences of services

### 4.7.1 Virtual Teenage Pregnancy Team

There was near-unanimous praise by young parents for Lewisham's 'virtual team' that consists of midwives, Sure Start Plus workers and staff based at Connexions. Many young people had developed 'professional friendships' with key members of the team and would often turn to be them for advice and support, both formally and informally. This is a testament to the 'virtual team's referral system and their relaxed style of professional care. Such praise was not always extended to other service providers who did not have dedicated youth workers.

### 4.7.2 Midwives

Nearly all of the young mothers spoke highly of the care they had received from the midwives based at Connexions. They were seen as being non-judgemental and approachable. The midwives were important in psychologically preparing the young women for childbirth and allaying any fears. Many would have preferred their midwife to be at the birth, but demands on midwives time do not allow this. A number of the young mothers spoke of bad experience during labour and childbirth, with midwives in the maternity unit less sympathetic to explaining things to the teenagers.

Some of the young people also commented that while their midwives at Connexions were good, it was difficult to contact them by telephone with queries. Continuity of care is also an issue in the weeks following the birth, with visiting health workers being unable to develop the rapport midwives had.

### 4.7.3 Sexual health clinics

Sexual health clinics were often the first point of contact for many of the young women we spoke to when they started having sex and when they became pregnant. For many, friends suggested that should 'go up the clinic' when they were thinking about having sex with a new boyfriend. However, the sexual health clinics in Lewisham were talked about in very different terms to the team at Connexions. While the team at Connexions were considered by almost all of those we interviewed to be open, receptive and understanding of the needs of young people, the clinics were not. A number of young people considered the clinics to be more hostile environments where they felt they were being judged, not listened to or not treated seriously. If the young people do not feel comfortable engaging with service providers, they are unlikely to listen and absorb all the information they are given resulting in misunderstandings.

A number of the girls expressed a preference for travelling to the Brook clinic in Brixton rather than use the local services available in Lewisham.

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The teenage boys did not mention the sexual health clinics, other than to say that they accompanied their girlfriends there where they suspected a pregnancy.

#### 4.7.4 Education

Many young parents in Lewisham return to education with the help of the care-to-learn scheme, which helps with childcare costs for teenage parents in education.

Maternity leave from educational institutions is negotiated with the assistance of members of the *'virtual team.'* However, young people often find it difficult to secure childcare with a provider that is reliable and they trust, which can impact on their attendance at school or college.

Some of the girls we spoke to were not in full time education but attended alternative education provision provided at Bellingham Gateway, which they enjoyed, although this was for a limited number of hours per week.

#### 4.7.5 Connexions

Young people's engagement with Connexions seemed to be sporadic and only when they find themselves with a problem or with an emergency. Often this happens when it is too late, for example when they are about to be evicted from their flat instead of when their first in the rears notice comes in. There is little time and resource for the virtual team to do proactive work and to teach people life skills.

#### Key findings / experiences of services

- Young mothers spoke highly of their midwife, but often had poor experiences of care received during the birth process at the hospital.
- Members of the virtual team who helped with information on education, benefits and housing, were seen as approachable and a good source of information for advice and support.
- Sexual health clinics were not considered to be friendly environments for young people.
- The majority of services in Lewisham focus on healthy babies and outcomes for teenage parents. We saw less evidence of a cohesive and comprehensive prevention strategy.

## 4.8 Young people's aspirations

***"There's no aspiration for these girls in school, no ambition for them"***

–Practitioner

Young people's self-esteem, motivations and aspirations play a huge part in their likelihood of having an unplanned pregnancy, their resilience when faced with an unplanned pregnancy, their ambitions for the future and their mobility.

### 4.8.1 Aspirations and the likelihood of pregnancy

Aspirations are determined by the surrounding environment and the encouragement of family, friends and the school environment. Young people we spoke too were generally uninspired by their neighbourhoods and lacking goals they consider achievable. Many of the young people talked to us about being 'bored' and having nothing to do, especially if they did not attend formal education. Young people considered that resources for youth activities were not directed at activities that they wanted to engage with and the costs of participation were too high.

In a bid to entertain themselves teenage males reported they would drink, smoke joints, or kick a football around. They talked about other people in their neighbourhood wanting to pick fights that would rapidly escalate and become violent - *"South East London is no place to live. Look at it. You've got to think about where you can go the whole time. You know you can't go some places because you'll get a beating. It's not a good place to live."* Young people are acutely aware of threats to their personal safety within their neighbourhoods. Many were afraid to travel alone, or take certain routes for fear of running into people who would want to harm them. One of the young parents we talked to had been recently been attacked with a knife.

Young mothers with lower aspirations were often ambivalent about their hopes for the future, considering full-time motherhood a default option. Many had poor experiences of school and had dropped out before aged 16 with no qualifications. The prospect of returning to an educational institution held no appeal for them. Their domestic background was sometimes unstable. Unemployment, violence and welfare dependence often featured. Having a child at a relatively early age and staying at home to care for that child was a reasonable aspiration. If friends had children at a young age and had chosen not to return to education or employment, this appeared to impact on their own aspirations. For some young women having a child would allow them to create a measure of stability for themselves that had not existed in their adolescence and they saw motherhood as a means to an uncomplicated relationship based on unconditional love. For example, one young woman told us that *"when he cries he only wants me. Someone's looking up to me. I've never had that before."*

## Erica

**is 19 and has a son of 19 months. She was studying health and social care in college when she found out she was pregnant. She has now resumed her studies and is determined to finish her nursing degree so she can find a job and achieve financial independence. She's frustrated in her privately rented house, where the landlord refuses to fix persistent faults and she speaks eagerly about moving off benefits, living in a house she owns, driving a car she owns and having lots of money.**

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Schools play an important role in shaping the aspirations and ambitions of young people. One of the practitioners told us: *“Most of the girls we see come from the low achieving schools. There’s no aspiration for these girls in school, no ambition for them, so they don’t have it for themselves ... At some private schools, the girls are told they’re the top of the top, they’re going to go somewhere, be important. If they get pregnant they aren’t referred to us, they’re taken out and dealt with – maybe get a termination.”*

Shopping not out of need, but out of enjoyment was a big pastime for all of the young people although they often lacked the financial means to purchase anything. Criminal activity was not unheard of as a way of gaining material goods or the means to buy them. People struggled to understand the pathway into satisfying employment – those who had jobs found little satisfaction from them. They were often lacking role models.

This combination of factors leaves many young people feeling like they are on the margins. Life is going on without them and they see no means by which they can escape their circumstances. In a society that encourages people to find value through consumption these teenagers were left out.

#### 4.8.2 Resilience when faced with an unplanned pregnancy

Practitioners often divided the women they came into contact with into two categories – those that would cope and those who would struggle with early motherhood, distinguished by their resilience, aspirations, self-esteem, and initiative. While the distinction seems coarse it was evidenced in how young women articulated their experiences of pregnancy and their hopes for the future. For example, one young mother who had her baby at 16 spoke of finishing her A-levels before studying English literature at university. She then wanted to become a teacher and emigrate to Angola. Another young mother had worked as a fitness consultant prior to the pregnancy and was now hoping to study sports science at university before going on to teach physical education at schools or work with disabled children. One expectant mother of 15 wanted to finish school before going onto university to study maths. Another expectant mother of 17 told us how having a baby at age 17 *“wasn’t in her life plan”* and she was hoping to study law, English, and sociology at university.

Others talked of pursuing training for lower paid jobs such as hairdressing or childcare, but had no schedule for turning their plan into action. Young women like these were actively using the resources available to them, such as advice from staff at Connexions.

Young women with higher aspirations were more likely to have used contraception at the time of conception, they were confident in accessing services, and were clear about the role they wanted the father to play in the baby’s life. There were also factors beyond their immediate control that helped them. Their parents were often supportive and actively involved in

the baby's life, as were the paternal grandparents. They had suitable accommodation that they felt secure in.

#### 4.8.3 Mobility

Nearly all the young people we spoke to expressed concerns about their personal safety. Knife and gun crime and other violent behaviour were repeatedly referred to in discussions, with many teenagers having experienced violence first hand or knowing people who had been injured or killed. During one day-in-the-life of study a young mother's boyfriend arrived at her house with a fresh knife wound that the researcher had to treat. This fear of crime and violence significantly affected the behaviour of the young people we spoke to, in particular how they travelled around the borough and further afield. Young people were reluctant to travel alone on public transport to other parts of the borough. One 14 year old said that he feared travelling to his girlfriend's house, *"The problem is that I can't go and see her. She lives in a different bit of Lewisham. There are kids there who want to knife me. I'll get a slapping if I go over there."* He explained that a group of boys threatened to cut his throat while he was on the bus on the way home. *"I'm afraid to go out. They all carry knives. I do sometimes. They'll use them if they catch me."* Another father commented that he no longer used public transport because now that he is a dad he has *"too much to lose from some 15 year-old trying to make a name for himself."*

One of the consequences of this fear of violent crime was that as teenagers grew older they became increasingly more limited in where they felt they could go, often preferring to socialise in the neighbourhoods where they lived. One 15-year-old father explained that he used to use various leisure facilities around the borough and in neighbouring boroughs when he was younger because his parents would accompany him. Now he can make the journeys by himself, he does not because he fears for his own safety. As he grew older his life had become more localised and more isolated, due to the fear of crime.

Young mothers seeking social housing would often be reluctant to live on certain estates because of concerns over their physical safety. The threat of violence seemed pervasive and not something young people could opt out of. Young parents wanted to move away of Lewisham and to areas they considered safe. *"Even going down to Lewisham market is dangerous. They are just looking for a fight. If I could, I'd want us to leave Lewisham. Maybe go and live somewhere nice in Kent."*

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**Key findings / aspirations**

- Girls with higher aspirations are more likely to continue in education following an unplanned pregnancy. They are likely to have higher self-esteem and be confident in accessing support services.
- Girls with lower aspirations are more likely to display an attitude of positive ambivalence towards contraception and the possibility of pregnancy. They often have low self-esteem and their ambitions for themselves are often not enough to make them actively try to prevent unplanned pregnancy.
- Young people, especially young men, are concerned about their personal safety and would want to move out of the borough if their circumstances allowed.

# 5

## Potential interventions and innovations

### 5.0 Potential interventions and innovations

Rather than focus on good practice elsewhere, or review the effectiveness of existing services to young people in Lewisham, this research has focused on the stories and voices of young people in the borough. Our intention is to let these experiences speak for themselves and then, together with practitioners and policy makers, use the information to consider different interventions or innovations. This will begin at a workshop on 9 March 2009. We have therefore intentionally shied away from making recommendations and instead highlighted areas for improvement and a series of interventions that were mentioned in the research. Both of these lists are likely to be added to on 9 March 2009.

#### 5.1 Areas of intervention

The staff of LB Lewisham, Lewisham Primary Care Trust and partners have worked incredibly hard over the last ten years to improve services for teenagers and teenage parents. Together they have seen a dramatic reduction in the number of unplanned pregnancies in the borough, as well as good rates of healthy babies and young mothers. However, unplanned teenage pregnancy is a persistent challenge and the stories of the young people captured in this research point towards the need for more investment in unplanned pregnancy prevention. This covers both traditional strategies such as improving contraception use, to the more challenging notions of raising self-esteem, building resilience, improving aspirations and discussing power and assertiveness in relationships. Figure 6 below captures the main areas which arose from the research.

Figure 6 : Reducing the rate of unplanned teenage pregnancies - areas arising from the research



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## 5.2 Potential interventions to reduce unplanned pregnancies

A number of interventions were highlighted during the research that would be worth exploring further:

- More comprehensive SRE including discussing “*the emotional stuff*” – ensure all schools in the borough are providing comprehensive SRE and teachers are supported to deliver the education.<sup>25</sup> Specific topics that should be discussed include:
  - Exploring perceptions of first age for sexual intercourse – young people commonly thought that others had sex earlier than the average suggests and therefore felt pressure to have sex also. Exploring this further through facilitated peer-to-peer discussion in SRE lessons would help tackle this assumption
  - Further exploration of the influence of culture and gender stereotypes – the media, entertainment industry and pornography influence young peoples attitudes and expectations of sex. Discussing and challenges these assumptions in a safe environment may help young people to develop the confidence to reject some of the pressures they feel
- Promoting happiness in schools – if young people have good experiences of education they are more likely to be motivated to succeed and make positive choices about their future.
- Emotional resilience – emotional resilience training can build young people’s social problem-solving, coping strategies and address issues such as peer pressure, self-esteem, assertiveness and identity.
- Assertiveness in girls – creating a safe environment where girls can openly discuss issues of concern to them and be given informal advice and guidance by a professional. It’s important that the girls themselves dictate the agenda for the conversation and it takes place outside of a school setting where they feel physically and emotionally safe. It should adopt a ‘bean bag approach’ – comfortable seating, appropriate food, building professional friendships.
- Harnessing the confidence of boys – boys hold the balance of power in sexual relationships and have the confidence to effectively dictate the terms of engagement. Harnessing their confidence in a way that promotes contraceptive use could make a massive impact. Our research

### Sources

<sup>25</sup> Mapping Exercise Looking at the Delivery of SRE in Lewisham School, Styles K, LB Lewisham (2008).

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found that young men are more likely to fear STIs than unplanned pregnancy, so a campaign should use the message of preventing STIs through condom use. This should be coupled with a campaign to promote the correct use of condoms.

- Mentors – adult figures were often missing from the lives of the young people we spoke to. Young women often spoke with their mothers or female relatives about sex and relationships, but young men lacked similar role models. Young fathers found the advice provided by the Young Fathers Worker invaluable, and it would be good to replicate the basic tenants of this model on a larger scale.

**The research suggests that young people in particular circumstances are much more likely than others to find themselves pregnant. Targeting interventions at teenagers in the following circumstances could yield real results:**

- Peer groups where one young girl has become pregnant – In several circumstances we found that once one young person in a peer group had become pregnant, others soon followed.
- Young girls in care – 40% of young women in care are mothers by the age of 20.
- Teenagers who are vulnerable or who have a limited history of resilience– either because of difficult transitions to secondary school, poor experiences of school, or a difficult home life.
- Families where mothers were teenage parents themselves – the majority of the teenage parents we spoke to also had teenage parents themselves. Linking in with other work ‘family support’ work in different council services (social services, youth offending etc) could be important.

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### 5.3 Potential interventions to improve experiences of young parents

There were a number of messages which did not relate to reducing teenage pregnancy, but nonetheless came out strongly from participants in the research:

- Bus passes for pregnant teenagers who are over 16 and not in education - Without free transport some teenagers struggle to attend midwifery appointments or access specialist support services.
- Improved narrative on role of young fathers – young men (both parents and those set to become parents) often reported feeling undervalued and that services assumed teenagers were single parents.
- Myth busting on the role of housing benefits in deciding to take a conception through to term – none of the parents we spoke to were motivated to get pregnant or have a child because of access to housing yet this myth perpetuates.

### 5.4 Communicating with young people

As part of this research we observed that specific forms of communication were more effective than others at communicating with young people. These included:

- Viral communication – as a catalyst in spreading information, increasing awareness of issues, and shaping attitudes and expected behaviours. Viral communication includes, bluetooth, text messages, online memes. Posters and pamphlets just don't cut the mustard.
- Peers – teenagers trust the information they receive from their peers, this is how myths such as "the pill makes you fat", "condoms ruin the pleasure of sex", or "you can't get pregnant if you're a virgin", gain currency. Using peer-to-peer learning within the classroom could be a powerful tool to improving education, as we witnessed in one focus group where an older student challenged younger students ambivalence to using condoms.

# 6

## Conclusions

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Life as a teenager in Lewisham is complicated. Experiences of education and family life, aspirations for the future, and perceptions of mobility and life choices play a huge part in the choices that young people make. Bombarded with messages about sex, and under an assumption that 'everyone else is doing it', teenagers are having sex with multiple partners before the age of 18. Many are cautious – only having sex once they enter a stable relationship and using appropriate contraception. Others have become blind to the risks of pregnancy and STIs, using contraception intermittently or incorrectly.

Interventions by the virtual pregnancy team and education professionals in the borough have helped to reduce the number of unplanned teenage pregnancies dramatically in the last ten years. Equally, teenagers who do get pregnant are well supported – they have healthier babies than their counterparts in other boroughs and cities and often return to education. But the experience of parenthood as a teenager can be challenging – many are vulnerable and lack stable home environments, few young mothers remain in a relationship with the father of the child and many are stigmatised by local communities.

We know that teenage pregnancy can be a very positive experience for some young parents, but it also significantly reduces the life chances of others. Disruption to education and the reduced mobility and flexibility for future locations and careers are significant limiting factors, which are much more likely to put young people and their children at risk.

The voices of the teenagers and service providers in Lewisham captured as part of this research throw up a number of questions about how best to support teenagers in the future, both to reduce the number of unplanned pregnancies and to continue to support young parents. Innovating in this field is essential and may mean dramatic changes to service provision or borrowing ideas from other cities or countries. Focusing on interventions which build the self-esteem and aspirations of young people, improve their sense of belonging and direction, and develop resilience, is now a very real challenge, but one LB Lewisham is eager to address.

# Annex one: 'Day in the life of' studies

# 7

## Lauren

is 16 years old and 21 weeks pregnant.

Lauren lives with her mother, who receives long-term incapacity benefits, and her older brother, who is currently on probation for car theft and burglary. Lauren's father was violent and left before she was born. After a period of living in a women's shelter they moved to Lewisham 11 years ago. Lauren has two older sisters who no longer live at home, and who both had children as teenagers

Lauren spends most of her time watching DVDs or daytime television. Before she became pregnant she would spend time shopping with friends in Bromley or go they would hang out in waste ground near the train lines. She points out a local park, *"They've made this look really nice with new swings and things. But it's for little kids and Mums, not for teenagers."*

There is patch of ground behind this park that is overgrown with brambles to a clearing where the older children tend to socialise. *"This is called The Bricks. It's where people come and drink. Some of the boys have burnt out cars down here."*

The clearing is scarred by a large black charred area and beer cans and other drink bottles are scattered around. *"I don't know how they get the cars down here, but they do."*

Lauren would like to see more things for teenagers to do in her neighbourhood, *"there are things for little kids but not us. Ice rinks or go-carts. That sort of thing. You can have fun just watching, even if you don't have a go."*

### **Education, employment and aspirations**

Lauren talks about her time at the local primary school with fondness and enthusiasm. Most of her friends live locally and the friendships developed at primary school. Lauren's experiences of secondary education were far less positive. She was bullied and left two secondary schools, saying that she did not get on with the staff or other pupils. Her attendance was poor and she had few friends..

On leaving her second school she was referred to School House, a voluntary organisation and independent school that works to address the academic, social and emotional needs of children and young people unable to fully access mainstream education. Lauren described her first month at School House as a difficult one, but she preferred being part of a smaller school (there were 12/15 Year 11 pupils) and enjoyed having the attention of the staff. She said that if you put your hand up, you could ask a question. In her previous schools there were too many people and the teachers didn't pay any attention to her.

Lauren left school with Key Skills<sup>26</sup> qualifications in Art (Level 2), Maths (Level 1), English (Level 1) and ICT (Level 1). Lauren also described taking part in youth awards (ASDAN – although she was unsure of the name), which she said were particularly useful. *“We started off doing simple things like making a cup of tea or whatever. Then later we had to do things like find plumbers in the Yellow Pages and get the cheapest price. You know, it was learning stuff that was actually useful.”*

Lauren had two weeks of work experience at a hair salon in Bromley that had been organised through the school. Lauren said that she has always enjoyed cutting her friends’ hair and wanted to be hairdresser. She mentioned that she had thought about doing a hairdressing qualification at Bromley College, but said that she could not afford the £370 fee (although Bromley College state that they do not charge fees to under-19s).

She has been out of education since July 2008 and shows little serious interest in returning. She is not looking for a job, but said that her friend worked in Primark and she thought that she might be able to work in a shop.

Although Lauren is not in employment, education or training, she has very little awareness of the benefits she is or will be entitled to. Her mother controls all the household finances and Lauren receives about £10 a week in pocket money. She has no knowledge of maternity allowances or any housing entitlements. She is adamant that she wants to stay at home, *“I want to be with my mum. She’ll help me. I don’t know what to do.”*

### **Sex, relationships and parenthood**

Lauren lost her virginity aged 15 to Dylan, her boyfriend and father of the baby. Dylan is 16 years old and lives with his parents several streets away from Lauren. She had known Dylan from school. He spilt up with her shortly after she told him she was pregnant. He has since been going out with Lauren’s former best friend Amanda. This has been a source of obvious tension between Lauren and Dylan. Amanda, Dylan’s current girlfriend, had recently been subject to a curfew following a conviction for assault and is electronically tagged. Following this Dylan has patched up his relationship with Lauren and is spending time with both girls.

Dylan’s parents – both managers at a bakery – have been very supportive. This is their first grandchild and Dylan’s mum has been buying Lauren baby clothes, *“At first she bought these yellow outfits because they’re more neutral. Now I know it’s a boy, she gets me these blue suits. She wants to pay for half the pushchair too. She’s seems really excited about the baby.”*

Lauren described the time she spent with her boyfriend as being boring. *“All we did was lie around in my bedroom watching DVDs and eating. He would smoke green [marijuana]. I tried it once but didn’t like it. It was boring, but what else is there to do?”*

### **Sources**

**26** Level 1 is equivalent to Grades G-D at GCSE; Level 2 grade C.

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Lauren only remembers receiving some very basic sex education at primary school. She thinks that there might have been some included in Personal, Social and Health Education, but she did not attend those classes. Lauren said that she found out about sex through friends, TV shows and films. She said, *"I knew about sex and that, but none of the other things. I thought it was just sex. My friends told me about other things [other sexual activities]."*

Her friends suggested visiting the clinic at the local health centre when she began her relationship with Dylan:

*When I first started seeing Dylan, I went up to the clinic. He doesn't like using condoms. The clinic gave me the pill. I took it fine for the first three weeks or so. You have to take it every day at the same time. But after that I started forgetting. Then it didn't work. They did offer me an injection, but I don't like getting injections. I wish I did have it now.*

Lauren said her use of oral contraception was so erratic that because she did not get pregnant over the one-year period she thought that she was infertile. *"I was thinking there was something wrong and I couldn't get pregnant."*

Lauren knew that she was pregnant when she missed her period. *"I'm usually really regular, so when I missed it I knew that there was a problem."* The first thing she did was text Dylan. Unfortunately, he had been arrested that afternoon and couldn't respond. When he was released he didn't believe her. They went to the clinic together to get tested. When the test was confirmed as positive, Dylan walked out without saying another word. Lauren was referred to the GP who then referred her to the midwife at the drop in centre at Connexions on Lewisham High Street. She saw Anna, one of the midwives at Connexions, who asked Lauren to come back every month.

Transport is one factor that limits Lauren accessing the support services. Her free Oyster travel pass expired at the end of the school year when she had passed 16 and as she is not in full-time education, she is not entitled to any more free transport. Lauren has very little money and cannot always afford to go to the Connexions office when she wants. There are no other services tailored to pregnant teenagers closer to home.

# Patrick

is 18 years old and has a 1-month daughter.

Patrick has lived in hostel accommodation for the past two months, after his mother (a social worker) moved out of London following her remarriage. Although he has the room at the hostel, he spends much of his time at his girlfriend's flat, helping with the childcare. Patrick has very little contact with his father, who he described as "well dodgy" and the inspiration for Patrick to be a good father "because he wasn't."

Patrick has lived in Lewisham all his life, but would like to move away: *Look, Lewisham looks like a slum. London is messed up. Knife crime and all. Everyone is caring a blade or worse. They raided a house round the corner from my Mum's and found a load of Uzis. I mean there are some serious tooled up people around. Kids all carry knives. But people have nothing to do. Young people are bored. A few of hang around together and the next thing is that you're beating up on someone. It then just blows up.*

He attributes many of the problems to boredom and the lack of provision of appropriate services for young people:

*They do summer schools and stuff, but they've got it wrong. They do the wrong stuff. Take me, I'm like most boys. I like spitting, rapping, putting down beats you know. They should have studios in the community. We'd do that. All the stuff they do is for young kids, parks and shit.*

## Education, employment and aspirations

Patrick left school when he was 16, with GCSEs in Religious Studies (B), Double Science (C&D), Graphics (C), Expressive Arts (B), Maths (D) and Resistant Materials (D). Patrick said that his experience of schools in Lewisham has not been good. He was suspended from primary school – "I was one of those kids who liked an audience and I'd clown around." His mum removed him from secondary school in Lewisham and placed him in a smaller school in a village out of London. "That was good. I did good there. It was smaller and I enjoyed it." Patrick considers himself to be the black sheep of the family – "All my family went to uni and all that. All my uncles and aunts and cousins all done well. They live in Tunbridge Wells and speak well. They are calm. Educated. Different."

On leaving school Patrick enrolled in a Hospitality and Catering Management course at Lewisham College. Patrick's long-term goal is to be a chef. Patrick has an evening job as a pizza deliveryman. "I've worked since I was 13. Mostly in shops, but I get bored of just folding clothes all the time. I used to work at JD [Sports] and before that in Zara. But I just get bored. Delivering pizzas is okay, but you make more money being a bike courier. That's what I want to do next."

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## Sex, relationships and parenthood

Patrick lost his virginity when he was 12. He emphasised the role that peer pressure plays in motivating people to engage in sexual intercourse at an early age:

*I was what you might call sexually active. I was a dirty man. I lost my virginity at 12. The girl was 16. She pressured me into it, but you can't be a virgin. That's the message that's out there. It's like that film: 40-year-old virgin. You don't want to be like him. At any age.*

Patrick did not consider the sex education that he received at school to have had any influence on his behaviour. He was sexually promiscuous from an early age and would rarely use any contraception. He said that he would use condoms if the girl he was sleeping with had a reputation for sleeping around, but otherwise he would not.

*We had sex education at school. But it's not sex education. You get 'this is a breast' or whatever. No. They only give the nice side. They need to give more of the bad shit. The scary stuff. AIDS and shit. You can die by having sex. Talk about diseases. Show pictures. That's the only way to get the boys ... Condoms are Pringles – once you pop you don't stop. I started using them, but then as soon as you don't and nothing happens, that's it.*

Patrick was not in a serious relationship with Natalie, his daughter's mother, before she became pregnant. However, his attitude changed when he found out that he was going to become a father.

*I wasn't really in a relationship with her before she got pregnant. I was messing around with a few people. But when she told me she was pregnant I knew I was going to stay around. I've changed. I'm much more responsible now. Like before, I would go and rob newsagents or whatever. I wouldn't do that now ... hypothetically speaking of course!*

Like some of the other young fathers, Patrick recognised the role of the young fathers support worker had played in changing the way he thought about fatherhood.

*I went on Owen's young fathers course. He's good. Everything else is girl stuff. It was good to talk to someone who'd done it. It was good that it was about me. Everything else was about her. All the other boys there were like wondering whether they'd stay or whatever. Not me. I knew. I was going to stay anyway.*

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# Lewis

is 17 years old and his girlfriend, Jodie (18), is five months pregnant.

Officially Lewis lives with his 58-year-old grandmother, who he cares for. However, in practice Lewis spends the majority of his time living at his girlfriend's flat. They were offered the one bedroom flat about three weeks ago and are in the process of buying and borrowing furniture.

Lewis's mother had him when she was 15 years old and his father, who he describes as a "bit of a bastard", had fathered two children by the age of 14. Lewis spent his first eight years in the custody of his grandmother. He moved back in with his mother when he was 10 and then left home at 16 because of constant arguing, which he thought was bad for his younger brother and sister.

Lewis is a keen computer gamer; he spends much of his time playing a range of games on both his PC and Xbox 360. Michael also enjoys watching DVDs and hanging out with friends. Lewis's social life is very locally focused. From the living room of Jodie's flat, Lewis could point to the flats where his various friends live. They spend time hanging around together, watching DVDs, kicking a football around, drinking or smoking joints. *"There's not much else to do."*

Lewis does not like leaving the neighbourhood in which he lives. *"Even going down to Lewisham market is dangerous. There are so many knobheads out there. They are just looking for a fight."* He would like to move out of London. *"If I could, I'd want us to leave Lewisham. Maybe go and live somewhere nice in Kent."*

## Education, employment and aspirations

Lewis is not in education, employment or training. Lewis was badly bullied throughout school and subsequently disliked it and left aged 16 with two GCSEs (Cs in Maths and Science). Jodie, his girlfriend, is pressuring Lewis to go back to college, but he is not interested. He intends to get a job as a security guard and has no significant other employment plans beyond this. *"My ideal job would be to test computer games, but I don't know how to get into that sort of thing."*

Lewis lives off his Jobseeker's Allowance payments. He uses most of this to pay the rent for his girlfriend's flat, while she uses her Income Support to pay food and bills. *"We okay living of it at the moment, but I've got to get a job by the time the baby comes. All that stuff is going to cost."*

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### **Sex, relationships and parenthood**

Lewis is engaged to Jodie. They have been going out together for two years and Lewis would like to get married before the baby, a girl who they plan to call Chloe, is born in May. They appear to be close and Lewis discusses his relationship with Jodie in terms of a partner for life.

Lewis lost his virginity aged 14 to a neighbour who was two years older than him and *“practically jumped”* him. Lewis does not remember any sex education at school, *“But then I wasn’t there all the time.”* Most of his knowledge of sex comes from talking to friends and watching porn. *“My cousin sends me the odd dirty video on his phone, but mostly I can get it from the internet. Why pay for it when you can get it for free?”*

At first Lewis explained that he and Jodie had been using condoms and one had split. However, he later admitted, *“That’s what we tell the hospital people. We weren’t using anything at the time.”* Lewis claimed that this was because *“we couldn’t be bothered”*, but it was clear that they had been trying for a baby after he talked about their disappointment that a previous pregnancy transpired to be a false positive.

Lewis is very excited about becoming a dad. He attends all the hospital and midwife appointments. With some pride, he produces a well-worn photo of an ultrasound scan from his wallet:

*We got this up the hospital. We wanted so many copies of it, you know to give to people, they stopped charging us for them in the end. Sometimes you get a good one [healthcare professional] up there, sometimes they’re really rude. Not like Connexions. They’re good there. I’ve known Owen from youth clubs for years. He’s sound. He gave me all that about sticking with her [Jodie] and needing to take responsibility and all. But I knew that. I was always going to stick with her.*

It was clear that Lewis thought that he had found the right person to spend the rest of his life with in Jodie and having a baby was the obvious next step.

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# Grace

is 20 years old and has a 16-month-old daughter called Ali.

Grace arrived in the UK in 2005 when she was 17, claiming asylum from Democratic Republic of the Congo. Her father had *“political problems”* and she had to flee, getting on the first plane she could and arriving in London. *“I like London,”* she says, *“It’s much safer than it was in my country.”* She has had no contact with her family since arriving in the UK.

Grace’s claim for asylum was recognised and she has been in the care of LB Greenwich social services since arriving in the UK. Her asylum status was up for renewal when she turned 18, but her renewal application has yet to be processed. As a consequence of this her daughter, who was born after Grace’s 18th birthday, currently has no citizenship. Grace is continuing to talk to her solicitor about this.

Grace lived for two years in shared accommodation in Lewisham. When she was pregnant she had to leave this accommodation and was given a studio flat in Woolwich. This was on the third floor without a lift, and access was therefore difficult with a pushchair. She has recently been moved into a two bedroom flat with lift access in Greenwich. *“I’m really lucky. I don’t know why. My friend has a baby and has been waiting for ages. My social worker is really good.”* Grace is due to leave social service care when she is 21 but because she has a baby she thinks that they will continue to help her.

Although Grace is in the care of LB Greenwich social services, she spends the majority of her time in Lewisham. Her boyfriend and the majority of her friends live in Lewisham and she also uses the Lewisham Connections service.

## **Education, employment and aspirations**

Grace has no educational qualifications from the Congo, but is currently at Lewisham College studying travel and tourism. The course is three days a week and the college provides free childcare. Grace is in her second year of the course and she would like to work at an airport (check-in staff) when she has finished.

## **Sex, relationships and parenthood**

Ali’s dad is called Derek. He is 20 years old and also from the Congo. They met at the Congolese church they both attend in Hackney. He is studying business at college and works part time in Sainsbury’s. They are still together and would like to get married. He lives in Lewisham and she spends much of her time there with him. They would like to live together, but do not want to jeopardize Grace’s access to council owned housing.

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Grace explained she was not using contraception when she became pregnant: *I did not know much about contraception. We did not learn about it in my country. I had a boyfriend in my country. I had sex with him first when I was 16, but we did not use contraception. I know about it now. We talked about it in the antenatal classes. I now go to the family planning centre for injections.*

Grace would like to have four or five children, "it's a good number. I have five brothers and sisters." She said that if she had not become pregnant she would have liked to have started a family aged 24.

# Jess

17 years old and has a 1-year-old daughter called Alisha.

Jess's mother lives in the Caymen Islands and she has no contact with her father. Jess grew up in Lewisham and lives in her aunt's two-bedroom maisonette. The aunt is pregnant and already has two children (aged 5 and 6). Jess describes the living conditions as very cramped – she shares the upper birth of a bunk bed with her daughter – and this is a source of considerable tension between Jess and her aunt. They have applied to the housing office for a larger house and are currently on the waiting list.<sup>27</sup>

Jess describes her life before she was pregnant as hanging out with friends, going shopping, going to parties and watching TV. *“At weekends we used to smoke and drink. All the boys smoke weed. That was what we did. I still see my friends, but I don't drink or smoke as much. I'm a mum, I've had to grow up.”*

## Education, employment and aspirations

Jess left school at 16 with few qualifications: GCSEs in Maths (U), English (E), Science (F), History (E), Music (E), Religious Studies (E) and PE (C). After giving birth Jess enrolled in a vocational course in childcare at Bromley College. She would like to be a child minder when she graduates. Jess's daughter attends the college nursery.

## Sex, relationships and parenthood

Jess explains that most of the girls that she knows started having sex when they were 15 or 16. *“Boys start much earlier,”* Jess explains. *“They start at around 11 or 12. They know what they are doing.”*

Although she had had previous boyfriends, Jess lost her virginity aged 15 to Quentin, Alisha's father (now aged 17). They are no longer 'going out together' but remain friends and Quentin plays an active role in fatherhood, looking after Alisha at weekends. He lives with his mother, father and older brothers and sisters, who Jess claims provide most of the childcare. Quentin is also at college and would like to be a football coach.

Jess does not remember receiving any sexual education at school. *“You find out most things through your friends. You talk. You hear things. When you start, you know you have to go to the clinic because your friends do.”* Jess had been taking the pill before she became pregnant with Alisha, but admitted that she had not been taking it every day:

*I didn't like swallowing it and some days I'd just forget. I knew I would. I went to the doctors when I was 15 and asked for the implant. They said I was too young and should take the Pill. Quentin didn't like using condoms. He said people who were steady didn't use them.*

## Sources

<sup>27</sup> Although Jess was living with her aunt when the research was conducted, we later found out that the tensions had escalated and Jess had moved out of her aunt's house. She is currently in temporary accommodation with her daughter.

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Jess suspected that she was pregnant after about five weeks and went to the clinic by herself to get tested. She told Quentin when the result was confirmed, but was most worried about telling her aunt. *“I didn’t tell her for like 6 months. She was shocked. Really shocked, but supportive. My friends were happy. Most of them have children. I can’t remember how many, but lots. It’s normal. One girl is 15 and has 3 kids. That’s not normal, but she had twins on her second.”*

Although her friends were supportive, Jess feels that there is a more pervasive stigma about being a teenage mother. She says that she still gets called names and people ask her if Alisha is her sister. For a long time during the pregnancy and when Alisha was younger Jess was reluctant to go out. *“I didn’t want to go out. I didn’t want people to see me. But then I was like, they can’t stop me leading my life. I don’t care now.”*

Jess says the most difficult aspect of being a mother is having to get up in the night and managing with money. Jess receives about £100 per month in family allowance. Most of this goes on nappies, baby clothes and food. She says that she can usually make it last about three weeks. After that her aunt, who has a number of part-time jobs (at a nursing home, supermarket and childminding), helps her with money. Jess received £60 to help pay for her school clothes when she was pregnant, but was not aware of the £500 maternity grant.

# Georgia

is 17 years old and is seven months pregnant.

Georgia has spent her life in social service care and has had no contact with her parents. She has lived with her current foster family in Lewisham for two and a half years. *"It's the longest I've ever lived in one place. They're really nice. I'm happy here."* They live in a large semi-detached house with two expensive looking cars parked on the drive. Georgia's foster mother is a legal secretary and her foster father is a property developer. There are five other children (one also fostered) in the house.

Georgia describes her life in Lewisham as an escape. She grew up in Hackney and jokes that *"The only reason I don't have a long police record is because I can run fast."* Georgia tries to avoid her old friends from Hackney as she is anxious to change her lifestyle:

*They [her old friends] just cause trouble. In Hackney everyone was trying to prove a point. It's all stereotypes. Black girls think that they should be hard. They have to be loud. They have fights. They have sex. They are Hackney girls. They feel they have to live this stereotype. I was like that. I got into trouble. Everyone I used to hang out with was drunk or smoking something. If someone steps on your toes then you have to exaggerate your response. That is just the way it is.*

*It's the same with the boys. They see the stereotypes and think that is how they have to live. People think they all carry knives and so they do. It's like that boy who went from Hackney to Priory Court. He knew what he was doing. He shouldn't have been there. He got stabbed by that lot and it's all kicked off again. His funeral is on Friday. I'm getting texts from his brother to come. I knew him. They keep asking me to come to the funeral. But I don't want anything to do with that lot. It'll start all over again. I wanted a baby to change that.*

Another of Georgia's friends was also involved in a stabbing incident: *It was all over some foolishness over cannabis. He was arguing about the amount he had bought and it all got rowdy. He got stabbed and was bleeding everywhere. But he didn't go to hospital. He was chasing all over the place trying to get those people. When he eventually dropped he was on life support. His mum asked me if she should turn off the machine. I thought he'd have wanted to pull the plug. He wouldn't have wanted to be brain dead ... So many of my friends have died or will end up dead. It takes something dramatic to change.*

Georgia does not know many people in Lewisham and is keen to maintain a quiet life. *"I don't really like to go out anymore. I stay at home. I like to sleep and eat. I stay in. I sleep. Really. I might go down to the shops and buy food or whatever, but then I just go home. I love cooking. I always have done."* Other than cooking Georgia explains she enjoys watching TV, DVDs and surfing the internet – at the moment she is busy looking at baby naming sites.

### **Education, employment and aspirations**

Georgia left school at 16 with no qualifications. Her schooling was disrupted by moving foster placements and through being excluded due to fighting and antisocial behaviour. When Georgia became pregnant she started attending the 'Young Mums to Be' sessions run by teenage pregnancy team. This is a small group of pregnant teenagers who are preparing for GCSEs and being taught parenting skills.

In the future Georgia would like to use her love of cooking to run her own business. *"People say I'm good at cooking. I'd like to run my own business. Cooking for other people. They're always asking me to. Maybe have a shop, like a takeaway or something. My dad said if I was serious about it, then he'd help me. He's like an entrepreneur."*

### **Sex, relationships and parenthood**

Georgia lost her virginity at 15. She remembered receiving some sex education at school, but said that she learned the most from her friends and from boys. The boys that Georgia knew started having sex before the girls – from 10 to 13 years old. There were usually one or two older girls who would have sex with younger boys. She described the peer pressure that young people were under to start having sex and as the boys were often more sexually experienced they had more influence and power in relationships:

*It's the stereotype again, they thought they had to do it, because that's what people think they should be doing. The girls I knew didn't start having sex until 15 or 16. The boys knew much more. They are the ones that watch more porn on the net or dodgy DVDs. They know more about what to do*

The father of Georgia's baby, Dylan, is 18 years old. He lives with his parents in Lewisham and works as a mechanic. They had been going out for just over two years, but have split up since Georgia became pregnant. Although she has broken contact with Dylan, when the baby is born she would like him to be involved in some way, as she recognises *"it's important that he'll have a father figure."*

When Georgia had first started going out with Dylan she went to her GP to ask get the Pill. She was offered a choice of a daily pill, a monthly pill, an implant or an injection. Georgia explained that did not want the monthly pill as she thought that she would forget to take it and she simply didn't want to have an injection or an implant. They did not use condoms because *"Dylan didn't like them."*

Georgia explained that she was shocked but happy when she found out that she was pregnant. She admitted that she had not been taking the pill every day, which was why the contraception failed. She was nervous about telling her foster parents, but they have been very supportive. Her friends were less surprised, as all of her close friends have already had children.

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It is clear that Georgia is very much looking forward to having a baby and considers it to be a source of stability and love in her life: *I'm really happy. I just want someone to call my own really ... I've always wanted a boy. Girls are high maintenance. Boys stick to you. They stay with you, especially to their Mums ... I've always wanted a baby. They're so cute and cuddly. I just want one to love. When I was younger I wanted 10 children. I've always wanted a big family. Now, I don't want 10. Maybe 5 or 6 or 7. But I want to be in a stable relationship or have a husband. I don't want any more kids until then.*

Georgia has been in close contact with the teenage pregnancy team and thinks they do a good job and have been very supportive. She more critical about local authorities in general. For example, Georgia complains that she has not been given a maternity grant of £500 which she knows other teenage mothers have received. Although she lives in Lewisham, she is in the care of Waltham Forest social services. Waltham Forest maintain that LB Lewisham is responsible for this and Georgia says that Lewisham argues it is Waltham Forest's responsibility. She feels trapped, but her years of contact with social services have left her cynical, *"Social services are always just stressful. People in care need access to those funds too. But it's always like that with councils."*

# Jodie

is 18 years old and is five months pregnant.

Jodie left home at 16 due to a violent relationship with her mother. She moved in with her dad for three or four months. He threw her out after she made allegations of abuse. Jodie went to housing services in Woolwich who offered her emergency shelter in Enfield. She complained she could not afford the transport costs and they provided a place in Lewisham. She was in a hostel in Shooters Hill for three weeks, then Hither Green for seven months, Plumbstead for three months and Greenwich for a year. When she became pregnant she was provided with her current flat, which she moved into three weeks ago. It is sparsely furnished but with her boyfriend Lewis she is gradually painting the walls and acquiring furniture from friends and family. *"We're living off tins and takeaway at the moment. When we get a cooker and fridge, we'll be able to eat properly."*

Jodie does not have many friends from school. Of the four or five she still stays in contact with, three have children. She spends nearly all her time with Lewis, and says, *"I don't like going out without him."* Jodie enjoys watching DVDs and playing computer games – she loves SIM City.

## Education, employment and aspirations

Jodie was bullied at school and describes school as a miserable experience. She left school at 16 with no qualifications other than an ASDAN award. She is enrolled in a childcare course at Greenwich Community College. Jodie would like to be a child minder, having done a week's work experience in Year 10 with a neighbour who looks after six children.

Jodie lives off her Income Support of £46.95, per week. She will receive a maternity grant of £500 and a pregnancy grant of £190. The support worker from St Christopher's Fellowship (a charity helping young homeless people) gives her money for college supplies. As her boyfriend is unofficially living in her flat, they share the food and rent costs. *"We can live off what we have now, but it will be difficult when we have the baby. Lewis needs to get a job."*

## Sex, relationships and parenthood

Jodie has been going out with Lewis for two years. She lost her virginity to Lewis. They are both aware of contraception, but have not been using it. It was clear that both feel that they found their life partner and now want to have a baby: *I was told when I was younger that I could never have kids. I had an accident you see. A while ago I was late and felt sick. I ended up taking a pregnancy test. It was positive. I went to the doctors and the test there showed no result. At the hospital they said I wasn't. I was quite disappointed. This was about a year ago. So the second time I was late, I waited and waited. It was about*

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*two months and I thought, this can't be right. The doctors had a drop-in clinic for teenagers. They said I was pregnant. They gave me a letter to go to Queen Elizabeth Hospital, but I wanted to go to Lewisham hospital – it's closer. They gave me an early scan and the midwife referred me to Natasha [the midwife specialising in teenage pregnancies]. I went there and liked it.*

*Jodie regularly goes to the teenage pregnancy drop in centre at Connexions: I much prefer Connexions to the hospital. In the hospital [the way you get treated by staff] really depends on who you get. One lady was really nice, the other one was just rude. I go to Connexions for the midwives. They're much better. They talk to you right. They're really nice and chatty. They're not arrogant. They explain it all and take me seriously. The hospital people make you wait, they're rude and don't listen.*

# Sean

is 15 years old and has a 5-week-old daughter, Lily, with his girlfriend Macie (aged 16). Sean was born in Lewisham and lives in a comfortable house with his mother (a teaching assistant), father (a plumber and electrician), twin brother and sister (13) and older brother (17).

Like most teenagers, Sean spends much of his leisure time watching soap operas and reality television, watching pirated DVDs or playing on his Sony Playstation. Sean is the member of a five-a-side football team that plays in a local league. He used to attend a boxing club in Brixton and go running at the local Ladywell Leisure Centre. However, he no longer considers it safe to travel to either of these clubs. *"I don't do it no more. There are the wrong people hanging around when I go there. I don't want to walk up there or get on them buses."*

Personal safety is a major concern to Sean. He talks about a constant feeling of fear and how he has to consider the risks, and potential risks, he might face making even the most local of journeys: *Lewisham is getting worse and worse. I can't walk around without someone probing me. The other day, when I got this cut [pointing to a scar on his face], this boy just wanted a fight. I knew he'd bring his friends so I said just him. But then he pulled out a blade. I just ran. He would have stabbed me ... you can't walk around here any more. People look at you and you know they've got a knife. You can't get on the bus. For me to get to Macie's house it's difficult because I'm not from round there. You have to have friends. It's safer to travel with them. When you are with a group of friends you feel less closed in*

## Education, employment and aspirations

Sean enjoys school. He is currently studying for seven GCSEs in Maths, English, Science, Technology, Religious Studies and PE. He also spends two days a week at Lewisham College doing a vocational course in plumbing.

Sean plans to be a fireman. He spent a week at a fire station as part of his work experience, which was organised by the school. He cannot start training for the fire department until he is 18. Since becoming a father, Sean says that he feels more responsibility. He wants to find a part time job to help out financially:

*"Having a baby has made me grow up. I can see it in myself. I've got responsibilities now. I don't argue with my brothers and sisters now. I've got other things to worry about... I want to do my part, but it's hard balancing being a dad with school. I'm trying to get a job. I went down to Connexions and they said to write a CV and go around the shops. I went into Woolworths and the woman went mental. She thought I was taking the piss. I didn't know they were closing. A mate of mine earns 200 quid washing buses at the weekend. I might try that. All these nappies and things are expensive."*

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Just as parenthood has increased Sean's sense of personal responsibility, he also wants his girlfriend to rethink what she is doing. Sean thinks his girlfriend needs to go back to education so that they can afford a future together. *"Macie needs to go back to college. She can do a course in beauty therapy. We could get a little flat and live together."*

### **Sex, relationships and parenthood**

Sean lost his virginity when he was 14 to a previous girlfriend, who he knew from school. He doesn't really remember getting any sex education. A supply teacher tried to do something, but the class was disruptive and the teacher was unable to communicate anything that Sean could remember.

He has been in a relationship with Macie for 18 months. They had been having sex since the 3rd month:

*We were using condoms and one broke. I was like 'wow' – didn't know that could happen. When I found out it was all panic. I was in shock. How am I going to tell my parents? They were shocked, but they've been okay. They help us out. They helped pay for the pram. We didn't plan the baby. I would like to have more but not until we're like 23 or something.*

Sean supported Macie throughout her pregnancy, accompanying her to all her hospital and midwife appointments. As a young father, Sean was particularly positive about the role of the young fathers worker who attends the Connexions drop in centre. Sean complained that nearly all the information is focused on the mothers and he felt marginalised from the process. *"Owen at Connexions was really good. All of it is about the mothers. It's good to have someone that the dads can talk to. He knows what it's like. You can talk to him."*

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# Hannah

is 19 years old and is two and half months pregnant.

Hannah was in social service care until she was 6, and has since lived with her mother, grandmother and a cousin. Hannah's father left when she was young and she had no contact with him until she was 15. Shortly after re-establishing contact, he died of lung cancer. Her grandmother recently returned to Ireland and Hannah has had to move in with her mother and three brothers (15, 9 and 5). Hannah considers this a last resort as she has violent arguments with her mother. She is currently on the waiting list for hostel accommodation.

Hannah has a history of depression and has attempted suicide three times. The last occasion was shortly before she became pregnant. Hannah had taken an overdose that put her in hospital for a week. She was placed on antidepressants but was not informed that these might affect the effectiveness of the contraceptive pill.

As we walked around the shopping centre in Bromley Hannah pointed to the Karen Miller designer clothes shop. "I used to shop in there all the time. It's much easier to spend other people's money ... I used to get most of my money by mugging people." Hannah explained that she used to hang around with a group of other young people and target anyone they thought looked vulnerable:

*Anyone who looked like they were making something of themselves got a beating. They made us look bad. There was this one girl who came off the bus with her school books. We just went for her. She ended up in hospital. I had a real reputation for being able to fight. That attracted the wrong people ... We used to drink anything we could get hold of. Hanging out in the street, in parks, at people's houses. There was nothing else to do. All the stuff was designed for young kids. Teenagers want to do rock climbing, paintball, karate and stuff. To do that here you have to have money. We don't. ... We could get alcohol from anyone. Just any adult who'd buy it for us. We'd get drunk and end up having sex. It's pretty obvious that's going to happen.*

Hannah attributes the change in her life to one incident when a girl she was bullying dropped out and became like her. "It really made me think what I was doing. I then met Adil [her boyfriend] and wanted to change." The change involved breaking away from her old group of friends. She still bumps into them but does not spend time with them. "Most of them are either dealing or in prison. Most of the girls had their first kids when they were 15 or 16 – it was seen as normal. Then they'd end up selling drugs to raise the baby."

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### Education, employment and aspirations

Hannah left school at 16 with four GCSEs: an A+ in drama, a C in science, a C in music and a C in English. *"I loved drama. I love dance. I've done ballet ever since I was two. Now I mix it with tap, contemporary and street dance. If people want to do a routine or have an exam coming up then they come to me and I teach them. Just for free like."*

Hannah talks in vague terms about returning to education to get some more qualifications, but was unsure when this might be possible.

Hannah works in a pub in Bromley but has just handed in her notice because she worried that being on her feet all day and carrying heavy trays of glasses will affect her pregnancy. *"I'm not going to look for another job. I can get Income Support from 28 weeks. If I could get something in an office, where I can sit down, then I probably would take it. But I won't be able to."*

Hannah would like to build on her informal experiences of teaching people to dance and talks about owning her own dance studio. However, this is a dream rather than a reality, as she has no plan or ideas about how this could be achieved.

### Sex, relationships and parenthood

Hannah lost her virginity to a man in his forties when she was 16. This sounded like an abusive relationship and the police were involved. He had been in trouble for forcing younger girls into sex and filming them. Following this Hannah engaged in a spree of promiscuity and within a few months she had sex with 10 different people. *"I'd get drunk and sleep with anyone. I was a mess. I had a really bad reputation."*

Hannah's lifestyle changed three years ago when she started going out with Adil, her current boyfriend and father to her baby. Adil is 18 and is studying public services at college. He also works part time at a food wholesalers. Hannah described Adil as being very different to her previous boyfriends. *"He's quiet. He's into his books. He doesn't drink, doesn't smoke and doesn't take drugs. All my previous boyfriends were arseholes. They were trouble."* They met at a New Year's party. *"He looked different. He was quiet and didn't look like any of the others. I thought, let's try a nice guy for once. I mean, he was a virgin when I met him."*

It is clear that Hannah considers her relationship to Adil to be the single source of stability in her life – *"He's like my mum, dad and best friend all rolled into one"* – and attributes their relationship as being instrumental in changing her lifestyle. It was clear that having a baby was a means of cementing this further. Hannah has had three miscarriages in the last three years and is worried about a fourth. She has not been using contraception. She told Adil that she was on the pill but was not. She had been taking the pill recently but thinks that the antidepressants that she had been prescribed following a suicide attempt might have made the pill less effective.

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While her mother was very angry about the pregnancy, Adil is more supportive:

*My mum went ballistic when I told her. I think she wanted me to avoid the mistakes that she had made. She had me when she was nineteen ... Adil is really excited about having a baby. He is saving his wages so we can afford nappies and food and stuff. I opened his cupboard the other day and there were all these pack of nappies and baby grows there.*

Hannah had received some sexual education at school, but with hindsight did not consider it appropriate or sufficiently detailed:

*There was sex education offered at school, but my mum didn't agree with it being so early and so I didn't go. When we had it later on, it was just talking about how to have sex. The nurse didn't talk about the consequences. If you do this you going to get some STI. They should show pictures. People should be more scared. Especially boys.*

Hannah was relatively unaware of the support services that existed for teenage mothers, including financial support through the maternity grant or prioritisation on housing. Unlike most of the teenagers, Hannah had not been referred to the teenage pregnancy team. Instead, she stumbled upon them when she was in Connexions looking for advice on job seeking:

*Connexions is the one good thing that the government has done for young people. I always go there when I am in trouble or need advice. I've got all my jobs through them. Now they have something for pregnancy as well. I found that when I went in to get a job.*

# Macie

is 16 years old and has a 5-week-old daughter called Lily.

Macie lives with her mum, two brothers (14 and 10) and one sister (13) in a council house in Catford. Her mother is long-term unemployed. Macie's mum is 33 and had all her children before she was 22. *"I didn't want Macie to have one this young. I didn't want her to copy my mistakes."*

Macie spends most of her time with her mother watching daytime television, looking after the baby. Before she became pregnant Macie would spend her time playing in the street with her brothers or going to friends' houses. They use to have parties and get drunk – either in parks or at other people's houses.

## Education, employment and aspirations

Macie left school in year 11, when she found out that she was pregnant. A malicious rumour had been spread "that I'd been gang-banged". Macie describes school as an unhappy experience. She was very badly bullied since the start of year 9, which resulted in her poor attendance. Macie left school with no qualifications and does not have any firm plans to return to education. She mentions some vague ideas about becoming a hairdresser and mentions that one of her friends is studying beauty therapy at Lewisham College. Macie thinks this could be one option for her in the future.

Macie has very low self-esteem: *"I couldn't do most of the stuff at school because I'm stupid. I didn't understand it and so didn't bother."*

Macie receives £47.00 a week from Income Support, £60 in tax credits and £18 in child benefit. However, her mother does all the shopping and controls the family finances. Her mum took out a crisis loan to help pay for some of the baby clothes, cot and buggy.

## Sex, relationships and parenthood

Macie does not remember receiving any sex education at school. *"But I wasn't there, so I wouldn't know."* Her two best friends are still virgins, but she sees them as exceptions. *"Most were having sex in year 8 or 9. Especially the boys."*

She lost her virginity aged 13 to an older man with learning difficulties. She did not use any contraception and was placed on the 'at risk' register by her GP after her mum brought her in to get the morning after pill.

Lily's dad is a 15-year-old boy called Sean who she has been going out with for a year. *"We didn't have sex for two or three months, because we had to wait 'till it was right'."* They are still in a relationship. Macie explained that they had split up the previous night because they were arguing, but then made up that morning because he texted her to say he was sorry. They had

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not been using contraception *“because the pill made me feel sick and that injection makes you fat.”*

Macie really liked talking to Anna and Natasha, the specialist midwives. *“The hospital was shit. I didn’t know what was going on. They just left me waiting. They didn’t really speak to me or explain things. Them at Connexions were different. They explained things.”* Her mum interrupts to say, *“They talk to her the way they should. It was with respect. The people at the hospital looked down their noses. They judged her for being a young mum.”*

Macie’s brother Jay has been excluded from school for not wearing the correct uniform. Jay is 14 and adds to the conversation by explaining how he is having sex with his girlfriend who is 15. *“I always use condoms. My mum tells me to. I don’t want kids yet and I’m scared of getting a disease.”* They had gone on their first date on a Monday and had had sex in her house when her parents were out on the Friday. *“The problem is that I can’t go and see her. She lives in a different bit of Lewisham. There are kids there who want to knife me. I’ll get a slapping if I go over there.”* Jay explains that a group of boys threatened to cut his throat while he was on the bus on the way home. *“I’m afraid to go out. They all carry knives. I do sometimes. They’ll use them if they catch me.”*

# Tia

16 years old and has a 7-week-old baby boy called Jack.

Tia has lived in Lewisham for 11 years. Her parents are divorced and Tia's dad works for BT. She lives with her mum, a social worker, and older brother (aged 21). *"I don't like Lewisham. It's too rough. You know the people, the fights and all that. I don't want to bring up Jack around here. I don't want him going to these schools. We'll move out and live in a house in Sidcup. One day I'd like to live somewhere else like Kent."*

Before she became pregnant Tia spend her time at school during the week and then went out shopping with friends in Bromley. *"We'd go to the cinema or go bowling. Parties of course, mainly at people's houses. We'd be able to get drinks from older friends and we know which shops don't ask for ID."*

Tia says that most people smoked some weed and there were other drugs around. *"Even the weed messes people up. They can't handle it. You can see heroin. You see the needles. But we didn't do that."*

## Education, employment and aspirations

Tia enjoys school. She has taken eight weeks off since giving birth and is looking forward to going back in a week's time. She is taking GCSEs Maths, English and Technology and also spends one day a week attending a beauty course. Tia wants to be a beautician and then plans to go to college and re-train to be a lawyer.

Tia has had a comfortable childhood, recalling regular holidays abroad, to Turkey, Spain, France, and the Caribbean. She is looking forward to a trip to Egypt with friends this summer. Tia would like to be able to bring her son up in the same way and recognises the importance of good qualifications. She does not think that being a beautician allow her to earn enough for the lifestyle she would like for her son.

## Sex, relationships and parenthood

Tia lost her virginity at 15, with a previous boyfriend. *"I was late. Most girls started having sex when they were 12 or 13. Boys say they start earlier, but I don't believe them all. Who are they having sex with?"*

Tia did not think that the sex education that she received at school had any real impact on her or her classmates. *"We had sex education at school. They showed us some different types of contraception and a video of some woman giving birth. It wasn't any use, you really find about sex through hear-say-the-y-say, from your friends and people."*

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Tia's friends suggested that she should go to the sexual health clinic when she first started having sex:

*When I started having sex I went to the clinic in Catford. They are so rude. They don't respect us. They don't take the time to listen to us. It's not surprising that young people don't want to go there. They gave me the pill, but didn't explain how it worked. They didn't talk it through with me. I didn't take it regularly, that's why I got pregnant. We didn't plan to have a baby.*

Tia explains that although she felt she did not receive the appropriate guidance, the pill was the sensible choice for her. She recognised that in practice condoms often do not get used: *Boys don't really like condoms and the girls don't care. Condoms don't get used because either you're careless, it's a rush or you're somewhere you can't use them or you can't be bothered. Nothing is 100%, not even condoms.*

Tia's boyfriend is Dom. Dom is a 20-year-old electrician who she met at a party her aunt threw. They have been going out for a little over a year and are planning to get married. The couple and their two families appear very close; Dom's sister is about to give birth and spends the day with Tia and Jack.

Tia explained that when she first found out she was pregnant, she considered having an abortion:

*After a month I knew I was late. I went to the doctor and they did a test. I told Dom and we decided to have a termination. We went up there to get it done but I just couldn't do it. I then had to tell my mum. That was scary. I texted her from the cinema. She wasn't happy. She had her first baby at 16. But now she's cool.*

Tia's experiences of the teenage pregnancy team were very positive and she explicitly contrasted these with the way she felt she was treated at the hospital and at the clinic where she had received advice about contraception. Tia felt able to talk to the team members and that she was being treated with respect:

*We went to get scans at the hospital and that was when I first spoke to Anna [the midwife]. The people at Connexions are really good. They listen to you. They know how to talk to people and can sort all sorts of stuff out. At the hospital they don't give you any attention. Nicollette and the others can help with everything.*

# Charlie

is 21 years old and has a two-and-a-half year old son.

Officially Charlie lives with his parents and younger sister in Lewisham. However, he spends most of his time at his girlfriend's house with their son. He cannot officially live there, because this could affect her access to council housing.

Charlie described how becoming a father has forced him to change his life and become more responsible:

*Being a dad has changed my life. I never used to be bad, bad, but I used to do nothing. Literally nothing, just kick about with friends on the street. MCing with them, putting down beats. You know, doing my music. I used to sign on. That was the first thing I did when Tania found she was pregnant. I had to get a job before I could tell my mum. I had to get a future. I knew she'd say that I have to be responsible now. I want to have a future. I want to be able to give my son what he wants. Not like a PSP or anything, but so he can do what he wants to do.*

Charlie attributed part of his change in attitude to his relationship with Owen, the young fathers support work. This not only helped him change direction, but also helped him encourage his girlfriend to change also:

*Owen was really good. He was the one who got me back on track. He can really motivate people. You know, encourage them. He got me back on track and then I got Tania to step up. Before, she wasn't doing anything. She was just doing nothing too. When she's bored and at home it affects us. Our relationship. She calls me the whole time and argues. She had dropped out of college three times. Now she is at university and she works at Nike in Bromley.*

## Education, employment and aspirations

Charlie plays semi-professional football for a London football club. He trains three times a week and plays games at the weekends. His goal is to become a professional playing for a team in the Championship or in League One. However, he is realistic and recognises that if he does not get spotted by the time he is 26, it is unlikely that he will have a career in football. Consequently, Charlie is also study Business and Computing at Kingston University. He is in the second year and is in the process of arranging his third year placement as part of his university course. He had an interview at Network Rail. *"The woman was really positive. They have starting jobs at £28,000 and you get 60% off travel. That's a good deal. She was really promising."*

Charlie would like to move out of London as soon as he can. He is fearful of raising a child in the environment in which he grew up:

*I'd want to live in Kent or Essex or somewhere like that. A nice suburb. I'm scared about bringing up a boy in London. London is real. He needs to know if there is a group of boys on the corner all hooded up, then he has to cross over.*

*But also, I don't want him to grow to be one of those who are hooded up ... London has changed. Now if you see someone they don't say 'hello', but 'what are you look at?' Music is not a good influence. There are all these programmes getting kids to make music, but they are no good. They are all 'kill this' or 'stab that'. They are trying to keep people off the streets, but the kids are all making their mark in the music. They're getting a name for themselves in music. Putting the gangs out there in music.*

*They should be doing sport. You can get aggression out doing sport. Tennis, football. All they get is music about being a gangster and then playing Grand Theft Auto on the Play Station ... It's also the drugs. People have always smoked weed but the stuff on the street is different. They mix it with things. Now it's been decriminalised everyone is smoking it. You can see it makes a big difference to people. All the music videos, etc. talk about smoking and being a gangster. It's all glamorised. People live up to these stereotypes. But it's all lies. If 50cent was dealing crack he'd be in jail. But he's not. He's a rich businessman. It's all lies but people think they have to live up to it. They believe it.*

Charlie explains that he's changed the way he travels around London because of the violence on the streets. He used to take the bus or train, but now he drives everywhere – *"I've got too much to lose from some 15-year-old trying to make a name for himself."*

### **Sex, relationships and parenthood**

Charlie first had sex when he was in Year 10, with a girl in his class. He explained that this was the normal age for boys to start having sex. *"There's real pressure from friends. Boys get pushed into having sex. All their friends say they are having it, even when they're not. There is also pressure from girls. They all want boys who are having sex."*

Although he received sex education outside of school, Charlie emphasised that this was mainly about avoiding STIs and pregnancy. Friends, television and pornography were more important sources of information about how to have sex:

*I suppose we learned about sex from TV and films. I never remember sitting down and having the birds and the bees chat or anything. There was porn around when we were kids, but not like now. Now it's everywhere. On phones. On the internet. Everywhere. It's crazy. It makes it all look normal.*

Charlie has been going out with Tania, his son's mother, for four years. He described being shocked when he found out she was pregnant. His sex education had emphasised that unless contraception was used, the girl could conceive. When his girlfriend did not become pregnant on the occasions they did not use a condom, Charlie assumed she was infertile:

*We had been together for two years and one night we didn't have any condoms and ended up having sex without them. This happened again a few times. Tania didn't get pregnant and so I thought she couldn't. We stopped using them*

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*... I never wanted to have a kid at 19. I thought 27, 28, 29. You know, when I've seen things and lived a little.*

When friends of his have got girls pregnant they try to encourage her to 'take the morning after pill' (a phrase used as a euphemism for an abortion). "Most people don't want some girl changing their lives after just one night." However, Charlie explained that as he was in a relationship, this was different. He recognised the need for a child to have a father

*There has to be a dad around to support the child. It's the dad that gives the discipline. Boys need role models. The ones without dads are the ones that are shooting people on the street. If you have a child then you have to be around. A mum can only teach so much. You need a dad to put you on the right track. You have to be responsible for a child for 18 years. If that means being unhappy for that time, then you have to do it. Me? I'm much happier now than I ever was before.*

Charlie and Tania would like more children and may also look into adoption.

*"Tania wants four kids and to adopt one. She mentioned the adoption. I'd never thought about it before. But this Baby P stuff makes you think. I don't know how anyone could do that to a baby. I'd be happy to look after another kid after that."*

# Bethen

is 17 years old and is not pregnant and does not have a baby.

Bethen has lived in Lewisham for 10 years. She lives with her mum in a three-bedroom house. Her mum works at Marks and Spencer and she has had no contact with her father since she was born.

Bethen enjoys going to nightclubs with her friends. She mainly goes out in Lewisham, but occasionally ventures into 'town'. Most of her friends smoke, but they do not drink excessively. At the weekends she usually goes shopping with friends in Bromley. She also enjoys watching TV and DVDs, and using Facebook and MSN.

## Education, employment and aspirations

Bethen had recently been expelled from Sixth Form College for fighting with another pupil. She left school with three GCSEs (English C; Drama C; and ICT B). Bethen did not enjoy the academic aspects of school, but attended everyday because she liked the social life.

Bethen is currently looking for an apprenticeship as a beautician. She has been cutting her friends' hair and doing their nails for some years and would like to develop this as a career.

Bethen would like to leave Lewisham. She would like to get a flat in central London, own a car and earn good money. While she talks about these as realistic aspirations, she is not clear how she can achieve this lifestyle on a beautician's salary.

## Sex, relationships and parenthood

Bethen does not have a boyfriend. She lost her virginity aged 16 to a boy she had been going out with for nine months. They have recently split up. Bethen's mother took her to her GP when she was sixteen and organised for her to start taking the Pill. Bethen explained that she was nervous about talking about sex to the nurse with her mum present, but it helped as her mum later played an important role in reminding her to take the Pill and repeating some of the information the nurse had given her.

Since her first visit to the doctors with her mother, Bethen has been to a number of the sexual health clinics for information and conception.

*"The people at Rushey Green were really rude, but then I went to the clinic at Grove Park and they were much better."*

When Bethen was having sex with her boyfriend she also insisted he use a condom:

*Not even the Pill is 100 per cent. Both of them should cover it. I've got friend who have kids. I'm just not ready for them yet. Three had them at 15, two of them had them at 16. I don't think they knew what to do. They didn't really know about the morning after pill*

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Bethen remembered having sex education at primary school, and then a nurse coming into her Year nine lessons to show them how to put condoms on. However, she did not feel that she really learned that much from these sessions. Bethen attributes her use of contraception and not becoming pregnant to her mum deciding to take her to the doctors when she sixteen.

# Natalia

is 18 years old and is not pregnant and does not have children.

Natalia lives with her mum who is a travel agent. Her mum and dad separated when she was younger, but she is still in contact with her father who also lives locally. She has grown up in Lewisham and would like to move out of the area. *"Lewisham's a shithole. I hate it. It's just horrible around here. It's the people. It's the place."* She is regularly concerned for her personal safety and refers to the rise in knife crime as a particular issue that affects her and her friends, *"I wouldn't leave my house myself, I wouldn't go on buses, nothing. But then you can't stay in your house all day with nothing to do. But with all the kids hanging around together, it's intimidating"*

Natalia spent much of her time when she was younger drinking and smoking cannabis with friends on the streets and parks. *"If we had a bit of money [we'd] go to the cinema and that, but [I] only remember doing that a few times."* Now that she is a bit older she spends more time nightclubbing or drinking with friends in bars in Bromley.

## Education, employment and aspirations

Natalia left school when she was 16 with no qualifications. *"I hated school. I didn't go. I hated the people. I carried on going to school, but was skipping it. I probably went five times in whole of year 11."* She started a painting and decorating taster course at a local college, but did not get a place on the training programme. She is currently looking for a job, but is finding it hard.

Natalia worked for 12 months in Sainsbury's, three weeks in Argos and then a month in the Ladywell Leisure Centre. *"I didn't like it in there. Everybody wanted to know my business. I left."* Natalia would like to train as a business administrator and has requested information about a springboard course at a different college. She is currently out of work, but does not claim benefits, *"I don't want to sign on: you're not a bum until you sign on"*.

## Sex, relationships and parenthood

Natalia lost her virginity at 15. *"That was a good age. Other people lose their virginity at 12 or 13. It's normal but it's too young. Posh girls are having sex too young. Their parents try to keep them off it and they are like 'what's going on'. I'm not joking, posh girls are all over boys"*

Natalia remembered receiving sex education at school, but dismissed it as inappropriate. She thought that those delivering the sessions were unable to effectively engage with the young people:

They did tell us things. I don't think people listened because of the language they talk in. They need to get someone our age in. Someone younger.

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The kids could then get what they're talking about.

Natalia explained that she learned most about sex through experience. She commented that many of the boys' expectations of sex come from watching pornography:

*I don't know about girls these days but I don't watch porn. But boys - that's how they know what they're doing! They want to try everything. They want to be their own little porn star, don't they? Sometimes you just want to slap them and tell them to shut up.*

Natalia is currently in a relationship and has stopped using condoms. She is currently not using any contraception:

*We stopped using condoms after a while; after four months. We just don't. If you're just sleeping with them you use one, but if you're with a partner or whatever you stop using them. My sister is always on about using the Pill, but I prefer to be natural like ... Boys say condoms take away the feeling for them. If you're just sleeping with someone and they don't want to [use a condom] then they're not getting any. If it's your boyfriend they just go on and on - eventually you just stop [using condoms]... I've never got pregnant before so you don't think it could happen.*

Natalia regularly attends the sexual health clinic in Sydenham:  
*[I] go to the clinic in Sydenham to get checked every two months. They were rude in Downham, [I] don't want to go back there. They make you take bags of condoms. I've loads of them stacked up. They literally force them on you.*

Although Natalia is not using contraception, she does not want to have a baby. None of her friends have children and she thinks that she would probably opt for a termination, if she became pregnant.