Title	Unmarried pregnant women's accounts of their contraceptive practices: a qualitative analysis
Authors(s)	Hyde, Abbey
Publication date	1996
Publication information	Hyde, Abbey. "Unmarried Pregnant Women's Accounts of Their Contraceptive Practices: A Qualitative Analysis" 6 (1996).
Publisher	Manchester University Press
Item record/more information	http://hdl.handle.net/10197/4104

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Unmarried Pregnant Women's Accounts Of Their Contraceptive Practices: A Qualitative Analysis

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ABSTRACT: *This article presents qualitative data on the contraceptive practices of fifty-one unmarried pregnant women selected at a Dublin maternity hospital. Seven categories have been constructed from data to capture the ways in which the women became pregnant, namely 'fertility denial', 'destiny dependence', 'progressive remissness', 'occasional or intermittent risk-taking', 'calculated risk-taking', 'pro-active fertility management', and 'contraceptive failure or misuse'. It is argued that the variations noted in women's experiences in approaching pregnancy occurred against a background of patriarchal discourses that sometimes intersected to produce contradictory effects.*

INTRODUCTION

Non-marital childbearing in the Republic of Ireland has been steadily increasing since the 1970s. In 1992, when data collection for the study to be presented began, the figure had reached 9,303, representing 18 percent of all births for that year (Department of Health 1993). Although the proportion of women under twenty who are unmarried when they give birth had risen dramatically over the previous twenty years, the rate of births to adolescents (under twenty years) had not increased over the same period (Central Statistics Office 1972 - 1992).¹ Legislation in 1985 (Health (Family Planning) (Amendment) Act 1985), and further legislative amendments in 1992 and 1993, have meant that contraceptives have become more easily available to unmarried people in the Republic of Ireland than in the past. Indeed the most recent change makes Ireland's laws on contraceptive availability among the most liberal in Europe (Jacobsen 1994).

This article presents qualitative data on the contraceptive practices of fifty-one unmarried pregnant women during the lead-up to their pregnancies. It is suggested that women's contraceptive

¹The rate of births to adolescents was calculated by relating the estimated total number of females in the population aged 15-19 years for each of the years in question to the number of births to females under twenty for that year (Central Statistics Office 1972-1990, 1994). It should be noted that the number of births to those aged 15 and under is aggregated in the Reports on Vital Statistics, which means that the small number of girls aged 14 and under who are included in the figures of births to women under 20, but not in the total population aged 15-19 for each year, will affect the calculations. However, the number of births to those aged 14 and under is likely to be so small that the inaccuracies resulting will not be significant.

practices and approaches to pregnancy varied by virtue of their age and class differences, and their differing social circumstances. In the discussion, it will be argued that women's contraceptive practices are mediated by patriarchal controls over the female body and that socially acceptable terms of childbearing are dictated by patriarchal discourses. It will be further argued that differing patriarchal discourses may influence women's contraceptive practices in ways that produce contradictory outcomes.

The paper will begin with a review of background literature on the area which will be followed by an account of the methodological stance adopted within the study. Data will then be presented on women's differing approaches to fertility management. Finally, the empirical findings will be theorised in a discussion section.

Due to lack of space, the issue of negotiating contraception between sex partners is not discussed. In view of its importance, it forms part of the wider project (Hyde 1996) and will be reported on elsewhere.

There was no *a priori* assumption that non-marital childbearing was problematic; it was rather in relation to the stigmatisation of this style of mothering in the past, and women's continued exploitation within marriage (see Smart 1984; Walby 1990; and Delphy 1992) that an examination of the topic was deemed to be timely and important.

BACKGROUND LITERATURE

A small number of studies have been conducted which have explored the contraceptive practices of women in the Republic of Ireland. These have indicated low levels of contraceptive use among unmarried women who subsequently become pregnant (Rynne and Lacey 1983; Greene *et al.* 1989; Richardson 1991), high levels of unanticipated pregnancies (Powell *et al.* 1982; Rynne and Lacey 1983; Greene *et al.* 1989; Richardson 1991) and a relatively high level of reported contraceptive failure among unmarried women compared to married women (Greene *et al.* 1989). The concern with such findings is not that pregnancies arose among unmarried women, but rather that so many of the pregnancies were unanticipated. For example, Rynne and Lacey (1983) in their sample of 249 unmarried pregnant women found that 78 percent worried only a little or not at all that they might become pregnant, although most did not want to become pregnant. Greene *et al.* (1989) concluded from their comparative study of the contraceptive practices of married and unmarried women that the single women fostered a psychological attitude of denial and wishful thinking which led to a feeling of impregnability. Richardson (1991) also found a strong sense of invincibility to pregnancy among unmarried study participants.

Beyond the Republic of Ireland, a number of studies, mostly

undertaken within the discipline of psychology and using quantitative research methodologies, have explored the relationship between non-use of effective contraceptives and perceived invulnerability to pregnancy (Burger and Burns 1988; Whitley and Hern 1991). Burger and Burns (1988) confirmed their hypotheses that young women would perceive themselves to be less vulnerable to pregnancy than older women, and that the use of effective contraception would be less likely among women who felt less vulnerable. Whitley and Hern (1991) found that ineffective contraceptive users did not act on the basis of an illusion of invulnerability, refuting Burger's and Burns' earlier hypothesis. Whitley and Hern (1991) criticised Burger's and Burns' findings on the basis that no statistical test of respondents' accuracy of risk assessment had been made.

Invulnerability has also been studied in relation to the transmission of the HIV virus (Abrams *et al.* 1990; Memon 1991) and other health issues such as cancer and heart disease (Perloff and Fetzer 1986). A fairly consistent finding among these and other studies (Weinstein 1989) on perceived vulnerability to undesirable events and occurrences is an optimistic bias concerning one's own personal risk compared to the perceived likelihood of others being affected.

METHODOLOGICAL STANCE

The following account of women's contraceptive practices is part of a larger study investigating unmarried women's experiences of pregnancy and the early weeks of motherhood. Fifty-one women were selected from the pre-natal clinic of a major maternity hospital in Dublin. The criteria for inclusion in the study were that potential participants be unmarried to the father of the foetus and be first time mothers-to-be.² All but four women were in relationships with the putative fathers prior to the pregnancy,³ although the length and quality of these relationships varied enormously. By the time of the babies' births, at least fourteen women were no longer in relationships and another couple separated shortly after the birth. The women's ages ranged from sixteen to thirty-six, the average age being 22.7 years at the time of the birth. Twelve of the women were under twenty when they gave birth.

The process of selection was as follows: at the pre-natal clinic,

²While all women were unmarried to the father of the foetus, two had previously been married to other men. All women were becoming mothers for the first time, though at least two participants had abortions previously and at least one had had an early miscarriage.

³Three women became pregnant as a result of 'one-night-stand' sexual encounters. In another case the putative father was an occasional sex partner although the couple were not in a relationship.

midwifery staff, having established a potential participant's marital status, invited the woman to meet with the researcher and discuss the study. Women were informed that the decision to partake or not need only be made after they had spoken to the researcher and acquired details of the study. In all ninety women were invited to take part in the study, and seventy-eight of them agreed. However, fifty-one women were eventually interviewed; the wastage was accounted for through withdrawal from the study before the arranged interview date, not presenting themselves on the day of the interview, changes of address, marriage during the pregnancy, and premature births. This wastage rate compares well with other studies where participants were being interviewed in their own homes (Phoenix 1991). Participants in the present study were interviewed on two separate occasions: firstly in the later stages of pregnancy, and secondly, between weeks six and eight after the birth.⁴ The interviews were held during 1992 and 1993.

For the purposes of the present study, in order to centralise women's experiences, a qualitative approach from a pluralist feminist standpoint position was considered to be the most appropriate. Feminist standpoint perspective was initially advanced by writers such as Hartsock (1983, 1987), Rose (1983, 1986), and Smith (1979, 1987), and is based on the notion that human activity structures and sets limits on understanding (Harding 1989). Underpinning the standpoint position is the view that the dominance of conceptual schemes based on male perspectives of the social world has produced a partial and distorted understanding of events, which can only be redressed by uncovering an understanding of the world from the perspective of women's activities (Harding 1989).⁵ Earlier theoretical models of patriarchy constructing it as a kind of universal oppression were seen to understate differences among women's experiences in terms of class, race, sexual identity and so on. This has prompted writers such as Gelsthorpe (1992, p.215) to argue for a pluralist standpoint position - while women have a particular vantage point as women, their characteristics and circumstances vary, giving rise to a range of 'uniquely valid insights'. The pluralist standpoint position is central to the present analysis because it elucidates differences among women that cross-cut patriarchy.

Data were analysed using a style of qualitative analysis resembling a 'grounded theory' approach, first introduced by Glaser

⁴Six women were not available for the second interviews. While the vast majority of infants were aged between six and eight weeks, a small number were slightly younger or older.

⁵Feminist standpoint epistemology is rooted in Hegel's analysis of the master/slave relationship, and Marx's development of this into the proletarian standpoint.

and Strauss (1967), and later developed and refined (Glaser 1978; Strauss 1987; Strauss and Corbin 1990, 1994; Glaser 1992). Grounded theory has been described as 'a qualitative research method that uses a systematic set of procedures to develop an inductively derived grounded theory about a phenomenon' (Strauss and Corbin 1990, p.24). The idea is that theoretical insights can be developed by the researcher from the data, although at a certain level of abstraction. As data collection progresses, questions about topics become more and more focused around theoretically relevant issues and concepts.

CONTRACEPTIVE PRACTICES - VARIATIONS AMONG WOMEN

From the data seven categories were identified to capture variations in individual participants' experiences of becoming pregnant. These are 'fertility denial', 'destiny dependence', 'progressive remissness', 'occasional or intermittent risk-taking', 'calculated risk-taking', 'proactive fertility management' and 'contraceptive failure or misuse' (for a summary of each of these see the table below). The categories were constructed by the researcher on the basis of descriptions women gave of their perceptions of their own fertility and contraceptive practices during the lead-up to the pregnancy.

(i) Fertility denial

The basic pattern here was for women to report that they did not use (and had never used) any form of contraception because the possibility of becoming pregnant was not entertained at that point in their lives. Women did tend to express the view that they wanted a baby sometime, and had an idea about the circumstances and timing of when they would like motherhood to occur. Nevertheless, at least half of the ten women in this group would have preferred to have become pregnant later in their lives, but the use of artificial contraceptive methods was not considered to control fertility accordingly. Some of the others, who were satisfied with their age at motherhood, were unhappy with circumstances surrounding the pregnancy (usually relating to housing or relationship difficulties). The style of relationship women were involved in tended to vary. Of the ten women, seven had regular or occasional boyfriends at the time they became pregnant, while three putative fathers were once-off sexual contacts.

Apart from one young woman who was a Leaving Certificate pupil, and one who was sitting her Junior Certificate around the time of the first interview, all of the others in this group had left school prior to the Leaving Certificate, and some with no school qualifications at all. When employed, they tended to be in unstable, seasonal, unskilled occupations, with a great deal of job mobility. They also tended to be younger than average for the study population, with a mean age of 19.1 years at the time of the birth.

Category	n	Characteristics of participants	Defining features
Fertility Denial	10	Younger than ave - most without a Leaving Cert, many unemployed or in unstable unskilled jobs.	View that, 'It won't happen to me.' Seven women had either regular or occasional boyfriends at the start of the pregnancy. Three were once-off sexual contacts.
Destiny Dependence	8	Younger than ave - most without a Leaving Cert, many unemployed or in unstable unskilled jobs.	View that, 'If it happens, it happens', though some would have preferred to become pregnant later. All were in relationships at the start of the pregnancy.
Progressive remissness	7	Ave age - most with Leaving Cert and most employed at the start of pregnancy.	Previous regular use of contraceptives had become increasingly less regular - more risks being taken, but women reported not wanting to become pregnant. All were in stable relationships at the start of the pregnancy.
Occasional or intermittent risk-taking	7	Ave age - some with Leaving Cert and some employed at the start of pregnancy	Occasional risk-taking but likely to be considering contraceptive use. Putative father usually a new or infrequent sex partner.
Calculated risk-taking	5	Older than ave - most with Leaving Cert and most employed at the start of pregnancy.	Prior to becoming so most felt that they would like to become pregnant in the near future, but did not abandon all measures of prevention - took risks which they were aware might result in a pregnancy. Four of the five were cohabiting.
Pro-active fertility management	5	Older than ave - most with Leaving Cert and most employed at the start of pregnancy.	These saw their situations as conducive to childbearing, having achieved, for most part, alternative goals in life that they had sought. All were cohabiting at the time they became pregnant. Almost all had experienced regular contraceptive use prior to making a decision to attempt to become pregnant.
Contraceptive failure or misuse	9	Ave age - most with Leaving Cert and most employed at the start of pregnancy.	Contraceptives either failed or not used appropriately. Seven were condom users, while two were pill users. Varied types of relationships - some long-standing, others new or occasional.

While a common initial response from women in this group was to report that they 'did not think' about the possibility of a pregnancy and using a contraceptive, further probing suggested that they may actually have 'thought' about pregnancy as a possibility, but denied it in their own case as something that would happen to others and not to them. In this sense, they denied their own fertility, a phenomenon identified by Greene *et al.* (1989) in an Irish study referred to earlier. The examples below typify this form :

AH: Before you became pregnant, did you think about the possibility of becoming pregnant?

Norma: It never dawned me mind. It never dawned on me at all. I never even thought of it.

AH: Were you using a contraceptive?

Norma: No. I just thought, 'It wouldn't happen me.' That's what I used to say, 'It wouldn't happen me' (21-year-old, unemployed, first interview).⁶

AH: Say after you'd had sex, did you ever think, 'I wonder am I going to be pregnant after this?'

Kim: It never entered me head. I just thought it would never happen to me, you know. It would happen to others, but it wouldn't happen to me ...He always said to me, me da, 'I'm always proud that you never got pregnant,' because the rest of my friends, they've all two or three kids. I used to feel great about that, you know (21-year-old cleaner, first interview).

While some women here were relatively happy to be pregnant, most would have preferred to have become pregnant either at a later age, or in a different set of social circumstances:

AH: Have any of your brothers and sisters got children?

Andrea: Oh no. They're not as stupid as me! I would prefer to have waited.

⁶The age of women is given as their age at birth of the baby. Their employment status in all cases is that at the beginning of the pregnancy, although a number of those in seasonal or temporary employment became unemployed during the pregnancy and a small number of women resigned from stable employment in view of the pregnancy. Some occupations have been changed to similar ones within the same socio-economic group according to the current Irish six-point scale. This is to protect the anonymity of participants.

AH: Did you ever use anything ?

Andrea: No. That's the stupid thing...I just never bothered. It never really appealed to me, you know.

AH: Did you worry about becoming pregnant?

Andrea: No, I just thought I wouldn't.

AH: Did you want a baby?

Andrea: Not yet. I'd like to travel. I would have liked to be about twenty-one or twenty-two. I'd like to have travelled a bit first

(20-year-old, unemployed, first interview).

AH : Before you became pregnant, when did you think the best time would have been?

Celine: About thirty years' time [laughs]. Ah no, I always said I'd like to have a baby young, but never actually this young, you know twenty-two, twenty-three (17-year-old school pupil, first interview).

Indeed, some expressed a belief that a pregnancy would not occur until they themselves were socially ready for it, even in the absence of contraceptive usage:

AH: Before you became pregnant, did you ever worry about becoming pregnant?

Clare: No, I never thought, like, that it would happen to you. Like it wouldn't happen. I didn't think it would happen that night. I never thought it would happen until I was about twenty-five or twenty-six like me dad was always saying. You never think (19-year-old factory worker, first interview).

It is notable that two participants located in this group, Kim and Clare, mention their fathers' influence on their reproductive lives. This influence of participants' fathers in defining the social relations of reproduction is reported on elsewhere (Hyde, forthcoming).

Thus, this group was characterised by a sense of invincibility to pregnancy in the period around conception, although sexual intercourse was occurring in the absence of contraception, even among those who did not wish to become pregnant. This finding concurs with other Irish studies on unintended pregnancies referred to earlier (Rynne and Lacey 1983; Greene *et al.* 1989; Richardson 1991).

(ii) Destiny dependence

Fertility for this category of eight women was primarily governed by destiny - if a pregnancy happened, it happened. There was a tendency for women to feel that their social situations were not as they would wish for the purposes of childrearing, but they were prepared to accept a pregnancy if it occurred, irrespective of circumstances. Some women in this group would have preferred that the pregnancy did not happen until such time as they were more socially ready. Others accepted their current circumstances and hoped to rectify these as soon as possible. The circumstances referred to here relate primarily to the women's housing situations and their wish to break away from the parental home, either to live with partners, or alone with the child. In this group, contraceptives had not been used prior to the pregnancy, although some had used them previously. This group differed from the first group discussed above, primarily in their acknowledgement that a pregnancy might arise in their case.

Women in this group were similar to those in the fertility denial group in their socio-economic positions, in that they had left school at an early age, and tended to have held unstable, unskilled occupations in between periods of unemployment. Their age profile was also similar in that they were younger, on average, than the study population as a whole.

There was a tendency for women here to be in stable relationships at the beginning of the pregnancy, and this was seen to be significant in how the pregnancy was perceived for some participants, as the following examples suggest:

AH: Were you concerned about becoming pregnant?

Stephanie: No, I was sure about him [partner]. I would have liked it to be later but the fact that it happened didn't worry me
(23-year-old, unemployed, first interview).

Emma: We talked about it and about [pause], of babies. From the start I kind of knew that I'd be staying with him, so like we didn't worry as much as someone saying, 'Jasus, if I get pregnant!' Like we kind of said, 'If it happens, it happens.' But I think after this we'll have to start thinking of using something.
(19-year-old machinist, first interview)

AH: Were you using a contraceptive?

Teresa: No, we just didn't worry about it.

AH: Did you ever use contraceptives with previous

boyfriends?

Teresa: There was only one other fellow before [boyfriend], and I was close enough to him, I wasn't really close, but I made sure there was protection used. I don't know what it was about [boyfriend], it was just totally different...With the other fellow now, I wouldn't see a future with the other fellow.

AH: Did you think you would become pregnant with [boyfriend]?

Teresa: I said, 'If it happens, it happens.' If I get pregnant, we'll face it. Like we talked about it, that if I did get pregnant, he'd be there and all like
(20-year-old, unemployed, first interview).

Teresa, above, in relating events around her sister's second non-marital pregnancy, suggests that her own pregnancy was partially 'a mistake'. The conversation below emerged from a discussion relating to her mother's response to the sister's second non-marital pregnancy:

Teresa: I think it [mother's negative reaction] was because it was a second child and she was stupid enough to let it happen a second time.

AH: What do you think about that, your mother being annoyed because it wasn't her first [non-marital] child?

Teresa: Well, I agree with her, like, fair enough, the first time can be a mistake. The second time you know what you're doing.

AH: Would you say your pregnancy was a mistake, or did you know what you were doing?

Teresa: Bit of both, I'd say. Like it wasn't a shock to me when I found out I was pregnant. It wasn't. I think it was a bit of both

(20-year-old, unemployed, first interview).

Teresa had alternative plans prior to the pregnancy, for example to live in a different country, and although she always wanted a child of her own, she reported that she had not wanted it for a few years. Another, Stephanie, found the notion of deliberate fertility planning to be self-indulgent and undesirable, as follows:

Stephanie: It depends on how you see yourself in your own life. I means some girls can be very selfish. They've had so much in that ten-year gap between twenty and thirty - they've been on holidays here - they probably

even have a car, and they'll say, 'I'll leave it 'til next year and I'll probably go on another holiday next year,' and they kind of get selfish and think about what they want all the time, and not really sat down and thought that by the time the time has come, the clock has probably ticked off [laughs]

(23-year-old, unemployed, first interview).

Kathy, below, wanted a baby prior to the pregnancy, but felt confused about her feelings. While a sense of destiny dependence overrides her account, there are traces of fertility denial evident.

AH: Back there, you were saying that ye weren't using a contraceptive ...Did you think that you might become pregnant at any time?

Kathy: I just didn't think. I just wasn't thinking, you know, I was just saying, 'Well if I am, I am. If I'm not, I'm not.' Then again I was thinking, 'It wouldn't happen to me' [laughs]. You just get all mixed feelings

(19-year-old, unemployed, second interview).

In some accounts, there was a sense of inevitability, without temporal specificity, about becoming pregnant, as is evident in the following examples:

Stephanie: It was going to happen sooner or later and I knew it was going to be with him...I was put on this earth to have one [a child]. I wouldn't have been a girl if I wasn't

(23-year-old, unemployed, first interview).

Emma: Well it's going to happen sometime
(19-year-old machinist, first interview).

Thus, women in this group were aware to some extent that they might become pregnant, but relied upon destiny to lead them into motherhood. A pregnancy was accepted if it arose.

(iii) Progressive remissness

An outstanding feature of this group was that previous regular use of contraceptives had become increasingly less regular, and greater risks were being taken over the course of the relationship each participant was in at the time of conception. All of the seven women in this category were in long-term relationships when they became

pregnant,⁷ yet all reported that they *did not* want to become pregnant at that point in their lives. All were former oral contraceptive pill users, who, for various reasons, discontinued the pill. Most took alternative precautions for a while, and this was usually followed by a higher degree of risk-taking (such as coitus interruptus or isolated episodes of unprotected intercourse).

The socio-economic positions of women in the group tended to vary, but on the whole they were better educated than participants in the previous two groups, most having a Leaving Certificate, and some having further training in skilled occupations such as clerical work. Most were in relatively stable jobs at the time they became pregnant. The age profile of this group was average for the study sample as a whole.

In a couple of cases, participants were spatially apart from their partners for longer periods than normal around the time of conception, and the relative infrequency of intercourse precipitated the decision to discontinue the pill.

Alice: You see, I was living down in [name] with my boyfriend and he moved to [name] so I would only see him at weekends and maybe every second weekend, so I thought I'd give up the pill...We used condoms and then withdrawal - condoms at first, but we got fed up with that after a while [laughs]. Getting brave then . . .

(23-year-old shop assistant, first interview).

Frances : It was accident. He was away for three months; as the nurse says, 'Absence makes the heart grow fonder.' It definitely wasn't planned like my father thinks

(26-year-old nurses' aide, first interview).

Others discontinued taking the pill because of its side-effects, and followed this with condom use, and later with unprotected sex:

Jessie: I had been on the pill, and I had put on a load of weight from that pill. I had been on it for about a year. I never really took risks. I used other things...I should have immediately gone on another one, 'cause there's thousands of different pills but, I just didn't...I was only off it a few weeks when it happened. The ones that want it take years! The planners take years.

⁷The shortest of these relationships was the case of an engaged couple whose relationship was eight months in duration.

AH: Were you concerned about becoming pregnant?

Jessie: I thought of it, yeah. I didn't really take risks. Just this one night over the Christmas. I thought of it and then I said, 'No.' And then it just hit me...I knew I wasn't careful at the time. I was kicking myself afterward. Still am kicking myself sometimes (21-year-old, unemployed, first interview).

Susan: I was on the pill about four or five years, and I didn't know that you're supposed to come off it for a break ...The only part of the leaflet I read was how to start taking the pill, and that was it, so I sat down and read it one day, and it was all this 'tumours on your liver, and breast cancer,' and I was saying to him [partner], 'I'm not taking that, look what you can get.' And as the doctor says to me, 'You haven't had a break from the pill since you started.'...so I said [to partner], 'If you want nookies [sex], you'll just have to do something else!...I came off the pill then, and that was only a couple of months before I got pregnant, and we were kind of careful at first, but you know yourself.

AH: When you say you were careful, what do you mean?

Susan: We used condoms. They were horrible though ... Well we weren't, like, really sexually active anyway. That's how I got caught out. He was too frisky around Christmas!

(26-year-old cleaner, first interview).

While most women in this group were aware that they were exposing themselves to the risk of pregnancy, there were here again, elements of a sense of invincibility to pregnancy as is evident from the account below:

Pauline: I thought I was someone who'd never get caught, you know that kind of way. You have this thing in your head, 'I'm Miss High and Mighty. I'll never get caught. How could a girl be so stupid to let themselves get caught?'

(20-year-old secretary, first interview).

Data in the present study supports research from other studies (Luker 1975; Bury 1984; Phoenix 1991) in that previous 'escapes' seem to be associated with a feeling of improbability. As Luker (1975, p.94) put it, '...continued risk-taking creates a "feedback loop" for further risk-taking. Each "successful" risk substantiates the idea that one can continue to "get away with it" indefinitely'. This

phenomenon is suggested in Annie's account:

Annie: I originally never believed that I was [pregnant]. I kept saying, 'Ah no, I'm not, I'm not.'...I was late but I, I mean [pause], what would you say? I've been lucky twice before, so I said third time lucky, I'm not going to get caught, you know
(20-year-old secretary, first interview).

Overall, it would seem that a process of increasing remissness was occurring in the contraceptive practices of those within this group. A feeling of resistance to pregnancy emanating from previous sex acts, with increasingly reduced protection, perhaps instilled in them a false sense of confidence in their ability to avoid a pregnancy. This highlights the vulnerability of those in established relationships to the risk of unanticipated pregnancies, an issue that has received little attention in research reports to date.

(iv) Occasional or intermittent risk-taking

This group of seven was characterised by women who occasionally or intermittently had sexual intercourse without the use of contraceptives, and who (apart from one) had used contraceptives in the past, either with the putative father or another man. Unlike the group exhibiting features of progressive remissness with regard to contraception, women in this group were more likely to be considering a more reliable method of contraception, and had become pregnant by new or infrequent sex partners. The prospect of a pregnancy at the point in their lives when they became pregnant was generally experienced as undesirable by all but one woman.

The socio-economic positions of women in this group resembled those in the progressive remissness group above, in that some had obtained Leaving Certificates and a smaller number had received further training in skilled occupations. However, fewer women here were in stable employment at the time they became pregnant than those placed in the progressive remissness group. The age profile here also approximated the average age for the sample as a whole.

One woman had actually just started taking the pill, but may have already been pregnant:

Janet: I was on the pill ... Like it was probably only starting to work. I didn't really give it a chance...I think like the past two years ...like, but I've been always careful. If there was something like, if there were condoms there like, I'd use them, but, you know like, I've always kind of been careful about dates and stuff, but em, when I actually got down to getting the pill, I took it for a month. As soon as I started taking it,

I thought, 'Yeah, well I can't get pregnant now,' you know.

AH: Do you think you might have been pregnant unknown to yourself before you went on it?

Janet: I could have been, I don't know ...but em I think it was during that month that I got pregnant. I should have known. I should have used something else, 'cause it says that on the packet, you know ...You're meant to use something else for the first few weeks anyway (23-year-old waitress, first interview).

Some others had plans to start taking the pill, each having recently begun to have sex with her partner:

Sinéad: I'd been in another relationship for a year, and just the week before I'd met [putative father] I'd got the pill, and I was waiting for the first period to start it. And, I don't know, I was just ignorant to it. Stupidity ...you know, looking back, and I hear of people that don't use anything, and like you just don't realise ...It was just a case of we met one night at a twenty-first and we came back and we all had a few drinks, and it was all a bit of a laugh. That night ...no, we did use a condom the first night and then after that, but not that night

(21-year-old receptionist/secretary, first interview).

Jenny: I went to the doctor at the start of May 'cause I was only starting to get serious with him [partner] then. I thought, you know, I'd get the pill, but he [doctor] didn't give it to me and I had to wait until July ...He just doesn't prescribe the pill because he says it has side-effects. In the end, I got the prescription from the hospital ...I had to wait for the first day of my period before taking the first pill, and it never came (23-year-old, unemployed, first interview).

For Jenny, the quality of the relationship ('getting serious') appeared to determine contraceptive practices, elucidating a vulnerable area for pregnancy to occur during the time span between first intercourse with a partner, and the stabilisation of the relationship.

The infrequency of sex, coupled with excessive alcohol consumption, was a factor in non-contraceptive use for some women:

Veronica: I used to only go out with him now and again,

and it was just the one night that it happened ...It was just one night I was full of drink and that's what happened

(24-year-old, unemployed, first interview).

Cindy: No we weren't using anything. Just an accident after drink ...It was the first time I'd had sex with him and it was the first time I hadn't used anything as well. That's life I suppose!

(19-year-old office worker, first interview).

Although there appeared to be some concern about becoming pregnant among women in this group, there was a tendency to suppress the real possibility of pregnancy once the sex act was over. As with Sinéad below, most of the women were not particularly concerned in the period immediately following the act of unprotected sex, even though pregnancy could not be ruled out until menstruation began. Here again, elements of fertility denial are in evidence:

AH : You know that night when you had sex without a condom. Did you worry after that that you might be pregnant?

Sinéad: Didn't even think about it. I don't think it ever crossed my mind. Like that's stupidity

(21-year-old receptionist/secretary, first interview).

As with other participants, the notion of impregnability, at least until a pregnancy was intended, that is, within the right social circumstances defined by themselves, and/or with the appropriate partner, is evident from Sinéad's account of her response to the possibility of pregnancy:

Sinéad: It couldn't have happened! That was just a bit of fun. We didn't know each other at all, and I probably think that had a lot to do with it as well. 'I don't know him. There's no way!'

(21-year-old receptionist/secretary, first interview).

Sinéad also offers some insight into where her lack of faith in the necessity for contraception may be rooted. As in the case of women in other groups, previous sex acts without the consequence of a pregnancy reinforced her feeling of impregnability:

Sinéad: I think if you sleep with somebody once without using anything, and don't get pregnant, it just lowers your opinion of contraception. In the other relationship I just managed not to get pregnant

(21-year-old receptionist/secretary, first interview).

Sinéad's account lends further weight to the notion referred to earlier that previous unprotected sex acts without the consequence of a pregnancy fosters a false sense of security that the body is, to a greater or lesser extent, impregnable.

Thus, while women in this group were conscious of the possibility of a pregnancy, the use of contraceptives here was haphazard and inconsistent. Their sense of impregnability tended to be based on the infrequency of sexual intercourse, the relatively short period over which unprotected sex was occurring, and previous experience of unprotected intercourse without the consequence of a pregnancy.

(v) Calculated risk-taking

Women in this group perceived themselves, for the most part, as socially ready to become mothers. They felt that they had achieved, by and large, what they had set out to do in life, and that pregnancy would not constitute a problem. Their contraceptive practices resemble to some degree the practices of the progressive remissness group referred to earlier, where contraceptive use had become more and more lax in the period prior to becoming pregnant. Unlike those in the progressive remissness group, however, most participants had experienced a fairly recent feeling of 'broodiness' prior to becoming pregnant, they tended to feel that they would like to become mothers in the near future, and that they were now socially ready to mother. They did not, however, attempt to become pregnant by abandoning all measures of pregnancy prevention, but took risks which they were aware might result in a pregnancy. They tended to share the sense of 'If it happens, it happens,' evident in the destiny dependence group, but differed in that women here felt their social circumstances were now suitable for childbearing, and that they had satisfied other ambitions adequately. All of the five women in this group were cohabiting with their partners, apart from one who had a fairly casual (though long-standing) relationship with the putative father.

Four out of the five participants in this group had obtained Leaving Certificates, and tended to be in higher socio-economic groups than those in the previous categories. All but one (a freelance musician) were in stable employment at the time they became pregnant. Women in this group tended to be among the older participants in the study.

Typically for this group, there was a sense of caution about reducing barriers to a pregnancy totally, but also a sense that pregnancy would not pose a problem:

AH: How long had you been trying to conceive?
[Participant had already said the pregnancy was

planned.]

Sile: Not that we had really been trying either. You take a risk, and if it happened, it happened, but we knew like what we were doing, that I could have conceived at that time ...We were using condoms before this. The last two months we decided to take a risk, whereas before I definitely didn't want to get pregnant. So it happened quite quickly
(28-year-old musician, first interview).

Carol: There's no nice time to suddenly say, 'Yes, I'll have a baby. Yes, in the morning, I'll think I'll get pregnant,' unless you really are trying and you have a problem getting pregnant ...I just let the man above [God] pick his own time. I left it open to see what happens ...But I'm with the man I love. I wouldn't have taken this chance unless I knew I was getting married ...I earn a good enough wage and we didn't have problems with taking on board a financial responsibility like that
(25-year-old insurance consultant, first interview).

Angela: Well I knew I was taking a chance, and well, we did sort of take chances anyway the odd time, but this was really the first real chance that I took knowingly. I thought I might get away with it, but I didn't. But then, it wasn't a problem really like
(32-year-old engineer, first interview).

In the account below, as was the case in other groups, the sense of invulnerability to pregnancy because of previous laxity in pregnancy prevention, without the consequence of pregnancy, is evident:

Marion: And I think what happens is that you go so long without 'getting caught' as people say.

AH: Had you been off the pill for a while then?

Marion: No, I hadn't. I'd only been off the pill for about two months, but what I'm saying is, you might forget to take the pill one day and you keep saying, 'Well, you're invincible, it's not going to happen to you,' and you sort of get careless, you know. At the same time, I said it didn't really matter anyway
(28-year-old self-employed photographer, first interview).

Thus, there was a tendency for women in this group to view the prelude to the pregnancy as 'taking a chance', but one where the

losses were perceived to be non-problematic, primarily because they felt their social circumstances were, at this point in their lives, conducive to childbearing.

(vi) Pro-active fertility management

Women in this group went a step further than those in the previous group in that they abandoned all efforts to prevent a pregnancy, yet did not construct their sexual behaviour as 'risk-taking'. As with those in the previous group, women here tended to perceive their situations to be conducive to childbearing, having achieved many of the goals in life that they had sought. All of the women were in stable relationships and living with their partners. Three of the five women had either been married previously or were living with a man who had been married previously. With one exception, all had experienced regular contraceptive use prior to making a decision to attempt to become pregnant.

Most women here had completed schooling and had undertaken further training or education. With one exception, participants were in stable employment at the time they became pregnant. Like those in the previous group, they tended to be among the older women in the study.

The distinction between the notion of calculated risk-taking and pro-active fertility management is epitomised in Lorna's account of her pathway to pregnancy.

Lorna: I was on the pill and I remember we were going away for our Christmas do, and I forgot it. I left it, and [partner] said to me, 'Look leave it. If it happens, it happens.' And I thought, 'No, you don't plan it like that, if it happens it happens. I sort of pictured this real romantic, 'Yeah, we'll have a baby,' and all this. Like I wouldn't have gone near him because he had just said, 'If it happens, it happens.' But then, it was around January and we went for a drink, and he said, 'I'd love a child now,' he said, 'I really would', and that was so much better

(29-year-old salesperson, first interview).

Typically, a decision was made that the time was now as right as it could be to attempt to conceive:

Jackie: Well prior to actually becoming pregnant my attitude had changed drastically to having a child. I'm in my mid-thirties and I'm single. I had never wanted to have children. I've always been a career [pause], and then I decided that I would really, in my own right, really quite like a child. And I happened to have a

partner at the time who was quite happy for me to go ahead with it [laughs]. And so I went ahead with it (36-year-old manager, first interview).

Mary: And I always said I was going to have a baby before I was thirty-five, whether I was married or not, so I mean I'm going to be thirty-four this year, so it was going to be this year or next year, like . . . I had been on the pill and I went off it at the start of the Summer and I got pregnant in October (33-year-old public relations officer, first interview).

In the example below, while elements of fate-tempting are present in the participant's notion of 'seeing what happens', the couple, nonetheless, do not construct their sexual behaviour as risk-taking in the absence of contraceptive use:

Bernadette: I had been to the doctor before Christmas with a kidney infection, and I was on the pill ...I had missed a period with the kidney infection. So the doctor told me to come off the pill, and he gave me something for the kidney infection, and I got a period then, so the following month [pause]. Like he had said to me, 'Wait 'til you finish this course of antibiotics and we'll start you back with it then' ...I came home and I said to [partner], 'I'm off the pill.' We had talked last year about having a baby and we sort of put it off 'cause we were doing up the house, so we decided we'd leave it and it sort of got left and left, 'Well, maybe next year.' And he said, 'Well, what do you think? And I said, 'Well I don't know what to do.' So we decided anyway ...we'd go ahead and see what happened. So I said, 'I doubt very much that I'll get pregnant.' I said, 'If I don't get pregnant and I go back to the doctor, and if I'm okay to go back on the pill, I'll go back on it for another while, and we'll get the house finished or whatever' (27-year-old self-employed dressmaker, first interview).

One woman in this group differed from the others in that previous contraceptive practices were experienced as habitually unreliable (coitus interruptus), although she did not, herself, believe that a pregnancy would result while using the withdrawal method. Nonetheless, she did share with others the view that she now wanted to become pregnant, that her social circumstances were now appropriate for childbearing, and had abandoned all efforts (however unreliable) to avoid a pregnancy. For these reasons, she can be placed in the group of calculated risk-takers.

Members of this group, therefore, are characterised by a self-perceived social readiness to mother, with the pregnancy preceded by a decision to forfeit all measures to avoid a pregnancy.

(vii) Contraceptive failure and misuse

Women in this group had taken contraceptive measures around the time they conceived, but such measures either failed, or were not used as intended by the manufacturers. In total, nine women can be grouped here, among whom contraceptives were not used appropriately in two cases, with a further one suspecting misuse. Seven of the women were condom users, one of whom reported inappropriate use; the remaining two were pill users, one of whom reported inappropriate use, with the other unsure if she had used the method as intended. The style of relationship women had with the putative father varied a great deal, from long-standing to new or occasional. None of the women wanted to become pregnant at that point in her life, although this was more the case for some than for others.

Most women in this group had completed schooling and had received further training in a skilled occupation, predominantly clerical work. Almost all were in stable employment at the time they became pregnant. The average age of women here approximated the average for the sample as a whole.

Two women were aware that the condom had failed at the time of its use. Some participants were quite confident about the safety of condoms until pregnancy ensued. As stated previously, two of the women in this group had used contraceptives inappropriately - in one case condoms were used after intercourse had begun, and in the second, the pill was taken while the participant was receiving antibiotics. In the latter case, the participant was aware of the effects of antibiotics on the pill, but nonetheless felt that she would not become pregnant:

Deirdre: And then I was on antibiotics and then I got caught.

AH: Did you know that antibiotics can affect the pill?

Deirdre: Ah yeah I knew. But I was, 'Ah, I'll be all right, no bother,' so I was caught rotten ...I couldn't believe it. I was so sure, I was saying, 'I'll be fine,' and 'Don't worry about it,' and then ...'Positive'

(22-year-old secretary, first interview).

Finally, one woman, adamant that she did not want to become pregnant, was using the pill, but unsure about why it failed. She suspected that it may have been taken at inappropriate times.

Overall, then, women in this group did not wish to become

mothers at this point in their lives, and attempted to avoid becoming pregnant by using contraceptive measures which had failed. Failure in some instances is likely to have resulted from misuse of the method.

FEARING INFERTILITY

Before theorising the above accounts in the discussion section, a brief note is required on the suggestion by some authors (Bury 1984; Rainey *et al.* 1992) that women may attempt to test their fertility without particularly wanting to become mothers at that point. Both Bury (1984) and Rainey *et al.* (1992) suggest that fertility testing may occur because of women's uncertainty about their physiological capability to become pregnant. However, in the present study, concerns about the possible inability to conceive tended to be more often expressed by participants in the calculated risk-taking and in the pro-active fertility management groups who, for the most part, expressed the view that they did want to become mothers at the stage in their lives around the time of conception. A small number in the destiny dependence group, and a spattering across other groups voiced similar concerns. Such concerns may, in part, explain their willingness to embrace a pregnancy within circumstances which they believed to be less than appropriate. However, most women expressed little or no concern about the possibility of infertility:

AH: Were you having sex with the boyfriend you had for a-year-and-a-half?

Celine: Yeah.

AH: Did you ever wonder with him why you weren't getting pregnant? Like that you might have problems with getting pregnant?

Celine: I never thought about it. It just [pause] sort of these things you wouldn't think of until they actually happened

(17-year-old school pupil, first interview).

Even in instances where participants may have had reason to be concerned, as in the case of Kim below, who had experienced gynaecological problems in the past, concern about infertility did not appear to be great:

Kim: You see I used to get a lot of infections down there, and was seeing a gynaecologist, and, pregnancy never entered me head, you know.

AH: Was there any element, in view of these problems, that you thought you might never become pregnant?

Kim: Not 'never' ...I suppose it bothered me a bit but I just didn't think about it, 'cause I felt I was only young and had plenty of time
(21-year-old cleaner, first interview).

Susan, below, after a number of unprotected sexual contacts, did question her ability to conceive and indicated some concern about possible future infertility, but reports that it did not 'make [her] go out and get pregnant'.

Susan: But like I was going out with a fellow, I was going out with him for a while, and for a few months I wasn't using anything at all, and I never got pregnant. I started thinking maybe I can't get pregnant or something. And that started me thinking, 'Maybe I should try and get pregnant because what if I can't get pregnant? And what if I get too old?' Like that way. But it didn't make me want to go out and get pregnant really, but it got me thinking what if I couldn't if I wanted to, you know ...Like if you get away with it once you get a bit braver.
(26-year-old cleaner, first interview)

It seems to be the case, therefore, that while concerns about infertility may have had some part to play in the contraceptive behaviour of some women, the notion of 'getting braver' or simply not considering the issue of fertility at all, rather than becoming increasingly concerned about infertility, tended on the whole to be a stronger feature in women's accounts.

DISCUSSION

Data presented in this paper have indicated that there are various ways in which participants came to be pregnant. Sites of difference include age, social class position, the stage of a relationship and social circumstances. Centrally important in theorising the data presented above is the extent to which the diverse range of women *wanted* to be pregnant in the period leading to the pregnancy. However, as has been noted elsewhere, issues surrounding the wantedness or otherwise of a pregnancy are not at all clear-cut. There are degrees to which pregnancies may be wanted or not (Finlay *et al.* 1994), and unplanned pregnancies are not necessarily unwanted (Macintyre 1977; Macintyre and Cunningham-Burley 1993; Finlay *et al.* 1994, 1995). On the whole, though, my data suggest that the majority of the pregnancies were not intended. The notion of whether women wanted to become pregnant or not during the period prior to the pregnancy (which is what is of concern here) becomes redundant in those instances where a considerable proportion claimed

to have not even considered it as a possibility.

I would argue that variation in the data is likely to relate to women's exposure to conflicting patriarchal discourses which influence different women to varying degrees. Let me explicate this argument further. A set of discourses prevails about the appropriate timing and social organisation of childbearing. Although it is frequently claimed that unmarried women with children get proportionately more generous welfare benefits than married couples with children, and can circumvent the public housing waiting list, non-marital motherhood is still kept in check by stigmatising discourses. Evidence of such discourses is found in recent media reports of public and political opinion on non-marital motherhood,⁸ in which young mothering⁹ and non-marital mothering¹⁰ continue to be problematised.

Challenges to the dominant discourses have tended to take the form of empathetic opinions towards non-marital mothers in which the hardships¹¹ and hostility¹² they experience have been highlighted. However, even the more positive media reports reinforce the norm of the two-parent heterosexual family and normative age prescriptions in elucidating the high proportion of dual-parent non-marital families (see *Irish Independent* 9.9.1993), the transient nature of welfare dependency (see *Irish Times* 19.10.1993), and the stabilisation in the numbers of adolescent pregnancies (see *Irish Times* 7.3.1994). While attempting to dispel the myths surrounding non-marital childbearing, focusing on the high proportion of two-parent non-marital units reinforces the norm of dual heterosexual parenting. Highlighting the stabilisation in adolescent births conveys the message that youth and childbearing together are problematic, but a problem that is being contained. While such accounts attempt to present a more positive image of non-marital motherhood compared to those that overtly criticise it, they are also implicitly suggesting that single (without a partner) and

⁸The newspaper search here was not comprehensive, but a range of press articles was consulted from both conservative and liberal sections of the press.

⁹See the *Evening Press* 4.10.1993; *Irish Independent* 13.3.1989, 1.10.1990, 13.11.1991, 9.9.1993; *Irish Times* 9.5.1987, 25.5.1989, 26.7.1990, 4.3.1994, 9.11.1994; *Sunday Independent* 20.7.1987; *The Star* 13.4.1989)

¹⁰See the *Evening Herald* 10.9.1987, 18.12.1987; *Evening Press* 9.9.1989, 13.8.1992, 4.10.1993; *The Examiner* 14.5.1996; *Irish Independent* 23.5.1987, 10.2.1988, 25.5.1989, 01.5.1992, 13.6.1992; *Irish Press* 25.1.1992; *Irish Times* 10.9.1987, 26.7.1988, 28.1.1989, 25.5.1989, 19.10.1993; *The Star* 23.9.1992, 13.4.1989, 28.9.1993, 11.4.1996

¹¹See the *Evening Press* 7.1.1987; *Evening Herald* 10.4.1987; *Irish Times* 13.12.1994).

¹²See the *Irish Independent* 26.3.1987, 30.11.1988; *Irish Press* 23.5.1987; *Irish Times* 25.5.1989

adolescent parenting are problematic, but represent only a relatively small proportion of the growing number of non-marital births. In this sense, the public is being reassured that the social organisation of reproduction around the nuclear-style two-parent heterosexual family is not under threat to the extent that they might assume; alternatives to this style of organisation are very much a minority. Thus, although non-marital and adolescent pregnancies are still problematised, there is evidence of a degree of acceptability of non-marital childbearing provided that the circumstances in which it occurs approximate to the marital situation. This represents a changing form of patriarchy (see Walby 1990) in so far as even the more liberal version still has the impact of structuring women's 'choices' towards certain ends, that is, towards alignment with individual men in the organisation of reproduction. Such discourses serve the interests of patriarchy in view of their potential to place women in exploited positions through economic dependency and the expropriation of female domestic labour in marital and quasi-marital situations. That female domestic labour continues to be expropriated in marital situations is evidenced in both Irish (Market Research Bureau of Ireland 1992; Second Commission on the Status of Women 1993; Kiely 1995; O'Connor 1995) and international research (Croghan 1991; Cowan and Cowan 1992; Richardson 1993); evidence in the case of quasi-marriages comes from a growing body of international studies (Blair and Lichter 1991; Phoenix 1991; McRae 1993; Shelton and John 1993; South and Spitze 1994).¹³

Nonetheless, a number of women in the present study became pregnant outside of quasi-marital circumstances which might suggest resistance to the dominant discourses referred to above.¹⁴ Overwhelmingly, the data presented here would seem to suggest otherwise - very few women deliberately defied established social relations of reproduction through actively choosing non-marital motherhood without affiliating with an individual man. Some, however, defied the more traditional patriarchal position by choosing not to marry where this was an option.¹⁵ Others continued

¹³This is not to suggest that all marriages are necessarily patriarchal, but there is overwhelming evidence that even in modern marriages and quasi-marriages, women's domestic labour is expropriated. Chandler (1991) has argued that family forms that develop around quasi-marriage and non-marriage require examination, since they do not occur in a social and economic vacuum. She refers to the notion of 'degrees of marriage/non-marriage' in the organisation of reproduction, with cohabitation varying from a *de facto* domestic relationship to a non-hierarchical commitment (Chandler, 1991, p.37).

¹⁴Although, as indicated, most women were in relationships of some description, a number of these were either casual, new or unstable. Just a third of the women were cohabiting by the time of the second interview.

¹⁵Because of the divorce prohibition, marriage was not an option for some

in relationships without cohabiting, though this was the long-term plan of almost all if the relationship was to be sustained. In a few instances women were content without a partner although they had not sought to become pregnant (Hyde 1996). Nonetheless, the majority of pregnancies other than some of those in quasi-marital circumstances tended to be inadvertent, with women drifting into becoming pregnant rather than choosing to become pregnant (even if some were happy once pregnant).

I would argue that patriarchal discourses in addition to those referred to above were also influencing women's contraceptive behaviour. These are the discourses that render women passive in controlling their own bodies. On the one hand, therefore, women are being channelled through dominant discourses into marriages and quasi-marriages for the purposes of childbearing, all of which demand agency in terms of contraceptive use and negotiation¹⁶ in heterosexual relations beyond marriage and quasi-marriage.¹⁷ On the other hand, women's bodies are rendered passive through medicalisation, lack of education about their own bodies, sexual harassment, rape, domestic violence and the threat of violence in public places. Thus different sets of discourses can make different demands and have contradictory effects. Some women are likely to be more influenced by particular sets of discourses over others. It was noted in discussing the data that the most actively planned pregnancies in the present study were those of better educated women (in the pro-active fertility management group), whose circumstances most closely resembled a marital situation. Arguably, the most passive were those young working-class women (in the fertility denial group) who had not even considered the possibility of becoming pregnant.

This is not to suggest that particular discourses sweep all in their paths (Cooper 1994), with working class women influenced by one set of discourses, and middle-class women another. Indeed, there was evidence that both sets of discourses influenced women across the board to varying degrees and at different times. Thus, for example,

women in quasi-marital situations where either they or their partners were separated.

¹⁶A considerable amount of empirical evidence (Pollock 1985; Holland *et al.* 1990; Wight 1992; Caherty 1993) exists to indicate that female agency is demanded in negotiating contraception because gendered norms prescribe responsibility for contraception as a female rather than male responsibility. As indicated, a discussion of this issue is beyond the scope of this paper.

¹⁷This assumes an acceptance of non-procreative sexual relations outside of marital-type circumstances. While more traditional patriarchal thinking would disapprove of this, there is evidence of a growing acceptance within Ireland of sex before marriage (Whelan and Fahey 1994; Hyde 1996), though not, as indicated earlier, of childbearing outside marriage, or at least outside of quasi-marital situations.

feelings of invulnerability to pregnancy were noted among some women in groups other than the fertility denial group, while women in the latter believed that they would become pregnant when the time and circumstances were right for them (indicating the influence of discourses on gender prescriptions for childbearing). Not being older was of significance for some in the fertility denial group, suggesting an internalisation of age-related rules of conduct around childbearing, although clearly these women were influenced by the impact of discourses that rendered them passive about fertility management. For those in the destiny dependence group, being in a stable relationship was of particular significance in their acceptance of the pregnancy, indicating their internalisation of dominant views about alignment to individual men in the social organisation of reproduction. Thus, discourses about childbearing can be fractured around different themes, with age-related norms being more significant for some women, while norms about gender relations in reproduction (to be married or in a stable relationship) may influence others to a greater extent.

For most participants who experienced a sense of invincibility to pregnancy, it tended to be context-specific, in that the possibility of a pregnancy was obviated under their present circumstances. For the majority, there was little evidence that they considered themselves to be barren. Previous unprotected sex acts seemed more likely positively to reassure women that they would not become pregnant prematurely, rather than negatively raise concerns that they may be infertile. Most wanted to become mothers at some later stage, and, as indicated, only a small number expressed concerns that they might have fertility problems later on. For the most part, alongside the assumption that 'It wouldn't happen to me,' was also an assumption that they would eventually become mothers when the time and circumstances were right for them. It appears that at a cognitive level, some participants held that the physiological functioning of the body was synchronised with their social circumstances. The failure to recognise the body as a separate functioning entity from the social aspects of life was evident, as was the failure to realise that intervention was necessary to control fertility. Birch (1992; 1995) noted a similar phenomenon in her sample of adolescent mothers in London, in so far as a pregnancy was seen as a matter of fate for participants, many of whom did not wish at that point to become pregnant. Their lives, Birch contends, were overridden by a lack of control over their circumstances. An unanticipated pregnancy represented the ultimate loss of control, when even their bodies were acting contrary to their wishes (Birch 1992, 1995).

According to Foucault (1977, p.138) discourses produce constructions of bodies as 'docile', passive and practised in the face of disciplinary power. This notion of 'practised bodies' may in part explain the illusion of synchrony between the physiological

functioning of the body (in terms of fertility) and the socially preferential timing of pregnancy among participants in the present study who experienced a sense of invincibility to pregnancy. The notion of agency in controlling fertility coinciding with social readiness (required to sustain the normative social organisation of reproduction) was secondary in many instances to the belief that fertility was self-regulated according to social circumstances (the impact of discourses that encourage passivity). In other words, it would appear that the body was so practised in being shaped by discourses which encourage passivity, that physiological functions of the body appear in some areas to have become cognitively fused with social norms. The notion of consistent individual action to regulate fertility (required to preserve the dominant view on organising reproduction) was not entertained, because it was believed that the body would operate as expected when it was socially appropriate. I infer that this suggests that mediating sets of discourses intent on the same end (patriarchal control) can have contradictory outcomes.

While feminist thinkers have advanced Foucault's ideas in exploring the way in which language and knowledge produced about gendered bodies have impoverished and controlled women's experiences (McNay 1992),¹⁸ such discourses also offer the possibility of resistance (Sawicki 1991). For Foucault, the social realm constituted 'a network of intersecting practices and discourses, an interplay of non-egalitarian, shifting power relations' (Sawicki 1991, p.80). Furthermore, '[i]ndividuals and groups...occupy various and shifting positions in this network of relations - positions of power and resistance' (Sawicki 1991, p.80). Control therefore needs to be continually contested and won in the face of resistance. The 'docility' of bodies can have culturally transforming and personally liberating outcomes (Bordo 1993) and can create the possibility of new sites of resistance (Sawicki 1991). The notion of resistance is important in the context of contraceptive practices in so far as, in the present study, some women's disadvantage in managing fertility allowed the potential for resistance and for new cultural forms to emerge. Some women who were passive about contraceptive use and oblivious to their own fertility later redefined their situations to contest male power and present challenges to an established social organisation of reproduction, despite overarching social constraints (Hyde 1996).

Among women who did not wish to become pregnant, yet were passive in terms of fertility management, the extent to which their

¹⁸While Foucault's work has been of interest to feminist theorists, many feminists have rejected it because of Foucault's failure to support some feminist perspectives and struggles, and also because the very basis of his work (postmodernism) creates difficulties for political struggle (see Phelan 1990).

bodies were disciplined may simply be different rather than greater than that of their effectively contracepting sisters. In the case of the latter, the possibility that their bodies are controlled according to a discourse which disciplines them to produce two children, when they are at least over twenty years old, and married to (or are in a quasi-marriage with) a male partner is as plausible as is the notion that they are agents of their own destiny. As Cooper (1994, p.439) states:

Foucauldianism, by centring power, provides an explanatory framework that denaturalises and contests an essential subjectivity. Thus, heterosexuality, motherhood, romance - choices, desires, and behaviour which seem to reflect women's 'true self' - are not only socially constructed, but the result of a power that is most effective when 'agency' appears strongest.

Those pro-actively contracepting to conform to social and gender prescriptions for motherhood may be perceived as having acted to fulfil socially constructed gender expectations. The pro-active fertility management group came closest to this, in that all were in relationships that approximated to marriage.

It is being argued here that women in general are operating within the wider context of power and patriarchy, in which a language of 'control' over their bodies in the face of contraceptive 'choices' obscures the overall context of control in which social arrangements of reproduction are defined. This difficulty associated with 'choice' has been noted by others (Katz Rothman 1994; Morgan and Scott 1993), in that 'choices' become transformed into pressures to choose the most socially endorsed possibilities.

SUMMARY AND CONCLUSION

This paper has explored participants' experiences in relation to contraceptive practices and found that age, class and social circumstances mediate patriarchy, and result in differing experiences for women in approaching pregnancy. I have argued that differences identified in women's approaches to pregnancy may be explained by the cross-cutting of varying layers of discourses prescribing gender expectations which sometimes produce contradictory outcomes.

What remains unresolved and rests uncomfortably with feminist politics is the notion that what apparently manifests itself as female agency may simply be the effect of power. Where layers of patriarchal discourses are seen to influence gender roles in diverse ways, there is a danger that any notion of female agency is theorised out of existence, because female needs, desires, and so forth are seen to be socially constructed on male terms (see Cooper 1994). Such an issue is beyond the scope of this paper. Nonetheless, whether intended or not, many non-marital pregnancies in the

present study presented a challenge to the institution of marriage in its traditional form and the patriarchal baggage that goes with it.

REFERENCES

- Abrams, D., Abraham C., Spears R., and Marks D. 1990. 'Aids invulnerability: relationships, sexual behaviour and attitudes among 16-19 year olds', in P. Aggleton, P. Davies and G. Hart (eds.), *AIDS : Individual, Cultural and Policy Dimensions*. Lewes: Falmer Press: pp.35-51.
- Birch, D. 1992. *Are You my Sister Mummy?* (second edition). London: Youth Support.
- Birch, D. 1995. 'Teenage sexuality', *Update* 51, 3: pp.113-114.
- Blair, S.L. and Lichter, D.T. 1991. 'Measuring the division of household labour: gender segregation among American couples', *Journal of Family Issues* 12: pp.91-113.
- Bordo, S. 1993. 'Feminism, Foucault and the politics of the body', in C. Ramazanoglu, ed., *Up Against Foucault: Explorations of Some Tensions Between Foucault and Feminism*. London: Routledge: pp.179-202.
- Burger, J.M. and Burns, L. 1988. 'The illusion of unique invulnerability and the use of effective contraception', *Personality and Social Psychology Bulletin* 90: pp. 496-912.
- Bury, J. 1984. *Teenage Pregnancy in Britain*. London: Birth Control Trust.
- Caherty, T. 1993. *Choosing to Tell: Women's Accounts of the Experience of Abortion*. Unpublished M.Phil. Dissertation, Trinity College Dublin.
- Central Statistics Office, 1972-1992. *Report on Vital Statistics*. Dublin: The Stationary Office.
- Central Statistics Office, 1994. *Annual Population and Migration Estimates 1987-1994*. Dublin: The Stationary Office.
- Chandler, J. 1991. *Women Without Husbands: An Exploration on the Margins of Marriage*. London: Macmillan Education Ltd.
- Cooper, D. 1994. 'Productive, relational and everywhere? Conceptualising power and resistance within Foucauldian feminism', *Sociology* 48, 2: pp.435-454.
- Cowan, C.P. and Cowan, P.A. 1992. *When Partners Become Parents: The Big Life Change for Couples*. New York: Basic Books.
- Croghan, R. 1991. 'First-time mothers' accounts of inequality in the division of labour', *Feminism and Psychology* 1, 2: pp.221-246.
- Delphy, C. 1992. 'A theory of marriage' in L. McDowell and R. Pringle, eds., *Defining Women: Social Institutions and Gender Divisions*. Cambridge: Polity Press in Association with the Open University: pp.138-139.
- Department of Health, 1993. *Vital Statistics Fourth Quarter and Yearly Summary 1992*. Dublin: The Stationary Office.

- Finlay, A., Shaw N., McKeever M., Whittington D., and McWilliams M. 1994. 'Adolescent sexuality, teenage pregnancy and the notion of an underclass: Reflections from Northern Ireland'. Paper presented at the BSA Annual Conference, Sexualities in Social Context, University of Central Lancashire, Preston
- Finlay, A., Shaw, N., Whittington, D. and McWilliams M. 1995. *Adolescent Reproductive Behaviour in the Western Health and Social Services Board Area: A Study Carried Out by the Centre for Health and Social Research, University of Ulster*. (Executive Summary). Northern Ireland: Western Health and Social Services Board.
- Foucault, M. 1977. *Discipline and Punish: The Birth of the Prison*. (translated by Alan Sheridan). London: Penguin.
- Gelsthorpe, L. 1992. 'Response to Martin Hammersley's paper, "On feminist methodology"', *Sociology* 26, 2: pp.213-218.
- Glaser, B. and Strauss, A. 1967. *The Discovery of Grounded Theory: Strategies for Qualitative Research*. Chicago: Aldine Publishing.
- Glaser, B. 1978. *Theoretical Sensitivity*. Mill Valley, California: Sociology Press.
- Glaser, B. 1992. *Emergence Versus Forcing: Basics of Grounded Theory Analysis*. Mill Valley, CA: Sociology Press.
- Greene, S., Joy, M.T., Nugent, J.K., and O'Mahony, P. 1989. 'Contraceptive practice of Irish married and single first-time mothers', *Journal of Biosocial Science* 21, 4: pp.379-385.
- Harding, S. 1989. 'Feminist justificatory strategies,' in A. Garry and M. Pearsall, eds, *Women Knowledge and Reality: Explorations in Feminist Philosophy*. Mass.: Unwin Hyman: pp.189-201.
- Hartsock, N. 1983. *Money, Sex and Power: Towards a Feminist Historical Materialism*. New York: Longman.
- Hartsock, N. 1987. 'The feminist standpoint: developing the ground for a specifically feminist historical materialism', in S. Harding, ed., *Feminism and Methodology: Social Science Issues*. Milton Keynes: Open University Press: pp.157-80.
- Health (Family Planning) (Amendment) Act, 1985*. Acts of the Oireachtas as Promulgated. (Number 4 of 1985) Dublin: The Stationery Office.
- Holland, J., Ramazanoglu, C., Scott, S., Sharpe, S. and Thompson, R. 1990. 'Sex, gender and power: young women's sexuality in the shadow of AIDS', in *Sociology of Health and Illness* 12, 3: pp.336-350.
- Hyde, A. 1996. *Unmarried Women's Experiences of Pregnancy and the Early Weeks of Motherhood in an Irish Context: A Qualitative Analysis*. Unpublished Ph.D. Thesis, Trinity College Dublin.
- Hyde, A. (forthcoming). 'Gender differences in the responses of parents to their daughter's non-marital pregnancy', in A. Byrne and M. Leonard, eds., *Irish Women: Sociological Profiles* Dublin: Attic Press: pp.311-326.

- Jacobsen, H. 1994. Multiple meanings: Young Women's Experiences with Contraception. Unpublished M.Phil. Dissertation, Trinity College Dublin.
- Katz Rothman, B. 1994. *The Tentative Pregnancy: Amniocentesis and the Sexual Politics of Motherhood*. London: Pandora.
- Kiely, G. 1995. 'Fathers in families', in I.C. McCarthy, ed., *Irish Family Studies: Selected Papers* Dublin: The Family Studies Centre, University College Dublin: pp.147-158.
- Luker, K. 1975. *Taking Chances: Abortion and the Decision not to Contracept*. Berkeley: University of California Press.
- Macintyre, S. 1977. *Single and Pregnant*. London: Croom Helm.
- Macintyre, S. and Cunningham-Burley, S. 1993. 'Teenage pregnancy as a social problem: a perspective from the United Kingdom', in A. Lawson and D. Rhode, eds, *The Politics of Pregnancy: Adolescent Sexuality and Public Policy*. Yale University Press: pp.59-73.
- Market Research Bureau of Ireland. 1992. *Mná na hÉireann*. Dublin: MRBI
- McNay, L. 1992. *Foucault and Feminism: Power, Gender and the Self*. Cambridge: Polity Press.
- McRae, S. 1993. *Cohabiting Mothers: Changing Marriage and Motherhood?* London: Policy Studies Institute.
- Memon, A. 1991. 'Perceptions of AIDS vulnerability: the role of attributions and social context', in P. Aggleton, P. Davies and G. Hart, eds, *AIDS: Responses, Intervention and Care*. Basingstoke: Falmer Press: pp.157- 168.
- Morgan, D.H.J. and S. Scott. 1993. 'Bodies in a social landscape', in S. Scott and D. Morgan, eds, *Body Matters: Essays on the Sociology of the Body..* London: The Falmer Press: pp.1-21.
- O'Connor, P. 1995. 'Understanding Continuities and Changes in Irish Marriage: Putting Women Centre Stage', *Irish Journal of Sociology* 5: pp.135-163.
- Perloff, L.S. and Fetzer, B. 1986. 'Self-other judgements and perceived vulnerability to victimisation', *Journal of Personality and Social Psychology* 50: pp.502-510.
- Phelan, S. 1990. 'Foucault and Feminism', *American Journal of Political Science* 34, 2: pp.421-440.
- Phoenix, A. 1991. *Young Mothers*. Cambridge: Polity Press.
- Pollock, S. 1985. 'Sex and the contraceptive act', in H. Homans, ed., *The Sexual Politics of Reproduction*. Hants: Gower: pp.64 - 77.
- Powell, B., Dockeray, J. and Swaine, E. 1982. 'Unmarried mothers: A survey of 200 Presenting for Ante-Natal Care', *Irish Medical Journal* 75, 7: pp.248-249.
- Rainey, D.Y., Stevens-Simon, C. and Kaplan, D.W. 1992. 'Self-perception of infertility: a deterrent to effective contraception among female teens?' *Journal of Adolescent Health* 13, 3: p. 42.
- Richardson, D. 1993. *Women, Mothering and Childrearing..* London: Macmillan.

- Richardson, V. 1991. 'Decision making by unmarried mothers', *The Irish Journal of Psychology* 12, 2: pp.165-181.
- Rose, H. 1983. 'Hand, brain and heart: a feminist epistemology for the natural sciences', *Signs* 9: pp.73-90.
- Rose, H. 1986. 'Beyond masculinist realities : a feminist epistemology for the sciences', in R. Bleier, ed., *Feminist Approaches to Science*. New York: Pergamon: pp.57-76.
- Rynne, A. and Lacey, L. 1983. 'A survey of 249 Irish women interviewed while pregnant and out of wedlock between September 1982 and July 1983'. Unpublished paper.
- Sawicki, J. 1991. *Disciplining Foucault: Feminism, Power, and the Body*. London: Routledge.
- Second Commission on the Status of Women. 1993. *Report to Government*. Dublin: Stationery Office.
- Shelton, B.A. and John, D. 1993. 'Does marital status make a difference? Housework among cohabiting men and women', *Journal of Family Issues* 11: pp.115-35.
- Smart, C. 1984. *The Ties That Bind: Law Marriage and the Reproduction of Patriarchal Relations*. London: Routledge and Kegan Paul.
- Smith, D.E. 1979. 'A sociology for women', in J. Sherman and E. Beck, eds, *The Prism of Sex: Essays in the Sociology of Knowledge*. Madison: University of Wisconsin: pp.135-187.
- Smith, D.E. 1987. *The Everyday World as Problematic: A Feminist Sociology*. Milton Keynes: Open University Press.
- South, S.J. and Spitze, G. 1994. 'Housework in marital and non-marital households', *American Sociological Review* 59: pp. 327-347.
- Strauss, A.L. 1987. *Qualitative Analysis for Social Scientists*. Cambridge: Cambridge University Press.
- Strauss A.L. and Corbin, J. 1990. *Basics of Qualitative Research: Grounded Theory Procedures and Techniques* London: Sage.
- Strauss, A.L. and Corbin, J. 1994. 'Grounded theory methodology: an overview' in N. Denzin and Y. Lincoln, eds, *Handbook of Qualitative Research*. London: Sage: pp.273-285.
- Walby, S. 1990. *Theorising Patriarchy*. Oxford: Basil Blackwell.
- Weinstein, N.D. 1989. 'Optimistic bias about personal risk', *Science* 246: pp.1232-1233.
- Whelan, C. and Fahey, T. 1994. 'Marriage and the family', in C. Whelan, ed., *Values and Social Change in Ireland*. Dublin: Gill and Macmillan: pp. 45-81.
- Whitley, B. and Hern, A. 1991. 'Perceptions of vulnerability and the use of effective contraception', *Personality and Social Psychology Bulletin* 17: pp.104-10.
- Wight, D. 1992. 'Impediments to safer heterosexual sex: a review of research with young people', *AIDS Care* 4, 1: pp.11-21.

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