YOUNG WOMEN'S HEALTH AND WELL-BEING: A QUALITATIVE STUDY

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This thesis and the research study on which it is based is my own work

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ABSTRACT

Young women's health and well-being: A qualitative study

This thesis is concerned with young women's health and well-being, with a specific focus on young women's beliefs, behaviours and attitudes towards smoking, substance use, sexual health, diet and exercise and well-being. These issues are identified as priorities in 'The Health of the Nation: A strategy for health in England' (Department of Health 1992). This document which was published by the previous (Conservative) Government in July 1992, set objectives and targets relating to health status to be met by the year 2000. (There are similar separate documents for both Wales and Scotland.) It identified five key areas for action: coronary heart disease and stroke; cancers; mental illness; HIV/AIDS and sexual health and accidents. Some of its targets apply specifically to young women.

Informed by feminist theory and using ethnographic and qualitative research techniques, this study examines young women's health-related beliefs and behaviours within the context of their day-to-day lives. Participant observation was conducted with young women at youth clubs and schools in Wolverhampton and a small rural town in Hereford and Worcester. The information thereby obtained was supplemented with in-depth interviews with young women, their mothers, youth workers and teachers. The qualitative approach used in this study permits detailed consideration of how social, economic, cultural and political influences impinge upon the propensity of young women to adopt what are seen as 'healthy' behaviours and practices.

This thesis examines how social, economic and cultural influences on young women's lives may constrain their ability to choose health-promoting behaviours. It explores how dominant constructions of femininity can restrict young women's life choices with implications for their health. Taking these constraints into account, the thesis provides a feminist critique of government health promotion strategies and examines the likelihood of 'The Health of the Nation' targets being met for this section of the population.

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PREFACE

This thesis is concerned with young women's health and well-being, with a specific focus on young women's beliefs, behaviours and attitudes towards smoking, substance use, sexual health, diet and exercise, and mental health and well-being. These issues are identified as priorities in 'The Health of the Nation' (Department of Health 1992a). 'The Health of the Nation: A strategy for health in England' is a document produced by the previous (Conservative) Government which sets objectives and targets relating to health status to be met by the year 2000. (There are similar separate documents for both Wales and Scotland.) The White Paper published in July 1992 identified five key areas: coronary heart disease and stroke; cancers; mental illness; HIV/AIDS and sexual health; and accidents. Risk factors associated with each of the five key areas were identified, for example, within coronary heart disease some of the risk factors identified were smoking, diet and obesity.

My motivation to undertake this study was the opportunity to combine my own feminist beliefs, a background in health studies and sociology, my long-standing employment as a young women's youth worker and a desire to contribute to the growing, but still small, literature on young women's lives. An important aspect of this study is my methodological approach, which entailed a rejection of the impersonal quantitative research on health which characterises much of the literature, in favour of the production of an analysis rooted firmly in the day-to-day lives, options and constraints, as experienced by some young women. Health 'choices' are not made in a vacuum. I believe the qualitative approach used in this study permits detailed consideration of how social, economic, cultural and political influences impinge upon the propensity of young women to adopt what are seen as 'healthy' behaviours and practices.

The purpose of this study is to provide a feminist critique of 'The Health of the Nation' strategy and of the health promotion initiatives it has engendered, in relation to the lives and health of young women. My study was conducted in youth clubs and schools in two towns, one urban and one rural, with around fifty young women aged between 13 and 16 years of age. My main method of enquiry was participant observation, supplemented with interviews. I also interviewed five teachers and youth workers and the mothers of six young women involved in the study. (See Appendix One for further details of the sample

and communities involved in the study.) Young women of this age are neither children nor adults; they are financially dependent on their parents, and almost all still live at home, yet their parents and teachers are beginning to accord them some of the licence and autonomy associated with adult status. The adults' own ambivalence about what constitutes an appropriate mix of regulation and control, on the one hand, or freedom, on the other, is a recurrent theme in this study. It has major implications for health promotion work with young people, by both state or local agencies and parents, as coercion, control and direction are likely to be resisted by young people. The eating, sleeping and recreational habits of young people cannot be monitored or regulated to the same extent as the lives of primary school age children are, and yet the adults responsible for their care or education acknowledge that they are still too young to be accorded complete autonomy. Their concern about their own roles as health educators or health promoters for the young people in their care is an issue which professionals within the field of health promotion need to address.

Plan and structure of the thesis

Chapter One begins with a discussion of competing approaches to understanding health, and provides an over-view of health, past and present, in Britain, with a particular emphasis on health inequalities. I also present some comparisons with other 'developed' countries. 'The Health of the Nation' targets are then explained. I offer a feminist critique of these targets and the theoretical assumptions on which it was based, then go on to discuss the key areas to be addressed in this thesis, and propose justifications for their inclusion. The second part of this chapter focuses on the social and psychological construction of 'youth'. This chapter is intended to provide a context for the analysis of young women's lives and health-related beliefs and behaviour which follows.

Chapter Two discusses the methodology used in the research, drawing on both previous literature on young people's lives, and methodological theory, including feminist theory. Throughout this chapter, I aim to make apparent my own personal 'biases', as I believe no researcher comes to the field without bringing their own personal experiences to bear on the research process. Fieldwork with real human beings is fraught with practical and ethical dilemmas and I hope discussions of my decision-making clarifies many of these dilemmas, which often remain unspoken and therefore hidden.

Chapters Three, Four, Five, and Six each focus on one key relevant area drawn from 'The Health of the Nation' document: smoking, substance use, sexual health, diet and exercise, respectively. Each chapter begins by introducing the reader to the area under consideration, drawing on relevant literature and producing statistics where relevant. Each of these topics has its own very specialised academic literature and, for ease of reading, each chapter has a self-contained literature review. I then analyse the findings from my fieldwork with reference to the major themes uncovered in the literature reviews. Chapter Seven briefly revisits the personal and methodological aspects of the study in presenting my reflections on the research process, identifying changes which I would make with the benefit of hindsight. This chapter also brings together the findings of previous chapters, and concludes the thesis by proposing recommendations and suggestions for future research and policy formulation in these areas, based on a feminist theoretical critique of much existing health promotion work. In presenting the literature and results together, topic by topic, I hope to avoid repetition and disjuncture.

CHAPTER ONE

Introduction

'I would there were no age between ten and three and twenty,
or that youth would sleep out the rest; for there is nothing in the between
but getting wenches with child, wronging the ancientry, stealing, fighting.'
Shakespeare - The Winter's Tale Act III Scene III

Competing concepts of health

There are a number of competing approaches to understanding health. The internationally accepted definition of health is the World Health Organisation's declaration that health is more than just freedom from disease, but a state of complete physical, mental and social well-being. 'Health can be defined negatively, as the absence of illness, functionally, as the ability to cope with everyday activities, or positively, as fitness and well-being' (Blaxter 1990: 14). Health also has a moral dimension; it is widely seen as a 'good thing' (Doyal 1995: 8). One very important aspect of health is the quality of social relationships and social interactions, which contribute to personal well-being and have been shown to promote women's mental health in particular (Brown and Harris 1978; Doyal 1995: 8). Health is a very subjective concept; lay interpretations of health are likely to differ according to social class, with middle-class people more likely to view health in terms of fitness and working-class people more likely to view health in instrumental terms as the ability to fulfil their societal roles (Blaxter 1990), which may be an indication of the differences in the realistically achievable health statuses of these groups. Lay interpretations of health are very much informed by medical interpretations, as in Western societies, people have been 'taught to think, at least in part, in biomedical terms' (Blaxter 1990: 13-4). Here, the biomedical approach to health is the dominant approach in medicine. Medicine, in turn, has traditionally exercised dominance over conceptualisations of health and illness. It has been criticised for having a narrow biological view of the human body whereby ill health is treated as 'the mechanical failure of part of the system' (Doyal and Doyal 1984), rather than perceiving it in more holistic terms.

The major criticism levelled by sociologists against the biomedical approach is the separation of the individual (and their organic disease or illness) from the social and environmental context of their lives. The sociological approach to health focuses upon the wider social and economic environment within which people live out their lives, and the effects of inequalities of power on health, such as gender, class and 'race'. (I have placed race in inverted commas to indicate I am referring to social and not biological distinctions.) In the sociological approach, inequalities in health status are perceived to arise from differential access to the societal, economic, political and cultural resources which permit participation in the wider society. (Each society will have acceptable standards of 'normal' health which some people are able to meet, while others cannot.)

Many feminists point out how the 'medicalisation of everyday life' has been particularly detrimental to women. Miles considers the medicalisation of unhappiness, and the impact which that has on diagnoses of neurotic conditions in women (Miles 1988); Roberts (1981a) considers the unequal power relationship between female patient and her (usually male) doctor, leading to inappropriate medical interventions to address essentially social problems. As Oakley suggests, women lack the political and economic power to challenge the medicalisation of social behaviour, including pregnancy and childbirth, where the medical control of women's reproduction has created the assumption that all pregnancies are potentially pathologic (Oakley 1984).

> 'People are not responsible for their own health, their own illness, their own births and deaths: doctors are saviours, miracle-workers, mechanics, culture-heroes. From being necessary to the cure or treatment of a probably quite small number of illnesses, they have been given responsibility for *all* illness, and anything to which, like birth, the label of illness can be attached.' (Oakley 1979: 15, original emphasis)

Improvements in the health of the nation

While general levels of health have risen steadily in Britain since the late nineteenth century, certain social groups have lagged behind this improvement. There are wide variations in health status by social class, for example. The main source of information on health status is official statistics, derived from sick notes, General Practitioner consultations, hospital admissions, and the Registrar General's morbidity and mortality statistics. Morbidity and mortality statistics have their limitations, but are useful in providing an overall general picture of the health of a population.

There have been dramatic improvements in the general health of the British population during the past 150 years. The great killers of typhus, cholera and tuberculosis have, for the most part, been eradicated due to sanitary improvements, mainly a result of The Public Health Act 1848, which was passed in response to Chadwick's 'The report of the sanitary conditions of the labouring population', published in 1842. At the onset of the Industrial Revolution large numbers of people moved from the sparsely populated countryside into the cities, where sewerage and sanitary controls could not support the influx. In particularly overcrowded and insanitary areas during the mid-1800s, mortality rates were often around 40 per thousand of the population, and half of all infants died before the age of five (Webster 1990: 5). In 'The condition of the working class in England', Engels describes the average life expectancy of different classes:

> 'In Liverpool in 1840, the average longevity of the upper classes, gentry, professional men, etc., was thirty-five years; that of the business men and better-placed handicraftsmen, twenty-two years; and that of the operatives, day-labourers and serviceable class in general, but fifteen years.' (Engels 1885/1969: 137)

Certainly the death rate in England fell steadily from the mid-1800s onwards, falling from 22.6 per thousand people in the period 1861-1865 to 19.4 per thousand in the period 1881-85 and a further reduction to 17.7 per thousand during the period 1896-1900 (OPCS 1985: 6). However, the improvements in the mortality rate were far more pronounced for some sections of society than for others, and, as Table 1.3 below shows, the mortality rate has always been higher for unskilled manual workers and their families compared with other occupational social classes. (The Registrar General's classifications are in Appendix One.)

The standardised mortality ratio (SMR) which will be used in some of the following tables is a useful technique for comparing the health of different sections of the population. The SMR expresses the actual numbers of deaths in a section of the population over a given period as a proportion of the number of expected deaths:

The number of people in each group is multiplied by the overall death rate for that group, and the expected number of deaths for each group then added together to produce the total number of expected deaths. If the SMR is less than 100, then this section of the

population has a low death rate, whereas an SMR greater than 100 indicates a relatively high death rate.

Table 1.1
Standardised Mortality Ratios (SMR) England and Wales*

Period	Male	Female
1841-45	307	381
1891-95	275	318
1921-25	147	166
1931-35	127	141
1951-55	98	95
1976-80	85	78

Source: Adapted from OPCS (1985: 6)

$$* \text{SMR} = \frac{\text{Actual deaths}}{\text{Expected deaths}} \times 100$$

Women traditionally live longer than men, and there are very few countries in the world where women do not live longer than men. Exceptions include Nepal, Bangladesh and the Maldives (UN 1991: 69), whose relatively higher mortality rates for women may be due to poor health associated with childbirth and poor nutrition.

Table 1.2

Women's life expectancy (in years) in some 'developed' countries (1985/90)

Country	Female	Female minus male
Australia	79.5	6.6
Canada	80.3	7.0
France	79.8	8.1
Ireland	76.9	5.4
Netherlands	80.2	6.7
United Kingdom	78.1	5.7
United States	79.0	7.1

Source: Adapted from United Nations (1991:67)

Table 1.3

Mortality (SMR) by social class 1931-81 (Men, 15-64 years, England and Wales)

Class	1931	1951	1961*	1971*	1981**
I Professional	90	86	76 (75)	77 (75)	66
II Managerial	94	92	81	81	76
III Skilled manual and non-manual	97	101	100	104	103
IV Semi-skilled	102	104	103	114	116
V Unskilled	111	118	143 (127)	137 (121)	166

* To facilitate comparisons, figures shown in parentheses have been adjusted to the classifications of occupations used in 1951
** Men 20- 64 years, Great Britain
Source: Adapted from Wilkinson (1986a: 2)

Some caution is necessary when using data derived from the Registrar General's classification because it is based on the occupational status of the main wage earner, usually the man, which determines the status of women and children. A woman who lives with a man, be this her husband or father, has traditionally been given his social

class status. This approach assumes that each member of the household enjoys equal access to resources. However, in some households where men control the money, some family members (usually women and children) are more impoverished than others, as their access to material goods and food is dependent on the largesse of the male wage earner. In Pember Reeves' study of working-class women's lives in Lambeth in the early 1900s, all of the women she visited would provide meat and fish for their husbands, but they and their children went without (Pember Reeves (1913/1979). Recent studies of the very poor suggest that numbers of women still eat insufficient food in order to feed their families (see Chapter Six). For the women in Pember Reeves' study a 'good' husband was one who gave his wife an adequate amount of housekeeping, with the average amount being 20 shillings. She comments that the women would provide the interviewer with:

> 'anxious explanations when the sum was less than 20s. - that it was "all 'e got," or that... " 'e's teetotler an' don't 'ardly smoke at all." The idea among them, roughly speaking, seemed to be that if he allowed less than 20s. explanations were required.' (Pember Reeves 1913/1979: 17)

Table 1.4

Live birth rates and infant mortality for England and Wales, 1841-1980

Period	Live birth rate per 1,000 population*	Deaths of infants under 1 year per 1,000 live births†
1841-55	32.3	148
1866-70	35.3	157
1891-95	30.5	151
1921-25	19.9	76
1931-35	15.0	62
1951-55	15.2	27
1966-70	16.9	18
1976-80	12.4	13

* Based on related live births from 1931-1956
† Based on numbers registered up to 1938 inclusive and on the number of occurrences from 1939
Source: Adapted from OPCS (1985: 6)

The infant mortality rate (IMR) (death within one year of birth) is regarded as a very sensitive indicator of the health of the population, and this rate has fallen dramatically during the last century, owing, in large part to a reduction in the number of births to each women due to the greater availability of contraception and improved living conditions.

Although the infant mortality rate has fallen considerably since the mid-1800s (see Table 1.4 above), Table 1.5, below, indicates that not all sections of the population have benefited equally. There are geographical differences. For example in 1953, whereas the infant mortality rate for England and Wales was 26.8 per 1,000 related live births, in Coseley (an industrial Black Country town close to the location for part of this study) the infant mortality rate was 39.4 per 1,000 related live births (Coseley Urban District Council 1953: 15). More recently, Infant Mortality Rates still differ quite dramatically between social classes, as indicated in Table 1.5. The table shows those nearer the bottom of the social class strata to have significantly higher rates of infant mortality.

Table 1.5

Infant mortality by social class† United Kingdom*

Rates per 1,000 live births‡

	1981	1991	1994
Professional (I)	7.8	5.0	4.5
Managerial and technical (II)	8.2	5.3	4.5
Skilled non-manual (IIIn)	9.0	6.3	5.1
Skilled manual (IIIm)	10.5	6.3	5.5
Semi-skilled (IV)	12.7	7.1	6.4
Unskilled (V)	15.7	8.2	6.8
Other	15.7	12.4	8.8
All social classes	10.4	6.4	5.4

* Death within one year of birth
† Based on occupation of father
‡ Inside marriage
Source: OPCS (1997:122)

People in the lower social strata not only have higher average mortality rates, but also have a higher percentage of people with long-standing illness. The table below should be viewed with some consideration as self-reporting may under- (or over-) estimate the true prevalence of long-standing illness.

Table 1.6

Prevalence of reported long-standing illness by sex and socio-economic group by head of household: Great Britain 1994, percentages

	Male	Female
Professional (I)	29	27
Employer/Manager (II)	29	28
Intermediate non-manual (IIIn)	30	32
Junior non-manual (IIIn)	30	35
Skilled manual & own account non-professional (IIIm)	34	30
Semi-skilled manual & personal service (IV)	34	37
Unskilled manual (V)	37	42

Source: OPCS (1995b: 46)

The table above shows a class gradient in reported long-standing illness. Women in social class I and II report slightly less long-standing illness than men in the same class, while women in classes IV and V report more long-standing illness than men. Both men and women in class V report considerably more long-standing illness than men and women in class I.

Poverty is the largest single issue which determines the health status of people (Wilkinson 1986a: 2). Those people living in poverty in 'developed' countries still die many years before their more affluent compatriots. Wilkinson argues that those countries with a more equitable distribution of wealth tend to have better average health among the population than those countries with vast disparities of income, such as Britain and the United States, where large disparities are evident in health status among the population (Wilkinson 1993: 16). The European Union poverty line is set at 50 per cent of the

equivalent mean national expenditure of adults. George (1996) reports that in 1988 25.2 per cent of households in Portugal and 20.6 per cent of households in Greece lived in poverty, in the UK the figure was 14.6 per cent, while Denmark and the Netherlands had figures as low as 3.6 and 4.3 per cent respectively. As Table 1.7 indicates, Greece and Portugal have infant mortality rates more than twice that of Denmark, which must, in part, be due to their high levels of relative poverty among the population. This provides support for Wilkinson's thesis.

Table 1.7

Infant mortality rates, for selected countries 1980/90.

Country	Infant mortality (per 1,000 births)
Belgium	10
Denmark	7
France	8
Greece	17
Ireland	9
Italy	11
Netherlands	8
Portugal	15
Spain	10
UK	9

Source: adapted from United Nations (1991:67)

What is 'The Health of the Nation'?

'The Health of the Nation: A strategy for health in England' is a document produced by the previous (Conservative) Government which sets objectives and targets relating to health status to be met by the year 2000. (There are similar separate documents for both Wales and Scotland.) The Green Paper was published in June 1991, after which there was a consultation period to allow public debate before the publication of the White

Paper in July 1992. The objective of the White Paper was to focus attention on key aspects of the nation's health, to guide campaigns and interventions by agencies and individuals. The White Paper identified five key areas: coronary heart disease and stroke; cancers; mental illness; HIV/AIDS and sexual health; and accidents. Risk factors associated with each of the five key areas were identified, for example, within Coronary Heart Disease some of the risk factors identified were smoking, diet and obesity. The document explains that the areas were chosen on the basis of three main criteria:

> 'They are major causes of premature death or avoidable ill health. Effective interventions which offer significant scope for improving health are possible. It is possible to set objectives and targets in each area and monitor progress towards them.' (Department of Health 1992a: 2)

Only one smoking target and one sexual health target are specifically directed at young people, and most of the targets are directed at the general population. However, the identification of key areas such as alcohol consumption are of great importance when discussing young people's health (see later discussion on the rationale for the selection of these issues in relation to this piece of research.) These are 'The Health of the Nation' targets relevant to this thesis.

Smoking (in key area cancer)

'To reduce the death rate for lung cancer by at least 30 per cent in men under 75 and 15 per cent in women under 75 by 2010 (from 60 per 10,000 for men and 24.1 per 10,000 for women in 1990 to no more than 42 and 20.5 respectively).'

'To reduce the prevalence of cigarette smoking in men and women aged 16 and over to no more than 20 per cent by the year 2000 (a reduction of at least 35 per cent in men and 29 per cent in women from a prevalence in 1990 of 31 per cent and 28 per cent respectively).'

'In addition to the overall reduction in prevalence, at least a third of women smokers to stop smoking at the start of their pregnancy by the year 2000.'

'To reduce consumption of cigarettes by at least 40 per cent by the year 2000 (from 98 billion manufactured cigarettes per year in 1990 to 59 bn.).'

'To reduce the smoking prevalence of 11-15 year olds by at least 33 per cent by 1994 (from about 8 per cent in 1988 to less than 6 per cent).' (all targets - Department of Health 1992a: 72)

Nutrition and Diet (in key area CHD/Stroke)

'To reduce the average percentage of food derived by the population from saturated fatty acids by at least 35 per cent by 2005 (from 17 per cent in 1990 to no more than 11 per cent).'

'To reduce the average percentage of food energy derived by the population from total fat by at least 12 per cent by 2005 (from about 40 per cent in 1990 to no more than 35 per cent).'

'To reduce the proportion of men and women aged 16-64 who are obese by at least 25 per cent for men and at least 33 per cent for women by 2005 (from 8 per cent for men and 12 per cent for women in 1986/7 to no more than 6 per cent and 8 per cent respectively).' (all targets - Department of Health 1992a: 52)

Alcohol (in key area CHD/Stroke)

'To reduce the proportion of men drinking more than 21 units of alcohol per week from 28 per cent in 1990 to 18 per cent by 2005, and the proportion of women drinking more than 14 units per week from 11 per cent in 1990 to 7 per cent by 2005.' (Department of Health 1992a: 52)

HIV/AIDS and sexual health (Key area)

'To reduce the incidence of gonorrhoea by at least 20 per cent by 1995 (from 61 new cases per 10,000 population in 1990 to no more than 49 new cases per 10,000).'

'To reduce the incidence of gonorrhoea by at least 20 per cent by 1995, as an indicator of HIV/AIDS trends.'

'To reduce by at least 50 per cent the rate of conceptions amongst the under 16s by the year 2000 (from 9.5 per 1,000 girls aged 13-15 in 1989 to no more than 4.8).' (all targets - Department of Health 1992a: 95)

Drugs (in key area HIV/AIDS and sexual health)

'To reduce the percentage of injecting drug misusers who report sharing injecting equipment in the previous four weeks by at least 50 per cent by 1997, and by at least a further 50 per cent by the year 2000 (from 20 per cent in 1990 to no more than 10 per cent by 1997 and no more than 5 per cent by the year 2000).' (Department of Health 1992a: 52)

Mental Illness (Key area)

'To improve significantly the health and social functioning of mentally ill people.'

'To reduce the overall suicide rate by at least 15 per cent by the year 2000 (from 11.1 per 10,000 population in 1990 to no more than 9.4).'

'To reduce the suicide rate of severely mentally ill people by at least 33 per cent by the year 2000 (from the estimate of 15 per cent in 1990 to no more than 10 per cent).' (all targets - Department of Health 1992a: 84)

Accidents (Key area)

'To reduce the death rate for accidents among children aged under 15 by at least 33 per cent by the year 2005.'

'To reduce the death rate for accidents among young people aged 15-24 by at least 25 per cent by the year 2005.'

'To reduce the death rate for accidents among people aged 65 and over by at least 33 per cent by the year 2005.'(all targets - Department of Health 1992a)

Critique of 'The Health of the Nation'

While 'The Health of the Nation' should be applauded for moving public attention away from the disease-curing emphasis within health care towards primary care and health promotion, it is still firmly located within the medical model and as such has been widely criticised (Smith 1991a; Rayner 1992; Francome and Marks 1996).

Below is the statement of how The Department of Health suggests 'The Health of the Nation' targets will be met. The document states its success will come through:

> '**public policies:** by policy-makers at all levels, not only across Government but also in other public bodies and industry, considering the health dimension when developing policies;
> **healthy surroundings:** by the active promotion of physical environments conducive to health - in the home, in schools, at work, on the roads, at leisure, in public places;
> **healthy lifestyles:** by increasing knowledge and understanding about how the way people live affects their health, and enabling families and individuals to act upon this;
> **high quality health services:** by identifying and meeting the health needs of local populations and securing the most appropriate balance between health promotion, disease prevention, treatment, care and rehabilitation.' (Department of Health 1992a: 13-14)

Although the above statement does not suggest any prioritisation of one area above another, the main focus of 'The Health of the Nation' is on the individual, and the individual's behaviour (see Table 1.8 below). Without the inclusion of a commitment to the minimisation and eventual eradication of the social and economic inequalities in

society which lead to health status inequalities, the targets are unlikely to meet with success. However, the lack of attention to socio-economic differences in 'The Health of the Nation' is not really that surprising. The Government's suppression in the early 1980s of the report 'Inequalities in Health', commonly known as The Black Report after the chair of the Government-appointed committee (see Townsend and Davidson 1982), indicated their discomfort with the concept of health inequalities. Where 'The Health of the Nation' does refer to inequalities, it uses the euphemism 'variables', a less politically loaded term which lacks an implicit attribution of responsibility to the government for tackling these differentials.

> 'In England, as in all other westernised countries, there are variations in health status between different socio-economic groups within the population.....*The reasons for these variations are by no means fully understood.* They are likely to be the result of a complex interplay of genetic, biological, social, environmental, cultural and behavioural factors. *In part, they are accounted for by differences in risk behaviour.* People in manual groups are, for example, more likely to smoke, and to eat diets containing less vitamin C and Beta-carotene. There is also a higher proportion of heavy drinkers in manual than non-manual groups .....There is also evidence of a lower take-up of preventive health services (e.g. immunisation, child health surveillance) in the groups whose health is worst.' (Department of Health 1992a: 121-2, my emphases)

It is a well-documented fact that health inequalities are related to income inequalities (Wilkinson 1986a; Wilkinson 1993), which in turn affects people's opportunity to choose to eat foods rich in vitamin C and other nutrients and their ability to travel to clinics and other health services. In the above quote the blame is placed directly upon the behaviours of certain groups of people; it is perceived as their fault that they are ill and die younger. There is no mention of unemployment, poverty, poor transport, poor housing, homelessness or dangerous working conditions and the statement is couched in victim-blaming rhetoric. In discussing 'The Health of the Nation' Green Paper, Rayner says:

> 'What about poverty and low income, poor housing, unemployment, and a host of other ills which the welfare state was set up to tackle? These fundamental evils, to use a description which recalls Beveridge, hardly get a look in.... links between social conditions and health outcomes are denied in the report. It is as if everyone lived in perfect, if behaviourally wayward communities, in which individuals were ultimately responsible for the social conditions they faced.' (Rayner 1992:5)

Gender

Many of 'The Health of the Nation' targets have been set at different levels for men and women, for example the projected decrease in smoking prevalence and reduction in obesity levels. However, there is little discussion or explanation of gender differences in health status within the document and scant recognition that women and men may require different health promotion interventions if the targets are to be achieved. The key areas in the document were linked to a number of important groups within the wider population such as women, people from ethnic minorities, elderly people and people with disabilities, giving rise to the implicit assumption in 'The Health of the Nation' that the 'normal' person is white, male and middle-class (Jones & Sidell 1997).

Differences in the reproductive systems of women and men have long dominated biomedical thinking and health promotion campaigns (Doyal 1997). For example, the level of resources committed to obstetrics and gynaecology within medical practice, including the NHS, is completely out of proportion to its significance for women's health. The impact of reproductive 'problems', such as underweight babies born to working-class women, is likely to be reduced significantly were much of this expenditure diverted into tackling the social 'problems' of reproduction, such as poverty, poor housing and inadequate diet.

Women's smoking has been a major preoccupation of health educators for many years. Women, particularly pregnant women, are heavily exposed to health promotion campaigns designed to encourage them to cease smoking. However, all too often the technique adopted for these campaigns seeks to frighten smokers by highlighting the medical problems associated with it rather than on addressing the social and personal conditions which may give rise to cigarette consumption in women.

> 'In view of the connection between social deprivation and stress on the one hand, and women's smoking on the other, the argument that health is a matter of individual choice ignores the *social determinants* of choice – it ignores the fact that health itself is a social product' (Oakley 1993: 104, original emphasis)

Health promotion initiatives rarely engage with the social elements that may render women's lives unhealthy, assuming that to arm consumers with knowledge about health-damaging behaviours will of itself result in changes in those behaviours. Women smokers are targeted by health promotion campaigns because of the harm their own practices can do to others, most notably their children, both born and unborn. However, these health promotion campaigns do little to empower women to make the changes within their lives which will enable them to make healthy choices.

At the beginning of the HIV and AIDS 'epidemic' in the early 1980s, women were considered by the medical profession and health educators to be at low risk of contracting the disease. It took many years before it was acknowledged that HIV was a significant threat to women's health. However, as Gorna (1996) describes, a Health Education Authority programme from the late 1980s targeted women for reasons other than their own health.

> 'AIDS is important...because the trends in women may be a good marker for following general trends in *heterosexual transmission*; and since the majority of childhood AIDS cases are the result of perinatal transmission from the mother, trends in AIDS cases in women may also predict future *trends in AIDS in children*.' (Gorna 1996: 5, original emphasis)

Gorna (1996) suggests that HIV health education campaigns targeted at women have not been empowering to women, ignoring the power differences in heterosexual relationships which can reduce women's ability to 'choose' safe sex, and by encouraging the stereotype of HIV positive women as either 'victim' or 'vamp'.

Women are most usually the providers of health-care, both within the home and outside it (Doyal 1995; Oakley 1993). 'The Health of the Nation' fails to analyse women's particular needs, firstly as women, and secondly as the main providers of care for children and adults within families. Oakley suggests that the education of mothers, particularly in the developing world, is emerging as an important factor in reducing infant mortality rates, but this is another example of a cultural imperative which ignores women's individual identities and circumstances in favour of concentrating on their social roles in relation to others (Oakley 1993: 106).

There have also been criticisms of the key target areas chosen for inclusion in 'The Health of the Nation'. Smith (1991a: 5) says 'the Government seem to have largely plucked its targets out of the sky. They are the product of 'informed judgement' or 'guesswork'.' Johnson (1991: 83) criticises the assertion made in 'The Health of the Nation' that a baseline cannot be set for cases of AIDS/HIV prevalence because of 'insufficient data', (the prevalence of new gonorrhoea cases is used as a proxy). Francome and Marks suggest that new cases of gonorrhoea fell dramatically between 1981 and 1991 but AIDS incidences rose from zero to over 1,500 cases between 1981 and 1991. Therefore the use of gonorrhoea as an indicator of HIV and AIDS cases in 'The Health of the Nation' is flawed (Francome and Marks 1996: 7).

Obviously one problem with selecting some targets at the expense of others is that this diverts attention and resources away from the neglected issues. Chronic illnesses that have been overlooked in 'The Health of the Nation' include diabetes and asthma. Another problem with the targets is the capacity for reliably measuring them with currently available statistical data on health. 'The Health of the Nation' uses a variety of data sources to set its targets and was expected to do likewise for monitoring them. The document states:

> 'the diversity of targets presented in this document dictate a (similarly) wide variety of means of monitoring progress. Thus sources will include mortality statistics, cancer registration data, Korner aggregate returns and the new health survey programme for England.' (Department of Health 1992a: 125)

The first health survey took place in 1991, but was restricted to only a few aspects of health, mainly heart disease, due to costs (Macfarlane 1992: 23) and therefore its scope was not as wide as was hoped. The Conservative Government announced a 'temporary suspension' of the General Household Survey in 1997, which was used extensively for the second progress report on 'The Health of the Nation' (Department of Health 1997). The majority of the target areas in 'The Health of the Nation' are measurable by statistics but targets such as 'to improve significantly the health and social functioning of mentally ill people' (Department of Health 1992a: 84) will be difficult to measure in quantitative terms and indeed there is no suggestion of how this target will be measured. There are also criticisms that the document has chosen targets capable of being measured

statistically through morbidity data or NHS activity, at the expense of broader policy and environmental targets where problems would be more difficult to engineer or to measure. For example, the inclusion of asthma would have raised broad, societal questions about transport policy, since pollution associated with vehicle exhaust emissions appears to be a contributory factor in its recent increased incidence. However, this would jar with the philosophical approach of 'The Health of the Nation', which is based on the notion of informing individuals about healthy lifestyles.

Macfarlane compares 'The Health of the Nation' to the World Health Organisation's European Region 38 targets:

Table 1.8

Types of targets selected in 'The Health of the Nation' and the World Health Organisation's European Region 38 targets.

Type of Target	Health of the Nation	World Health Organisation
Equity	0	1
Life expectancy	0	2
Morbidity	2	2
Mortality	4	6
NHS activity	8	0
Individual lifestyles	7	2
Environmental quality	3	8
Policy	1	18

Source: Macfarlane (1992: 27)

Certainly, of the four areas identified in 'The Health of the Nation' where success in meeting targets was seen as achievable, policy and environmental targets appear rather neglected in favour of individual lifestyles and NHS activity. However, this is an important document as it initiated discussion in the media and amongst health professionals about the nation's health, and has led to a range of health promotion measures which may not otherwise have been implemented.

Progress toward 'The Health of the Nation' targets

By the publication of the second progress report in 1997, the Department of Health stated that of 23 targets where monitoring data had been collected (of the 27 targets in total), 19 were progressing in the desired direction (Department of Health 1997: 5). The most recent monitoring data on 'The Health of the Nation' targets was drawn from the 1994 General Household Survey, the 1995 Health Survey for England and the Office of National Statistics (ONS) mortality data. Instances of skin cancer had risen, as did obesity rates for men and women. Drinking prevalence increased for women although there was 'no clear trend among men' (Department of Health 1997: 5). The conception rates among young women under 16 years has generally decreased to around 8.3 per cent of young women aged below 16 years in 1993 (Department of Health 1997: table D3), but a reduction of 50 per cent as targeted in 'The Health of the Nation' by the year 2000 seems unlikely given the current slow decline, and a recent upturn.

> 'Conceptions among girls under 16 increased throughout the 1980s and peaked in 1990. Conception rates among under 16 year olds then fell by 14 per cent in the period between 1989/90/91 and 1992/93/94, although in the last year of that period, there was a slight rise (3 per cent) in the single year rates between 1993 and 1994.' (Department of Health 1997: 6)

The unmet target most relevant to this thesis is the target for the prevalence of 11 to 15 year olds who smoke on a regular basis. In the first progress report published in 1993, the Department of Health stated: 'the most recent data for 1992 show that the figures have not changed significantly from 1988', whereas they actually rose from 7 per cent of boys and 9 per cent of girls in the baseline period of 1986/7 to 9 per cent and 10 per cent respectively (Department of Health 1993: 9). In 1994, the year in which the target was due to be met, the figures had actually increased further to 10 per cent of boys and 13 per cent of girls who were now smoking on a regular basis (Department of Health 1997: 6). Smoking prevalence in adults has been falling for many years, reducing between 1990 and 1994 from 31 per cent to 28 per cent for men and from 28 per cent to 25 per cent for women (Department of Health 1997: 6).

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Justification of the key issues to be explored

I will now briefly explain my reasons for focusing on the issues of smoking, substance use, sexual health, diet and exercise. in this study. These issues are included due to either their prominence in 'The Health of the Nation'; or their identification in academic and health promotion literature as important in the study of young people's health; or they are issues of importance as identified by the young women themselves in the study; or from my own personal experiences both as a young women's youth worker and of having been a teenage girl myself in the recent past. Also, some consideration has been given to media attention paid to aspects of young people's health. One key area identified in 'The Health of the Nation', accidents, has not been included in this thesis, due in part to there being very little academic literature on this subject. During my fieldwork in school and youth clubs, the issue of accidents did not occur as either observable instances or in references to them by the young people, and the neglect of this issue in the academic and clinical literature was confirmed.

Much of the literature on young people's health focuses on a few supposedly 'health-damaging' behaviours and actions. There are particularly large bodies of academic and health promotion literature on young people's smoking (see literature review in Chapter Three) and teenage pregnancy and contraceptive usage (see literature review in Chapter Five). My own experience as a youth worker leads me to believe certain issues are of paramount importance in terms of their implications for young women's health: smoking, diet and exercise in particular.

The consideration of media attention toward certain aspects of young people's lives is due to their construction of 'crises' or 'moral panics' which enter into professional and 'common-sense' understandings and perceptions of young people's lifestyles. The quality newspapers frequently publish items on young people's 'risk-taking' behaviours, particularly drug use, alcohol consumption and eating disorders. Tilford says:

> 'When health concerns of youth are being discussed the emphasis is frequently on behaviours which are believed to have either immediate or long term consequences for health. Typically identified are smoking, alcohol use, illegal drug use, sexual behaviours, eating behaviours and road use.' (Tilford 1992: 108)

This thesis may seem no different. However, although I have taken these issues identified by The Department of Health, health professionals, academics and the media as central issues to be studied, I have sought to take a different angle based on the use of qualitative and ethnographic methods of enquiry. These enable the researcher to go beyond merely observing or counting actions, to comprehend the motivations and meanings they hold for the actors. Health beliefs, behaviours and practices do not occur in a vacuum; this thesis aims to seek out the cultural, societal and economic influences on the healthy 'choices' addressed in the day-to-day lives of some young women. (See Chapter Two for a fuller discussion of the study's methodological and theoretical underpinnings.)

Social and psychological constructions of young people

The interest in young people's health demonstrated in 'The Health of the Nation', the media, and much of the academic and health promotion literature, derives from the belief that health-damaging forms of behaviour in adulthood often commence during the teenage years and therefore, the establishment of a healthy lifestyle at this age is crucial for long-term health. There is also a widespread romantic notion that childhood should be a time of innocence, far from the reality of a society in which young people and children take drugs, eat junk food, smoke, consume alcohol and have sex. The belief that young people need protecting from themselves and from certain temptations has a long history dating back to at least the 1800s (Pearson 1983).

The purpose of this section is to explore the changing notions of adolescence and 'youth' expressed in both academic literature and popular opinion. I begin with a brief discussion of why it is important to study young people's health and then turn to a discussion of the historical emergence of 'youth' and adolescence as a distinctive part of the life-cycle. This study focuses on young women and therefore I discuss historical changes in the economic, social, educational and occupational positions of women and girls since the Industrial Revolution. I then discuss the situation of young people in Britain today focusing on demography, employment, unemployment and the legal and social position of young people.

I then move on to problematise the assumption prevalent in many academic texts that the transition from child to adult in contemporary Western society is fraught with turmoil

and strife, as this belief tends to promote perceptions of young people as health risk-takers. I also discuss media portrayals of young people, especially the sensationalism of reports about youth culture, because these portrayals often enter into 'common-sense' understandings about young people's lives. When research findings discuss 'young people', they often actually mean young men; either young women are not included in the study and young men's experiences are taken as the reality for young people as a whole, or they are included but little attention is given to gender issues. I review research that specifically explores young women's lives and then I go on to discuss research on young black women's lives.

When reviewing research on young people or young women, it is important to bear in mind that this is not a homogenous group. There is no other stage of life except perhaps for old age where people are categorised together for convenience by age alone by social scientists, with the assumption they are a homogenous group with similar behaviours and beliefs. There may be certain common features in the lives of young people, but the differences between them in terms of 'race', gender, social class, disability and sexual orientation need to be taken into account. Nava says:

> 'Youth *in relation* to adulthood has been understood as a category undivided by differences of sex, race and class, that is to say by all those differences we immediately look for *within* the categories of youth and adulthood.' (Nava 1992: 72, original emphasis)

The young people in this study were mostly aged between 13 and 17 years old, but I felt unhappy using the term 'teenager' to describe them because of the many negative connotations that the term invokes. 'Adolescent', a term used mainly in the social psychological literature, also seems negative, as does the sociological term of 'youth'. I find 'young people' an unhelpful and ill-defined term, but agree with the sentiments of Coffield, Borrill, and Marshall:

> 'There is not even an appropriate term to describe this section of the population. 'Kids' is patronising, 'teenagers' is similarly dismissive, 'adolescents' is unattractive and never used by the people so described according to Simmons and Wade (1984), 'children' is insulting (although used by many professionals), 'youth' rhymes with 'uncouth', and even 'young adults' appears grudging in its recognition of status. 'Young people' is less objectionable, but bland.' (Coffield *et al.* 1986:3)

For ease of reading I have occasionally used some of the terms above, and when discussing other people's research I will use their terminology.

Young people and health

Many discussions of young people's health by academic researchers, health education specialists and the media seem invariably to lead to consideration of the issue of their health-related attitudes and perceived 'risky', health-damaging behaviours including smoking, illegal drug use, alcohol consumption, promiscuous sex, poor diet and lack of physical exercise (Aggleton 1996). This can be viewed as a response to prevailing belief in the 'storm and stress' of adolescence, as discussed later. Perhaps what is not discussed enough are the social and economic conditions of young people; therefore the focus on 'risky' behaviours and appeals to alter those behaviours smacks of victim-blaming. These behaviours certainly need analysis, but too little thought is given to the social conditions of young people within which they make 'choices' about health-related behaviours, which all too often place constraints on their freedom to act in socially approved ways.

Brannen, Oakley and Dodd (1994) say that there is a lack of information about what young people themselves think about health. A large amount of the information that is collected concerning young people's health has come from quantitative research using questionnaires, which seem to focus on the numbers of young people engaging in a certain health-damaging behaviour, and not on their beliefs and motivations (see for example HEA 1992a; 1992b; and Balding's annual schools health questionnaire). Brannen *et al.* discovered in their own research on young people's health that the stereotypical view of young people as risk-takers was unfounded:

> 'While normative stereotypes of young people's lifestyles portrays smoking, drinking and trying drugs as a significant part of adolescent social life, our figures show that this picture fits only a minority of young people.' (Brannen *et al.* 1994: 117)

According to Millstein (1990: 437), young people themselves are concerned with the same issues such as drug use, smoking and alcohol use, as those on which academic researchers tend to focus. Young people, however, are also concerned with other health topics such as acne, school and family problems; these social health issues not always

granted the consideration which they warrant by academics researching into young people's health.

The emergence of youth or adolescence as a discrete stage in the life-cycle

The identification of an 'intermediate' stage between childhood and adulthood began with the onset of industrialisation (Griffin 1993: 13; Kimmel and Weiner 1995: 7). In pre-industrial Britain, the stages between childhood and adulthood were marked out by physical separation from the family, where the onset of young adulthood began when young people left their families to work in other households as apprentices or servants (Modell and Goodman 1990: 96; Griffin 1993: 12; Kimmel and Weiner 1995: 7; Pilcher 1995: 63). American psychologist G. Stanley Hall is usually credited with the 'discovery' of adolescence (Griffin 1993: 11) and the widespread use of the term dates from Hall's publication *'Adolescence: its psychology, and its relation to physiology, anthropology, sociology, sex, crime, religion and education'* in 1904 (Griffin 1997).

Hall's discussions are very much a product of their time and geography, with their characteristically Western, late nineteenth century judgements concerning gender, 'race' and sexuality. He also introduced the idea that adolescence was a period of turmoil and crisis, a view later expanded by Erikson in the 1920s in his discussions of identity, and by Parsons writing during and immediately after the Second World War, who stated that youth culture was characterised by irresponsibility and an antipathy to the adult world (Stewart 1992: 217). Griffin (1997: 19) believes that the influence of Hall, Erikson and Parsons is still evident in current thinking about young people, particularly ideas around the notion of adolescence as distressing for *all* young people, traces of which:

> 'can be found in the contemporary Youth Service, the education system, apprenticeship and training schemes, child-rearing conventions and practices, the juvenile justice system, the youth job market, as well as the priorities of contemporary youth research.' (Griffin 1993: 11)

Greater attention has been given to adolescence since the 1950s, due to a combination of demographic factors leading to large increases in the numbers of young people, and changes in the economic structure; young people's earnings rose and consumerism became an important ingredient of youth culture. In the post-war era, youth came under

increasing scrutiny from sociologists and the media, chiefly due to the higher visibility of male working-class youth with identities such as Teddy Boys, Mods and Rockers, and later middle-class identities such as hippies. In the United States and in Europe, students were at the forefront of political activities concerning Civil Rights, including black and female emancipation, and young people were frequently seen by sociologists as being the vanguard of rebellion and change (Pilcher 1995: 68). According to Clarke, Hall, Jefferson and Roberts (1976: 9), 'youth' appeared as an emergent category in post-war Britain as the most visible manifestation of the recent social changes including the emergence of consumerism, mass entertainment and mass culture.

Sociological research on young people published in the post-war era focused mainly on white working-class young men, with a particular focus on street gangs and 'delinquency' (Whyte 1955; Willmott 1966; Yablonsky 1967). Whyte's study 'Street Corner Society' is regarded as a seminal text in ethnography, focusing upon the day-to-day life in 'Cornerville', the Italian 'ghetto' of Boston (Eastern City). Whyte joined Doc's Norton Street gang to conduct a participant-observation study of the gang's members, detailing the many fights between them and rival gangs. Women are only considered when pertinent to the young men's experiences, which was all too often in terms of their sexual attractiveness:

> 'whenever a girl or a group of girls would walk down the street the fellows on the corner would make mental notes and later would discuss their evaluations of the females. These evaluations would run largely in terms of shape, and *here I was glad to argue that Mary had a better 'build' than Anna, or vice versa.*' (Whyte 1955: 302, my emphasis)

Whyte can be criticised for becoming 'one of the lads', a criticism also levelled years later against Willis in his classic school-to-work transition study 'Learning to Labour'. Willis' study took place in 'Hammertown Boys School', selected for study because it primarily drew the pupil intake from a 'characteristically working-class council estate' (Willis 1977: 4). He seems to revel in the rebelliousness of 'the lads', perceiving the fighting, smoking, and drinking as manifestations of resistance to school (Willis 1977). The lads' racism and sexism is commented upon, but explained as working-class expressions of (perceived) superiority (Willis 1977: 43). Both Whyte and Willis seem to have relished casting off their white middle-class identities and becoming working-class 'thugs' for a little while. Not only does this romanticise white working-class life; it

eliminates any serious consideration of those members of the working-classes who are female and/or black.

It was not until the late 1970s that analyses of class *and* gender appeared, with studies by McRobbie (1977) and Griffin (1985) leading the way in this respect although they omitted detailed analyses of 'race'. During the 1980s, in response to the economic hardships facing young school leavers, the sociological school-to-work transition studies of Willis (1977) and Griffin (1985) were supplanted by studies concerning young people's experiences of youth training schemes (Banks, Bates, Breakwell, Bynner, Emler, Jamieson and Roberts 1992) and unemployment (Coffield *et al.*). (See Chapter Two for a more detailed discussion on empirical studies of young people's lives.)

Historical changes in the position of women and girls

The Industrial Revolution saw a huge change in the working circumstances of women, forming a sharp sexual division of labour with the introduction of a distinction between work outside the home and work inside the home. The ideal that men went out to work, while women stayed at home to care for children and perform household chores, however, was a Victorian middle-class construction. Working-class women often had to engage in casual part-time work to supplement the family income (Pember Reeves 1913/1979) and many worked long hours as unskilled workers in the textile industries. Engels, studying the living and working conditions of the English working-classes in the 1840s, commented:

> 'The employment of women at once breaks up the family; for when the wife spends twelve or thirteen hours every day in the mill the husband works the same length of time there or elsewhere, what becomes of the children? They grow up like wild weeds; they are put out to nurse for a shilling or eighteenpence a week, and how they are treated may be imagined.' (Engels 1885/1969: 171)

Engels also gives accounts of families where the man is unable to work and the woman is the sole earner in the household, leading to what Engels described as men 'condemned to domestic occupations' (Engels 1885/1969: 173). Gaskell, who was an influence on Engels, stated in 'The Manufacturing Population of England' (1833) that a household in which the wife worked while the husband was unemployed was one where 'all the decencies and moral observances of domestic life are constantly violated' (quoted in

Perkin 1986: 149). This supposed 'crisis' in femininity and masculinity bought on by women's paid employment outside the home in the 1800s centred particularly on married women (the fear being they were unable to fulfil their domestic commitments), although commentators at the time also believed that factory work was 'unfitting girls to look after a house or for domestic life' (Perkin 1986: 151). Married women during this period tried to fit the paid work they needed to do for their families' survival around their domestic commitments, a struggle which continues today for many women.

The 1870 Education Act provided for the first time the opportunity of a free elementary education for all, although this made little impact on working-class children's ability to attend school. Both boys and girls were needed to help out at home, with girls regularly required to help out with household tasks and to care for younger siblings. If girls did attend school, they were taught a vastly different curriculum from that for boys, centred around needlework and cookery. This emphasis on domestic work for girls was still evident more than fifty years later. Pearl Jephcott describes the amount of domestic science a girl was expected to do at school in the 1940s. She says girls spent a whole day every week for six months in the school kitchen and were also expected to learn to do the laundry.

> 'A girl, in one day, will wash and iron an overall, apron, vest, petticoat, gloves and tray-cloth and will use the boiler and do the necessary starching with some assurance.' (Jephcott 1942: 46)

The First World War altered many stereotyped perceptions about women and work as they became employed in munitions factories and on the land in 'traditionally' male occupations. After the war, women were encouraged to return to their 'proper place' in the home and many of the jobs they had done so proficiently were once more excluded territory. Feminist historian Jane Lewis explains:

> 'In the years immediately following World War I, the exodus of married women from the workplace was rapid, owing to trade-union agreements made at the beginning of the war, and the intense pressure exerted by the press, government committees and trade unionists (male and female) for married women to give up their jobs for the sake of returned men and the future welfare of the race.' (Lewis 1984: 151)

Although women again worked in the factories and on the land during the Second World War (Myrdal and Klein 1956: 3), as with the end of the First World War, women were encouraged to return to their 'true place' in the home, epitomised by Beveridge's exhortations for women to return to the domestic sphere as housewives and carers of the young to ensure the continuation of the British race (Lewis 1984).

During the 1940s young women still continued to work in a variety of jobs after leaving school, usually in the factory or shop, or in domestic or office work (Jephcott 1942). Obviously, these young women now had their own independent income, which although it was frequently handed over to the family and only 'pocket money' retained, enabled them to have some autonomy over their leisure activities. Jephcott comments on one of the young women in her study:

> 'A seventeen-year-old Lancashire girl who works hard in a factory from 7.45 a.m. to 5.30 p.m. went dancing on Monday, Tuesday, Wednesday, Thursday and Friday, and to the pictures on Saturday and Sunday. She earned 26/9 for the week but her pocket money was only 4/-, so presumably someone treated her.' (Jephcott 1942: 115)

In the early part of the century, housework and child care were very time consuming and onerous tasks, which left little time for permanent paid work outside the home (many women did paid work at home, however). In Pember Reeves' study of working-class women in Lambeth, most women had to carry water up many flights of stairs several times a day in order to cook and wash (Pember Reeves 1913/1979). Domestic gadgets have lessened many of these laborious tasks (although not necessarily the time housework takes), allowing women to take paid employment outside the home. Myrdal and Klein, in their ground-breaking study of women's paid work first published in 1956, suggest three main reasons for the increase in the numbers of particularly married women taking paid employment outside the home. These were first, the considerable increase in the average life-span leading to an ageing population requiring financial support from a shrinking number of economically active people (Myrdal and Klein 1956: 18); secondly, a reduction in the size of families with a corresponding reduction in the years required as a full-time mother of dependent children (Myrdal and Klein 1956: 20); and thirdly, changing social attitudes towards marriage, viewing it more as a partnership than as a 'job' or 'vocation' (Myrdal and Klein 1956: 25).

During the 1970s and 1980s part-time jobs for women were mainly created in order to tap a flexible labour force, content with lower pay and poorer working conditions than full-time workers (Lewis 1992: 75-6). However, when women are full-time workers, despite the Equal Pay Act 1970, they have yet to achieve financial parity with men. In 1970, the average gross hourly earnings of women in full-time employment were 60.1 per cent of men's. In 1987, women's earnings were 73.6 per cent of men's and in 1992, the average gross hourly earnings of women in full-time employment were 78.9 per cent of men's (Incomes Data Services 1994: 8).

Table 1.9

Women's Employment participation rates in England and Wales, 1901-1951

Year	Women as a percentage of the labour force	Year	Women as a percentage of the labour force
1901a	29.1	1954	29.9
1911a	29.7	1971	34.4
1921b	29.5	1981	38.4
1931c	29.7	1991	41.5
1951d	30.8	1993	42.0

a. Persons aged 10 or over
b. Persons aged 12 or over
c. Persons aged 14 or over
d. Persons aged 15 or over.
N.B. No 1941 census

Sources: Adapted from Lewis (1984: 147) and Lindley (1994: 24).

The position of young women in British society has undoubtedly changed over the past thirty years. Young women today are achieving more educational qualifications than previous generations, the proportion of women in the labour force is growing and young women now have more occupational choices open to them than previous generations of women. However, Britain is still an unequal society; despite the Equal Pay Act women still earn less than men, are predominantly employed in low-paid and poorly protected part-time work and are still less likely to reach the very top levels of their chosen careers. In Sharp's 1976 study 'Just Like a Girl' conducted in schools in Ealing, London, she

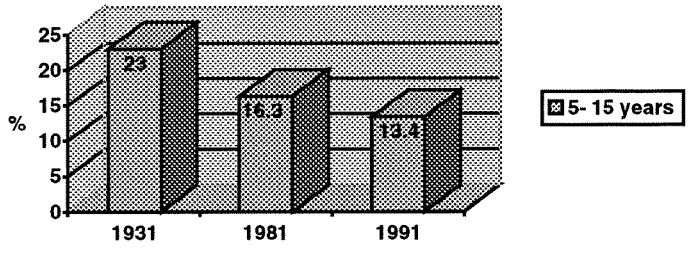
found the young women to have narrow traditional career aspirations. When she updated the study in 1991 she found young women still mainly aiming for traditionally female jobs in caring and personal services and secretarial work. For example, more young women in her 1991 sample wanted to work with children than young women in her 1972 sample (Sharpe 1994: 159).

Young people in Britain today

The Census produces demographic data for young people broken down into the following categories: 15 years and below; 16 and 17 year olds; then 18 - 29 year olds. In 1981, 16.3 per cent of the population in England and Wales were aged 5-15 years. By 1991, this figure had decreased to 13.4 per cent. In 1981, 16-17 years olds constituted 3.4 per cent of the population; in 1991 this figure had dropped to 2.5 per cent. The percentage of the population aged 15 years and below has been decreasing throughout this century, as the birth rate has fallen (see Table 1.10). Britain, like many other Western countries, is an ageing society.

Table 1.10

Percentage of the British Population aged 5-15 years, selected years



Source: Adapted from the 1991 Census and Brennan (1948: 33)

The difficulty in pinpointing where childhood ends and where adolescence starts arises because of the variance between biological maturity and social maturity. Young people are not ascribed adult roles purely on the basis of having reached physical maturity.

> 'That the physiological onset of maturity is not, in modern Britain, a passport to *social* maturity as adults is evident from the withholding of adult rights and responsibilities until several years *after* most young people have experienced puberty.' (Pilcher 1995: 61, original emphasis)

There are also difficulties in relying on a solely biological approach to where childhood ends and 'youth' begins because 'youth' and adolescence are as much social constructions as they are biological. Griffin says:

> 'adolescence has been defined via an uneasy mixture of the biological and the social, with biology positioned as the major determining element, and puberty onset defined as the starting point of adolescence.' (Griffin 1993: 19-20)

Griffin argues that the onset of puberty is difficult to define, particularly in relation to young men, and that using the menarche to define puberty for young women is flawed because it is connected to nutrition and living conditions and is therefore influenced by economic and social factors. The age of menarche has declined steadily since the beginning of the century from an average age of 16 years in the early 1900s to an average age of 12 years today (Coleman 1993; Scambler and Scambler 1993: 1).

Modern western societies have no specific initiation rites which signal to society that a young person has come of age. The milestones in Western society are getting a job, leaving home and getting married, although using marriage as a criterion for gaining adult status can be unhelpful because it assumes heterosexuality, and this excludes lesbians and gay men, and in addition does not apply to cohabiters. Legislation is confusing; the heterosexual age of sexual consent is 16, a driving licence can be held at 17 and at 18 a young person can marry without parental consent, can vote and buy alcohol. Until February 1994, the male homosexual age of consent was 21 years and is presently a still inequitable 18. Many young people continue their education beyond the minimum leaving age of 16, attending either school or college, or are unable to find employment, which furthers their dependent, i.e. non-adult, status. Unemployment benefit is (except in certain circumstances) unavailable to young people aged 16 and 17, and this therefore prolongs their economic dependence on parents. Leaving the parental home can be delayed for unemployed young people by Housing Benefit and Social Security regulations which ascribe adult status at 26 and 25 years respectively (Pilcher 1995: 62). Leaving home for college is also a signal of adulthood, but now many young people who continue on to higher education may find themselves living at home, or economically dependent on their parents due to the inadequacy of student maintenance grants. Not surprisingly, young people themselves are confused by their uncertain status: not a child, but not yet an adult:

> 'there seems little doubt, for example, that almost all young people experience ambiguity of status. Between the ages of 15 and 17 uncertainties about their rights and lack of clarity about where they stand in relation to the authority of their parents, are issues which will be familiar to many teenagers.' (Coleman 1992: 10)

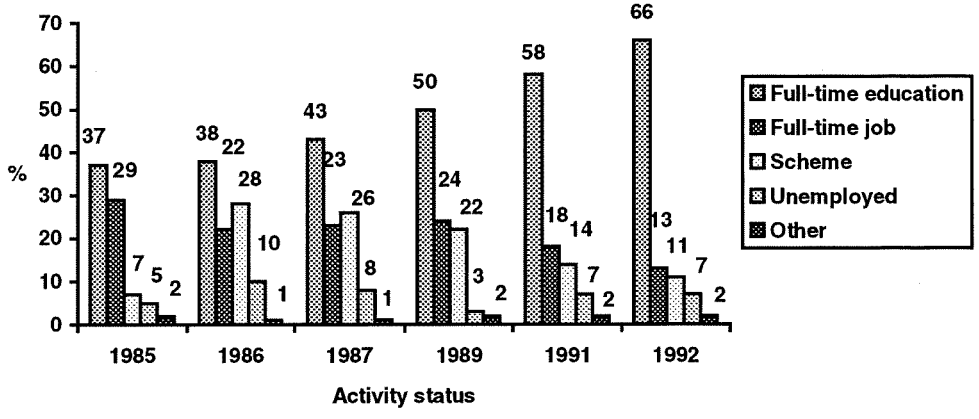
The lack of suitable and rewarding employment for young people in the 1990s has made youth unemployment a target of attention in social research and the media. The recessions of the 1970s and 1980s have disproportionately affected young people for two main reasons: firstly, during recessions employers reduce or cease recruitment and cut back on trainees, which has the greatest impact on young employees; secondly, young people as newcomers to a tight labour market do not have the necessary skills and experience to compete for jobs with older adults (Hickman 1997: 128).

In February 1996 the unemployment rate for young people aged 24 years and under in England and Wales was 26.1 per cent (personal communication, Wolverhampton MBC), and lack of jobs has led more young people to continue in education, or to embark on low-paid training courses, delaying their attainment of financial autonomy and the capacity to assume adult responsibilities. Roberts is a distinguished youth researcher and contributor to the Youth Cohort Survey, a large research study of young people's lives in four towns and cities: Swindon, Liverpool, Sheffield and Kirkcaldy, which is collecting its information mainly using questionnaires. He says:

> 'By the 1990s less than one in ten 16 year olds were leaving school and entering employment. Britain's young workers of the 1970s have been replaced by the students, trainees, and young unemployed of the 1990s.' (Roberts 1995:7)

Table 1.11

Activity status at age 16-17



(Source: England and Wales Youth Cohort Surveys. Adapted from Roberts 1995: 7)

'Storm and stress'

The concept that adolescence is a period of turmoil is a myth that has endured to the current day, and popular ideas persist of a 'generation gap' where the interests of young people and adult society diverge. The notion that adolescence is a period of turmoil has a long history, first popularised at the turn of the century by G Stanley Hall (see earlier discussion). However, numerous studies have shown that young people do value their parents' moral and political values (Brown 1990: 174; Coleman 1992: 19; Kimmel and Weiner 1995: 260) and that most parents enjoy pleasant relationships with their offspring during adolescence.

> 'The topics that adolescents and parents argue about have changed little since researchers began examining this issue over sixty years ago. Squabbles about curfews, household chores, and school responsibilities are the most commonly mentioned sources of argument, even in studies conducted during historical periods in which adolescents and adults were alleged to argue frequently over more lofty concerns than dirty laundry.' (Steinberg 1990: 269)

Young people may test the legitimacy of any authority that encroaches upon them, including that of their parents. However, the idea of a generation gap:

> 'is the result of a stereotype which is useful to the mass media, and given currency by a small minority of disaffected young people and resentful adults. However, to deny any sort of conflict between teenagers and older members of society is equally false. Adolescents could not grow into adults unless they were able to test out the boundaries of authority, nor could they discover what they believed unless given the opportunity to push hard against the beliefs of others. The adolescent's transition from dependence to independence is almost certain to involve some conflicts, but its extent should not be exaggerated.' (Coleman 1992: 21)

The 'common-sense' belief about adolescence is that young people rebel against their parents, and typically become involved with a peer group whose values are antipathetic to family life. However, involvement in the peer group can be positive for young people, as it allows them to handle new situations without their parents' help and it offers them the opportunity for exposure to different views and norms. Although peer pressure has traditionally been blamed for 'leading young people astray', research evidence indicates that they are more likely to join peer groups whose interests and activities are compatible with their own rather, than joining a group and then becoming more like its members (Heaven 1994: 86-7; Brown 1990:174). Anxieties about young people being involved in 'inappropriate' activities have a long history (Pearson 1983; McRobbie 1994). In the foreword to 'Girls Growing Up', written during the Second World War, the Chairman (sic) of the National Association of Girls' Clubs is concerned about young women going out to the cinema and reading 'cheap and shoddy literature' (Jephcott 1942: 5-6).

Given that young people are no longer children, but are not yet recognised socially or in law as adults, many are frustrated and feel powerless. The Children Act (1989) incorporates some positive moves towards identifying the rights of children and young people, but any decision made by a person under 16 years of age is subject to their perceived maturity, as decided by various professionals.

> 'The Children Act indicates that young people under the age of 16 can choose their own religion, change their name, give consent to surgery, seek confidential counselling, and so on, so long as *they have the maturity to understand the implications of the decision or request.*' (Coleman 1992: 23, original emphasis)

Young people need to be taken seriously and to have their views respected by society, but as they are not accorded adult status by society, their views are rarely given consideration. Too often the behaviour of young people is perceived as immature and inconsistent, as seen in sweeping statements such as 'teenagers don't absorb maturity like

a sponge absorbs water, they flip at will from child to adult...the little girl who wants to be vet is sniffing glue' (Fisher and Holder 1981: 9).

Perhaps, if young people are sometimes mature and sometimes immature, it is a result of their lack of identifiable status; in the current economic climate they often lack the opportunities to demonstrate their maturity due to prolonged enforced dependency. Also, behavioural 'inconsistencies' are not an exclusive feature of being young, but a human behaviour trait observable in all age ranges.

> 'It is important, for example, not to uncritically assume that there is a necessary correspondence between chronological age, biological maturity and personal and social behaviour.' (Aggleton 1991:260)

The economic climate facing young people today makes their futures far more uncertain than ever before. The stereotyping of young people as troubled, in crisis and frequently 'deviant', is as unfair as it is dangerous. The media plays a very large part in perpetuating myths about young people. 'Hooligans' and 'deviants' are much more likely to find their way into the newspapers as prevalent portrayals of young people, than the vast majority who are not. While the media's portrayal of young people seems almost predictable, Coffield *et al.* (1986: 210-1) point out that it is especially worrying that some researchers and professionals also discuss young people as if they were all deviant; publications such as 'Psychosocial Disorders in Young People' (edited by Rutter and Smith 1995) emphasise the exceptional in young people's lives such as suicide, mental illness, involvement in crime and anti-social behaviour, at the expense of discussions about their well-being or analyses of the process of 'normal' development.

Post-war popular representations of young people

Media consideration of young people's lives tends to focus on youth sub-cultures because of their newsworthy and easily identifiable lifestyles and dress, even though only a few young people are involved in these public subcultures. Subcultures retain many commonalities of the culture from which they are derived but differ in their central foci:

> 'subcultures such as Mod, Rocker, Skinhead have the same position vis-à-vis the dominant culture as their parents, but through dress, activities, leisure pursuits and

lifestyle project a different response to material and social class position.' (Clarke *et al.*)

Concern by those in authority about young people and their activities has a long history, but the post-war period differed from previous eras as young people became consumers, purchasing the records, clothes and lifestyles produced for the youth market (Clarke *et al.* 1976). In the 1950s the 'moral crisis' around young people was based on their visibility in youth cultures and the establishment's fears about the immorality of Rock 'n' Roll leading young people to reject the established social order of British society (Hamblett and Deverson 1964). There was widespread media coverage of the 'Rock Around the Clock' disturbances in 1956 where young people apparently 'rioted' in cinemas during the showing of the film of this name (Pearson 1983: 22-4). During the 1960s there was an emphasis in the media on 'rebellious' youth due to the student protests concerning Vietnam and Civil Rights, and their concern with the highly visible clashes between Mods and Rockers in various seaside resorts (Hebdige 1976: 88). Cohen (1973) argued that the Mod-Rocker clashes were media-generated 'moral panics'.

Every decade, the popular press instigates another 'moral crisis' around youth. During the 1970s, the media crisis surrounded Punk which coincided with a worsening economic climate in which young people were finding it increasingly difficult to obtain work (Savage 1991). Today's 'moral panic' centres on Rave culture and the use of the drug Ecstasy. The tabloid press quickly backtracked on previous observations of the 'cool and groovy' Acid House scene and condemned ecstasy as evil and dangerous, The Sun producing headlines such as 'Evil of Ecstasy' (19 October 1988) (Henderson 1993: 2). When eighteen year old Leah Betts died in November 1995, the media focused in detail on her death, and the deaths of other young people after taking Ecstasy (The Guardian 6 February 1997). Few of these reports sought to establish the incidence of its use, or what its consumption meant to young people.

The quality media, usually loftily aloof from such coverage of youth cultural issues, as well as focusing on Ecstasy consumption ran articles on the suicide of Kurt Cobain, lead singer with Seattle-based band Nirvana, and the disappearance of Richey James, a member of the Welsh band, The Manic Street Preachers (The Guardian 13 November 1994). Newspapers commented on the 'copy-cat' suicides and 'me too' letters appearing in the music press from young people. The media appears to relish coverage of these

'crises' in youth culture as a means to explore the alleged general 'malaise' in today's young people. There has been a media emphasis on young people having little hope for the future and a general disillusionment with party politics (The Guardian 26 April 1995; The Guardian 14 October 1995). The British press have focused on 'disaffected' young people to a large extent, with headlines such as 'Sweet sixteen - bitter, bored and abandoned' (The Observer; 23 July 1995); 'The lost youths of British idealism' (The Observer 18 June 1995); 'Drug culture opening new generation gap' (The Guardian 25 July 1995); and 'The worst days of their lives' (The Observer 3 March 1996).

The concept of 'storm and stress' in adolescence is a powerful one, given credence by the media and some academics in the youth studies field. The portrayal of young people as disaffected, alienated, not caring about the future and risk-takers has important ramifications for how they are perceived in general, and specifically in literature pertaining to young people's health. The idea that young people are inherently prone to risk-taking behaviour during adolescence has important ramifications for health promotion literature and for measures designed to improve young people's health (Aggleton 1991: 260).

Young women

As mentioned earlier, the majority of youth research has focused on 'deviancy', most particularly on white, urban working-class male 'deviancy'. Nava (1992: 71) suggests that the field of youth studies 'has been predominantly about boys - usually white, urban, working-class boys - and that girls are rendered visible only where they are pertinent to the experience and perceptions of the boys.' Griffin (1993: 127) suggests that the focus on male 'deviancy' in sociological studies such as Whyte (1955), Patrick (1973) and Willis (1977) has often been taken for granted by the organisations that work with young people such as Youth Services, where young men are assumed to be actively 'deviant' while young women are treated as passively 'at risk', usually in sexual terms. Although the modern youth service is more geared towards social education, its original function as a means of social control is still very evident (Smith 1988). By the mid-1970s, female youth workers were beginning to challenge the male focus of youth work (Nava 1984) and many youth services re-introduced the female-only provision which had been prevalent in the earlier part of the century.

In feminist research on youth subcultures, a few feminist authors including McRobbie started to examine female subcultures saying:

> 'the absence of girls from the whole of the literature in this is quite striking and demands explanation. The conclusion arrived at there was that despite the unreliability of sources, the roles girls seemed to play in the youth cultural formations of the post-war years, appeared to be marginal.' (McRobbie 1991: 35)

So why were young women excluded from sociological literature on youth? Young women's experiences of growing up are quite different from those of young men, with domestic responsibilities impinging on young women to a much greater degree (Hunt 1980: 20; Banks *et al.* 1992: 56), responsibilities which socialise young women for their future 'career' as wives and mothers (Sharpe 1976; Griffiths 1988; McRobbie 1991). There has been little sociological consideration of young people as family members (Brannen *et al.* 1994) within which young women's experiences would be examined in more depth, and young men could be considered as more than street-corner 'deviants'. One of the arguments used to account for the marginalisation of young women in the studies of youth cultures has been that domestic responsibilities resulted in young women's lack of visibility in the street and therefore rendered them invisible to sociologists. A number of authors have identified the importance of the 'bedroom culture' in young women's lives (Green, Hebron and Woodward 1990; McRobbie 1991).

> 'Within feminist youth culture research, the concept of 'bedroom culture' denotes the culture of young girls, which is developed in the girls' room where friends experiment with make-up and clothes, talk about boys and problems, use the media, dance, etc.' (Ganetz 1995: 88)

However, Griffin (1985) and Lees (1986) argue that most young women's leisure is not primarily home-centred. In a study of young women in West Yorkshire, Griffith (1988: 56) says that for many young women the bedroom was not the main place of leisure, but 'dossing' in the streets was their primary leisure activity. I believe the neglect of young women in sociological literature on young people's lives is most likely due to the male focus of sociological research, sustaining the assumption that 'youth' equates with 'male'.

In 1942 Pearl Jephcott published her study of young women's lives, 'Girls Growing Up', which was done very much in isolation, and although her work is not very methodologically precise, it was a move away from the moralising of early twentieth century work on young women. (She also produced 'Rising Twenty' in 1948.) During the 1970s, following McRobbie's work, studies of young women's lives from a feminist perspective began to be published; Lees' (1983; 1993) work on young women's sexuality, Campbell's (1984) study of girl gangs and Griffin's study of young women's school-to-work transition are examples of feminist research into young women's lifestyles. As Griffin says of her study:

> '*Typical Girls?* aims to present a picture of some young women's lives in all their complexity, putting their experiences into political and historical context. Most research work has tended to ignore women's experiences altogether, or to try and understand them using theories which were designed to explain men's positions.' (Griffin 1985: 5)

The inter-connections between gender, class *and* 'race' or ethnicity are only starting to be addressed in sociological research on young people, and mainly in relation to education (see below). Few studies address all of these divisions. Griffin interviews black young women in her study but explains why she chose not to include black young women in the observational part of her study.

> 'As a white woman, I decided to concentrate on the influences of white racism rather than try to give an account of young Black women's lives which would be affected in part by my own ill-informed assumptions.' (Griffin 1985: 4)

If studies of youth subcultures have marginalised white young women's experiences, young black women have been further marginalised, both in studies of black young people and in studies of young women. Referring to an educational report, Mirza says:

> 'for the ILEA (Inner London Education Authority) gender was distinctly a white issue and race clearly a male matter.' (Mirza 1992:20)

This quote could well be describing social science research in general. Feminist researchers have been criticised for focusing almost entirely on white women, thereby ignoring or marginalising black women's experiences of racism *and* sexism (Carby 1982; hooks 1989; Collins 1991).

Research into black (young) people's lives, in common with most research on young people, excludes black young women and marginalises their experiences. Pryce, in a study of black people in Bristol, many of whom were groups of young men, states:

> 'a further problem arising out of the built-in limitations of the participant observation technique is that as a male researcher I had only limited access to the women in the West Indian community for research purposes. This is a problem that should be easily appreciated... To correct the masculine bias of the research, then, what is needed is a female researcher investigating issues that involve the West Indian population *per se*.' (Pryce 1979: 300-1, my emphasis)

Pryce suggests we can easily appreciate his dilemma as a male researcher, but the problem here is not just one of ignoring women's experiences; it is the belief that the male experience constitutes the reality for the whole. Pryce's study is sub-titled 'A Study of West Indian Lifestyles in Bristol' so his study of black *men* is seen as a study of black *people*.

In seeking examples of qualitative social science research on young black women in Britain, I found very little. What research I did find was either quite old (Wilson 1978), or was mostly educational research. There has been a long history of interest in education and black pupils, specifically around the notional under-achievement of young black men. Mary Fuller's work on black young women's experiences in school was unprecedented in the field of ethnographic studies into education. She found that being black and female resulted in a specific subordination, and although the girls had an awareness of racism and sexism in Britain, they had a very strong sense of their own self worth (Fuller 1982: 99). She says that these young women were committed to gaining qualifications, because they realised even if they married, they would have to work to keep the family above the poverty level, and in a sexist and racist Britain they needed all the advantages possible (Fuller 1982: 95).

Mirza (1992) produced a study of young black women's experiences in school and their future aspirations, using both quantitative and qualitative methods. She also found that the young women in her study had high self-esteem and greatly valued their cultural and racial identities. Although some teachers held overtly or unintentionally racist views, this did not affect the young women's belief in themselves and their abilities (Mirza 1992:55).

Summary

The importance of analysing changes in the construction of 'youth' is due to the ramifications of how young people are represented today in the media and in academic studies. 'Youth' and adolescence are relatively newly identified sections of the life-cycle, a contrived category whose members are continually growing older as adverse economic conditions prevail. This has lead to an 'infantilizing' effect on young people who have been unable to assume adult roles in society due to their prolonged financial dependency on their parents.

Women's lives have changed dramatically this century, and particularly since the 1950s, with new options in employment, education, and family planning. However, women are still paid inequitably in relation to men and are more likely to be in part-time work and in 'traditionally' female occupations, as well as performing most, if not all, domestic chores in the home. Even though academic feminists have for many years been attempting to rectify the invisibility of women in history, science and literature, young women's lives are yet to be fully researched and understood. British black young women's lives have been especially marginalised, and their unique experiences have yet to be fully researched; both Wilson's (1978) work on young Asian women's lives and Fuller's (1982) work on African-Caribbean young women's lives are quite old now. In addition to the historical lack of attention to women in sociological studies of 'youth', I found many feminist studies of women's lives have paid little attention to the experiences of *young* women.

Some of the feminist studies I have mentioned in this chapter, specifically McRobbie, will be discussed further in the following chapter which describes feminist research and discusses in detail the methodological approaches used in this study. The research problem I identified was to examine the place of some health-related beliefs and behaviours within the context of the everyday lives of young women. I wanted to ascertain to what extent improvements in the health of young women, such as those proposed by 'The Health of the Nation', are likely to be achieved taking in to account social, economic and cultural influences and constraints young women may face. I believed that using qualitative and ethnographic methods and a commitment to the

feminist principles of data collection would produce the results I required. I approached statutory youth services in two towns, one in Wolverhampton and one in Hereford and Worcester, and the study was conducted in youth clubs in two districts of Wolverhampton which I shall call Poolside and Parkside, and in one youth club and one school in a small town in Hereford and Worcester which I shall call Hillside. Around fifty young women aged between 13 and 16 years of age were involved in the study. In order to gain an insight into young women's family lives and the extent to which parental behaviours and opinions are influential on young women's health-related behaviours I conducted interviews with the mothers of some young women involved in the study. I also conducted interviews with youth workers and teachers about their opinions of young women's health and health-related information programmes offered by the school or youth club. (See Appendix One for further information about the young women and their communities.)

The next chapter describes in detail the methodology used in the study, my research design and philosophy, gaining access to the young women and gaining acceptance in the field. I describe the research process; how I conducted participant observation and interviews; I explore the ethical issues involved in the study, describe how I interpreted the information gathered in the field and reflect on the progress of the research.

CHAPTER TWO

Methodology

"I have no data yet. It is a capital mistake to theorise before one has data. Insensibly one begins to twist facts to suit theories, instead of theories to suit facts."
Sherlock Holmes in 'A Scandal in Bohemia' (Conan Doyle 1994)

Introduction

This chapter deals with the methodological decisions that were taken prior to entering the field and during fieldwork. I begin with a brief look at ethnographic and qualitative research on young people. The purpose of this chapter is to describe and justify many of my decisions regarding methodology. The literature on research methods and textbook guidelines for research are discussed in relation to the realities of the situation in which I found myself during fieldwork. I explain my research design and philosophy and refer to the literature which guided my thinking in the design and execution of the research. I discuss the rationale for choosing the methods of information collection, then I describe the 'nitty-gritty' of the fieldwork. I look at access to the field - an important area of consideration in any participant observation study. I move on to discuss the role I adopted, acceptance of me, and rapport maintenance, again referring to the literature on these subjects. I also describe my processes for information collection, the interpretation of this information, my reflections on the experience of participant observation, and the ethical considerations involved in a study such as this.

A full and frank discussion of events in the field is extremely important, for a number of reasons. Firstly, it provides a blueprint for the research to be replicated, and allows the researcher's own personal biases and interests to come to the fore. As Armstrong (1993: 12) says, 'publicly the personal element of a research project has usually been totally submerged by claims that the main concern is to develop theory.'

The voice throughout this thesis is very much mine, and I will write in the first person. Feminist researchers emphasise the need to place our own personal histories in the work we do (see later discussion on feminist methodology). Also, participant observation and long-term residence in the field, albeit a semi-detached residency such as my own, means

that the researcher can never fully remove themselves from the research or the research from themselves. The ethnographer's habit of keeping a field journal for their thoughts and feelings adds to this personal element, and looking back at my own field journal I can still vividly remember the highs and lows that accompanied the study. This is a very personal way of conducting research and therefore I believe the personal should not, and perhaps cannot, be removed from the subsequent account.

Qualitative and ethnographic studies

In addition to the textbook guidelines for undertaking ethnographic and qualitative research (Spradley 1980; Hammersley & Atkinson 1983; Burgess 1984; Agar 1986; Sherman & Webb 1988; Fetterman 1989; Atkinson 1990) to which I will refer throughout this chapter, I sought out accounts of original research which used these techniques where the authors were forthcoming in their discussions of the methodological shortcomings and successes of their study. Many qualitative researchers are reflective of the procedure of their research, which allows the reader an insight into their decisions and difficulties during fieldwork. I examined a number of well-known and well-respected ethnographic texts, such as Whyte (1955), Willmott (1966), Humphries (1970), Patrick (1973), Willis (1977) and Pryce (1979). As implied in the previous chapter, one common thread running these studies is their focus on 'deviant' behaviour: street gangs, homosexuality and working-class school 'delinquents'. All these studies are written by men and focus on men, predominantly on white working-class young men, which I believe reveals the preoccupations of male researchers.

While these biases do not prevent the studies from being useful in informing methodological questions, I felt it would be advantageous to look in more depth at ethnographic studies written by women about women, since my study would focus on young women. If I had looked at these male studies alone, I would expect to find delinquency at every turn and the impression that all I needed to do to gain access was to become 'one of the lads'. Women do produce ethnographies but they have received less attention than those studies of men's and young men's groups and subcultures (Bell, Caplin and Karim 1993: 4). I found some useful ethnographic studies on young women: McRobbie (1977), Hunt (1980), Griffin (1985), Chang (1992), and also Cornwell (1984) who focuses mainly, although not exclusively, on women. What these studies of women

indicated was that the social lives of women in general and young women in particular are often organised in very different ways from those of young men's, and therefore different methodological approaches are required.

If, as suggested by the male ethnographies above, young men are to be found in gangs, on the street, many female ethnographers suggest that young women will not be found in this same public sphere. I believe that most of the marginalisation of women in ethnographic studies comes from male researchers' priorities, although the relative invisibility of young women from the streets and public spaces does partly explain their exclusion from these studies. This exclusion occurs because the ethnographic studies of young men have focused on what they do in public, not in the domestic sphere (see McRobbie 1991). Many of the ethnographic and qualitative studies on young women have focused on school, where girls and young women are visible (Fuller 1982; Mirza 1992; Griffin 1985), while other studies of women focus upon their position as paid workers (Hunt 1980) or as members of a community (Cornwell 1984).

Feminist theory and methodology

In social research, the term 'method' is frequently used to describe the whole of the research process. Harding (1987a) argues against there being a distinctive feminist *method*, as she believes method solely refers to the techniques that are used for gathering information and there are a finite number of methods with which to collect information. While qualitative research methods such as interviews have generally been accepted by feminists as more female friendly techniques, Oakley argues that:

> 'to ban any quantitative (social) science therefore results in a restriction to certain kinds of questions only; thus restrictions may very well be counter to the same epistemological goal that a code of feminist research is designed to promote.' (Oakley 1993: 246)

The term *methodology* is used to describe the theory and analysis of how the research proceeds or is expected to proceed, and is the standpoint which informs the method. Harding critiques traditional epistemology, asking who can be a 'knower', and suggesting that traditional epistemology has excluded the possibility that women could be 'knowers' or *agents of knowledge* (Harding 1987a: 3). What Harding suggests is that the

methodology and epistemology of traditional social science research is male-centred, and provides frameworks which marginalise women's experiences.

> 'One distinct feature of feminist research is that it generates its problematics from the perspective of women's experiences. It also uses these experiences as a significant indicator of the 'reality' against which hypotheses are tested.' (Harding 1987a: 7)

The androcentric bias of the framework is such that women's experiences cannot be fitted into them and the 'add women and stir' approach of earlier feminist research was unsatisfactory. This is well expressed in Oakley's early study of women and childbirth where she takes issue with the dominant form of interviewing at that time. She believed that being detached and uninvolved, as recommended by the traditional texts, can have no place in feminist research, saying that ignoring respondents' questions is not an option when interviewing mothers-to-be, as she did, and for there to be any intimacy, there has to be reciprocity (Oakley 1981).

There are numerous criticisms from the traditionalists in social science research of the use of experience as a legitimate validator of research information (Hammersley 1992: 192). Feminists such as Oakley (1981), DuBois (1983), Ladner (1987) and Ramazanoglu (1992) suggest that using your own experiences of sexism (and racism) is a legitimate starting point for feminist research, and not to recognise our own personal experiences is to accept that 'objectivity' is not only possible, but desirable. The closer the research topic is to our own life and experience, the more we can expect our own beliefs about the world to shape our work, the questions we ask, the interpretations we generate from our findings and indeed, every aspect of the research process. Research in science and social science does not take place in a social vacuum, and therefore all research is influenced by the personal beliefs and values of those conducting it. There is no alternative to political commitment in research because the production of knowledge is a political process (Ramazanoglu 1992: 210).

Difference

Feminist theory has long grappled with the issue of differences between women. While second-wave feminists were criticised for producing theory relevant mainly to white, middle-class women (Carby 1982; hooks 1989) some feminists, for example Deem (1986) acknowledge the diversity of women's differing positions vis-à-vis the dominant groups within society, highlighting the significance of race, class and sexuality in their analyses of women's lives. Postmodernist theory in particular has emphasised individuality and differentiation within modern society. However, this approach suggests that the old structures of class, gender and race are becoming increasingly blurred and are no longer relevant in society.

> 'In a conservative postmodern approach it is claimed that progressive and evolutionary change is taking place, that major social cleavages such as class are disappearing in a march of progress...This argument is applied to gender relations and it is claimed that feminist theory is outdated and a feminist strategy for change is, therefore, no longer required.' (Yule 1995: 46)

According to postmodernist theory, individuals' affiliations to classes and gender are based on patterns of cultural consumption rather than economic differentiation (Lyotard 1984; Baudrillard 1988). Women today do have more choices now than women did thirty years ago; choices whether to marry, cohabit or live alone, choices about sexual orientation, choices whether to have children and which occupations to enter. These choices are due to women's improved access to higher education, greater financial independence and changing social attitudes about sexual orientation, cohabitation and having children outside marriage. However, these are choices that are still restricted. Since feminism is a political movement, with the explicit goal of analysing the origins of women's oppression and formulating effective strategies for change, it can have, at best, only an ambivalent relationship with the postmodernist world of linguistics and deconstruction. Postmodernism is an intellectual debate all too often divorced from the structural realities of the world, such as poverty. The reality is that most women's 'lives and opportunities continue to be structured by life-chances rather than lifestyles' (Scraton 1994: 254).

> 'Women do have uniquely valid insights from the vantage point as women, but women are never *just* women - they are old or young, mothers or daughters, black or

> white, partnered or unpartnered, employed in public life or employed at home, and so on, and all these 'positions' or standpoints make for 'uniquely valid insights'.' (Gelsthorpe 1992: 215, original emphasis)

As Gelsthorpe says above, 'women are never just women', and to suggest that because feminist researchers have experience of sexism through being women, does not mean they will not overlook the specific experiences of women who face racism, ageism, class discrimination and homophobia as well. However, women do have shared experiences of material disadvantage and ideologies surrounding femininity.

> 'In my opinion, however, experience means taking real life as the starting point, its subjective concreteness as well as its societal entanglements. We should not forget that the challenge to begin with our own experiences arose out of our frustrations at the realisation that women's lives, their history, their struggles, their ideas constitute no part of dominant science.' (Mies 1991: 66)

The relationship between the researcher and the researched has been widely debated in feminist research (Oakley 1981; Klein 1983; Ladner 1987; Mies 1991). Klein 1983: 95 argues that we need a methodology in which the artificial object/subject split between researcher and researched is diminished because this is the only way to prevent the exploitation of women (and people) as research objects.

> '(Feminists) have sought to treat 'subjects' with respect and equality. We have studiously avoided entering 'their' culture, savouring it and then presenting it to the outside world as a subject for speculation. Feminism forces us to locate our own autobiographies and our experience inside the questions we might want to ask, so that we continually do *feel* with the women we are studying.' (McRobbie 1991: 70, original emphasis)

Feminists aim to reduce the chasm between the researcher who 'knows' and the researched who do not. Here the focus has been upon power relations within the interview situation. Even with all the best intentions, power relationships do exist between the researcher and the researched. In my case, young women are a relatively powerless group, and if they are black and/or working-class they are even less powerful. As a woman from a working-class background, I can empathise with the young women's situations and be aware of the differences between us, but I can only attempt to bridge the power inequality between us. In my research, I am the 'student', wanting to learn from the young women about themselves and their lives, a situation where one might expect

them to feel more powerful, but as McRobbie describes in the quote below, this is not usually the case.

> 'Sociology does not prepare us for the humility of powerless women, for their often totally deferential attitude to the researcher. 'Why are *you* interested in *me*. I'm only a housewife?' Or else the surprise on the part of girls that any adults could really be interested in what *they* had to say.' (McRobbie 1991: 77, original emphasis)

I went into the field with the idea of working in a partnership with these young women, and whether the subject areas were not interesting enough, or whether my relatively more powerful position as an adult made collaboration difficult, it was very difficult to elicit the co-operation of some young women. Some were very interested in what I was doing and I did work with them in producing a questionnaire, among other activities. McRobbie voices some of the dilemmas surrounding feminist research with young women:

> 'For example, our project may be based on 'the girls' but why should we assume that we can *do* anything for *them*? Is this not an immensely patronising stance? How can *we* assume *they* need anything done for them in the first place? Or conversely that we have anything real to offer them?' (McRobbie 1991: 71, original emphasis)

The young women taking part in my study always seemed to have something to do while at youth club. There were many activities going on in which they took part, or they sat around talking, which is a very important aspect of youth provision for young women, in providing space and opportunities for private conversation and interaction. My research was just another 'activity' the youth club was providing, to be fitted in alongside all the others.

However, I think my commitment to feminism allowed me to place my own personal experiences at the heart of the research and I endeavoured to forge close relationships with the young women as people, not as research 'subjects'. I could not stand aside as a supposedly detached and objective researcher and make research notes while these young women experienced the many difficulties that being a young woman entails. I feel I made very close and reciprocal relationships with some young women at the youth clubs which were not based just on my need to gather research information from them.

My theoretical framework

My aim in this study of young women's health and well-being is to highlight the complex relationship between societal structure and human agency in life choices. While this study attempts to view young women's lives from their own perspective, I analyse their life experiences in relation to social and economic structures, such as class position, racism, sexism and access to power. I analyse cultural constraints such as the enduring emphasis on femininity in the wider society and argue that these impositions impact on young women's ability to choose healthy lifestyles. However, my analysis of social structures does not exclude consideration of agency. I will also highlight the strategies which young women adopt in resistance to structural impositions focusing on issues such as friendship between women and their resistance to femininity. I also document the ambivalence felt by significant others, such as parents, teachers and youth workers about their roles in promoting a healthy lifestyle for young women, who are neither children, but not yet accorded complete adult status. Parents and teachers do indeed try to exert control on the activities of young people with regards to eating, exercise, smoking and drinking, but I will chart young women's resistance to these regulations.

Feminist theory and practice inform my theoretical framework and choice of methodology. Although my feminist position is probably most closely allied to socialist feminism in that I aim to connect young women's lived experiences to the structures in society, I am also influenced by feminist thought on difference and have attempted to include issues of race and sexuality alongside gender and class.

Research design and philosophy

I wanted my methodology to enable the research to explore the lives and world-view of young women, in the context of a mutually respectful and reciprocal relationship. To gain an insight into the place of health in the lives of young women, the research needed to take account of their habits, beliefs, attitudes and perceptions within everyday life. I could have sent out questionnaires to youth clubs and schools, or I could have visited clubs and classes and conducted interviews which would undoubtedly yield useful and interesting information. What these methods cannot do is move beyond people's own externalised beliefs and statements of intent. There is also a problem in one-off interviews which is that people put their 'best face' forward (Cornwell 1984: 15). This

does not mean the interviewee is being deliberately misleading, but that the unfamiliarity of the situation warrants a certain amount of caution. In questionnaires it may be possible for a person to be frank and honest due to the anonymity afforded them, but there are often misunderstandings and differences in the way a researcher and the researched will understand the questions before them. Quantitative research may be able to tell us how many young women are engaging in a particular risky health behaviour; what it cannot tell us in any detail is what lies behind this behaviour and what meanings they attach to it.

I wanted to go beyond the superficial appearances of risky health behaviours to see what lay behind young women's thinking and decision-making on these issues. Therefore, I wanted to use ethnographic techniques, including participant observation and in-depth interviews (Whyte 1955). However, this study is not an ethnography in the traditional sense of the word as it has come to us from anthropology. As a woman in my mid-20s, I could not spend three years living the life of a fourteen-year-old young woman, and neither did I feel I could 'pretend' to be one of them (see later discussion on covert research). Therefore, I used my own experiences of having recently been a young woman myself, my experiences of being a young women's youth worker, my commitment to feminism, the ethnographic methods of participant observation and interviews to build up a picture informed by Weber's concept of *Verstehen* (understanding, empathy). This is then linked back to theory developed from previous literature and my own fieldwork in a bid to explain why, for some young women, 'The Health of the Nation' targets are unlikely to be met with success.

Ethnographic description differs from ordinary description in that the aim is to penetrate beneath the surface appearances (Woods 1986: 91). This requires the researcher to have privileged access to a group for a period of time to make long-term relationships, enabling the researcher to share the group members' everyday lives and so to see the world through their eyes. To do this I used the technique of participant observation. Traditionally used in ethnographic and anthropological research, participant observation sites the researcher in the everyday activities of the group being researched, and long-term contact helps the researcher to understand the basic beliefs, fears, hopes and expectations of those being researched (Fetterman 1989: 45) by enabling them to appreciate the meanings which the actors attach to their behaviour.

Participant observation is high in costs of time as the process has to be maintained over an extended period of time; months and years. The first weeks and months can yield very little information while the researcher is finding her/his way and gaining the acceptance of those being researched. The researcher needs to familiarise herself with the location and the people, while those being researched need to get to know the researcher. For the first two months at Hillside youth club I talked to young people, introducing myself and generally finding my way around. I wanted a period of time before I started asking questions for the young people to get used to seeing me at the youth club.

There are four theoretically possible participant observer roles: complete participant, where the identity of the researcher is not known to the researched; participant as observer, where the researcher's full identity is known to the researched; observer as participant, which involves more formal observation than the above two roles; and complete observer, where there is no social interaction between the researcher and researched.

> 'It is important to distinguish among overt, semi-overt and covert researcher roles. In the overt role, you let people know you are doing a study. They may have only a vague idea of the nature of the study and judge it primarily in terms of their evaluation of you personally, but still you are prepared to explain what you are doing to anyone who asks.' (Whyte 1984: 30)

Covert research has a place within social science, especially when there are difficulties in gaining legitimate access to a particular group of people, usually relatively powerful groups. I felt there was no need for me to consider using covert research and it was not compatible with the feminist approach I was using. Covert research is in conflict with the norms and values of feminist research, which stresses the need to empower women and not to see them merely as sources of data and information (Oakley 1981; Klein 1983 - see earlier discussion of feminist methodology). I was also guided by the College's ethical guidelines on research with human participants.

Ensuring that everyone within the organisation or group you are researching is aware that you are a researcher can be difficult. In youth clubs, for instance, the members may not stay in the building very long or in moving from room to room, may have missed your telling everyone who you are. Short of wearing a sign, I could not be sure that everyone

was aware I was a researcher, and there was no way for me to be sure that my role as researcher was the role they were responding to (Van Maanen 1988).

The participant observer should enter the field with definite and clear ideas of the topics they want to cover, but the focus of and the strategy for fieldwork should evolve through exploration, seeking out what is problematic and what is important to the research participants. This approach advocates a reflexivity while in the field which allows the researcher the flexibility and open-endedness to alter their perspectives as new and unexpected results are discovered. This is a non-linear approach which is discordant with the traditional hypothetico-deductive model of social research as a linear movement from hypothesis through data collection to analysis (Spradley 1980: 28; Agar 1986: 16).

Access

Once I had made the decision to research young women in their middle teens, I had to determine the most productive way of gaining access to a suitable group of young women. There were a few options open to me; for example, I could have pursued a covert ethnographic role, ingratiating myself with a group of young women, pretending to be one of them while secretly noting down their behaviours. Although as a woman in my mid-20s who is frequently assumed to be in my late teens, and therefore able to pass as a 'teenager', I felt that my lifestyle would 'give me away'. Also, finding a suitable group of young women to 'infiltrate' would be extremely difficult and ethical considerations are paramount (see later discussion).

As an experienced youth worker, I eventually decided to try to enter the field through a youth work setting. Many other researchers looking at young women's lives and attitudes chose to use schools as their method of making contact (Fuller 1982; Griffin 1985; Lees 1986, 1993; Chang 1992). Lees (1986) suggests that it is unfair to expect young women to give up their leisure time in youth clubs to take part in research. While I agree with this comment to a certain point, I had many reasons for choosing not to go to schools as my primary research sites. I felt that by choosing to gain access to young women through youth clubs, I would be giving them a choice whether to take part or not. Obviously any young women who do not want to take part but still attend the group will be researched through observation of the whole group, but I felt this was a problem to which I had no

suitable solution. However, by entering schools with the backing of the headteacher, I feel would result in being viewed as an authority figure by young women, and they would feel obliged to take part. Although researching in a youth work context necessitates assuming some degree of authority, I believe from my past experience as a youth worker that young people attending youth clubs do not view youth workers in the same light as they view teachers, because attendance at the youth club is voluntary and school is not. In fact, later in the research process I did enter a school to shadow some young women, but only once I had made good relationships with them at the youth club, so that they already knew me as a researcher and I had their approval. (I discuss the entry to school later.)

My first point of contact was with Wolverhampton Youth Affairs Department, a division of the Community, Youth and Play Department of the Metropolitan Borough Council. I chose Wolverhampton for a number of reasons, in addition to the fact that I had previously been employed as a young women's youth worker there. This experience meant that I already knew the area very well and I knew the people I would be dealing with in the Youth Affairs Department. I also lived nearby and had family links in the area where one group was located. As my study was concerned with young women, I felt it beneficial to gain access to a female-only group and knew that Wolverhampton Youth Affairs ran many such groups. The town as a whole has a very high level of youth unemployment and is predominantly working-class. I believed that the structural and economic circumstances of the area would make it a good site for research into young women's health-related beliefs and behaviours in a socially disadvantaged community.

In September 1994 I approached my former line manager, whom I shall call Brendan (all proper names and place names throughout the thesis are pseudonyms), who is Area Youth Officer for one of the three Parliamentary constituency areas covered by Wolverhampton Youth Affairs Department. I explained my plans for the study and sought permission to undertake my research in his area. He agreed, but explained that I would need to contact the Director of Youth Affairs for formal approval.

I then sent a letter to the Director outlining my ideas, stating that I was a former youth worker for the council and had Brendan's backing. The Director asked for a meeting with my supervisor and myself where I was to explain my plans further. While she was able to grant me access in principle, she wanted a document that would clarify what I wanted to

do; the role I intended to take; how long I would be in the field; how many groups I wished to contact; how many young women in total I wished to contact; the age, ethnicity of the young women; an explanation of my intent for youth workers and youth club members; a statement on dealing with anonymity and sensitivity, and a further statement regarding future publications (see Appendix Two).

I think that as a former youth worker I was expecting my integrity to be taken as read, and that access would be easier to arrange than it proved to be. I actually felt it was very difficult to gain the access which I sought, and I was unprepared for the level of formality required. Obviously the role of a researcher is very different from that of a youth worker, and in retrospect I can appreciate her concern to safeguard the interests of her charges by requiring an unexpectedly specific research protocol from me. Access was, however, granted in November, and in hindsight having to make my criteria for gaining access so explicitly articulated and tight was of great benefit in helping to clarify my thoughts and ideas.

> 'The way in which researchers establish themselves and their projects will influence the pattern of events that occur in the field, the degree of access that they are given, and the relationships that they establish with their informants. In short it is important for researchers to define their projects and their roles as this will influence the whole of the project.' (Burgess 1982: 15-6)

Once access had been granted 'from the top', I then had to gain access to the youth groups where I would be doing the research. Brendan put me in touch with Eve, the worker at one youth group, which I shall call 'Poolside', whom I already knew from previously working in that area. Another Area Officer had agreed for my second group to be one in her area, although nothing was confirmed at this point. Entry to the Poolside group went unhindered; the youth worker was supportive and encouraging of my presence. The young women, most of whom I already knew, asked me many questions about where I had been for the last six months and were very interested in why I had returned.

In order to reflect the ethnic minority composition of Wolverhampton's population, I wanted to research a predominantly African-Caribbean or Asian girls' group. Gaining access to this second group proved more troublesome. At first, there appeared to be difficulties finding me a suitable group which met the criteria (see Appendix Two). I

agreed to be as flexible as possible over these criteria, and eventually I visited an ethnically mixed girls group. I had plans to participate with this group, which I shall call 'Parkside', to the same extent as the 'Poolside' group, namely participant observation at every group meeting for at least three to six months, supplemented by some interviews and group discussions.

When I spoke to the youth worker over the telephone, she seemed concerned at my intention to undertake interviews and, while happy for me to visit, appeared resistant to my plans for semi-residency. I was told that the group were inactive during the holidays and it would be best if I did not visit until after Easter. When I visited, the young women themselves were enthusiastic and filled in questionnaires and participated in a very lively and informative group discussion. I was prepared to push the issue regarding how frequently I would visit the group but the premises at which the group met were due to close for building work and so the meetings were going to be severely curtailed. I had to concede that this group did not appear to be a long-term viable option and made enquiries to the Area Manager regarding other groups that might prove more productive.

I became despondent as my many telephone calls went unanswered and unreturned. My field diary records my exasperation at the lack of contact and, since I was delayed in my first contact with the Parkside group, I felt that my time was running out for establishing contact with a group as a precursor to several months' regular contact. The Director had allowed me access for six months initially, and I decided to concentrate on the Poolside group and then to begin to consider contact with another youth service, elsewhere.

Wolverhampton was not proving to be as fruitful as I had first hoped. I felt my participation was being blocked, mostly through being unable to establish contact with the relevant people and Poolside Youth Club's membership was proving erratic at best. Some weeks there would be ten young women attending, the next week none. I thought that researching in another town might prove advantageous, partly due to my frustration at the lack of quantity and quality of data I was collecting, and changes in my personal circumstance meant that I would be moving away from the area.

I approached the Principal Youth Worker at Hereford and Worcester Youth Services in July 1995, a woman who had connections with Cheltenham and Gloucester College of

Higher Education, and therefore whom I hoped would be responsive to my requests. I sent her a copy of the document produced for Wolverhampton (see Appendix Two), saying that I was looking for similar access. Perhaps because the document answered all the questions she might have had or because my credentials persuaded her of the legitimacy of my request, I was quickly granted access and a suitable group was assigned to me, which I shall call 'Hillside'. Again, I was fortunate to have an extremely supportive and encouraging youth leader and, most fortunately, enthusiastic young people. I also had family links in the Hillside area and lived in a nearby town at the start of the fieldwork.

The structure and organisation of the youth service in Hereford and Worcester is quite different from that of Wolverhampton. As a mainly rural county, there are fewer groups due to the fact that the population is more sparsely distributed. I had stipulated my preference for a female-only youth group but in rural youth services, these are more limited than in an urban service such as Wolverhampton. Hillside ran a female-only group, which was the reason that group was suggested to me by the Principal Youth Worker, but I quickly discovered this ran too infrequently to provide a base for all my observations. Thus I joined in on mixed-sex club evenings as well as the female-only events. A mere fifty miles from Wolverhampton, Hillside was in complete contrast, rural and predominantly middle-class. Researching the youth group in Hillside enabled me to look at the experiences of rural young people, a group frequently marginalised or ignored in sociological youth research.

Once I had formed some strong relationships with young women at the youth club, I approached the two state secondary schools in the area; most of the youth club members went to one of these schools. As school seemed such a vital part of the everyday lives of young women, whereas the youth club only occupied a few hours a week of their time, I believed my research would be greatly enhanced by my observation of school life as experienced by the young people. I preferred to shadow young women with whom I had already built up relationships, rather than be assigned a 'shadowee' by the school. I hoped this would mean the young woman in question would feel more comfortable being shadowed by a familiar face and would feel more able to refuse the request if they wanted to do so.

I sent letters to the headteachers of both schools (see Appendix Two) explaining my study and my links with Hillside youth club (whose workers are frequently in contact with both schools) and providing the names of young women who had agreed to be shadowed. My access was approved almost immediately at one school, which I shall call 'The Green', but I was refused access by the other school, which was very disappointing because the majority of the young people who attended the youth club went to that particular school. I had many more volunteers for the shadowing from the refusing school and these young women were annoyed to be unable to participate further in the research. The letter from the head made it clear that he would not consider my presence under any circumstances and I believed that any appeal would go unheeded. The Green had a reputation among local people for being an excellent school, which is reflected in the school's position in the school league tables and a recent excellent OFSTED report (see Appendix One). 'The Blue School' has always struggled to compete with the academic and sporting excellence of 'The Green' and was regarded by many local people as the second best school in the town, which may have influenced the head's refusal to allow me access.

My liaison at The Green was with the deputy headmistress, whom I shall call Ms White, who was very encouraging and interested in the research. After the initial letter, my supervisor and I met with her to discuss the role I would adopt in school, my dress, and the length of time for which I required access. I confirmed the names of the young women who had agreed to be shadowed and Ms White arranged for all the teachers of those young women to be informed of my presence in their classroom. Each teacher was given the option to refuse my presence if they wished, although in practice none did so. Each day I was in the school, the young woman would have a letter to show to each teacher explaining who I was. Most of the day-to-day organising of my shadowing was done for me; all I had to do was name the young women and turn up.

Entry and Acceptance

Having official access granted is one hurdle; developing and sustaining rapport requires a good relationship with the workers whom you see on a day-to-day basis, and the young people with whom you hope to research. As mentioned in the section on access, while approval from managers allows the researcher entry to the field, it does not guarantee,

and can even hinder, acceptance from those further down the hierarchy. At Wolverhampton in Parkside, I had enthusiastic young people, but I felt that the attitude of the youth worker and circumstances surrounding the group, such as its lack of premises at which to meet, hindered the research. At Poolside I worked with an enthusiastic youth worker but the young women there were not interested in the research and attended the group very infrequently.

At Hillside, I was fortunate to have both supportive youth workers and enthusiastic young women. From researching with small, female-only groups in Wolverhampton, where the maximum attendance would be fifteen, I was confronted with a very large youth centre with up to seventy young people attending on any one evening. While my focus was on the young women, I tried to get to know most of the young people there and slowly to build up my relationships with them. I was quite happy to spend the first few months getting to know the young people attending the youth club, rather than actively seeking answers to my research questions.

I already knew many of the young people at the Poolside group and therefore did not have to build a new relationship with them from nothing, but I had to try and build a relationship with them as a researcher rather than as a youth worker, which I think caused some confusion on their part about my precise role. I felt that the young women at Poolside treated me much the same as they had when I was a youth worker. I told them all I was not a youth worker any more, but a researcher writing a book. I felt acutely that since I had been a worker there, that the young women might expect me to take over running the club again and so I was careful to refer to the youth worker any queries and decisions the young women faced, in order to divorce myself from the role of 'youth worker'.

At Hillside, the young people assumed I was a new youth worker, although they were informed that I was a researcher writing a book about young people. Conveying this message to seventy young people proved difficult. Again, I tried to avoid formal decision-making and frequently told the young people that I did not work there as a youth worker. Although I offered to help when I could, I frequently suggested they should put their questions to a member of staff, in a bid to be viewed as a researcher not a youth worker, an issue I will discuss further later.

I wanted to present myself as friendly, concerned and approachable. I generally feel at ease when with young people and have a genuine love of working with them. I had been an unqualified youth worker and occasionally felt naïve and lacking in knowledge and experience. I was told by the youth leader at Hillside that the young people there were very open and would be extremely happy to help out with the research, but I think I underestimated the time it would take before these young people knew and trusted me enough to be open and honest. Chang describes the reality of researching with young people:

> 'The endorsement of American scholars, friends and school administrators for my research idea lead me to believe that the teenagers would receive me with open arms because I was ... interested in learning about them....I also had the expectation at the beginning that these young people would be eager to talk about themselves and be thrilled to have someone listen to them for many hours with patience. My expectation turned into disappointment; they seemed too busy with their own lives to spare time for me. And even when they did so, visiting with me was not a top priority; it was, rather, doing me a favor.' (Chang 1992: 193-4)

Those people being researched through participant observation tend to understand the research through the person doing it, for instance if they like and get on with that person, co-operation will follow. As Whyte found in his study of Cornerville:

> 'I found that my acceptance in the district depended on the personal relationships I developed far more than upon any explanation I might give. Whether it was a good thing to write a book about Cornerville depended entirely on people's opinions of me personally. If I was alright, then my project was alright; if I was no good, then no amount of explanation could convince them that the book was a good idea.' (Whyte 1955: 300)

What to wear is not just an issue of vanity; the presentation of self is very important to a researcher's acceptance. My concern with my outward presentation stemmed from my experience of working with young women in Birmingham and Wolverhampton where I was frequently teased for 'being a weirdo'. I usually wear a lot of black clothes and wear rock band tee-shirts, liking music at the heavier end of the musical spectrum. When preparing to enter Hillside youth club, I purposely toned down my clothes and opted for a casual look of jeans and a top. While my usual 'look' would have gone down well with one section of the youth club, it may have alienated the others. I also wanted to avoid the risk of being viewed as an older person who appropriated 'youth culture' in order to be

trendy and gain acceptance, although young people usually view this with some hilarity. As time went on, and I established relationships, I felt my outward appearance required less self-regulation. I am also physically small (less than five feet tall) which meant I was not physically threatening to young people, and could blend in with them. Indeed, most of the young people were taller than me, and many found it amusing that they were much taller than me.

The next dilemma regarding the outward presentation of myself came when I was preparing to enter school to shadow some young women from the youth club. The deputy head of the school, my supervisor and I discussed the best way for me to dress. I felt unhappy wearing complete school uniform, partly because I believed this would, in the eyes of the young women, constitute 'pretending' to be one of them. A discussion with the youth leader at Hillside regarding this shadowing helped me concretise my discomfort. She said that young people needed to know they could rely on us as adults who cared for their welfare, but they did not want us to be like them. I think I felt I would be a phoney if I sought to dress just like them and felt extremely uncomfortable with the idea.

We agreed on an approximation of the school's uniform, which was navy blue. The evening before the first day, I took out the navy skirt lurking in the back of my wardrobe and still felt uncomfortable. I did not want to stand out in the classroom any more than I expected to, and neither did I feel comfortable 'being a pupil'. I decided to wear a black skirt, black blazer and a white blouse, smart enough to look professional to the staff and close enough to school uniform not to stand out too much. I also accepted the school rules with regards to wearing only one pair of earrings and removed the ring in my nose as I felt this would only result in my standing out even more had I left it in. As it was, I was mistaken for a pupil by teachers on a couple of occasions, and the young people from the youth club who attended school seemed to enjoy telling me how smart I looked, and I felt this compromise had worked.

School based researchers such as Ball (1981), Griffin (1985) and Mirza (1992) do not specifically mention the clothes they wore while researching in schools. Both Ball and Mirza were trained teachers and when Mirza quotes young women they refer to her as 'miss'. The young women I shadowed always called me Ellie at school and I asked their

friends who did not already know me to do so also. I assume many educational ethnographers take on the role of 'adult' in dress and demeanour. For her study 'Dimensions of Gender in a School', Fuller decided on 'a neat and unexceptional appearance', avoiding bright colours and alternating between a skirt and trousers, as the school was multi-racial (personal communication). The Green did not allow girls to wear trousers, and neither did female staff (aside from physical education teachers), and therefore I did not wear trousers either.

I had wanted to find a common ground I was comfortable with as I felt I needed to feel relaxed in what were unusual circumstances since women in their mid-20s do not often go back to school, sit in lessons and hang about with pupils during breaks and lunch-times. Chang, in her ethnographic study of an American high school, meets with a similar dilemma, and her field journal notes her feelings:

> 'I spent more than fifteen minutes in the morning (which is long for me), deciding what to wear. I didn't want to overdress for students (because I wanted to look like them) nor underdress for the faculty (because I wanted to be treated professionally). I first chose a pair of dressy pants and a v-necked sweater with matching blouse. I thought wearing pants wouldn't make me look too formal to students, but the design of the trousers might be formal enough for teachers. But at the last minute, I decided to choose more of a teenage-like attire. I changed the dressy pants to jeans and pumps to sports shoes. Now I looked like a high school kid. Especially in a ski jacket!' (Chang 1992: 13)

Chang did not have the traditional school uniform of British secondary schools to contend with, and neither did she already know the pupils, as I did. In this respect I enjoyed certain advantages.

At school I had many occurrences where I had to choose between being on the young people's side or being with the teachers. At first, the young people thought I might go to the staff room at break and lunch, and probably thought it was strange of me turn down this advantage in order to stay with them. The best example occurred on two occasions with two different young women I was shadowing. On certain days an assembly is called for pupils, where notices are read out and there are prayers and a 'moral' story presented by a teacher. This was to be the first time I had experienced assembly for many years. The young woman whom I was shadowing and her friends suggested that I would be sitting with the teachers because 'you don't want to be sitting on the floor with us'.

Although I inwardly cringed at the thought of sitting on the floor for school assembly, I decided that parading my adult status was not a good idea, as it was unfair to the young people and only reinforced our differences. I said I was staying with them, because that's what I was there for. The next young woman I shadowed said the same thing when it came to be her turn for assembly. I admit I did feel a bit awkward during assembly, but felt I had made the right decision as the young people never again suggested I would prefer to be with the teachers on other occasions. Likewise, when a couple of teachers asked if I would like to enter the classroom rather than queue up outside with the pupils, I declined.

Chang also faced decisions about whose side she was seen to be on in her study. When the electricity went out in the school she was congregated in the hall with the other students and was not allowed to leave the area by teachers. She was pleased when she was treated like a student because that meant she was identified with them by the teachers (Chang 1992: 14).

During my second time in assembly, the group of young people I was with filed into a row of seats and I was relieved to find myself at the end, against the wall, which gave me a feeling of invisibility. The deputy head wanted everyone sitting in the centre and we were asked to move. I dutifully trailed over with the others to sit in the middle where I felt much more conspicuous. The deputy head later apologised for moving me, saying she had not even seen me. However, I was glad that I was clearly blending in and not being afforded special treatment.

I felt the dilemma of 'whose side are you on?' more acutely at school than at the youth centre. As a former youth worker and an adult, I was initially perceived as a helper or a youth worker by the young people. Over time I was recognised as a researcher, and many inquired about progress with the study and offered their assistance. Although I had some relative authority, I tried not to use it although occasionally I did have to for the safety of the young people and the building. However, attendance at youth club is voluntary on the young people's part and it appears many of them view youth workers more as friends than teachers. There are rules and regulations in the youth centre, for instance no smoking, fighting or breaking things, but they differ greatly from those in schools. Issues such as conformity to uniform, no running or talking are rules produced by the school

authorities, and they can impose punitive measures for any violations. Youth Club rules are usually produced in consultation with young people attending the club.

To begin with, at youth club, I was quite happy to help out as this enabled me to get to know the staff and members. Retrospectively, from the very start I feel I should have refused to help out if it interfered with my research. In reality, this was difficult because the club was understaffed for the first few months, and this put me in the position of either helping out and gaining friends among the staff, and showing my gratitude for being allowed in, or refusing and perhaps sullying the burgeoning relationships. In the end, my past experience as a youth worker led me to the view point that if I did not help out, only the young people would really suffer. At times, I was very frustrated at being unable to situate myself where I wanted to be to observe events, and not to have the time to talk to people, but in time more staff were recruited and the situation improved.

The research process

As participant observers we can observe who does what with whom, when and where. As Whyte states, we cannot know 'why' by observation alone (Whyte 1984: 84) and this is why participant observers will often supplement their observations with other kinds of information. (This is discussed later.)

There are certain difficulties associated with undertaking participant observation with young women. At youth club I would frequently see two or three young women sitting around a table talking, and although they would tolerate my (or a youth worker's) intrusion into their conversation, it would be obvious they wanted to be left alone. The conversation would abruptly end and an uncomfortable silence followed. Young women's social lives are often organised quite differently from young men's, as young women may have one close friend, while young men typically have a large group of friends, allowing for easier and less obtrusive participant observation (McRobbie 1991; Pearson 1993).

Participant observation is very much based on observations of speech and oral signs, although non-verbal interaction can often be very informative. In 'Street Corner Society', Whyte tracks the spatial movements and interactions of the members of Cornerville S &

A club (who sat with whom, those people who never sat with or near certain individuals), saying that of the fifty members only thirty were regular attendees, but even that number presented him with problems (Whyte 1984: 85). I could not fully track the movements of the young people in the club, because there were so many of them moving from room to room with such frequency. I did manage to chart who was with whom on specific evenings and I could observe the identifiable allegiances between the young people. For example, the main split between the young people was between 'the goths' and 'the trendies' (using the young people's terminology for each other), representing two divergent music and fashion styles. Some young people never spoke or sat near each other, and some fervently disliked others. One young woman, Lilly, had fallen out with her 'goth' friends due to allegations of her stealing another girl's boyfriend. I noticed her move over to the 'trendies' and for a few weeks she sat with them and did not interact with the others. Interactions and spatial relations may stay stable for a long period of time and it is important to observe any changes (Whyte 1984: 87). It was interesting to note down who made the decisions in each of the groups; who suggested going outside to smoke, or who decided to leave the club and go somewhere else.

A day in the life of a participant observer

I would arrive at the youth club at about 6.30 to 6.45 p.m. and meet up with the youth leader to discuss the evening's activities. I would write in my research notebook the date, the time I arrived and the location. At the end of the evening I would write what time I left, which staff had been present that evening, how many young women and men attended, what activities we did and who took part in them. This example shows how I began my field note entries:

Date: Tuesday 28 November
Times: 7.45 - 10.20 p m
Location: Hillside Youth Centre
Present: Monica, Maggie, myself. 40 young men, 31 young women

At first I spent time developing relationships and learning people's names, having to fill my notebook with descriptions of people's appearance and characteristics if I did not know their names, which I then pencilled in alongside the descriptions once I did learn them.

Since the health topics for the research were already decided (see Chapter One), I would note down whenever anything relevant to these occurred. For example, if a young person came into the club saying 'I couldn't get served with any fags at the shop', I would note that down, and if relevant and possible ask them some questions to explore this further. If a young person said 'my mom caught me smoking last night', I would ask about parental attitudes to smoking, whether the parents themselves smoked, how the young person felt about that and what were the repercussions, if any. On the inside of my note-pad I had the following written down adapted from Burgess (1982: 96):

Features of a field situation

1.**Space**	Layout of rooms, area
2.**Actors**	Names of those present
3.**Activities**	Activities of those present
4.**Objects**	Things present, i.e., furniture
5.**Acts**	Actions of those present
6.**Events**	Particular activities
7.**Time**	Time sequence
8.**Goals**	What people are attempting to accomplish
9. **Feelings**	Emotions in particular context

I rarely looked at this list before beginning fieldwork, as it became imprinted on my brain, and I tried to follow it without excluding observation of other relevant and interesting occurrences.

In the interests of gaining insight into young women's lives as a whole, I did not limit my observations and note-keeping to just the health issues. I noted interactions, who spoke to whom and whom they didn't speak to, and I tried to keep track of the disagreements and friendships among the young people, so I could ask questions about their relationships with others. I noted discussions about family, whether young people were getting on with their parents lately or if they felt they were being treated unfairly at home. On seeing the young people, I would always ask what they had been doing at school and in their leisure time since I last saw them, to build up a picture of their lives outside youth club, which I took further by later observing them in school. Discussions about friends, family, leisure pursuits, and attitudes to school enable the information on health issues to be placed in the wider context of their everyday life.

At the end of each evening's youth club, there was a brief staff meeting where I frequently obtained clarification of situations which I had only been able partially to observe, obviously whilst having to be cautious about my interpretation of events because of the second-hand nature of the account. At home I would write up my notes, in the order in which they occurred in a date chronological order. I also added a section called 'my feelings' which described how I felt that night during my observations and interviews. Had I felt relaxed, tense, happy, preoccupied, could I get a good response from the young people that night, did anything surprise me tonight or did it reinforce previous research findings? If I was feeling tired or unwell, my enthusiasm was not so high and my dealings with other people, and how I interpreted events, would be coloured by this.

The in-putting of the information into the computer was done as soon as possible after the observations, while the events were still fresh in the mind. Since I had quite a long journey home after youth club, I would turn on my Dictaphone and record my feelings about the evening's events. Also, since there were many times when I could not note down an occurrence or conversation, I would recite it later. For instance, on a very busy evening, finding just two minutes to write something down is difficult and, even the usual participant observer's trick of hiding in the toilet was no safe haven, as young women would come in and ask what I was doing there as they used it as a site for private discussion and activity away from young men and staff.

Once all the evening's information was in the computer, I would then cut and paste it into 'issue' or 'subject' files; all references to smoking, for example, would be pasted into the smoking file; all references to family would be pasted into the family file. If there had been a conversation about a parent discovering a young person had been smoking, this would be pasted into both the family and the smoking files.

Cutting and pasting the information into the subject files enabled me to see the patterns in the research as they were developing and to see themes as they occurred, allowing me to see what issues were referred to frequently and also the omissions. New subject areas would arise while in the field. Alcohol, which I had wrongly assumed to be predominantly a young male issue, was frequently spoken about by young women and

therefore warranted further examination, as it obviously was a greater influence in their lives than I had first recognised.

The substantive categories used, for example smoking and sexual activity, were largely decided beforehand, chosen from experience and from my reading (for a fuller discussion of the rationale for this see Chapter One). These categories were not set in stone, as the research project was specified flexibly enough to allow changes as it progressed. In order to explain young women's beliefs and attitudes to a particular aspect of health-related behaviour, they needed to be placed within a frame of reference, for example issues of family and friendship became extremely important during the fieldwork. I was researching to look at the place of health in the lives of these young women, and their attitudes, beliefs and behaviours towards certain health issues. What had to be very reflexive during the fieldwork were the frames of reference through which those attitudes were expressed and realised.

In taking notes, asking specific theory related questions and listening to taped interviews I was constantly analysing *in situ*. I did not write down *everything* I saw and heard, but was flagging data that was related to my research questions. Fieldwork informs theory and in turn, further fieldwork. Within the computer it was possible to allot separate 'drawers' of information, either created by the initial rationale, or by the fieldwork itself through the process of continual analysis. The major categories (with relevant subcategories) were; attitudes, behaviours and practices to health in general and specifically towards smoking, alcohol use, drug use, diet, exercise, sexual health and mental health; social, economic, cultural and structural influences; school; family; economic conditions; future prospects; racism and sexism. I used IT as a flexible substitute for paper-based data analysis, and although I considered using software packages such as NUDIST and Ethnograph for analysis, I felt more confident using Microsoft Word packages for the organisation of information.

Interviews

> 'In-depth interviews of the participants lend meaning to their observed experiences. Observing, by itself, is never enough because it begs misinterpretation. Interviews permit researchers to verify, clarify, or alter what they thought happened, to achieve a full understanding of an incident, and to take into account the 'lived' experience of participants.' (Hutchinson 1988: 125)

As the quote above illustrates, interviews are a good way of eliciting information to explain events that happen in the field. The people taking part in the research should be asked for their interpretation of events, in case the researcher misunderstands or misinterprets the importance of an event or the meaning attached to it by participants.

Interviews can be formal or informal. In participant observation most interviews are of the informal type where the researcher asks questions in a conversation-like way or steers a conversation on to the topic area she/he wants to explore. Questions often emerge from conversation and it can be through luck alone that the conversation meets the researcher's needs (Fetterman 1989: 49).

In order to be able to conduct this type of interview, the researcher needs to have built up a good relationship with those being researched. This sort of questioning requires detailed knowledge of the people studied if any insights are to be gained. The researcher has to be a friend and confidant who is interested and understanding (Burgess 1984: 103). It may be chance that a conversation strikes up on an area the researcher wishes to pursue further, but he or she may have to wait patiently until the right moment to bring up questions arises.

Formal interviews also have their place in supplementing participant observation. In my own research, I carried out both informal and formal interviews (see Appendix One for interview schedules). While I was often able to elicit important and valuable information from informal interviewing, I found more success with formal interviews. If I was informally interviewing a young person, often they would be called away by their friends who were about to engage in another activity and I could not hold their attention. Also, some of the questions I wanted to ask were on sensitive topics such as sex and menstruation, issues I felt young women might be uncomfortable discussing in the presence of young men. I needed to have space and time with young women alone, or with a close friend, to allow them to elucidate what they thought, without threat of sanction or interruption from their wider circle of friends.

When I felt I had established a successful relationship with a young woman at youth club, I would ask if she was willing to spare me some time for a chat. I would outline the areas

I wanted to cover and if she agreed, we would move into another room, usually someone's office. I always asked if she wanted to invite a friend in; some young women preferred to be interviewed alone and others with a friend. If the young woman or women agreed, the interview was tape-recorded and I explained that only I would listen to the tape, and that their names and any details that might identify them would be changed when it was written up. I asked if they had any questions for me and stated that if they felt uncomfortable with any questions and did not want to answer them they did not have to do so. I repeated this again before the questions about sex, because I felt these were the questions most young women would be likely to feel most uncomfortable about answering.

I would begin with general questions about family, leisure and school before moving onto the health questions. I would end with questions about future aspirations and what their feelings were about being a young woman in the 1990s. The questions which were printed on cards were really 'get out of jail' options for me if I felt an interview was not going well. I rarely read off the questions because this seemed too impersonal, does not allow the respondent a free voice, and the type of questions asked may have dictated the responses I received (Ely and Anzul 1991).

There are certain advantages and disadvantages in recording interviews with a tape-recorder. Obviously the greatest advantage to the researcher is that all the information is recorded for you and you can transcribe an interview verbatim, which permits more eye-contact and observation of the interviewee's body language. The down-side is the length of time transcribing a tape takes, but the quotes obtained are fuller and more detailed than notes. Scribbling notes down during an interview can be difficult because you are trying to listen and note down what they are saying, which jeopardises rapport, and there is a slight time-lag. Some people are inhibited by tape recorders, and particularly if they are saying controversial and very personal things, they may be unhappy with it being recorded for posterity, no matter how many guarantees are given that only you will listen to it. In her study of female gang members, Campbell found that the young women talked more freely about incriminating matters if she did not use the tape recorder (Campbell 1984: 6).

I purposely did not use my tape-recorder on two occasions. I was due to interview a youth worker who had been instrumental in setting up the girls' group at one of the youth clubs I attended. There was some disagreement between this person and another member of staff about youth club policy and I believed that tape-recording the interview might inhibit her responses. I was not interviewing her to chronicle the disagreement between her and another member of staff, but I knew it would be mentioned. As it was, she did not say what she wanted to say, stopping herself mid-sentence from criticising her colleague.

On another occasion I did not use my tape recorder with a nervous and troubled young woman because I felt uncomfortable asking her if was willing to be recorded. This was my first interview and I think I, too, was a little overwhelmed by it. I used a tape recorder on all subsequent interviews as I felt I would get a significantly better quality of information. On a couple of occasions, what the interviewee said once the tape was turned off was much more interesting (and usually critical or controversial) than when it was turned on. This is a common occurrence in social research.

Ethical issues

My position as a former youth worker turned researcher posed certain ethical difficulties. As explained earlier, I returned to the Poolside group where six months previously I had been employed as a youth worker. I thought this would be advantageous because the staff and young women there already knew me. Since the young people had first known me as their youth worker, it was difficult for them to accept my new role as a researcher. In trying to build up a different sort of relationship, one between researcher and participants, my previous role as youth worker was always apparent, although I attempted to minimise this in various ways. For example, the young women would often ask me about organisational details of day trips, which I would pass on to the youth worker to ensure that the young people were aware that I no longer had responsibility for these decisions.

At Hillside I was asked many times by young people 'are you a new youth worker?' Not surprisingly, the young people's assumption was that any adult in the centre was a youth worker. There were often other adults in the centre working in partnership with the youth workers in activities such as self-defence, beauty and make-up, and health promotion,

which meant that the young people were used to other adults being around. However, I think my position as a researcher was one they had not encountered before. I was introduced by staff as 'this is Ellie, who's writing a book on young people's lives' - often to a young person who would reply 'it'll be boring', and a look which suggested 'why on earth would you want to be doing that?'

I did try to ensure that the young people knew who I was and what I was there for, which was possible with existing members of the youth centre, because as a new face they would ask me who I was. Subsequent new members would take it for granted that I was a youth worker unless staff, other youth club members or myself told them otherwise. I am confident that the majority of young people at Hillside, and all the young women at Poolside and Parkside, knew I was a researcher. At Hillside trying to pass on information to anything up to seventy young people is very difficult. Youth clubs are essentially informal; there is an opening time, but many young people arrive throughout the evening and therefore it is difficult to get young people all together. Many of them asked me questions about the research, mainly because they were intrigued about what I was writing down in my notebook.

Often young people would say to me 'I've got something for your book', and on a card presented to me when I was leaving, one young woman wrote 'hope your note-pad is full now'. Armstrong encounters similar responses in his study of football hooligans:

> 'there were endless comments from the Blades of 'Do you want a quote from me?'; 'Have you got that down in your little book?' and; 'That's another chapter for you'.' (Armstrong 1993:31)

When taking notes in the youth club I used a small note-pad and a Dictaphone where appropriate. I could never find anywhere quiet enough where I would not be overheard within the youth centre, so I mainly used it outside and in my car. Unfortunately I do not know short-hand and so my notes were long-hand, although I had my own personal code and rarely wrote anybody's name in full. I was extremely protective of my note-pad and would never leave it out of my sight in case somebody else read it. However, there was immense interest from young people about what I wrote in it, and although I would tell them about the subject areas I was interested in, some would try to read over my shoulder as I was writing, which meant I had to find ways of writing without being overlooked.

One young man often asked if he could read my notes, but I explained that somebody may have told me something they do not want anyone else to know, an explanation he accepted. With my own personal abbreviations and scruffy jotted notes, I would be surprised if anyone else could decipher it, but since some of what was in there was confidential, I treated the note-pad as such.

This issue of maintaining confidentiality raises one of the ethical difficulties involved in youth work, and as a researcher this issue is also paramount. Before I began at the youth club, I asked myself a hypothetical question: what would I do if, for example, a young person told me confidentially that they were being abused at home. As a youth worker, in most cases this information would be reported to a senior youth worker, who then decides what action to take. As a researcher I had to be prepared that information of this sort may be told to me, and I decided that, if this happened, I would share my concerns with a senior member of staff. If a young person wanted to tell me something of this nature, then I would tell them 'I have to discuss with another member of staff what you have said'. There was one young woman in particular who had many problems, with whom I had developed a very good relationship. She had also confided in other members of staff and therefore I did not feel this was information I had to pass on. I encouraged her to discuss her problems with the youth work counsellor, which she did. In my own mind, the sense of responsibility I had learnt as a youth worker was still very much there.

I do not think it would have been ethical of me to note down a young person's problems without attempting to help address them. As an unqualified youth worker, I felt I did not have the expertise or confidence to deal with some issues and that the youth work counsellor could help in more practical ways than I could. I would attempt to help by listening and offering advice where appropriate. One evening a sixteen-year-old young man told me he had been thrown out of home and had nowhere to go. I asked if he could stay with his friend, who was with him at the time and suggested that social services might help. He said he already had a social worker and would contact her in the morning. Although he said he would stay with his friend, I felt rather helpless in this situation and was very worried about him.

When it came to asking young women if they would take part in formal interviews, I asked them if they could spare a little time to have a chat about some issues and outlined

what they would be. They had already filled in 'ice-breaker' questionnaires covering these topics and therefore were aware of what I wanted to discuss with them (see Appendix One for questionnaire schedules). I did not use the term 'interview' with them as I thought this sounded too formal, and might bring up preconceptions surrounding teachers and social workers. One or two young women asked to see the questions beforehand, and I showed them my question cards before proceeding with the interview. I also stressed that they did not have to answer any questions they did not want to.

I also approached some young women involved in the study with a request to interview their mothers. I wanted to examine young women's family lives, as authors such as Blaxter and Paterson (1984) suggest that many health behaviours are passed down through generations. I was aware that the young women in question would need to have a huge amount of trust in me, although I stressed that I would not divulge any information to their mothers about them. One young woman seemed suspicious at first, but after showing her the questions I would be asking, she was satisfied. Although I am not suggesting that these young women had a lot to hide from their mothers, I still think they showed an enormous amount of trust to allow me access to their mothers. I could not have contacted their mothers any other way except through them and they helped arrange the interviews and encouraged their mothers to take part. During interviews with mothers, I never felt compromised in any way with regard to information about their daughters' activities. I interviewed the mothers of six young women involved in the study in Hillside and Poolside, and access to the mothers was always gained through the daughter. I interviewed all mothers, bar one, in their own homes, which allowed me to observe some aspects of daily family life, although this was not the main objective of the interviews. I was interested in differences which mothers' perceived between their own lives when they were teenagers and their daughters' lives. I was able to ask questions which placed young people's health-related behaviours such as food, alcohol and smoking within a family context, and in this respect I found these interviews with mothers very valuable and informative.

There were some young people who seemed uneasy with my presence and no amount of encouraging by youth workers could get them involved in the study. Conversely, there were many young people eager to contribute. Obviously I forged better relationships with some young women than others, and these were the young women whom I shadowed at

school. Here my role was different; I was an adult observer sitting in on lessons with the young women and staying with them during break and lunch-time. I saw some major and minor breaches of school rules which they trusted me not to report. The staff in the school never expected me to divulge this type of information and I would not have reported any incident if I thought no-one was in danger or being harmed. For example, if I had seen a pupil being bullied by another, I may have felt in a dilemma as to whether or not to intervene. I did not observe an event like that, although I did know where some pupils went to quiet places in order to smoke and I also observed other minor breaches of school rules.

One day during shadowing at school, the young woman I was shadowing and her friends called one of the teachers a lesbian. I felt myself to be a difficult situation because this teacher had been very helpful to me during my study and I also was unhappy with the term lesbian being used as derogatory comment, although I realise it is a frequent label aimed at unpopular or androgynous female teachers by young women. I tried to explain to the young women why lesbian should not a derogatory term and that a person's sexuality should not be the basis for an attack on them, but they were not interested and walked off. My own personal and political beliefs on fairness and equality had no impact on them.

Access negotiations with Youth Services took place with the guarantee that I would protect the identities of the young women who took part in the study. Many young women said they wanted their real names published, that they were quite happy to be identified. I had to take these requests into consideration because otherwise I would be guilty of sweeping aside their desires to be recognised as a vital part of the research. However, other young women wished to be anonymous and therefore it was not possible to use real names for those who wanted that. Unfortunately this means many young women will only be implicitly recognised as the research collaborators. One concession I did make was to identify the two local authorities that allowed me access. I believe that the Metropolitan Borough of Wolverhampton and the County of Hereford and Worcester are sufficiently large for the specific areas in which the research was conducted to go unrecognised. I felt the town of 'Hillside' was too small to allow individuals' anonymity to be guaranteed and therefore a pseudonym was used. As somebody who has lived in Herefordshire, I am aware that the amalgamated county of Hereford and Worcester is

unpopular with those who live in either Herefordshire or Worcestershire, but use of this term allows further anonymity to Hillside.

I felt that personally identifying as a feminist and following feminist theory meant that many of the ethical decisions were already made for me. As feminists, preserving the dignity and protection of the research participants are paramount (Oakley 1981; McRobbie 1991).

The interpretation of information

In anthropological ethnography, the researcher is presented with a culture often completely different from their own. Any interpretations that the ethnographer makes of the culture under study would be viewed from their own cultural reference point. Even if the researcher is studying a group in their own culture, this does not mean cultural differences will not exist and erroneous assumptions and interpretations may be made.

> 'Even in our own society, we should interpret what we observe with caution. Beyond contextual interviewing, we need to ask ourselves what would happen if those whom we are observing did not do what we see them doing. That 'what if' question is unanswerable, but it leads us to the discovery of potential positive and negative sanctions that are not obvious simply from observation.' (Whyte 1984: 95-6)

A participant observer or an ethnographer will have to draw their own conclusions about the meanings of the behaviour of those being studied. It must be kept in mind that the researcher will bring certain biases to every stage of the research process, and not just to the interpretation of the information collected.

> 'Of course, the ethnographer wants to know and therefore seeks the 'native' interpretation of events and meanings of events - this is called the *representational* model of the society. But the researcher must be free also to seek the *operational* model (the view of events and meanings as seen by the 'unbiased' researcher) and then combine this with the representational model into a final explanatory model based on the anthropologist's understanding of the representational and empirical models.' (Lutz 1986: 14, original emphasis)

As in the above quote, the idea of an unbiased researcher is a problematic one. In this study I am not saying the young women solely speak for themselves, because I have made my own interpretations of their actions and behaviours, although I have tried to let

them speak for themselves much as possible. The whole point of doing ethnographic or observational study is to seek the 'imponderables of everyday life', which therefore requires an extended period of time with those people in order to understand their world-view. However, people do not always have ready explanations for their actions and behaviour, even when encouraged to articulate them. In his study of football hooligans, Armstrong says 'the immediate problem was that Blades rarely sat around being highly articulate about their motives for their behaviour and the meanings of incidents they were involved with' (Armstrong 1993: 6).

My belief is that, of all the research methods available, observation comes the closest to allowing for an accurate and well-founded explanation of people's motivation, although this needs the interpretation of the researcher. One of the advantages of interviewing some of the young women in my study was that it allowed me to get *their* interpretations of events and see to what extent *they* viewed these events differently from or similarly to myself.

Ultimately, the interpretations of the information collected are mine, and I had no intention of being an 'objective' researcher. I did identify with many of the young women; I had many of the same experiences, growing up as a white, working class young woman. This probably does bias my interpretations of their actions, but I do not believe that value-free research is appropriate from a feminist viewpoint, or that it is even a possibility. There was always a division between the young women and myself because my age and education set me apart from most of them. Back, when researching at a youth club in South London, felt his childhood experience brought him close to the young people at the club. He realised, however, that because of his education he was 'just another educated - and, by implication, middle-class - social worker, one of the 'red spectacles and woolly hat brigade'.' (Back 1993: 222).

The differences between the young women and myself with regard to education, class, age and ethnicity provided a reminder to me that I could not take the actions and behaviours of the young women at face value. I could not expect fully to understand their actions and behaviour using my own experiences alone, although I did not wish to discount them entirely as they are a very important part of feminist research. However, over-identification with the group I was studying would mean that I assumed their

interpretations would be the same as mine, without considering alternatives or taking into account class, ethnic and educational differences (see Campbell 1984).

> 'No matter how much our past personal experience figures and feeds into the research programme, we cannot possibly assume that it necessarily corresponds in any way to that of the research 'subjects'.' (McRobbie 1991: 70-71)

Reflections

It is important to enter fieldwork with a definite plan. What is even more important is that this plan is reflexive enough to give the researcher the scope to alter it when opportunities associated with working in the field make it desirable or appropriate to do so. My initial plan was to undertake research with two female-only groups and to explore a series of themes in Wolverhampton; I did not really contemplate that I would need to go to another town, although it was always an option. However, I felt that the quality and quantity of information collected at Wolverhampton was not sufficient for my research agenda. Therefore, I took the lessons I had learnt in Wolverhampton and researched in another town, with greater success. In retrospect I think I should have been a little more tenacious in my pursuit of information at Wolverhampton, with both the Youth Service and the young people, but I applied that lesson to my fieldwork in Hillside.

I also felt I needed to divorce myself from the day-to-day running of the youth clubs more, but as I have discussed earlier, this is rather more difficult to achieve. I did feel my research was compromised to a certain extent by the demands made of me by others, and my own feelings of obligation to help out in the role of youth worker when needed.

Although the initial plan was to involve young women in the research process, this did not come to fruition. I think, had I the chance to repeat the research again, I would try much harder in my bid to involve them. That said, I did try on several occasions, and refusals in response to requests for interviews bring feelings of resignation which are difficult to conquer. I learnt that young people did not respond well to pre-arranged appointments, and more successful was the 'can you do it now?' approach. Therefore, I would not have spent so much time arranging mutually convenient times for interviews, where the young women would forget (even when given appointment cards -see Appendix Two), could not make it because something else more interesting turned up or

were prevented from going out by their parents or homework demands. Instead I would rely much more on 'off the hoof' opportunities.

Summary

Text-book accounts of qualitative/ethnographic fieldwork never really prepare the researcher for the chaotic reality of fieldwork with real human beings. Well thought-out plans for the fieldwork can so easily be scuppered by unhelpful gatekeepers and unenthusiastic research participants, or other circumstances beyond the researcher's control, such as youth club premises closing due to building work. The issues the researcher thought were essential to the study may not be the same ones that the research participants feel are important in their lives. The flexibility of ethnographic and qualitative research techniques allows for reflexivity and adaptation, in order to secure answers to the research topics being explored. In this approach, the research process is not a linear process from hypothesis through to the analysis of information, as some text-books would make it appear; in reality, fieldwork is often confusing and frustrating, but has the capacity of being infinitely more rewarding in elucidating rich, persuasive accounts of people's thoughts and feelings.

I found those ethnographic studies which included detailed and honest reflections of their fieldwork experiences, such as Whyte (1955), to be extremely helpful. Chang's (1992) study with high school students was particularly enlightening because I encountered many of the same difficulties she did. She found that so many young people had busy social lives and much better things to do with their time than talk to her. But then why should young women care about my study? What do they get out of it? What did they get out of this experience? When I asked young women why they had agreed to get involved with the study, I received answers such as 'because I wanted to help you out'; 'I thought it might be fun' and 'I thought it would be interesting.' I know some young women enjoyed being the centre of, at least, my attention, particularly at school. I hope these young women had fun, learnt something, felt good about their ability to help me, and enjoyed being singled out for some positive attention.

With good reason, this chapter has addressed ethical issues involved in research in considerable detail. Ethical issues are a paramount consideration in research such as

mine, in which the respondents were relatively powerless young women. Some of the issues I covered were contentious or sensitive and this entailed young women having trust in me. I did not want to exploit these young women, and hope I always treated them with the respect they deserved.

Whatever the faults of the participation observation method, which include being, at times overly descriptive and atheoretical, it does allow for a detailed consideration of human agency. Ethnographic 'proof' is not found in statistics or replications of the study but in the detailed study over time of people's perceptions, values and opinions, from their own world view, in the context of their own lives. As Willis says:

> "the ethnographic account, for all its faults, records a crucial level of experience and through its very biases insists upon a level of human agency which is persistently overlooked or denied but which increases in importance all the time for the levels of the social whole.....theories must be judged ultimately for the adequacy they display to the understanding of the phenomenon they purport to explain - not to themselves." (Willis 1977: 194)

The next chapters deal with each of the key health-related issues identified earlier: smoking, substance use, sexual health, diet and exercise. Following on from Willis' comments above, I hope that this study produces, at the very least, an adequate understanding of the phenomena under study and I trust that I have managed to capture some of the human agency of the young women involved. They should not be viewed as passive targets for government intervention, or the objects of health promotion campaigns. Rather, they are young women who are growing up in what at times can be a confusing, contradictory, complex social world. They are capable not only of responding to changing circumstances, but also of shaping their own destinies. As a feminist qualitative researcher, I have sought to ensure that this account of some young women's lives does their involvement justice. For all of the frustrations and difficulties a study such as this entails, I am still struck by the welcome I received and the friendships I formed in the process. I look back on the time I spent with the young women involved in the study as a very enjoyable and enlightening one.

CHAPTER THREE

Smoking

'I was looking for some action, but all I found was cigarettes and alcohol
It's a crazy situation, but all I need are cigarettes and alcohol.'
Oasis - 'Cigarettes and alcohol' (Creation Records 1994)

Introduction

Smoking is now acknowledged as a significant threat to health. In those countries where smoking has been a long established habit, about 90 per cent of lung cancer cases and 25 per cent of deaths from coronary heart disease (CHD) are attributable to tobacco use (Chollat-Traquet 1992: 35).

> 'In England there are estimated to be about 92,000 smoking-related deaths every year (about 111,000 in the UK) representing 17 per cent of all deaths.' (Health Education Authority 1995: 4)

When a person smokes tobacco, nicotine is absorbed into the bloodstream, tar is deposited in the lungs, and the release of carbon monoxide reduces the blood's ability to carry oxygen (Health Education Authority 1991a). In addition to the fatal diseases resulting from smoking tobacco, such as CHD and cancers, it also causes coughs and respiratory problems (Charlton 1996: 100), gastric and duodenal ulcers (Wald & Hackshaw 1996: 5). Women smokers may suffer from a higher risk of cervical cancer and experience detrimental effects on their reproductive health, for example dysmenorrhoea (Amos 1996: 80). There is little doubt that smoking is now widely regarded by members of the general public as well as by the medical profession to be health damaging, as well as expensive, and it is increasingly viewed as anti-social by both smokers and non-smokers (Ben-Shlomo, Sheiham and Marmot 1991: 158).

In relation to smoking-related ill-health, 'The Health of the Nation' smoking targets are, briefly:

> 'To reduce the prevalence of cigarette smoking to no more than 20 per cent by the year 2000 in both men and women (a reduction of a third).
> To reduce consumption of cigarettes by at least 40 per cent by the year 2000.
> In addition to the overall reduction in prevalence, at least 33 per cent of women smokers to stop smoking at the start of their pregnancy by the year 2000.
> To reduce the smoking prevalence of 11-15 year olds by at least 33 per cent by 1994 (to less than 6 per cent).' (Department of Health 1992a: 20)

There has been a substantial decrease in the numbers of people smoking in Britain since the 1970s, from 45 per cent of men and 37 per cent of women in 1976 to 28 per cent and 25 per cent respectively in 1994. However, if 'The Health of the Nation' target of 20 per cent prevalence for both sexes is to be met, the rate of decline will need to increase. In this chapter I will begin with a discussion of women's smoking, firstly discussing young women's smoking then moving on to discuss the history of women's smoking, as I believe this has very important ramifications for how young women's smoking is viewed by health educators, academics and the general public today. I then present some statistics showing the smoking prevalence of adults and young people nationally and internationally. I then move on to present a review of literature on young people's and young women's smoking, drawing from it the major themes which informed my analysis.

My fieldwork has identified five major themes relating to smoking: young women's health education knowledge, smoking and image creation, peer pressure, family influences and the connection between smoking and stress. I will consider each theme in turn, discussing them with reference to the major findings by previous researchers, and drawing attention to the similarities and differences revealed in my fieldwork.

Young women and smoking

'The Health of the Nation' target specifically relating to young people's smoking prevalence recognises that it has been rising steadily over recent years, a contrast to the decreasing (albeit slowly) adult smoking prevalence (OPCS 1995b: 82). However, many more young women are currently regular smokers than young men in Britain (Graham 1993: 16). This gender imbalance is reflected in other industrial countries including

Canada, Australia and New Zealand (Oakley, Brannen and Dodd 1992: 75; Greaves 1996). The target aimed at reducing the smoking rate from 8 per cent for boys and girls aged 11-15 by one third by 1994, was not met; the rate actually rose to 12 per cent (Department of Health 1997: 37).

Young people's smoking is viewed as problematic by health educators because 'adolescent smoking has been linked with a range of adverse health outcomes later in life, partly because it predicts later smoking behaviour' (Oakley *et al.* 1992: 75). Smoking is not only on the increase among young people, but it is becoming a predominantly female habit in many countries, whereas formerly it had been a predominantly male habit, with a consequent impact on male and female mortality and morbidity rates (Doyal 1995: 191). For example, the current comparatively low rates of lung cancer among women in Spain reflects the low prevalence of smoking among women in the past. Currently only between 2 and 5 per cent of women aged over 45 years of age smoke, but for women aged 45 and under the smoking prevalence is between 40 and 50 per cent, indicating a likely future epidemic of smoking-related deaths in Spanish women (Chollat-Traquet 1992: 15).

Women's smoking; past and present

According to Graham (1993), women did not smoke in any numbers until factory-made cigarettes in the mid-1800s became widely available, as these were seen as more 'ladylike' than pipes which were previously the most common form of smoking tobacco. However, there were still moral sanctions on women's smoking.

> 'Women smokers were fallen women: they were 'sluts', 'whores' and 'sinners'. So well entrenched was this equation that smoking in public was a brazen act.' (Greaves 1996: 18)

Greaves suggests that advertisers first targeted women in the late 1920s as the social acceptance of women's smoking grew. Cigarette smoking was seen as a new freedom, reflecting the feminist consciousness of the 1920s where smoking became a symbol of women's emancipation aligned with bobbed hair, night-clubbing and suffrage (Greaves 1996:19). The social acceptance of women's smoking grew throughout the 1930s and consumption increased dramatically during the Second World War when women worked

in factories and on the land as part of the war effort. Graham (1993: 6) suggests one reason for this increase in women's smoking was the curtailment of other leisure habits due to the war. By 1945, one in three woman aged 20 was a smoker (Graham 1993: 6). Women's consumption continued to rise during the post-war years:

> 'In 1949 female smokers over the age of 16 consumed an average of 48 cigarettes a week, half the level of male consumption. By 1976 average consumption stood at 101 cigarettes a week.' (Graham 1993:8)

In the 1920s and 1930s, women's smoking was associated with affluence and upward mobility. In many 'less developed' countries, smoking among women is more common among educated affluent women as part of their transition to a 'modern' way of life (Doyal 1995: 189). In countries such as Britain where smoking is generally in decline, it is increasingly associated with disadvantage, with the typical woman smoker being on a low income or unemployed (Graham 1993; Amos 1996: 78). In Britain, the smoking prevalence in social classes I and II started to decline in the early 1960s and fell sharply in the 1970s onwards; however, the decline in social classes IV and V started later and has been less pronounced (Graham 1993).

Greaves says that:

> 'over this century, then, in industrial countries the cultural meaning of women's smoking as it relates to gender relations has moved from a symbol of being *bought* by men (prostitute), to being *like* men (lesbian/mannish/androgynous), to being *able to attract* men (glamorous/heterosexual). Sexual liberals may argue that this reflects historical differences in the power and control of a woman over her sexual existence.' (Greaves 1996: 21-2 original emphasis)

In the United States advertisers have purposely adopted tactics intended to appeal to women including 'slim' and 'light' cigarettes (Bordo 1993) and the use of 'emancipatory' slogans such as 'you've come a long way, baby' (Greaves 1996). Advertisers in Britain have traditionally had less freedom than in the US to use glamour to sell tobacco. In Britain in 1986, a voluntary agreement on tobacco advertising prevented magazines from advertising cigarettes if they had more than 200,000 female readers and if one third of this readership were between 15 to 24 years of age. By 1991, all magazines regardless of their size of readership were prevented from accepting tobacco advertisements if 25 per cent of the readership were women aged 15 to 24 years

(Amos 1992: 15). Campaigning groups in Britain such as Action on Smoking (ASH) have been encouraged by the pledge of the new Labour Government elected in May 1997 to ban all tobacco advertising, including the sponsorship of sporting events by tobacco companies.

Smoking statistics - The national context

Table 3.1

Cigarette smoking status by age and sex, percentages. England

Men	16-24	25-34	35-44	45-54	55-64	65-74	Total
Current regular smokers	42	35	29	27	27	21	31
Ex-regular cigarette smokers	2	15	28	36	47	55	28
Never or only occasionally smoked cigarettes	56	50	43	38	26	24	42
Base 100%	230	459	432	352	332	312	2117
Women	16-24	25-34	35-44	45-54	55-64	65-74	Total
Current regular smokers	38	31	26	24	25	20	28
Ex-regular cigarette smokers	7	15	20	23	27	32	19
Never or only occasionally smoked cigarettes	55	56	55	53	48	48	53
Base 100%	286	581	468	437	384	392	2548

Source: Adapted from Bridgewood, Malbon, Lader and Matheson (1996: 132)

Table 3.2

Prevalence (per cent) of smoking among 15-year-olds in ten developed countries, 1986

Country		Smoke daily	Smoke weekly	Smoke less than weekly	Do not smoke (have tried)	Have never smoked	No. of subjects
All	Boys	15.0	4.4	6.5	39.9	34.2	5754
countries	Girls	13.8	5.6	8.0	36.2	36.3	5934
Austria	Boys	11.8	6.5	10.3	43.3	28.2	476
	Girls	13.1	7.1	11.8	39.1	28.9	381
Belgium	Boys	16.6	5.0	5.1	32.7	40.6	603
	Girls	13.5	6.2	5.6	29.4	45.3	502
Finland	Boys	29.1	6.3	6.3	39.9	18.4	539
	Girls	20.1	7.4	10.1	36.8	25.6	543
Hungary	Boys	20.4	5.9	8.2	39.9	25.4	562
	Girls	14.1	6.8	8.2	42.2	28.7	704
Israel	Boys	5.7	3.5	3.5	30.9	56.4	402
	Girls	4.1	3.4	6.3	21.3	64.9	559
Norway	Boys	16.2	4.1	9.1	43.2	27.4	627
	Girls	17.6	6.3	14.4	35.6	26.1	568
Scotland	Boys	14.7	2.6	3.6	39.8	39.2	771
	Girls	15.6	4.5	6.7	40.0	33.3	711
Sweden	Boys	8.7	5.7	7.6	47.0	31.1	541
	Girls	10.9	5.6	7.1	37.6	38.8	521
Switzer-land	Boys	9.5	3.6	10.2	35.8	40.9	279
	Girls	10.5	4.4	11.3	29.3	44.4	341
Wales	Boys	13.1	2.4	4.4	41.9	38.2	954
	Girls	15.1	5.2	4.4	41.2	34.1	1104

Source: Chollat-Traquet (1992: 14) WHO Cross-national study on children's health behaviour. N.B. This uses differing (unexplained) methodologies and therefore should be read with this consideration in mind.

Table 3.3

Prevalence of cigarette smoking in five developed countries

Country			
Australia	1945	1964	1989
Men (%)	72	58	30
Women (%)	26	28	27
Canada	-	1965	1989
Men (%)		61	33
Women (%)		38	30
Finland	-	1965	1989
Men (%)		57	34
Women (%)		14	20
United Kingdom	1956	1965	1988
Men (%)	75	68	33
Women (%)	42	43	30
United States of America	1955	1965	1988
Men (%)	53	50	31
Women (%)	25	32	26

Source: Adapted from Chollat-Traquet (1992: 14) WHO country data-base

A review of the literature on young people's smoking

There is a substantial amount of authoritative literature on young people's smoking, testifying to the high level of interest from academic and health-related sources. I will review this literature by considering the major themes identified in the psychological and sociological literature, before moving on to discuss feminist theories about women's smoking. These themes will be developed in the discussion of my fieldwork findings.

In health literature on young people in general, and especially in the smoking literature, the influence of the family is seen as paramount. The family is seen as the arena in which beliefs and behaviours are passed on through generations (Blaxter & Paterson 1982). There is a large amount of literature suggesting that young people whose parents smoke are more likely to do so themselves (Gottlieb 1982; Dobbs & Marsh 1985; Hover & Gaffney 1988; Newman & Ward 1989; Goddard 1990; Green, MacIntyre, West & Ecob 1990; 1991). In Green, MacIntyre, West & Ecob (1991) the authors consider the associations between the patterns of alcohol and tobacco consumption of parents and their children. The sample is gathered from the West of Scotland Twenty-07 study: health

in the community, where people in and around Glasgow were first contacted in 1987/88 when aged 15, 35 and 55 years. These people will be followed up periodically over 20 years. In 1987 1007 young people were interviewed in their homes, and 975 mothers and 875 fathers were also interviewed. In addition, in 1988 a postal survey of 853 young people was also conducted. This report considers only those households with two parent figures (846 in 1987 and 722 in 1988). The authors found that:

> 'in 1987, young people whose parents both smoked were significantly more likely to smoke than those whose parents did not.' (Green *et al.* 1991: 750)

The authors found that the gender of the young people did not affect this finding, although lower social class increased the likelihood of young people smoking when their parents did so. However, the authors warn against these results being used to 'prove' direct transmission from parent to child, because social class as a variable may involve social and environmental factors which will affect the likelihood of young people smoking.

In Green, MacIntyre, West & Ecob (1990), the single parent households from the above sample were considered in relation to smoking. Data from 101 households headed by lone mothers were analysed (18 families headed by lone fathers were excluded from the analysis due to their small number). The authors found that lone mothers were more likely to smoke and to smoke a greater number of cigarettes per week than cohabiting mothers, but in households headed by lone mothers the likelihood of a young person smoking if his or her mother smoked was 'virtually identical' to that if the mother did not smoke, whereas the children of cohabiting mothers were 'more than one and a half times more likely to smoke if the mother smoked than if she did not' (Green *et al.* 1990: 1499).

However, Goddard's (1990) survey of thirteen-year-old pupils at thirty-two secondary schools in England and Wales indicated that children from one-parent families are more likely to smoke. She asserts that this finding supports the idea that:

> 'some children see smoking as an escape from unhappiness and other types of unpleasantness.' (Goddard 1990: 68)

Not only does Goddard assume these young people are more likely to smoke because they live in a lone-parent household, but she makes the unsubstantiated assertion that children from one-parent households are unhappy and experience unpleasant encounters, experiences which may be equally likely or unlikely in other household types and structures.

Charlton (1996) asserts that there is a 'family cycle' influencing smoking prevalence among children. Not only does she suggest that parental smoking transmits smoking prevalence to children; she states that children of smoking mothers are smaller in stature which leads to low self-esteem, and they are more likely to miss school through ill-health, which leads to them falling behind their school work, becoming disillusioned and prone to truancy, and therefore they are also more likely to smoke themselves. How she can assume that if a mother smokes when pregnant or when her child is small, that the entire script has already been written for that child's life, astounds me.

Eiser, Morgan, Gammage and Gray (1989) suggest that it is parental *attitude* rather than *behaviour* that influences the likelihood of their children taking up smoking. They conducted a survey of 10,579 pupils aged 11-16 years in 10 mixed secondary schools in the Bristol area, using a number of variables analysing young people's intent to smoke in the future. The survey was followed up 30 months later. The authors suggest:

> 'the comparisons of the influence of parental opposition and of parental smoking show unambiguously that the former had the stronger direct effect on intention, irrespective of age or sex...and implies that parents are not merely models for behavioural imitation; their disapproval of their children's smoking remains an important influence even when they smoke.' (Eiser *et al.* 1989: 201)

The following studies assert that family *relationships* may have an impact on young people's propensity to smoke, rather than family behaviours or attitudes towards smoking. Foxcroft & Lowe (1995) in a study of 1,045 secondary school pupils aged between 12-16 found that those young people who perceived their families to be authoritarian (low support, high control) or neglecting (low support, low control) were more likely to be smokers. The authors do consider that young women may have greater restrictions placed upon their behaviours and activities by parents than young men, and therefore young women may report more parental control than young men.

Oakley, Brannen and Dodd (1992) conducted a survey comprising 640 questionnaires in four state schools in West London, from which 64 households were randomly sampled and interviews conducted with young people and family members (see also Brannen, Oakley and Dodd 1994). Among young people aged 15-17 years old, the authors found a gender difference in the influence of family relationship upon smoking prevalence:

> 'whereas both girls and boys are more likely to smoke if they report their relationship with their mothers as 'fair', 'poor', or 'very poor', only girls are more likely to smoke when reporting 'fair', 'poor', or 'very poor' relationships with their fathers.' (Oakley *et al.* 1992: 81)

One 'common-sense' understanding about young people's smoking is that they are detrimentally influenced by their friends. This belief, that peer pressure encourages young people into 'deviant' and 'delinquent' behaviour, is a common one, as discussed in Chapter Two. There is a large body of academic work suggesting a link between young people's smoking and peer pressure (Gottlieb 1982; ASH 1986; Hover & Gaffney 1988; Charlton & Blair 1989; Allbutt Amos & Cunningham-Burley 1995). Charlton & Blair (1989) conducted a questionnaire survey with 1,125 boys and 1,213 girls in 30 state secondary schools in Cumbria and Tyne and Wear, looking at the predictors of the onset of smoking. One question asked 'does your best friend smoke cigarettes?' and from this the authors make the assertion that having a best friend who smokes means the young person is experiencing peer pressure.

> 'Peer pressure...was the most important of all the variables for boys, whilst occupying third place for girls. Parental smoking and positive beliefs about what smoking would do for them preceded it in girls. Resisting peer pressure to smoke can be difficult and one element does need to be developing skills to be oneself and say 'no' without losing friends.' (Charlton & Blair 1989: 817)

Allbutt, Amos & Cunningham-Burley (1995) conducted focus group discussions with young people in Scotland looking at young people's opinions about the social image of smoking. The young people in this study did not believe they were coerced into smoking by their friends and 'joining in' was, at times, a positive choice. The authors suggest:

> 'this raises important questions about the perceived relevance to young people of smoking education programmes which emphasise developing skills to resist peer pressure.' (Allbutt *et al.* 1995: 452)

This qualitative research has the capacity to allow young people to discuss their day-to-day social experiences of smoking, which survey questionnaires such as those reviewed above do not. It also allows them for articulate some of the contradictions associated with smoking. For example, many of the younger young people (11-12 year olds) talked about smoking in a predominantly negative way compared with older age groups (13-15 year olds and 16-20 year olds), but they were also able to articulate positive reasons why people might smoke (Allbutt *et al.* 1995: 451).

Recently authors such as Allbutt *et al.* have begun to discuss the part smoking plays in image formation for young people. Some have suggested that cigarettes may act as an external 'prop' in achieving adult status (Banwell & Young 1993). Amos (1992) conducted a literature search of style and fashion magazines which may appeal to young people, and she found a large number of representations of smoking within these magazines, for example models or pop stars holding cigarettes in photographs. Gray, Amos & Currie (1996) used some of these photographs to explore young people's perceptions of these images. In focus group discussions with 12-13 years olds and 15-16 year olds in a range of schools in Lothian the authors found that the younger young people held 'unsophisticated' concrete views about smoking, revealing sentiments such as: ''good' kids don't smoke, 'bad' ones do' (Gray *et al.* 1996: 227). Older young people were able to express more abstract views and they had more ambivalent opinions. For example, they could identify positive aspects of smoking such as 'being cool', while being aware of the dangers inherent in smoking (Gray *et al.* 1996: 227). This study, and that of Allbutt *et al.* suggest that young people pass through a phase of holding a predominantly negative opinion about smoking, to one more characterised by ambivalence.

However, neither Gray *et al.* (1996) nor Allbutt *et al.* (1995) discuss any differences between male and female respondents. In order to uncover what smoking means to (young) women, one has to consult feminist literature on this issue. Greaves conducted in-depth interviews with women smokers in Canada and Australia. In each country she interviewed women who self-identified as feminists and women who were resident in domestic violence shelters. She also included a large number of 'First Nation' women in the Canadian interviews. These women reflected back on their teenage years and said

they felt that smoking allowed them to portray a risky, adult, independent behaviour which made them feel 'tough', 'rebellious' and 'interesting' (Greaves 1996: 49-50).

Usually, women have a narrower repertoire of 'identities' to choose to portray because they are constrained by social and economic circumstances and the expectations of femininity. Banwell & Young (1993) in a study concerning smoking and the construction of social identity conducted focus groups with young women aged between 14 and 16 years of age in a Melbourne suburb. The authors propose that young women's use of cigarettes is an example of how the rules governing female social identity may contribute to damage in young women (Banwell & Young 1993: 377). They argue that smoking is an 'anticipatory rite of passage' to adult status adopted by young women who have no formal rite of passage to adulthood (Banwell & Young 1993: 383). Young women may find the expected independence of 'adolescence' at odds with dominant portrayals of femininity as dependency and caring for others. Banwell & Young found that smoking may be used by young women as mechanism of resistance to the 'good girl' image fostered by school and parental expectations, results also found in another Australian paper reviewing young women's smoking (Wearing, Wearing & Kelly 1994) and in empirical studies by Jacobson (1981; 1986) and Greaves (1996).

Feminist researchers such as Jacobson (1981; 1986), Graham (1993; 1994) and Greaves (1996) discuss how, for women, smoking is a means to improve their well-being in the face of material disadvantage, stress and caring responsibilities. Young women may also face many of the same problems. Although very few studies have specifically researched young women's views on stress and smoking, Daykin (1993) does with young women leaving secondary school (see below).

In a study of 905 working-class women in Coventry and Nottingham each of whom had a six-month old baby, Graham (1993) found that 52 per cent were smokers. She asserts that for women living in deprived circumstances, smoking provides a way of 'keeping going', enabling them to continue with their caring responsibilities in the face of poverty. It is a coping mechanism, representing an attempt to claim space for themselves amidst the responsibilities of everyday life.

Daykin (1993) produces case studies from research she conducted with 25 young women (and also 10 young men) entering the labour market. Many of the young women entered into poorly-paid caring or service occupations (mostly training courses) while still being expected to contribute large amounts of their time to domestic work within the household. Daykin asserts that smoking was used by some of the young women as a strategy to manage the tensions of subordinate employment, domestic pressures and the cultural constraints of femininity, which are at odds with the independence they expected in early adulthood.

Many studies of young people's smoking attempt to make associations between smoking and isolated attitudes. A pertinent example in studies of young women's smoking is the attention paid to the link between weight control and smoking (Charlton 1984; Jacobson 1986). It may well be that in a patriarchal society, where women's slimness is equated with beauty and 'successful' womanhood, young women feel encouraged to diet. They may well use smoking as a coping mechanism to deal with the social pressures they face. However, establishing causal links between beliefs and behaviours is difficult: the desire for weight control may not be related to smoking in a causal way.

Attitudinal models do not consider any wider social considerations, and if they do not analyse the structural impact of racism, sexism and poverty on people's lives, this approach veers into victim-blaming. Lynch (1995), however, asserts that focusing upon social and environmental factors such as advertising and other factors extrinsic to the individual assumes smokers to be 'weak-minded'. He believes smoking should be seen as an individual choice rather than as a behaviour. This approach does give the agency back to young people and does not make them willing dupes of societal pressure; however, 'choices' cannot be removed form the social and economic conditions within which they are made. Lynch's argument offers no explanation of why more working-class women 'choose' to smoke than middle-class women or why more young women 'choose' to smoke than young men.

Fieldwork Findings:

Health knowledge and the perception of risk associated with smoking

There appears to be a widespread awareness of the health-risks of smoking, among both smokers and non-smokers. In British Social Attitudes Number 8, all respondents (both smokers and non-smokers) were asked to imagine they were advising a young person on how best to improve their health in general. Sixty-one per cent of the sample said that being a non-smoker was the most important single factor in improving health (Ben-Slomo *et al.* 1991: 162). Graham found that 90 per cent of non-smoking mothers and 81 per cent of smoking mothers in her study agreed with the statement that 'smoking is bad for health' (Graham 1993:52).

I investigated the perceptions of the health risks associated with smoking among the young women who were involved in my study.

EP: 'What health aspects of smoking are you aware of?'
Lesley: 'I suppose lung cancer, mainly. And the fact that makes you short of breath and stuff like that, makes it harder to run everywhere.'

Sandy: 'Well, we do it in science, what it does to your lungs and that, watch videos with disgusting pictures of the inside of your lungs, and I see my Mom every day coughing her heart out, and my sister, but I don't know, it doesn't seem real somehow.'
EP: 'It feels like it doesn't affect you?'
Sandy: 'Yeah, it doesn't feel as if 'oh if you do that', you don't connect the pictures with what's happening inside you if you smoke.'

When I asked Sally and Eliza the same question, their responses also demonstrated a detailed knowledge of some of the risks of smoking, but again like Sandy they feel this will not affect them:

EP: 'What health aspects are you aware of with smoking?'
Sally/Eliza: 'Lung cancer, heart attacks and clots and strokes and stuff.'
EP: 'It never makes you want to stop?'
Eliza: 'I know loads of people who've smoked all their lives and it hasn't affected them and then I know a couple of people it has affected.'
EP: 'So do you think "this won't happen to me"?'
Sally/Eliza: 'Yeah.'
Sally: 'You don't really think about those things when you're our age, fourteen.'
EP: 'It's something that happens, heart disease and that....'
Sally : ' ....When you're about sixty.'

A mother of one of the young women involved with the study, Mrs Green, also echoed Eliza's and Sally's sentiments, saying 'I know about cancer, but there's many people who get cancer who've never smoked.' Blaxter and Paterson's study of three generations of Scottish working-class women found similar attitudes to these:

> 'Despite an extremely high rate of bronchial disease in the group, almost all the women smoked. Although one or two paid lip-service to health education slogans about cigarettes being detrimental to health, most of the women claimed they were entirely unconvinced by 'the statistics' or 'rumours'; they readily quoted examples of acquaintances or kin who had smoked Woodbine all their lives and survived to a ripe old age, while non-smoking, non-drinking contemporaries died of cancer or heart disease in their 50s.' (Blaxter & Paterson 1982: 29-30)

As this evidence suggests, there is no straightforward connection between individuals' health knowledge and health behaviour. The young women and their mothers would tell me reasons why smoking was 'not as bad as people suggest'. With young people it might be possible to see their attitudes as a consequence of their age: ill-health is associated with advanced age. They are young and cannot see into the future far enough for the ill-effects of smoking to concern them. Sally believes that smoking will detrimentally affect her when she's sixty, and therefore at fourteen, any hazards are too far in the future for her to consider.

On National No-Smoking day in 1996, a health promotion worker who attended the youth club seemed to recognise this attitude, and the anti-smoking messages produced included a focus on the damage that smoking can do in the short-term, such as asthma and breathlessness. Young people and staff were invited to blow into a machine to test the levels of carbon monoxide in their lungs. Many young people were astonished at the relatively high readings they had, even though their cigarette consumption was quite low (rarely did any young person smoke more than 10 cigarettes a day). Daisy, who said she smoked about five cigarettes a day, was dismayed to have a high reading, and both she and her friend Amanda decided to give up smoking immediately. However, this 'fear factor' was short lived and the next time I saw them, both young women were smoking again.

When I asked the young women's mothers about their own knowledge of the health risks of smoking, they all acknowledged that there were risks, both for themselves and for their

children. For some of these mothers, the health risks such as cancers were considered but were placed within their framework of beliefs about the benefits of cigarettes for managing stress in their lives. Some mothers also suggested nicotine was addictive and smoking was a habit they could not break.

EP: 'How aware of you are the health aspects of smoking?'
Mrs Hall: 'Both of them (her children) have given me a really hard time for smoking, bringing home leaflets about heart failure and all the things we know about smoking, but I've been smoking since the age of 15...It's habit, isn't it, at the end of the day... it's sheer habit and I've been doing it for a long time now and I would like to give it up.'

Mrs Jones: 'I suppose it is the health (a reason for wanting to cease) because I keep getting, mind you this is like a cold type virus I've had now, I don't think that's really to do with smoking, but the doctor did suggest giving up, but he didn't even listen to my lungs.'

Mrs Jones: 'Nothing's really worked with her (her daughter). She keeps getting all these coughs and sore throats and I keep saying, that's from smoking and all that, and she answers she's giving up, but tells me porkies [lies] anyway, trying to appease me.'

Mrs Perkins: 'I'm very aware, but ignore it, because, like I've said, it's stress. Stress hits people different ways, so different people go at it in different ways, well I go to smoking.'

Mrs Brown: (I've) 'tried to stop her, not because we don't do it, but because of her health, she's a young girl.....not only that but with a young girl as well, if she becomes a smoker then she becomes pregnant then, you know, it carries on doesn't it, other people suffer as well.'

All too often (young) women are encouraged to cease smoking because of the damage it will do to their children (or potential children) (Jacobson 1981: 71). While many campaigns do encourage young women to give up smoking because of *their* health, too often they are encouraged to consider the effect that their smoking might have on *others* (Greaves 1996: 11).

Creating an image

> 'I just wanted to be cool, being cool was always important to me in the rebel part of me. [Smoking] was also wrong, so I did it.' (Alberta, a Canadian feminist in Greaves 1996: 50)

The creation of a particular image and identity is regarded as important for many young people. During my observations, I frequently noted that clothes and musical tastes were an important aspect in the outward portrayal of self for young women. There were definite 'rights' and 'wrongs' concerning appearance. For instance, if a girl had her nose pierced, she was careful which side was pierced. One young woman told me that a nose-ring on your left-hand side (which, incidentally, mine is) 'meant you were a lesbian' although I do not know from where this idea came.

There were two identifiable styles of dress among young women at Hillside youth club; there were the young women whom I would describe as 'trendies', who wore fashionable clothes and listened to chart and dance music, such as Peter Andre and MN8. They wore 'Timberland' sweatshirts, shoes with large 'clumpy' heels, bomber jackets and short skirts. These young women were diametrically opposed to the young women the 'trendies' called 'goths' (these young women were not 'goths' as I remember them from the 1980s), who wore what I would describe as 'alternative/indie' clothes: Doctor Martens boots, black clothes, rock and indie band t-shirts and 'hippy' skirts or jeans. These young women listened to rock and indie music, such as Elastica, Pulp and The Bluetones, or grunge music such as Nirvana. Oasis was one of the few bands liked by both groups of young women.

Madeleine, a 'trendy', was very disparaging about the 'goths'. One evening I was sitting with her and some friends outside the youth centre where she was complaining about some young people from the attached theatre group. Madeleine said 'there are loads of weirdo kids out here. Look at her with the purple hair, and they look at us as if *we're* the weird ones.' It would be an overstatement to say that only the middle-class young women were 'goths' and only the working-class girls were 'trendies', but mainly this was the case and I believe that Madeleine felt quite threatened by these young people whose appearance she found unusual.

Clothes are just one small part of youth culture or subculture (I discuss subcultures in Chapter One). Leisure and subcultural choices are constrained by age, sex, gender and 'race'. I would argue that the young women involved in my study, at 14 and 15 years old were too young to be taking part in many of the leisure activities which may be part of youth cultures or subculture. For example, although many liked dance music and wanted to attend raves, none did so to my knowledge. Helen who was 16 went to a 'trendy' night-club in Birmingham one evening telling her parents she was elsewhere, but they discovered her deception, for which she was subsequently 'grounded' (not allowed out). Not only are many young women prevented from staying out late at night by their parents, they are also constrained by lack of finance, poor access to transport and by being under 18 years old (the lower age limit in night-clubs).

At the ages of 14 and 15, the closest these young women could get to the leisure lifestyles they aspired to was by wearing the 'right' clothes, and listening to the 'right' music. In leisure activities that are indicative of later leisure choices, the 'trendies' would attend a disco for under-18s at a night-club in the nearest city, and 'the goths' would watch the live bands who performed at the youth club on Saturday evenings. Hollands (1995) in a study of Newcastle nightlife found that students were more likely to prefer venues where live music was played than local (mainly working-class) young people. For the mainly middle-class 'goths' who saw their future as being further education and perhaps university, this type of student lifestyle was one they would be likely to engage in.

The mothers I interviewed were very aware of the pressures their daughters faced in conforming to particular styles. In the quote below, Mrs Jones is discussing a telephone conversation with her daughter, Mandy, about some clothes she has bought for her, and Mandy's response.

Mrs Jones: 'I think they're under a lot of peer pressure from school to have all these name brands and I don't know what, you know. I spoke to her on the phone today and I got her all these tops. There was, like, three for £10.00, you know, these little strappy tops, from C and A, and she said "where did you get them from?" and I said 'C & A', "ahh, that's nice"(Mandy says). I said 'well I got you seven, they're only for holidays', they're only little halter necks and strapless, I said 'well cut out the labels'. There's a lot of snobbery I find with the kids of today, you know if you haven't got this label or that label, then they laugh at you and ridicule you, and I've tried to say to her 'you are what you are, not what other people want you to be', but it doesn't always work, does it? "It's all right for you to say that" (Mandy says).'

Like Mrs Jones, Mrs Brown also believed that her daughter felt the need to conform to the expectations of others in relation to membership of certain subcultures.

Mrs Brown: 'I don't know what goes on in school but, you know, if they haven't got the right clothes or they don't listen to the right music, they don't fit in.'

At school, the amount of jewellery a young woman was allowed to wear was limited. However, many of them wore at least three rings on each hand, although the school rules stated they were only allowed to wear one. The young women I saw while shadowing at school would take off their rings before going into lessons, and put them back on at break and lunch. A physical education teacher told me how important getting the right look was for some young women.

Ms Powers: 'The hairstyles: there's two strands down the side of the face, it's important to get it right. When you try to make them fasten their hair back for PE, it's not always a good thing, it upsets the hair-do.'

The young women I shadowed at school were frequently told to remove make-up and jewellery, which they would do while the teacher was present, then put it back on later. These young women would subvert the school uniform as much as they thought possible without attracting unwelcome attention from the teachers. Wearing a black skirt (the uniform was blue) without being 'caught' was seen as a major achievement. When I saw Helen at the next youth session after I had been shadowing at school, she said 'did you notice I had a black skirt on at school the other day?' I had not noticed but did not tell Helen, since she saw this as quite a major achievement.

The teachers at The Green were strict about breaches of school uniform. Wearing *et al.* quote an Australian male high school Principal complaining about some young women in his school:

> 'They don't wear full school uniform, they have teased hair, and wear make-up and half a dozen earrings. We just don't know what to do with these particular girls, the 'tarty' ones. We don't want them here.' (Wearing *et al.* 1994: 632)

These 'tarty' young women wanted to look more adult and sexualised than their school teachers deemed appropriate. Wearing *et al.* link this subversion of clothing to young women's smoking. In another Australian study Banwell & Young (1993: 379) found

many non-smoking young women described young women who smoked in stereotypical ways: 'non-smokers' described young women who smoked as 'tarty', 'tough', 'cool' and 'sexy'. For many young women, it is important to be seen smoking, particularly when out of teachers' jurisdiction but where they could still be seen by fellow pupils and passers-by.

> 'Smoking, for some girls, has become a defiant rejection of society's stereotypical female image. Girls are now showing, in greater numbers, that they can be as rebellious, daring and anti-establishment as boys.' (Jacobson 1981: 41)

Michell (1990) complains about 'inappropriately' dressed, antagonistic young women blocking the pavement outside school, visibly smoking. When I was shadowing at school, many young women would light up a cigarette at the school gates once school had finished, even though they were not supposed to smoke while still in school uniform. As part of their construction of an image, these young women needed to be seen to be smoking as part of their rebellion against and resistance to the values of school, parents and society.

> '(Smoking) is seen as an element in the resistance through leisure of some adolescent girls to the 'good girl', traditionally feminine identity which is propagated by the school's and society's dominant patriarchal culture.' (Wearing *et al.* 1994: 633)

Marie frequently ran into conflict with her mother over her smoking and her choice of clothes. Marie told me that her mother preferred her to wear 'nice' clothes, while Marie herself preferred to wear 'grunge' clothes of jeans, Doctor Marten's boots, t-shirts and no make-up. This battle between Marie and her mother is indicative of the contested terrain of femininity and parental attempts to assert social control over young women. In the quote below, Marie and her friend Lesley are discussing what their bedrooms are like:

Marie: 'My bedroom's great, it smells of smoke'
Lesley: 'And mine'
Marie: 'It's cool'
Lesley: 'My brother went into mine and said 'wow, your room isn't like a girl's, it's a mess and smells of smoke.'
Marie: 'Is it supposed to be pink with fluffy toys? What sort of music do you like?'
Lesley: 'What don't I like? For starters I like Nirvana and Sugar Ray.'
Marie: 'Well, if you like bands like Nirvana and Sugar Ray, you're not going to have a pink bedroom that smells of perfume.'

I would interpret the negotiations between young people, their parents, and school over their choice of clothes as indicators that some young women wish to project a more adult look than others find appropriate, and that smoking is also perceived as an outward projection of adulthood. There is a conflict between, on the one hand, school and parental expectations of young people still being essentially children, and, on the other, young people wishing to appear sexually mature and adult. None of the young people in the youth clubs I attended said that smoking made them feel grown up. I feel this would be a difficult statement to make publicly because adults, and some other young people would see them as naïve, and it would indicate they were not adults yet and needed a 'prop' in order to be seen as such. However, some young people in Allbutt *et al.*'s study did view smoking as a means to looking like an adult with one young woman saying; 'you just felt like you would be more grown up (with a cigarette)' (Allbutt *et al.* 1995: 446).

I feel that adults, with the benefit of hindsight, and protection now from the threat of ridicule, are more likely to admit that smoking for them as teenagers was a way of saying 'I am an adult'. A woman in Greaves' study acknowledges that smoking was one of the accoutrements she used to free herself from being seen as a girl.

> 'I learned all the dangerous vices and it was wonderful. I learned to drink, I learned to smoke, I learned to screw, I didn't have to play with dolls. I learned everything I had to do in my mind as being free and grown up.' (Greaves 1996: 50-1)

So where do young women get the idea that smoking will make them look grown up? Aside from significant adult influences, such as members of their family, which I will discuss later, advertising has an important role to play in promoting cigarette smoking as a viable pursuit for young women. Greaves says that advertising 'messages and images have emerged and re-emerged to match culturally desired images of woman at any given time' (Greaves 1996: 27). She also cites films as an influence on young women's smoking:

> 'In my analysis of the 'most watched' contemporary films of the past five years in Canada, I have found significant representations of smoking in mainstream film. Approximately every twenty minutes, on average, an image of smoking appears. While the majority represents male smoking, this smoking imagery appears most frequently in films directed at children and youth audiences.' (Greaves 1996: 28-9)

Certain cigarette brands portray a particular image, and this is linked to advertising. In Allbutt *et al.*'s study, many young people were aware of tobacco advertising and sport events sponsored by tobacco companies, particularly Formula 1 racing. Advertisements for Regal cigarettes were well known among these young people. 'Reg', the character in the adverts, became a cult figure and the young people could recite many of the lines used in the adverts such as: 'I smoke them because my name's on them' and 'I smoke 'em because I'm chemically addicted to them' (Allbutt *et al.* 1995: 451). These advertisements were later withdrawn after complaints to the Advertising Standards Authority that they were appealing particularly to young people. Camel cigarettes were also criticised for producing brightly coloured packets seen to resemble sweet packets and therefore appealing to young people (The Guardian 14 December 1994). A Health Education Authority publication which focused on progress towards the 'The Health of the Nation' targets regarding Smoking (Health Education Authority 1995a) reported the results from an unpublished Health Education Authority survey in 1993 (unfortunately no details are available of the methodology and sample, but it is highly likely to be a questionnaire survey). At the time of data collection, Regal was advertised only in the North of England (prior to its withdrawal) and this survey found that 48 per cent of young people in the North smoked Regal compared to only 8 per cent in the South (Health Education Authority 1995a: 8).

Jacobson (1986) argued that Benson and Hedges are the most popular cigarettes among young people due to their high visibility in advertising.

> 'The teenagers were unanimous in their view of what Benson and Hedges smokers were like: 'Young people'; 'everybody'; 'normal people', they said. Why was this? 'Because it is popular', said Helen, a non-smoker, 'you see Benson and Hedges around all the time.' (Jacobson 1986: 171)

Benson and Hedges were indeed overwhelmingly the most popular cigarette brand among the young women in the youth clubs in Wolverhampton, and although popular among some young women at Hillside youth group, there was no overall most popular brand. Many young women smoked Embassy, Silk Cut and Marlboro and there were certain brands it was 'uncool' to be seen with. In a discussion outside the youth centre, a group of young people were telling each other the cigarette brand they smoked. One young man said 'I smoke Lambert and Butler, Does anybody want to make anything of it?' While I was at school, a young man 'owed' Sally a cigarette, and while looking in his

bag for his cigarettes, she said 'I hope it's a decent one, not a Lambert and Butler.' Allbutt *et al.* say that most young smokers in their study 'stuck with a particular brand of cigarettes and these tended to be those most extensively advertised' (Allbutt *et al.* 1995: 451). I asked the young women involved in a group discussion which cigarette brands they preferred.

EP: 'So what brands do you smoke?'
Bella: 'Embassy'
Anna: 'Embassy'
Madeleine : 'Embassy, B&H and good old Superkings.'
EP: 'Everyone smokes Embassy, is there a reason for that?'
Madeleine: 'It's the red packet, innit? They look good when you take them out your pocket.'
Anna : 'Lambert & Butler make you feel ill.'
Janey: 'They make you ill.'
Madeleine: 'Lambert and Butler make you feel ill; you get a burning in your throat. They're well bad.'
Anna: 'It's like they're sweet, innit?'
Madeleine: 'Superkings are longer so if you give someone twos,* it's like a full fag, which is good, and they're cheaper as well.'
(General mutters of agreement)
Anna: 'Yeah, they're cheaper. I always get them.'

*Twos: one person smokes half the cigarette and another smokes the second half; the 'twos'. It is quite common for young people to smoke cigarettes in this way.

Madeleine suggests that Embassy look good when you take them out of your pocket. Some of the women in Greaves' studies also have similar reasons for smoking certain brands. One woman says:

> 'Well I'm glad I don't smoke Players or Export-A because they have the tackiest packages there are. I'm not kidding. Du Maurier has nice packages.' (Greaves 1996: 54)

I would suggest that the choice of a cigarette brand to smoke depends on a complex interplay of advertising, packaging and cost. As I mentioned above, some cigarettes are 'uncool' to be seen smoking, usually the cheaper cigarettes. However, many young people are willing to compromise, as Madeleine and Anna suggest in the quote above, if they cannot afford the brand they would usually smoke.

Peer relationships

In many discussions of young people's lifestyles by academic researchers or health educators, the influence of peers is seen as having a major impact on young people's behaviours; the detrimental influence of friends is given widespread acceptance in academic and lay beliefs about young people. Glendinning, Shucksmith and Hendry (1994: 1451) point out that 'smokers' best friends are more likely to be smokers', but also assert that this may be only one of a number of shared characteristics among the group. However, there are widespread 'common-sense' beliefs that young people will be bullied and coerced into smoking, if they are with friends who do smoke. Michell & West (1996: 40) suggest that much health education work in schools may be counter-productive because it suggests that teasing and bullying of non-smokers by smokers *will* occur. In their report from the pilot phase of a longitudinal study of friends, peer influence and smoking behaviour, the authors did not find widespread bullying of non-smokers. In the study one class of twenty 12 year old and one class of twenty-five 14 year olds in a Strathclyde secondary school took part in focus group discussions and role-playing exercises around bullying, spending power and alcohol use as well as smoking. The authors found that when young people were asked to role-play smokers bullying non-smokers their 'script' was influenced by scenes from television programmes such as *Grange Hill*, not from their real life experiences (Michell & West 1996: 44).

Allbutt *et al.* conducted 28 focus group discussions with young people aged between 11 and 20 years of age in Lothian, Scotland. Two-hundred and thirty-four young people participated, 140 of them female and 94 male. These young people who were drawn from both affluent and deprived areas were recruited from schools, youth clubs and community centres. The authors suggest that 'smoking was experienced primarily as a group activity, being perceived by many as a social and an integral part of group friendships, themselves something positive.' (Allbutt *et al.* 1995: 446)

At Hillside and Poolside youth clubs there were fewer non-smokers than smokers. Most of the young women involved in the study identified the majority of their friends as smokers. I asked young women in interviews and group discussions 'do most of your friends smoke also?'

Anna: 'Most of them, yeah'
Madeleine: '99.9 per cent of them'
Sandy: 'Most of them, yeah'
Lesley: 'Yeah, most of them'

Anna, Sandy and Lesley were 15 years old at the time of interview, and Madeleine was almost 16. The majority of the young women who were involved in the study were 14 or 15 years old. From my observations in the youth clubs I could see that in all the friendship groups of the young women, there would be perhaps only one or two young people who did not smoke. Many of the friendship groups were mixed-sex and the young men were also very likely to be smokers.

One evening Lesley and Ruth were sitting at the coffee bar and Lesley told me she was trying to give up smoking. Ruth said she was encouraging Lesley to give up. I asked Ruth if she had ever smoked, and she said 'yes, but not much'. Lesley said 'you were more of a social smoker'. Ruth was a keen sportswoman and as such accepted as a non-smoker. Here we have the example of positive peer pressure, a young woman giving support and encouragement to her friend in her bid to quit smoking. Banwell & Young (1993: 380) in their focus group discussions with 83 young women in Melbourne concerning the role of smoking in social identity found that young women who were involved in sport, such as those in netball teams, said 'they thought smoking was not as appealing to sports players' than to non-sports playing young women.

I never observed Ruth's friendship group tease her about not smoking, as 'common-sense' beliefs about peer pressure would lead one to expect. Ruth's status as a non-smoker seemed something her friends accepted. The rest of her friendship group, about five young women and three young men, all smoked. However, Madeleine, a smoker with a different group of friends from Ruth, seemed to expect all her friends to smoke, and would encourage them to do so. Here is an extract from a group discussion I recorded with Madeleine and a group of her friends, two of whom were non-smokers:

EP: 'Don't you ever feel pressured, you two, don't you feel pressured by friends?'
Alison: 'Yeah.' (Lots of talking)
Madeleine: 'I just told that girl outside to take a drag.'
Anna: 'No but you feel awkward if you're smoking and, like, you're around your friends that aren't smoking, so you've got to keep asking them if they want some.'
Madeleine: 'Are you sure you don't want any?'
EP: 'How do you resist it, what makes you resist it?'

Madeleine: ' 'Cos I ram it in their face (laughter). She still will not take a drag.'
Alison: 'Yeah she says 'go on Alison'. 'Cos if I smoke then she can skank [cadge] them off me.'
EP: 'But you don't?'
Alison: 'I ain't bothered about it.'
Madeleine: 'It's annoying!'

Madeleine was often reprimanded by youth workers for bullying other young women at the youth club. In particular she would verbally assault the more middle-class young women who attended the club, and her coercive 'I just told that girl outside to take a drag' appears linked to this bullying behaviour. However, Alison, for instance, was adamant that she would not smoke despite Madeleine's taunting.

When I asked young women questions about why they started smoking, many of them acknowledged the influence, although not the coercion, of friends in their decision:

EP: 'Can you remember why you started smoking?'
Lesley: 'I was curious because everyone else was doing it and, I don't know, it just kind of developed from there. I suppose it was because everyone else was doing it.'

Returning to the group discussion with Madeleine and her friends, I asked them a similar question:

EP: 'The people who smoke, have you ever smoked because everyone else did?'
All: (head shakes)
EP: 'Can you remember why you started smoking?'
Anna: ' 'Cos everyone was doing it, 'cos everyone was doing it, see.'
EP: 'And you had friends like Madeleine saying 'go on try it?' '
Anna: 'Yeah.' (laughter)
Bella: 'Yeah, so I just wanted to try it.'
Madeleine: 'I don't think that's true. I think you smoke because you want to smoke.'
EP: 'You mean nobody can make you do what you don't want to do?'
Anna: 'Yeah, I just wanted to smoke but it was just like ....'
Madeleine: 'I thought it was cool when I was little.'
Anna: ... 'cos everyone else was doing it. My mom smoked so I thought, and we all tried it, me, her' (gesturing to Sadie)

Although there appears to be some acknowledgement of the influence of friends (and family) in their initiation as smokers, the young women seemed reluctant to admit any element of peer pressure, perhaps because they perceived peer pressure negatively, as in Allbutt *et al.* 's study of young people's smoking in Scotland:

> 'It was generally considered that this referred to active compulsion or pressure on the part of some smokers.' (Allbutt *et al.* 1995:448)

While in this study the younger people also rejected the notion of peer pressure as the source of their initial motivation for smoking, they did report being influenced by their social context, in that the presence of friends who had cigarettes gave them an opportunity for experimentation.

Brown, in an article on peer groups and peer cultures among American young people, reports:

> 'When asked to describe pressures to use drugs (especially alcohol) at parties, teenagers' responses are very consistent: 'It's there if you want it, but nobody gives you a hard time if you don't. Like, no-one comes up and shoves a beer in your hand and says 'Here, drink it!' Of course, if everybody else is drinking you may feel a little weird just sipping a soda'.' (Brown 1990:190)

I think this quote illustrates the meaning of peer pressure as sociologists define it. Peer pressure is seen in terms of the desire for peer acceptance through conformity to group norms. It is not force or compulsion, as seen by the young people in Allbutt *et al.*'s and my own study. The young women in my study often felt pressured by what they felt they *should* be doing when part of a group. Here sixteen-year-old Madeleine describes in a group discussion why she began the regular consumption of alcohol, although she had indicated to me a previous anti-alcohol stance:

Madeleine: 'Cos everyone else was. 'Cos once we went to this park, loads and loads of us, and they were all smoking and I didn't smoke, and they were all drinking and I didn't drink, and they all called me 'nerdy' and in the end I just drunk, 'cos they told me to, really.'
Anna: 'That's called peer pressure.'

Anna's response to Madeleine's explanation of pressure is particularly pertinent. Some young women such as Lesley, Vicky and Madeleine are willing to entertain the suggestion that their friends have had an influence on their decisions, although it is not the only reason they give for starting to smoke. When Eliza and Sally were interviewed together, I asked them if they could remember why they started smoking:

EP: 'Can you remember why you started smoking?' (Long pause)
Eliza/Sally: 'Dunno really.'
Eliza: 'I don't know, I just did.'
EP: 'Was it curiosity?'
Eliza: 'Yeah.'
EP: 'Was it because some of your friends did and you tried one of theirs?'
Eliza: 'It was just that we wanted to try it and then, that's it really.'
EP: 'And it carried on from there?'
Eliza/Sally: 'Yeah.'
EP: 'Do you ever feel you smoked because everyone else did?'
Eliza/Sally: 'No.'

In a study conducted for the Health Education Authority (Turtle *et al.* 1997), young people who were now smokers or had smoked in the past were asked why they had tried their first cigarette. The most common response was curiosity, as Table 3.4 below shows. Curiosity also appears to be the reason given by most young women in my study for experimenting with smoking.

Table 3.4

Young people's given reason for trying first cigarette

Reason for trying a first cigarette. 2761 current/lapsed smokers aged between 11 and 15 years of age, England.

Reason for trying	Percentage
Just to see what it was like	67
Friends said to try it	16
Wanted to fit in with friends	11
To put self off smoking	8
Given by somebody else to put them off	3
Some other reason	4
Don't know/not stated	7

Source: Turtle *et al.* (1997: 22)

When Suzie and Tina were interviewed together, they were adamant that they did not smoke because everyone else did, an unprompted response to the question 'why did you start smoking?' On the whole, young women told me that they began to smoke through

curiosity, not because their friends smoked and either coerced them into it or made them feel pressured to join in. However, when I asked mothers why they started smoking, they all mentioned the influence of close friends and the peer group in general.

EP: 'Can you remember why you started smoking?'
Mrs Perkins: 'I started at 15 because then most of my friends smoked and it was 'go on try it'. I mean, you do, I think that's why my daughter smokes, but then it was big, you smoke, you're one of the crowd.'

I asked the same question to Mrs Jones and Mrs Brown:

Mrs Jones : 'I said to her (Mandy), it was the worst thing I ever did, I said 'you're just stupid to do it'. I said 'if I could turn back the clock, I wish I would have stuck to my guns and said 'no' when they were saying 'go on'.'
EP: 'Is that what it was?'
Mrs Jones : 'Yeah, peer pressure, they were all doing it.'

Mrs Brown: 'Oh because it was big, because you know, I think that's why they all do it. You think you look big and it was just something to do, something to try and all my friends were doing it, so I gave it a go and luckily, as I say, I didn't like it.'

Adult women are more willing to describe their initiation into smoking as being associated with the influence of friends. Young women, as seen in some of the extracts above, are less likely to say that pressure from their friends is a reason for their smoking. It may be that for some young women, peer pressure is a deciding factor, but it is not the only factor in their initiation as smokers. The idea that peer pressure leads to uptake of smoking is a causal explanation and, as Lynch (1995: 103) points out, non-smokers are also subject to the same peer influence, therefore, there must also be other issues involved. Some young people resist peer pressure to smoke, others do not. Some researchers suggest that certain young people have poor social skills and are therefore ill-equipped to resist this pressure (Goddard: 1990; Michell: 1990). The difficulty I find with this explanation is that it suggests some young people are 'weak-willed' and somehow 'inadequate'. The remainder of this chapter will explore other possible reasons for young women's smoking, although it should be borne in mind that the main focus of this study is on young women's beliefs and attitudes towards certain health issues, not on analysing the causal factors underlying their practices and attitudes.

Sociability

In Greaves' study of women smokers in Canada and Australia described earlier, many women recounted using smoking as a mechanism which enabled them to be sociable and to gain group acceptance during their teenage years. Many also stated that they still used smoking in this way. One woman said: '[Smoking is] ... sociable and friendly with my friends in the refuge' (Greaves 1996: 55).

In my own research Mrs Adams began smoking later than the other mothers I interviewed, who all began smoking while still at school. Although she does not believe she smoked in order to conform to group norms, she admits to being surrounded by smokers, both at work and at home.

EP: 'Can you remember why you started smoking?'
Mrs Adams: 'I was working in an office surrounded by people smoking, and at the time I didn't realise that by being surrounded by smoke you actually start craving it yourself. I read about that recently, I didn't tie the two things together at the time, plus the person I was living with smoked, so I was surrounded by it all the time.'

Oakley *et al.* (1992: 86) found that the evidence they gathered from interview data supported the theory that for young people smoking is essentially a social activity. In an interview with fifteen-year-old Sandy, I asked how regularly she smoked:

Sandy: 'I often go without a cigarette for a month or two, like if no-one's got any or anything.'
EP: 'So if you're not with friends then you wouldn't smoke? You don't smoke on your own?'
Sandy: 'No, I don't think I would if I was on my own. I smoke a lot more when I'm drunk than when I'm sober, for some reason. Maybe that's because there's more people around me or something, it's being sociable.'

Some of the young women in the study bought cigarettes infrequently, and smoked only when their friends had some. Some young women stressed that because their friends smoked, this made giving up very difficult.

Lesley: 'I think, okay, I'll give up and then I see everyone else smoking and I think I need one.'

Catherine told me she had given up smoking for two weeks, and then had started again. When I asked her why she said 'Molly got me started again.' Her friend, fifteen-year-old Yvonne, said 'I gave up too, but you've got to smoke when you're out drinking.'

For these young women, smoking is difficult to give up because it has become part of their social lives, particularly in connection with drinking, a link I will explore further in Chapter Four. To give up smoking would entail great changes in their social activities, and perhaps a change of friendship group. Smoking is a way of bonding with other people who smoke; the camaraderie of having to huddle outside the youth club or finding 'safe' areas of school, away from the eyes of authority figures such as teachers, adds to the feeling of belonging and group identity. The young women would frequently discuss among themselves the best places to obtain cigarettes (as they were under the age of 16, and therefore should not be served them), and where in the school grounds were the places where they would be least likely to be caught smoking.

Having cigarettes and being known as a smoker can be help to procure access into a group and can serve to break the ice for a young woman wishing to join a group. It also allows barriers to be broken down, for instance it can be seen as a leveller between the high and low achievers at school, who would not usually mix with each other, and between middle-class and working-class girls. The demarcation of 'us' and 'them' promotes group cohesion and breaks down the social divisions which would normally segregate its members. One woman in Greaves' study says:

> 'people smoke to be sociable, in control. Maybe I'm just a copycat. But you go anywhere people are smoking ... so what's the point in quitting if you are sociable.' (Greaves 1996: 55)

Reasons for attempting smoking cessation

Smoking for young people is essentially a social activity, a leisure activity in which their friends play a large part. So why do some young women want to give up smoking? Helen wanted to because she feared her cigarette consumption rate would rise dramatically in the near future, as her exams approached. She felt she was losing control of her current cigarette intake due to increased stress. Lesley had also attempted to give up smoking a few times, and her main rationale appeared to be health-related:

Lesley: 'I try to eat healthy when I think about it, and I think that I shouldn't smoke and try to be a bit more healthy and get more exercise but its mainly in my head most of the time.'
EP: 'Is healthy to you being fit, or is it not smoking or drinking too much or is it being able to do certain things?'
Lesley: 'I think it's a combination of fitness and not smoking and eating the right things.'
EP: 'Is health something you'd like to go for in the future?'
Lesley: 'Yeah. I've just been thinking about it actually, the last couple of days. I think that I should be more healthy.'

Many young people did not see themselves as being smokers in the future, but did not want to give up smoking yet:

EP: 'Do you think you'll smoke in the future?'
Eliza: 'I'll probably try to give it up in a couple of years and see if I last a bit longer.'
EP: 'You might give it up in the future because you said you didn't want to give up now?'
Sally/Eliza: 'Yeah.'

The mothers I interviewed had a variety of reasons for ceasing smoking, or for wanting to do so. The financial and social aspects of smoking were as important as the health-risks in their discussions of reasons for wishing to give it up:

EP: 'Did you have any particular reason why you gave it up?'
Mrs Adams: 'Just decided I didn't want to do it, I think I was looking ahead and I didn't want to reach twenty years on and find it really difficult to give up so I gave it up there and then while it was easier.'

Mrs Jones: 'I think its just something, when I'm busy all the time I don't bother, but it's when I've got time on my hands, because I've tried to cut down, cut down with a view to giving up, and I've got onto these real ultra lights, these real ultra lights, fresh air drag.'
EP: Have you ever given up before?
Mrs Jones: 'Yeah, I never smoked when I was pregnant. I never smoked when they were little, pathetic to start again really wasn't it, but I think 'once a smoker always a smoker'....It is habit to smoke more when I'm there (at work) because I work with smokers on nights where I don't in the day time. I don't work with any smokers in the day time so I don't tend to bother (to smoke).'
EP: 'So you think there are more disadvantages to smoking?'
Mrs Jones: 'Yeah there is. No money in your pocket, wheezing.'

Mrs Green was the only mother who currently smoked who said she did not wish to give up because she enjoyed smoking. She did, however, say that if her doctor told her she should give up, she would consider his advice. For those women who respect their GP's

opinion and advice, this points to a relatively inexpensive way of encouraging and supporting cessation, although this may have only short-term effectiveness.

Most of the young women smokers had tried or were attempting to give up smoking, and those who were not expressed a desire to give it up in the future. Whether those young women would turn their intentions into actions remains to be seen. Most cessation attempts I was told about had failed, but by attempting to do so these young women were taking the first steps towards becoming non-smokers.

Mothers' smoking prevalence and parental attitude to young people's smoking

Many authors suggest that parental influence is an important factor in young people's initiation into smoking (Gottlieb 1982; Hover & Gaffney 1989; Newman & Ward 1989; Green *et al.* 1991).

> 'It is of course an accepted lay wisdom that parents are an important influence on their children's behaviour and that bad (or good) habits are passed on from generation to generation; hence the expression 'like parent, like child'.' (Green *et al.* 1991: 745)

Some authors suggest that parental influence is more powerful for young women than it is for young men. Both Oakley *et al.* (1992) and Hover & Gaffney (1988) found that mothers' smoking behaviour was a greater influence on young women's smoking, than on young men's. Charlton & Blair's study has been cited earlier. In it, young people completed two questionnaires with a four month interval between questionnaires which aimed through a number of variables to assess predictors of immediate future smoking among the respondents. Variables included questions about friends' and family smoking prevalence and positive and negative views on smoking. The authors found the principal factors associated with the uptake of smoking in girls was having at least one parent who smoked; holding a number of positive views on smoking; and being able to name at least one cigarette brand; whereas for boys the principal factors were having a best friend who smoked; being able to name at least one cigarette brand; and having a favourite cigarette advertisement (Charlton & Blair 1989:816).

The parental influence on young people's smoking behaviour is not simply one of the direct causal effect of 'if the parent smokes, then so does their son or daughter'. Many authors stress that parental disapproval of children's smoking is an important influence on whether or not young people initiate smoking, even if parents themselves smoke (Eiser *et al.* 1989:194). McNeill *et al.*'s (1988: 76) study found that for some young people 'believing that parents, friends and teachers would mind only 'a little' or 'not at all' if they smoked was also related to future smoking uptake.'

With this in mind, I asked young women who smoked but whose parents did not know this, what they thought their parents' reactions would be. Likewise I asked young women whose parents did know they smoked, what reaction (if any) they experienced when their parent or parents became aware of this. Most young women whose parents were unaware of their smoking believed they would be extremely hurt and angry. When I asked the young women what they believed their parents' reactions would be, most referred only to their mothers' reactions. There were some young women who did not live with their fathers, but this focus on mothers' reactions is interesting. Oakley *et al.* (1992: 81) suggest that if only one parent knows that a young person is smoking, it is usually the mother. Whether young women have closer day-to-day relationships with their mothers, who are therefore more likely to discover their smoking, is an issue worthy of consideration. When young women in my study were discovered smoking, it was usually by their mothers, which I believe may explain the focus on mothers' reactions.

In a group discussion with Madeleine and her friends, I ask about their perception of parental (dis)approval to smoking. These mainly working-class young women gave the impression of not being overly concerned with their mothers' reactions to their smoking behaviour:

EP: 'So what would your parents say if they all knew (that you smoke)?'
Anna: 'My parents know.'
EP: And what did they say?
Anna: 'My mom said she don't care if I smoke but as long as I don't smoke in the house.'
Madeleine: 'My Mom will ground me till I'm 16.'
EP: 'You're not 16 yet?'
Madeleine: 'No.'
EP: 'So your Mom doesn't know?'
Madeleine: 'Yeah, she knows. She tells me not to.'
EP: 'What about your Moms?' (directed to others)
Bella: 'She kinda knows, I told her I gave up.'

Janey: 'I told my Mom that ages ago and she's just worked it out that I am smoking.'

When the health promotion officer visited the youth club on No-Smoking Day, as described earlier, I took the opportunity of asking the young women who were taking the carbon monoxide tests what they thought their parents' reactions would be to the discovery that they smoked. Daisy said her mom would 'go mad at her', as would her sisters. Amanda believed her mother suspected her of smoking and would also 'go mad'. I asked Sally and Eliza the same question during an interview:

EP: 'What would your parents say if they knew you smoked?'
Sally: 'Well, my Mum knows I smoke, she found my lighter. Before, she was really strict and stuff, now she just laughs about it. She gave me a lecture, saying I can't really force you to stop, you've just got to be aware of the health risks, money problems. She said she's been smoking since thirteen, same age as us, and she can't give up. She's trying hypnosis at the moment.'
EP: 'She lets you smoke in the house?'
Sally: 'She doesn't know, but I do anyway.'
EP: 'You wouldn't smoke in front of her?'
Sally: 'No. I've got a bolt on my door so I just smoke out of the bedroom window.'
EP: 'What about you, what would your Mom say?'
Eliza: 'My Mum and Dad found out I smoke and they were partly upset and partly angry, and then they tried to make me give up and I didn't. They think I've given up now, but I haven't.'
EP: 'So they don't know?'
Eliza: 'No.'

Eliza, in common with many other young people at the youth clubs, concealed their smoking from their parents. Sally had been discovered smoking. Very few young women told their parents that they smoked and they only found out by seeing their daughters smoking or by finding smoking paraphernalia. Eliza knew from past experience what her parents' reactions would be if they knew she had continued to smoke, and she therefore concealed her smoking behaviour. Other young people, who also knew their parents would be upset or angry, hid their smoking. On many occasions, I observed young people panicking when their parents arrived unexpectedly at the youth club while they were smoking outside, and they would hide behind their friends, or run away, hoping they had not been seen. In the following extract from my fieldnotes, Shelly's mother has parked outside the youth club. One young woman shouted 'Shelly, your Mom's over there' and Shelly ducked behind her friends saying 'Oh God, oh God'. When her mother had pulled away, I asked what her mother would say if she found out. Shelly said she had been

caught three times already. She said her mother 'didn't say much, but I've told her I've given up'.

I found Shelly's reaction to her mother's arrival and the subsequent comment that her mother 'didn't say much' somewhat incongruous. When I asked Suzie in an interview what she thought her mother's reaction would be to her smoking she said 'there's nothing she can do, is there?' Suzie would smoke outside the youth club, constantly asking if we thought her mother could see her from their family home across the road, and on many occasions reported being afraid of her mother's disapproval. Oakley *et al.* found that many young people in their study also concealed their smoking from their parents.

> 'A common theme in the interviews was that of concealment of smoking from parents, not necessarily (though sometimes) in order to protect the young person from negative parental reactions. Cigarettes appear to function as 'markers' of adult status which is practised and moved into more easily outside the home than in it.' (Oakley *et al.* 1992: 81)

Most young women (and young men) in my study who smoked did fear the negative reactions of their parents, and I think that for these young people, it was a major reason for concealment of their smoking. Parents have the authority to 'ground' young people if their behaviour is unacceptable, and have the power to withhold pocket money which may hinder their purchase of cigarettes.

EP: 'What would your Mom say? You said your mom smokes?'
Sandy: 'My mom and my sister smoke. My sister's been smoking since she was thirteen and she's nearly seventeen now, but my mom would be really disappointed, because like all my life I've been saying 'stop smoking, stop smoking, its bad for your health.' Like I see her coughing all the time, and my little sister thinks that I smoke. I don't know why because she's never actually seen me or anything. My older sister hasn't. My mom may know that I've smoked the odd cigarette, but if she thought that I smoked regularly, she'd be really disappointed.'

Many young women appeared to be embarrassed about admitting to smoking because they had previously expressed anti-smoking sentiments, and had encouraged family members to give up. Allbutt *et al.* discovered that young people aged 11-12 years held much more negative views about smoking than the older teenagers in their study did (Allbutt *et al.* 1995: 446). Smoking statistics show that experimentation usually begins in the mid-teens and regular smoking at the ages of ten and eleven is rare (Goddard 1990). Michell states:

> 'many of the determinedly anti-smoking ten year-olds become ambivalent twelve year-olds and finally fourteen year-olds who have started on a lifetime habit.' (Michell 1990: 3)

When I interviewed the mothers of some of the young women involved in the study, I was careful not to state explicitly that their daughters smoked. I did ask the young women whether their mothers knew they smoked, and some said their mothers did know. However, I preferred to err on the side of caution, and therefore asked mothers the hypothetical question 'How would you feel if your children started to smoke?', thereby referring not only to the daughter through whom contact had been gained, but also to other daughters and sons. Mrs Perkins had mentioned before the interview started that she was aware of her daughter's smoking and therefore I asked directly about her feelings about this.

EP: 'How do you feel about your daughter smoking?'
Mrs Perkins: 'I'm not pleased, but it's her life and she knows we won't feed her habit. We've got enough problem feeding our own, so she's been told if she wants to smoke she smokes her own, but not in the house, which I think is fair.'
EP: 'You don't approve?'
Mrs Perkins: Yeah. I don't approve, she's been one of those people, 'I'll never smoke' and she hasn't until she started going to the youth centre, and then all of a sudden she started smoking. I don't agree, like I've said to my daughter, 'if I could kick the habit today, I would' but I know it'll take a long time before I can get it out my system and I know what I've got to go through and I know what they've got to go through.'

Mrs Hall also refers to her daughter's and her son's criticism of her for smoking, and her subsequent surprise at discovering that her daughter was smoking herself.

Mrs Hall: 'Both of them have given me a really hard time for smoking, bringing home leaflets talking about heart failure... and then I turn round and find she's having a go.'
EP: 'Have you discouraged your children?'
Mrs Hall: 'Yeah, I have. Yeah I have tried to discourage, I do know she smokes, I'm not making a big thing of it because if I do they're only going to do it behind my back. Where there's a will there's a way. I think she's very silly from the financial side of things, because it is very, very expensive, it's a very antisocial habit.'

Mrs Hall was disappointed that her daughter had begun smoking, but appeared resigned to accepting this, as she believed trying to prevent her would only encourage her more. Therefore, Mrs Hall tacitly accepted her daughter's smoking, but she was not allowed to smoke in the house. Mrs Green also made comments reflecting Mrs Hall's feelings of

powerlessness in controlling their daughters' behaviour, saying: 'I have always tried to discourage the children from smoking, but you can't be there all the time, and so can't stop them.' Mrs Jones was also aware that her daughter smoked, so I asked her about her reaction to discovering this information.

Mrs Jones: I've tried to discourage her by saying 'if I ever catch you, I'll make you smoke a packet', not that I would 'cos that's a waste. I've said to her if I ever catch her smoking in the street, then I will go mad and I know she's smoking in school uniform because they've [the school] told me that, and I know somebody else who saw her. You've always got someone wants to phone you up and say 'I don't know whether you should know this' and you think 'I already know'. I've tried to be a bit cool about it.'

Mrs Brown had very recently discovered her daughter was smoking and had been extremely upset by the detection. She and her husband attempted to dissuade her.

EP: 'So how would you feel if any of your children smoked?'
Mrs Brown: 'We've already gone through that... I found out that she'd been smoking.. and it's like we say we've never been parents before and when they're suddenly doing something you don't agree with, it's hard to know exactly what to do....so I rang him (her husband) up and said that I'd found out. He came home with a packet of cigarettes and took them into her bedroom and lit them all up, left them in the ashtray. First of all he said 'right, you can smoke all of these and I want them all gone by the morning', and she burst into tears, 'but I don't really like it', so I said 'then why did you do it'? 'because everybody else is doing it, because Sally does it', and I said 'well if you don't like it, surely it's more sensible to say 'well I don't want to do it.' Anyway, I said to her 'the thing is, you're going to smell like this, this is how your clothes are going to smell and hair is going to smell' and we shut all the windows and the doors and let it smell, and we couldn't get rid of it for days afterwards, but I mean being a non-smoking family I mean it absolutely stunk up there, and whether she's stopped or not I don't know, but I think it did her good...She said 'well I don't really want to do it', and I said 'well then, it's bigger to say 'no I'm not going to do it' than to carry on doing something you don't like, that we don't like.' At the time we were giving her pocket money and I said 'there's no way I'm giving you money to go and buy those', so we haven't heard any more about it. I mean, she'll come back youth club and she smells smokey but then all her friends are smoking, and I can't say to her 'you've been smoking' until I actually catch her with one...We said to her at the time that we can't physically make her not do anything. What we can say is 'we don't think you should do that, not yet' or 'we don't think you should do that ever', and then it's up to her, at the end of the day.'

It is not only parents who disapprove of young women's smoking. Brothers and sisters often try to impress upon their (usually younger) siblings the dangers of smoking. In Allbutt *et al.*'s study a young man who smoked said what would happen if he saw his younger brothers smoking.

> 'If I caught my wee brothers smoking I would batter them. I've learnt from my mistakes in life so I can put them right. If I see them smoking, I can try to get them to stop.' (Allbutt *et al.* 1995: 447)

In my study, Madeleine did not want her younger sister to smoke, even though she did so herself. One evening, I was standing outside the club when Madeleine came out saying she could not find her sister inside the club and said 'she must be having a sly fag, I'm going to do the sisterly thing.' I asked Madeleine if was going to take the cigarette away from her sister. Madeleine replied 'yeah, and I've done it before, nubbed it [put it out] because she's too young and it isn't right.'

Stress and controlling emotions

Feminist researchers such as Jacobson (1981; 1986) and Graham (1993; 1994) report that for some women smoking is a means of survival and coping with stress. These two authors suggest that women's position as carers for both children and for the family in general is a major reason for some women's smoking, because it is a way of 'getting by' while continuing to fulfill their roles as mothers and carers. Graham says that smoking:

> 'provides a way of keeping going when women have little going for them. The habit identified as the major cause of premature death and childhood ill-health in Britain is - paradoxically - one which many women identify as essential to their survival and to the survival of their families.' (Graham 1993: 103)

When Graham asked women who had previously given up smoking why they started again, the most frequent response, given by 31 per cent of the women, was 'coping with problems and stress' (Graham 1993). Few researchers have investigated the link between stress and young women's smoking, as it is assumed that they do not experience the same levels of pressure as do adult women, particularly mothers. Daykin's study of young women leaving school and entering employment, training or experiencing unemployment did find young women using smoking as a mechanism to cope with poorly paid employment or training schemes and the restrictions placed on them by domestic requirements and parental protection (Daykin 1993). Daykin's informants are a few years older than the young women involved in my study, who were all still at school. My research findings indicate that for many young women, stress is a major reason for their smoking, and although some of the stresses affecting young women are different from

those affecting adult women, it is important to emphasize that caring and domestic commitments weigh very heavily on some young women. Oakley *et al.* report that they did not specifically ask about stress and depression in their study but they did find:

> 'specific worries about the future, including unemployment, cancer, nuclear war and parental separation/divorce are more likely to be associated with smoking among girls than boys.' (Oakley *et al.* 1992: 83)

One young woman in my study, Lesley, had recently been assaulted and, as well as suffering from stress following the attack, she was due to face her assailant in court. Although she told me ' I get on with my mother sometimes', she felt unable to talk to anyone about her feelings for many months after the attack. In the following extract from an interview with her conducted some time after it, Lesley was still finding it difficult to discuss her feelings about it.

EP: 'The court case, is that kind of putting you off your work?'
Lesley: 'Yeah. Yeah it is putting me off my work quite a bit at the moment.'
EP: 'Is that because it's in the forefront of your mind?'
Lesley: 'Yeah, it's playing on my mind quite a bit.'
EP: 'The fact that you've got to go [to court] or the fact that it's not resolved?'
Lesley: 'The fact that he's here in Hillside, really.'
EP: 'So you're quite anxious not to bump into him again?'
Lesley: 'Yeah. Yeah, quite a bit.'
EP: 'So you'd feel happier when he's not?'
Lesley: 'Yeah.'

Lesley's feelings of stress arising from the attack made her feel unable to give up smoking.

Lesley: 'I think, okay, I'll give up and then I see everyone else smoking and think I need one and sometimes I get stressed out and think I need one'
EP: 'So you think that it helps with the stress?'
Lesley: 'Mmm, yeah sometimes'
EP: 'Does it make you feel better?'
Lesley: 'I don't know, it seems to calm me down sometimes.'

When I asked her mother about her attitude to her daughter's smoking, she referred to the stress which Lesley had been experiencing since the attack.

Mrs Adams: 'I can't quite believe I'm going to say this, if I'd been asked twelve months ago I would have probably said something completely different, but it's almost a relief that she does that (smoking) to cope with stress than anything worse.'

Around school examination time, the young people felt under a great deal of pressure to achieve exam success, and many would discuss their smoking in respect to this pressure. Helen said she was going to give up smoking because otherwise 'during my exams I'll be smoking forty a day.' Janey said 'I can't do without a fag during exams as it's too long a time [to go without]. I struggle during lessons.'

When interviewing some of the young women's mothers, stress management was the most frequently cited 'advantage' of smoking. For some of these women, smoking appeared to calm them down and helped to relieve the feelings of stress in their lives.

Mrs Adams: 'I know what everyone says about the health implications and that, but there again stress is very damaging to your health as well, so you know it's the best of two evils, almost.'

Mrs Perkins: 'I packed it up when I moved up here at 16. I didn't smoke until I was 18, 19 and then I just started smoking to relieve tension and I've never been able to pack it up since.'
EP: 'So it's like a stress...'
Mrs Perkins: 'Stress relief, I mean at the moment I'm smoking quite a few because I'm under stress, normally I smoke about 15.'
EP: 'It goes up if there's any stress or pressure?'
Mrs Perkins : 'Yeah. ... Me and my husband went through a bad time I smoked more, gave up again, then just before my husband walked out I had just about kicked the habit. I was down to two a day, I was ever so proud. He walked out and I was back onto forty a day.'

Mrs Hall: 'I would like to give it up.'
EP: 'What happens when you do?'
Mrs Hall : 'Well, I'd given up for six weeks and then we had an argument over the kids and he (her husband) went to bed and didn't finish the argument, so I go the car out and went down the garage and bought some cigarettes, so I was annoyed I'd done that because I'd gone six weeks [without smoking].'
EP: 'And you plan to give up?'
Mrs Hall : 'Try to, I had hypnotherapy not so long ago but then, of course, April my mother was seriously ill and eventually died in May, so that was a failure, that was the wrong time.'
EP: 'So you need to feel you have a time where there's no major pressure on you like that?'
Mrs Hall : 'Absolutely so, yeah.'

Mrs Perkins and Mrs Hall both describe times when their smoking increased due to unresolved arguments and situations. Mrs Perkins could not control the events occurring

around her, and in response she smoked more than she had previously done. Mrs Hall describes an argument with her husband that she felt was unresolved, and she turned to cigarettes to calm them down. A woman in Greaves' study describes how she uses cigarettes to squash negative feelings:

> 'I know when I've been angry, I've reached for a cigarette when I haven't been able to deal with it at the time...like the person isn't there, or it's at a time I can't do anything about it...I know I've reached for a cigarette.' (Greaves 1996:58)

Smoking for some women can be a means by which they seek to control their emotions, usually anger, frustration and depression (Greaves 1996). Mrs Perkins very explicitly explained the emotional control she felt smoking allowed her.

Mrs Perkins: 'I have tried to give up about six or seven times and I've gone about three weeks, and then I've had what they call the DTs, the shakes, temper. I've got a violent temper, very vicious, me, and I had to start smoking again.'

If women are smoking to quash their feelings, it is the outward manifestation of 'undesirable' emotions they are seeking to control. Women who express anger, shout and argue are presenting a challenge to the dominant ideal of the caring, nurturing image of a devoted wife and mother so prevalent in this society. Similarly to tranquillisers, smoking does not prevent women from carrying out their daily role as family nurturer. It seems paradoxical that in an 'ideal world' women would not smoke because of the harm this may cause others, but if they feel provocation to express 'unfeminine' emotions, smoking is as acceptable pacifier.

Most of the young women in the study were already regular smokers and therefore I could only ask retrospectively about their reasons for starting to smoke. One young woman, Marie, who at the time of my first interview with her did not smoke, subsequently started to do so. At first she was unable to explain why, but a few weeks later she was able to do so. She said had begun to smoke because of feeling depressed after a family break-up. She said she was very angry, and her previously close relationship with her brother had become antagonistic. She said she needed something to calm her down and prevent angry outbursts. As Greaves says:

> 'many of the women in this study say that smoking allows them to avoid risking the effects of releasing negative emotions or even having to discuss such feelings.

> Anticipating more arguments, abuse, unpleasantness, damage or just a generalized guilt for causing discomfort, they smoke instead. Conscious or not, this reflects both the limited options they have and the relative powerlessness women often feel in interpersonal relations.' (Greaves 1996:58)

Women are socialised for their future roles as wives and mothers, and are encouraged to suppress emotions such as anger (Sharpe 1994: 62). Young people, particularly young women, may often feel powerless to control family circumstances and unable to talk to anyone. Marie felt she could not discuss how she felt with her family, and other young women in my study reported strained and difficult family relationships. Oakley *et al.* say 'smoking rates are significantly higher when parents are seen not to have enough time to talk to the young person, it is felt to be difficult, or where there is said to be no need to talk' (Oakley *et al.* 1992:81).

Summary

In this chapter I have identified the major themes arising from my fieldwork on young women's smoking and have discussed them in relation to other researchers' findings. I found, in common with other studies, that the young women's level of knowledge about the health-damaging effects of smoking is high, but does not result in alterations to their behaviour. I have discussed smoking as a mechanism for projecting a self-image which is both rebellious to adult society and yet does not challenge dominant expectations regarding 'appropriate' feminine behaviour. Smoking is an important behaviour in young women's resistance and conformity to the cultural expectations of femininity.

Young women and their mothers expressed the opinion that smoking provided a means to alleviate stress and enabled them to cope better with uncontrollable events in their lives, particularly domestic events. I suggest that many young women do indeed feel their lives are stressful and they use smoking as a means to control stress and unwanted or 'inappropriate' emotions. Although a popular theory in the academic literature, I do not believe that the use of smoking by young women is due to 'familial transmission' (if mother smokes than the likelihood of her daughter smoking increases). I believe if mothers and daughters both smoke it is more likely due to them having a similar location vis-à-vis the dominant society. Changes in young women's smoking behaviour will not occur until their social, economic and cultural subordination is addressed.

The next chapter considers substance use: alcohol and illicit drugs. I discuss the use (or non-use) of alcohol and some illegal drugs by young women involved in my study. Issues of image and advertising are further developed in this chapter, as is the idea of familial transmission and peer influence on young people's behaviour, but in relation to their consumption of alcohol and drugs, rather than tobacco.

CHAPTER FOUR

Substance Use

'Did I make a fool of myself? I don't think I did.
But when I touched you, you flinched.
I drank that vodka neat, couldn't act discrete.
I was further gone than Neptune'
Voodoo Queens - Neptune (Pure Records 1993)

Introduction

In this chapter I will discuss young people's use of and their attitudes towards the consumption of alcohol and illegal drugs. Official definitions of 'drugs' (and which aspects of drug use are perceived as problematic by agents of social control) create an artificial split between the illegal and legal use of drugs (this is discussed later). Legal drugs (tobacco and alcohol, for example) and illegal drugs can all be included under the title 'substance use'. Young people's smoking was considered in the previous chapter, while this chapter concentrates on alcohol and illegal drug use.

Media coverage and 'common-sense' understandings tend to equate substance use with the consumption of illegal substances such as heroin, which although a very dangerous drug, is used by a tiny fraction of the population, while cigarettes, alcohol and tranquillisers are far more commonly used, and perhaps, more importantly, commonly accepted. Statistics concerning the prevalence of use of drugs such as heroin are very difficult to report with confidence. Doctors are required to notify the Home Office of opiate and cocaine users who present themselves for treatment, but these figures only represent a minority of users. In 1993 there were 28,000 notified 'drug addicts' (Department of Health 1995a). Drug seizures are also used as an indicator of the size of the drug 'problem' in Britain. There were 70,000 drug seizures by Police and Customs officials in 1992 (Department of Health 1995a) and when one considers how many drug shipments are not detected, this figure again is probably a gross underrepresentation.

> 'The media and politicians crave statistics on illicit drug use; yet despite notifications and local studies there are no reliable national figures on numbers of addicts and changes over time...there is little official information about the use of illegal drugs

> other than the opiates and cocaine...few surveys of drug use in the general population have been undertaken, even fewer employing a prospective methodology, or linking the alternating patterns of consumption of legal and illegal drugs.' (Berridge 1990:4)

Public attitudes towards the use of illegal drugs such as cannabis appear to have become more liberal in recent years. In British Social Attitudes (1983) 78 per cent of a sample of 1610 people disagreed with the statement 'smoking cannabis should be legalised', while by 1995 58 per cent of a sample of 1041 people disagreed. The authors of the 1995 report (Gould, Shaw & Ahrendt 1996) report that younger people (18-24 years) were much more likely than those aged over 45 years to agree with the legalisation of cannabis, a result they attribute to a greater experience of using the drug among this age, as Table 4.1 shows.

Table 4. 1

Percentage of the population with experience of cannabis, by age

Age group	%	Base
All	21	1220
18-24	37	104
25-34	38	274
35-44	28	220
45-54	14	207
55-64	2	152
65+	3	263

Source: Gould *et al.* (1996: 99)

Although Gould *et al.* (1996) found increasingly liberal attitudes towards the legalisation of cannabis among their sample, views of heroin use were more restrictive. In 1995 in a sample of 1221 people 86 per cent agreed with the statement 'taking heroin should remain illegal'. These opinions reflect a growing divide in attitudes between 'soft' drugs such as cannabis and 'hard' drugs such as heroin and cocaine.

'The Health of the Nation' does not set any targets with reference to illicit drug use, and when the paper does discuss drugs, it is in relation to intravenous drug use and the risk of HIV infection. The document specifies a series of aims:

> 'reduce the percentage of injecting drug misusers who report sharing injecting equipment in the previous four weeks by at least 50 per cent by 1997, and by at least a further 50 per cent by the year 2000 (from 20 per cent in 1990 to no more than 10 per cent by 1997 and no more than 5 per cent by the year 2000).' (The Department of Health 1992a: 95)

As the critique in Chapter One suggests, 'The Health of the Nation' has specified only 'measurable targets' in the key areas. Conceivably the reason for 'The Health of the Nation's' lack of targets for illegal (and legal) drug use is the difficulty in obtaining reliable statistics regarding usage (Plant 1990: 171).

I begin this chapter by discussing definitions of what is a drug, and outlining the legislation which determines the illegality of certain drugs and sets levels of penalties for illicit possession of them. I then discuss feminist perspectives on women's use of alcohol and illicit drugs, because the attitudes towards women as drinkers and drug users has important consequences for how young women's usage of these substances is viewed by adult groups, such as parents. I then move on to an overview of national and international patterns of alcohol and illicit drug use, beginning with some national and international statistics on the prevalence of young people's and adults' usage. I move on to review sociological, psychological, health education and feminist research on young people's patterns of alcohol and drug use in Britain and other 'industrial' countries.

I then discuss issues concerning young people's use of illicit drugs, beginning with a discussion of media 'moral panics', particularly concerning the consumption of ecstasy, then I discuss drug education, with particular reference to the messages received by the young women in my study from school and the media. I then discuss the findings from my study with regard to young women's drug use, their attitudes to drugs, and their mothers' beliefs about drugs.

I then move on to discuss young women's use of alcohol, beginning with a discussion of alcohol advertising and the media's representation of 'alcopops' (cola and lemonade flavoured alcoholic drinks). I then discuss parental attitudes to alcohol use and the theory

that this affects young people's consumption patterns, and then review the findings of my study regarding young women's alcohol use and their beliefs about alcohol. I hope to show, using results from my own study and other authors' research in these areas, that alcohol and drug use among young people, while an issue for concern, is not as widespread or dangerous as moral panic reporting in the media would suggest.

What is a drug?

> 'Drugs in themselves are not intrinsically good, or bad, legal or illegal. In the public mind the word 'drug' is often perceived as referring solely to illicit substances.' (Plant and Plant 1992:13)

Young (1971: 9) suggests that a drug 'is any substance which has an effect on the metabolism of the body.' Willis defines a drug as:

> 'any substance that when taken into the living organism may modify one or more of that organism's functions. This definition covers a diverse range of naturally occurring and synthetic substances which have a wide range of medical usage.' (Willis 1989: 20)

The above definitions do not just cover illegal drugs such as heroin or cocaine, but also legal and prescribed drugs, such as tranquillisers. Tobacco and alcohol are also technically drugs, but for the most part their use is legal although exceptions include age restrictions on purchase and circumstantial restrictions such as drinking and driving and drinking in public places. Although in Britain it is legal to drink alcohol at the age of five years, the age at which alcohol may be legally purchased or consumed in bars is 18 years, although people aged 16 and above may drink with a meal in a licensed restaurant (Plant and Plant 1992: 20-21). Cigarettes should not be sold to young people below the age of 16 years, although a Health Education Authority study of 11,829 school pupils aged 9 to 15 years old suggests that only 10 per cent of under 16s who attempted to buy cigarettes in the week previous to its study were refused by the shopkeeper (Health Education Authority 1992b: 28). The Labour Government elected in May 1997 proposes raising the minimum age of purchasing tobacco to 18 years.

Throughout this chapter I will refer to illicit drugs, by which I mean illegally held substances, to distinguish them from the legal possession of drugs, such as barbiturates

and tranquillisers (which are usually prescribed by a doctor or other health professional) and substances whose use is mainly legal, such as alcohol and tobacco.

The addictive drugs most commonly used by adults and young people include: tobacco; alcohol; narcotics (opioids and allied drugs); sedatives (barbiturates, tranquillisers); central stimulant drugs (cocaine, amphetamines); psychedelics (LSD, psilocybin, cannabis) and volatile solvents (glue) (Willis 1989: 23). The Misuse of Drugs Act 1971 determined levels of penalties for illicit possession with the trafficking of Class A drugs incurring the most severe penalties.

Class A - hallucinogens, opium, heroin, cocaine, phencyclidine (PCP)
Class B - cannabis resin, amphetamines, barbiturates
Class C - dextropoxyphere, sedatives, tranquillizers

The Misuse of Drugs Act 1971 is one a number of Acts updating the Pharmacy Act 1868 which was passed by Parliament in an attempt to gain some control over the use of opium and its derivatives. The classifications appear to be largely arbitrary as misuse of any of the drugs listed above could cause damage to health. However, tranquilliser use does not cause social order breakdowns as heroin and alcohol may do. Willis (1989) suggests that if drugs are judged by their capacity to contribute towards social apathy, accidents, aggressive behaviour, violence and suicide, then alcohol has the most powerful anti-social effects on behaviour, while cannabis, a Class B drug, affects social behaviour the least.

Anderson (1991: 123) discusses the economic costs of alcohol misuse. He estimates that these costs for the UK in respect of accidents, lost days at work and health service costs are over £2 billion annually. Abuse of alcohol on a personal level can lead to liver cirrhosis and alcohol poisoning in extremes, but also causes many other effects including:

> 'physical ill health; psychological ill health; public disorder, violence, crime; family disputes; child neglect and abuse; road traffic accidents; accidents at work and in the home; fire; drowning; and employment problems.' (Anderson 1991: 123)

'The Health of the Nation' does not set any specific targets regarding young people's alcohol consumption, but does set some targets for adult consumption (included within the diet and nutrition targets):

> 'To reduce the proportion of men drinking more than 21 units of alcohol per week from 28 per cent in 1990 to 18 per cent by 2005, and the proportion of women drinking more than 14 units per week from 11 per cent in 1990 to 7 per cent by 2005.' (The Department of Health 1992a: 57)

$$\text{One Unit} = \frac{\text{alcohol by volume (abv \%)}}{1{,}000} \text{ x ml per container}$$

The 'safe' drinking limits were altered by the Government in 1996 from the weekly levels of 21 units for men and 14 units for women (one unit is equal to half a pint of lager or beer, one glass of wine or a single measure of spirits) to a daily benchmark of one or two units. Discussing the 'U-shaped curve' in which heavy drinkers have an increased risk of death compared to moderate drinkers, but moderate drinkers have a lower mortality than abstainers, Marmot & Brunner (1991: 567) state 'the evidence suggests that two drinks a day are associated with no cardiovascular harm and may be protective against coronary heart disease.' They suggest that a limited number of alcoholic drinks per day might be beneficial and certainly not harmful. However, they believe there may be harm instigated by informing the general public of these findings:

> 'in conclusion, the balance of harm and benefit does not weigh in favour of making a recommendation to the public to drink in order to prevent coronary heart disease.' (Marmot & Brunner 1991: 567)

The Government, however, altered the recommendations amidst criticism from the British Medical Association (BMA) and organisations such as Alcohol Concern. These groups were also critical of the timing of the announcement which came just before the beginning of the Christmas drink-drive campaign of 1995 (Key Note 1996: 12).

Two health promotion indicators proposed by the Health Education Authority are the proportion of the population who can correctly identify the number of units in a glass of wine, pint of beer or a measure of spirits; and the proportion who can name the correct weekly 'sensible' drinking levels of 14 units for women and 21 units for men. In a Health

Education Authority national survey of 6,179 people only 14 per cent correctly stated the latter (Bridgewood *et al.* 1996: 48-9). I believe the changes in the recommended 'safe' unit levels from 21 and 14 units a week to two or three alcohol units a day will lead to more confusion in the general public regarding 'safe' drinking limits. Also, a crude norm based on sex ignores variations in individuals' size and weight, which might reasonably be expected to influence 'safe' drinking levels.

Women, alcohol and drug use

As Ridlon (1988) and Ettorre (1992) have noted, there is little published academic work concerning women's use of alcohol. McConville (1983) states that what little is published has often been done so only because of social policy concerns about women as mothers or potential mothers. As has been discussed in the previous chapter with reference to women's smoking, health educators and 'expert' commentators have often viewed 'risky' health behaviour in women as doubly dangerous because of their capacity to give birth.

> 'The females' capacity to give birth deserves more care than the potential mother. After long neglect of women, research money is at last being made available - but for the study of alcohol's effect on *women as childbearers.*' (McConville 1983: 73, original emphasis)

Women who are 'addicts' or users of substances such as illicit drugs and alcohol are seen as 'fallen women'. Women are still accorded societal value through their roles as mother, wife and carer and any woman who drinks to excess and takes drugs is perceived as unable to fulfil her roles as 'successful' mother, wife and carer.

> 'The female alcoholic in the private area (the home) represents femininity misplaced. She has become a symbol of femininity rejected.' (Ettorre 1997: 37-38)

A woman who drinks and takes drugs is regarded as a threat the established social order, because women substance users are not subscribing to the traditional femininity of quietness, passivity and acceptance of their duty to care for others. Ettorre points out that the woman who drinks is frequently de-sexualised; if she does not conform to societal expectations of femininity she becomes a 'non-woman'.

> 'In the public area; she is perceived as a drunk; one rarely hears her called a drunken woman, or a woman drunk - just a drunk. She has become a 'non-woman'. Women are simply not supposed to be on the street, intoxicated, out of control.' (Ettorre 1997: 38)

Paradoxically women who drink are also frequently stereotyped in popular films and fiction as 'loose' and 'sexually available'. Ettorre (1992: 38) argues that women who drink are viewed as out of control, ugly and repulsive, or promiscuous and sexually available. McConville (1983:46-50) suggests that male drinkers are given hero status in literature and films while women who drink are portrayed with contempt and revulsion.

> 'Ernest Hemingway, Dylan Thomas, and Babe Ruth were all admired despite their problems with alcohol. No such image exists for women. There is nothing romantic about the life of the alcoholic woman, while the hard-drinking, hard-living male has at times been glorified.' (Ridlon 1988: 29)

Women, if viewed primarily in their role as potential, or actual mothers, are therefore expected to be the moral guardians of society and to exercise self-control at all times. Women are accorded the role of 'moral regulator' but when they reject gendered norms of behaviour they are 'doubly deviant', having rejected their expected feminine role *and* becoming involved with alcohol or illegal drugs.

> 'It is still the case that women more than men are supposed to hold the moral high ground. However old fashioned it may seem, women more than men are assumed to be symbols of the moral high ground.' (Ettorre 1997: 89)

Men who drink too much may be seen as 'one of the lads'; he does not transgress the 'acceptable' boundaries of masculinity. A woman who drinks (or takes drugs) has transgressed the boundaries of 'acceptable' feminine behaviour. The boundaries separating 'acceptable' public and private conduct are much more sharply delineated for men than they are for women (Ettorre 1997).

Ridlon conducted a questionnaire survey of 73 men and 79 women who were in halfway houses or hospitals receiving treatment for alcoholism, and 60 male and 62 female heavy drinkers in New York and Ohio. She found that her respondents generally held stereotypical views regarding male and female alcoholism.

> 'Both male and female respondents were aware of the double standard, and most appeared to accept it. The majority of the explanations in my research referred to this

> double standard. Respondents gave similar reasons why it was worse for a woman to be an alcoholic - "it's more socially accepted for men than women;" "because of our society and its social standards;" and "double standard in society, double guilt complex for women."' (Ridlon 1988: 27)

Ettorre points to the dichotomy between women who use prescribed (but no less addictive) drugs such as benzodiazepines which do not challenge societal views of women's dependency and passivity, and women who use illegal drugs such as heroin who are viewed by society as 'polluted' women who have rejected their 'proper' societal roles as dutiful wife and devoted mother (Ettorre 1992: 67). McConville suggests that the image of women alcoholics as being 'doubly deviant' has a huge impact on how these women feel about themselves.

> 'These images also have a negative effect on public attitudes to women's drinking and drunkenness. For as long as the stigma against women's drunkenness persists, women will feel especially guilty about their drinking and will be reluctant to come forward for treatment.' (McConville 1983: 60)

Young women are likely to face the prejudices of a society in which a sexual double standard exists. Women are not supposed to get drunk, or to use drugs simply because they *are* women. There is a pernicious perception that (young) women who drink, even if this is not perceived as 'problem' drinking, are out of control and vulnerable. A common belief is that young women especially are vulnerable to male sexual advances if they are drunk or using drugs. There is a fuller discussion of the perception of (young) women who drink as being sexually available and out of control in Chapter Five.

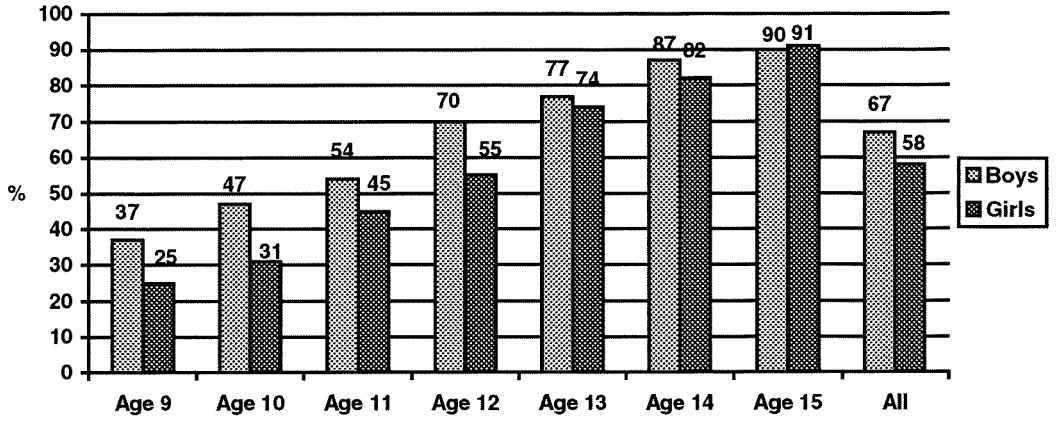
Alcohol statistics

Tables 4.2-4.4- Drinking prevalence: age and gender (per cent)

Sample: 10, 293 young people aged between 9 and 15 years surveyed in secondary schools throughout England

Table 4.2

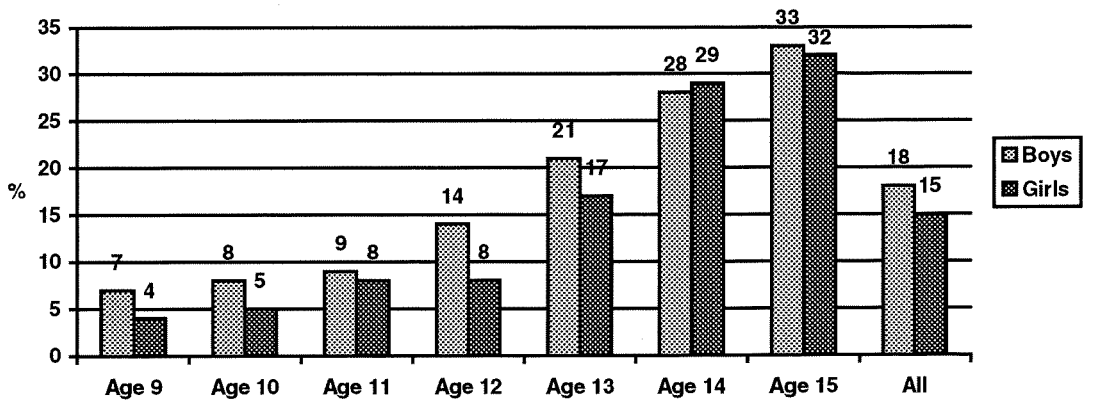
Percentage of pupils who have ever tried alcohol



Adapted from Health Education Authority (1992b: 54)

Table 4.3

*Percentage of pupils who are occasional drinkers**

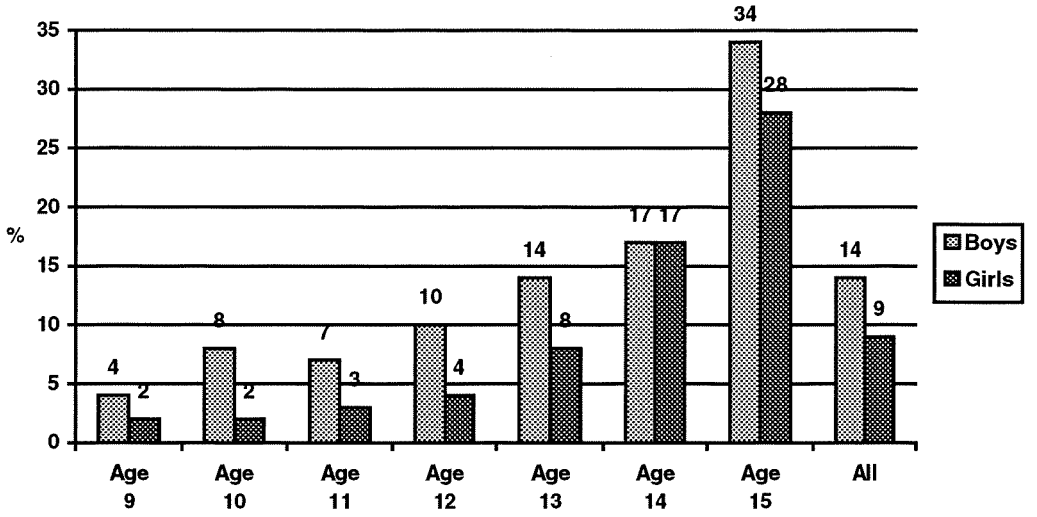


* once or twice a month

Adapted from Health Education Authority (1992b: 54)

Table 4.4

*Percentage of pupils who are regular drinkers**



* at least once a week

Adapted from Health Education Authority (1992b: 54)

Table 4.5

Adult alcohol consumption per head in leading countries (litres per head of 100 per cent alcohol)

	1970	1980	1987
Australia	8.2	9.5	8.8
Austria	10.5	11.0	9.9
Belgium	9.0	10.8	10.7
France	17.4	15.9	13.0
Ireland, Rep. Of	5.8	7.4	5.4
Italy	14.2	12.3	10.0
Portugal	9.8	10.0	10.5
Spain	12.0	13.2	12.7
Switzerland	10.3	10.6	11.0
USA	6.9	8.2	7.6
UK	5.2	7.1	7.0

(Adapted from Bagnall 1991: 4)

A review of the literature on young people's use of alcohol and illegal drugs

Although there is a substantial amount of media interest in young people's use of alcohol and illegal drugs, there is not the same amount of social science literature on these issues as there is on young people's smoking. This indicates the major priority of authors researching young people's health-related behaviour and of those who make decisions about research funding priorities. Qualitative empirical studies are particularly scarce on young people's drug use. There are, however, a large number of surveys of young people's use of alcohol and illegal drugs. I will review the literature on these issues by considering the major themes identified in the psychological and sociological literature, the media and in health education literature, before moving on to discuss feminist and ethnographic studies on women's use of alcohol and illegal drugs. These themes will be developed in the discussion of my fieldwork findings. I begin by considering the notion of the 'familial transmission' of alcohol use, moving on to discuss family attitudes and relationships. I also discuss research on peer pressure and its alleged effect on young people's alcohol and illegal drug use. I then review studies of the impact of advertising and images of alcohol in the media on young people's patterns of alcohol consumption. I then review the findings from survey research on school-aged young people, and review health education literature and leaflets available on young people's use of alcohol and illegal drugs. Finally, I discuss ethnographic and feminist work on alcohol and illegal drug use by young people and adults, focusing particularly on women.

Parental drinking has been asserted by sociologists and psychologists as a significant influence on young people's substance use (Wilks & Callan 1988; Wilks, Callan & Austin 1989; Webster, Harburg, Gleiberman, Schork & DiFranceisco 1989; Bagnall 1991; Plant & Plant 1992; Foxcroft & Lowe 1995; Shucksmith, Glendinning & Hendry 1997). Webster *et al.*'s longitudinal study of 420 sets of father, mother and adult offspring found that adult children's drinking habits were influenced by parental drinking. For example, life-long abstainers' children were much more likely to be abstemious than were the offspring of drinkers, and if these children did drink, they were likely to drink less frequently than the children of drinkers (Webster *et al.* 1989: 565). This study took place in the 1960s and 1970s in Tecumseh, Michigan and therefore it is culturally and historically specific. The authors do comment on societal changes in the

attitude towards women drinkers since the 1960s, and the fact that 80 per cent of Tecumseh residents are of west European and British origin.

As discussed with reference to smoking in Chapter Three, some authors suggest that family *attitude* rather than family *behaviour* influences the likelihood of young people adopting certain health behaviours. Wilks *et al.* (1989), in a study of 56 father-mother-son-male friend groups and 50 father-mother-daughter-female friend groups, found that parental *attitude* rather than parental *drinking* was the important influence on sons' or daughters' subsequent drinking. If parents disapproved of certain aspects of alcohol consumption, this was a more significant influence than the parents' own drinking habits on their sons' and daughters' behaviour. The young people in Wilks *et al.*'s (1989) study were recruited from an introductory psychology course at the University of Queensland, and therefore will over-represent some sections of the Australian population, in that the sample comprised predominantly middle-class and well educated young people. O'Connor (1978) conducted interviews with 2,000 Irish, English and Anglo-Irish 18-21 year olds and their parents. She also found that parental attitude towards young people's drinking was more influential than parents' own drinking habits.

Some authors also suggest that family relationships are an important indicator of young people's substance use. Foxcroft & Lowe (1995) and Shucksmith, Glendinning and Hendry (1997) examined the patterns of support young people receive from their families. Foxcroft & Lowe found that young people (especially young men) in authoritarian (low support, high control) or neglecting (low support, low control) families were more likely to use alcohol and other substances. Shucksmith *et al.* in a study which replicates Foxcroft & Lowe's study found similar results, although they do not break their discussion down by gender and therefore, it is difficult to assess the influence of family type on young women.

Shucksmith *et al.* (1997: 93) also suggest that young people from 'intact two parent families' are less likely to be regular drinkers than those from one-parent or step-families. Green *et al.* (1991) in a longitudinal study of young people aged 15 at the start of the study and their parents in the west of Scotland, using interviews and postal questionnaires, found that lower social class did affect the likelihood of parental transmission with regard to smoking (see Chapter Three). However, the authors found no

association between young people's drinking behaviour and parental drinking in manual families.

As discussed in Chapter One there is a common-sense belief that peer pressure encourages young people into 'deviant' and 'delinquent' behaviour including alcohol and illegal drug use. Wilks & Callan (1988) and Wilks *et al.* (1989) found that friends' perception of drinking was an important influence on young people's alcohol consumption. Certainly sociability is seen by some authors as an important influence on young people's drinking, particularly on the amount consumed. A Health Education Authority survey (Turtle, Jones and Hickman 1997) of young people's health attitudes was conducted with 6,406 young people aged 11, 13 and 15 years (plus a separate sample of 2,406 pupils in schools with high percentages of 'non-white' pupils). This survey found young people who smoked, drank alcohol or had tried drugs were much more likely to spend time with friends. These results reflect those found in Health Education Authority (1992b: 6) where a survey of 10,293 young people aged 9 to 15 years old found sociability was a large factor in substance use.

The idea that sociability affects substance use by young people can lead to authors suggesting that peer pressure is a notable influence on young people's behaviour (Plant & Plant 1992). Some authors, however, dispute peer *pressure* as a cause of young people's drug use. For example, Coggins & McKellar (1994: 17-8), in a review of literature examining young people's drug use, dispute the notion of a causal relationship between peer pressure and the onset of illicit drug use, pointing towards peer *preference*, suggesting that young people who use drugs tend to associate with others who use drugs and who show similar attitudes and beliefs. It may also be that 'sociable' young people are more likely to come into contact with illegal drugs than young people who are less sociable.

There is also substantial literature on the influence alcohol advertising has on young people's drinking (Aitken 1978; Neuendorf 1987; Aitken, Leathar & Scott 1988; Aikten 1989; Aitken & Hastings 1992; Amos 1992; Bagnall 1992). These studies, mainly using focus group discussions, suggest that young people's knowledge of alcoholic drinks *might* lead to earlier and heavier drinking. Aitken (1989) suggests that there is no simple cause and effect relationship between young people's drinking and advertising. Amos

(1992) investigated alcohol advertisements in magazines aimed at young people, but also looked at the representations of alcohol, for example pop stars holding cans and bottles of alcohol in photographs. She suggests that these representations of alcohol use avoid the Advertising Standard Authority's (ASA) code of conduct regarding alcohol adverts because they are not actually adverts. However, they do portray alcohol as an ingredient in a 'cool' and 'hip' lifestyle and might influence young people to use alcohol as part of their projection of an adult image.

Many surveys have been conducted on young people's substance use (Marsh, Dobbs and White 1986; Balding 1994; 1995; 1996; 1997). Surveys such as Balding's health behaviour questionnaire completed each year by thousands of school pupils calculate the numbers of young people involved in substance use but do not fully analyse the social context within which young people drink or take drugs. Balding's samples are not selected randomly and are not necessarily representative because they depend on the co-operation of district health authorities and schools. As with smoking, many authors are looking for the predictors of youthful experimentation in a bid to prevent it rather than seeking a deeper understanding of the behaviour (Ghodsian & Power 1987; Bagnall 1992).

There are also a plethora of 'self-help' books produced by 'experts' and health educators detailing what to do about your own or others' excessive alcohol or drug use, and on 'sensible' drinking limits, and drug use (Health Education Authority 1994b). Many drug leaflets are aimed at parents and have rather alarmist tones (for example a leaflet from the Department of Health (1992b) which has a picture of a young man in a coma on its back page). Drug information leaflets for young people such as those issued by the Department of Health (1994b) are very wordy and dull, but recently many drug agencies have adopted a harm-reduction approach to drug use among young people, rather than seeking its complete non-use. Now drug information leaflets are often brightly coloured with greater appeal to young people (for example 'The adventures of Peanut Pete' and 'The big blue book of dance drugs'). However, Henderson's study of 15 to 24 year old young women in the North West of England, examining their sexuality and recreational drug use, found that many young women felt leaflets such as Peanut Pete were 'laddish' and designed to appeal to white, working-class young men.

New moves by the brewing industry with respect to so-called 'alcopops' has corresponded with an increase in media concern about young people's drinking, with headlines such as 'Legal killers that prey on our kids' (The Observer 23 March 1997; see also The Guardian 19 March 1997; The Observer 8 September 1996, 18 February 1996, 7 January 1996,). These new marketing ploys on the part of the brewers have led to research by organisations such as Alcohol Concern (1996), who are troubled by the apparent targeting of young people by the producers of these drinks, and research by academics on young people's use of alcopops (Hughes, Mackintosh, Hastings, Wheeler, Watson and Inglis 1997).

Finally, I consider ethnographic and feminist literature on drug and alcohol use. These studies have been the most influential in guiding my fieldwork and analysis on substance use. All the feminist studies considered are either ethnographic or qualitative in methodology.

As suggested earlier, very little of the research into alcohol and drug use distinguishes differences in responses from male and female respondents. Most of the academic reports suggest that young men drink much more often than young women, and also drink in larger quantities (Marsh *et al.* 1986; Plant & Plant 1992; Foxcroft & Lowe 1995; Balding 1997). Although reports suggest that young women are drinking much more than previously (Balding 1997), I have only found a few papers specifically concerned with women's alcohol use and even fewer on women's illicit drug use. Those studies that do exist are mainly feminist (see earlier discussion of women's drinking).

Taylor (1993) conducted an ethnographic study with women heroin users in Glasgow, in which she describes how people suggested that her participant observation study was 'no job for a woman' due to the dangers of living alongside heroin users. Taylor suggests that women drug users are portrayed as deviating from the feminine norm, exemplified by some women in her study being labelled as 'unfit' mothers by social services and having their children taken into care because of their heroin use. Henderson's study in the Northeast of England was more useful to my study because it focused on younger women (15-24 years) who were involved in 'recreational' drug use, for example using ecstasy at weekend parties and raves. Henderson comments that there has been little research on the non-injecting use of illegal drugs and research with young women drug users.

The two major ethnographic studies of drug use are now quite old (Young 1971; Plant 1975) and tend to focus upon male users. Plant's study focuses on young people's use of cannabis in the late 1960s and early 1970s. Although both Young's and Plant's studies are informative qualitative pieces of research focusing on the day-to-day lives of drug users, these studies are less relevant today because the culture of drug use has altered since the 'counter-culture' of the 1960s. Ecstasy use is recreational; mainly taken at week-ends in connection with raves and parties and used by many thousands of young people every week (Redhead 1993). I will now expand on the themes identified in the literature review with reference to my own fieldwork findings, beginning with young people and drug use.

Fieldwork Findings:

Young people and drug use

'In the middle of the nite it feels alright but then tomorrow morning.
Oh then you come down. Oh then you come down.
What if you never come down.'
Pulp- 'Sorted for E's and Wizz' (Island Records 1995)

In this section I will begin with an overview of recent media reports on young people's use of drugs (particularly Ecstasy) and their effects on parental concerns about drugs. I also explore the efficacy of information-based health education about the dangers of illegal drugs, and examine the attitudes of young women involved in my study towards drugs and drug use.

Balding's 1997 health behaviour questionnaire found that 67.6 per cent of young men aged 14-15 years and 72.4 per cent of young women had *never* tried any of the drugs listed (see table 4.6 below).

Table 4.6

Have you ever taken any of these drugs?
(14-15 year old young people)

	Boys	Girls
Amphetamines	9.1	9.0
Cannabis	30.4	23.9
Ecstasy	3.9	2.8
Cocaine	1.0	0.9
Crack	1.1	0.7
Heroin	0.7	0.5
Solvents	5.6	6.4
None of these	67.6	72.4

Source: (Balding 1997)

The drug most likely to have been used by the young people in Balding's survey was cannabis. In their questionnaire survey of 843 15-17 year Londoners, Brannen *et al.* (1994) found that around 25 per cent of the sample had used drugs and half the reported drug use was confined to cannabis. If those who had tried only cannabis are excluded, then only 13 per cent of young women and 11 per cent of young men in this study have experience of using any other illicit drugs (Brannen *et al.* 1994: 114).

In this light, the panic expressed in the media about ecstasy use in particular appears misplaced. Very few young people in Balding's survey had experience of using the drug, although this may be due to the ages of young people in the sample. These young people are more likely to have solvents available to them than ecstasy, which is mainly sold at night-clubs and raves. The use of drugs such as cocaine, crack and heroin was negligible in the studies discussed above, although their use may be increasing due to lower drug prices (Worcester druglink worker, personal communication). There is also a strong possibility that young people who report having used a drug in these surveys have taken them only once or twice, and positive responses do not necessary mean they are regular users of illicit drugs. Other surveys of illegal drug use have differentiated between use of an illegal drug ever, and those who use that drug on a regular basis. For example in

British Social Attitudes 13, of the 21 per cent of people who stated they had experience of using cannabis, only 13 per cent said they used it 'often'. A majority of people (60 per cent) report having tried cannabis 'hardly ever' or 'only once' (Gould *et al.* 1996: 99).

I would suggest that of all the moral panics (Cohen 1973) instigated by the media, illicit drug use, and especially the use of ecstasy has been particularly virulent. McRobbie argues that:

> 'moral panics remain one of the most effective strategies of the right for securing popular support for its values and its policies. And this point needs to be made, that the moral panic has been inextricably connected with conservatism and that it also marks a moment of connection between 'the media' and 'social control'.' (McRobbie 1994: 198)

Ecstasy or MDMA (methylenedioxymethamphetamine) is produced in tablet form and when swallowed it releases serotonin and dopamine. The Misuse of Drugs Act 1971 was amended in 1977 to include ecstasy because it is an amphetamine-like compound (Shapiro 1992: 7). The main danger of the drug is dehydration since the drug raises the body temperature and this danger is exacerbated by its use in hot atmospheres such as clubs and raves, which can result in fatal heatstroke. An allergic reaction to the drug has also occurred in a small number of people. There was national coverage of the coma and subsequent death of 18-year-old Leah Betts after she took an ecstasy tablet. It appears the cause of Leah's death was swelling of the brain due to her drinking many pints of water rather than the ecstasy itself. There appears to be no dependency or heroin-like withdrawal symptoms associated with use of the drug (Shapiro 1992: 9), although there are suggestions that usage might cause brain damage in later life (Pearson, Ditton, Newcombe and Gilman 1992: 11), and some users report mood swings and irritability after use of the drug (Pearson *et al.* 1992: 15).

Recently, Brian Harvey, lead singer of pop group East 17, was reported as saying that he had taken up to twelve ecstasy tablets a night and said 'if it makes you feel better and gives you something to do at the weekend, I don't see why not, man, because life's too short' (The Guardian 20 January 1997). His comments attracted widespread criticism from MPs, the media and Leah Betts' father, as did similar comments from Oasis guitarist and songwriter Noel Gallagher, who suggested that 'drug use was as common as drinking tea' (The Guardian 31 January 1997). Redhead (1993: 12) suggests that the

large numbers now using ecstasy and cannabis mean they can no longer be regarded as a deviant minority. It can be argued that Gallagher and Harvey are merely articulating the beliefs of many young people with regard to using illicit drugs. In an article written by young people themselves in 'The Guardian', a young woman gives her opinion of the media coverage of the death of Leah Betts after taking ecstasy:

> 'Tania says that she was disgusted at the coverage of Leah Betts' death when it turned out that it was not directly related to the drug ecstasy. 'It was an attempt' she says, 'to shock a generation rather than educate them. Instead of being affected by the tragedy, we saw through the way we were being manipulated.' (The Guardian 24 July 1996)

The media coverage of Leah's death has been followed by many more media reports of ecstasy-related deaths among young people. Redhead (1993: 14) points to a similar media response after the first ecstasy-related casualty died outside The Hacienda night-club in Manchester in 1989, and McRobbie suggests that immediately after the Bulger case (where two 10-year-old boys were convicted of murdering the toddler James Bulger), the media gave much more coverage to offences committed by young people than they usually would (McRobbie 1994: 199).

The media moral panics have left their mark on parents and their attitudes to their sons' and daughters' activities. Publicity around ecstasy-related deaths of young people; outrage over the comments of pop stars such as Noel Gallagher and Brian Harvey when they echo the thinking of many young people (and some drug educators) about illicit drug use. The Daily Mirror castigated Pulp leader singer Jarvis Cocker for the band's ironic and anti-drug song 'Sorted for E's and Wizz', misinterpreting it as a pro-drug song. Public comments about drug use have often been twisted and manipulated to feed the media's frenzied take on young people's drug use. However, as I was completing this thesis, the Labour Government announced plans to invite the Gallagher brothers and other media stars to contribute to a police enquiry about the possible legalisation of drugs debate. This indicates a different approach to young people's drug use than that conveyed by the previous Conservative Government.

The mothers interviewed in my study appeared to be more concerned about their children's potential drug use than about any other behaviour (aside from unwanted pregnancy, which is discussed later). I feel that the distorted media coverage has created

huge fear in the minds of parents of teenage young people, and instilled the belief that drug use among young people is widespread and invariably harmful. Media portrayals of drug pushers at the school gate have caused parents to believe their children have easy and plentiful access to drugs.

EP: 'What do think the differences and similarities are between your life and your daughters at her age?'
Mrs Perkins: 'I don't think there's any similarities, I think she's got it a lot easier than I did, a lot easier, except now there's more drugs. There's not much round Hillside for them, but there's plenty of people selling them drugs.'

EP: 'What are your hopes and fears for your daughter's future?'
Mrs Adams: 'Drugs is a big fear at the moment, Hillside is particularly bad for it I gather, so obviously you do have that in your mind. Lesley is pretty level headed, I think she copes pretty well.'

EP: 'What are your hopes and fears for your daughter's future?'
Mrs Brown: 'I don't know really, as long as she's happy, that's the main thing. I mean my fears are every mother's, I suppose, that she doesn't get into trouble at an early age, be it getting pregnant, into drugs or whatever. I think that's everybody's worry this day and age because that's all it seems to be.'

Young people who do take ecstasy and whose friends do so view the media reports of 'one E can kill you' as inaccurate, as their own personal experience runs contrary to this. They and their friends may have taken tablets at weekend raves for many weeks with few ill effects. The 'just say no' drug campaign of the 1980s was ineffectual because it assumed young people *wanted* to say no and could not do so because of peer pressure. Researchers such as Davis and Coggins (1992) suggest that:

> 'many people feel instinctively that the best way forward on this difficult issue [of drug use] is to try to make people, particularly teenagers, afraid of using or misusing drugs. The 'fear arousal' approach thus employs messages which aim to produce fear in the recipients, the assumption being that this will then serve to deter individuals from using drugs.' (Davis & Coggins 1992: 75)

Davis and Coggins also suggest that the 'fear factor' is frequently political rhetoric and does not result in lower usage of illicit drugs. Some drug educators have suggested that an emphasis on taking drugs safely is the best way to prevent young people coming to harm. The Advisory Council on the Misuse of Drugs (ACMD) suggested the Government's early 1980s anti-heroin drug advertisements would be counter-productive,

instead proposing a harm-minimising approach, not the use of scare tactics (Berridge 1990: 11). Gould *et al.* suggest:

> 'Drug agency workers are virtually united in rejecting total abstention as a policy, believing that this is not only unrealistic but that it has proved counterproductive in the past.' (Gould *et al.* 1996: 93)

An example of a harm-reduction intervention in relation to Ecstasy is the installation of 'chilling out' areas at raves where young people can rest and drink water, reducing the risk of dehydration. A teacher involved in the teaching of drug education at The Green school reflected on the predominant message in drug education:

Mr Farmer: 'I really feel very strongly that you can chuck pamphlets at people, but what young person is going to believe that ecstasy is bad for you when the evidence [is that] they know thousands of people who take it at weekends and no-one's had any problems, and because Leah Betts died, doesn't mean a *thing*. Maybe the new information coming through about ecstasy and mental disturbance later on in life may make a difference, but to say 'oh well, you're taking a dangerous drug', the dangers of alcohol, and the dangers their friends have got themselves into doesn't apply with ecstasy, [and] that doesn't come across at all in the context of drugs education. The whole thing is from their point of view highly paternalistic, and regarded with suspicion.'

Information-based approaches assume that people who do risky things do so only because they do not have the adequate information on this behaviour. However, many people do take part in dangerous and risky activities fully aware of the dangers, for example mountaineering as well as taking drugs for the pleasure and excitement these activities give. 'Facts' about the dangers of drugs conflict with people's personal experiences, for example, Davis & Coggins (1992: 77) suggest that deaths due to illicit drugs in the United Kingdom are in the region of 300-400 per annum, small numbers compared with deaths associated with road accidents and heart disease, and Davis & Coggins (1992) suggest that people are aware of this. The drug agency Lifeline in their information booklet 'The big blue book of dance drugs' (undated) suggest that 100,000 people a year die from smoking, 10,000 die as result of alcohol, and less than 300 people die per annum from all illegal drugs combined.

Parents and youth workers told me that Hillside had a reputation for the easy availability of a wide range of illegal drugs, particularly cannabis. Other researchers have suggested that rural and semi-rural areas often have high instances of drug availability and use

(Worcester druglink worker, personal communication). There were some suspicions of one or two young people who attended the youth club being involved in the supply and consumption of illegal drugs, but these were not proven. Young people certainly would not openly take drugs in and around the youth club because of the risk that the youth workers might inform the police or their parents, and this was an offence for which they could be permanently banned from the club. Therefore my information on illegal drug use among the young people attending the youth club relied on their self reported use, which is likely to understate the numbers who have used or use illegal drugs. Also, the small numbers involved in my study and the location of my study (youth clubs and schools) might preclude direct observation of drug use.

Marie told me she had taken a few puffs on a joint she was handed at a party but this combined with some alcohol had made her feel sick and she vowed to never take it again. When I was shadowing at school, I was asked by a teacher to explain my study and when I had explained I was investigating young people's health including smoking, drinking, and drug use, he suggested that 'they all smoke, drink and take drugs in here' [his classroom]. Sally, whom I was shadowing that day and sitting next to me, was quite upset by this comment and told me she knew of only one young women in her class who had taken drugs, which after prompting she identified as cannabis.

While I was shadowing at school, a young woman asked me if I had ever 'done drugs'. Perhaps, naively I had not anticipated a question such as this. I decided the truth would be the best response and told her I had smoked cannabis when I was younger, but no longer did so. I suggested no illegal drug was one hundred per cent safe because of the risk of it being 'cut' with other substances or an allergic reaction, and therefore I preferred to avoid them. This question was posed by a young woman whom I had only recently met and her question took me a little by surprise, but she and her friends seemed satisfied with my response.

One evening at the youth club we received a phone call from Lilly's mother who said that her daughter had left the house with a can of lighter fluid and could we keep a look out. I heard Lilly relaying to her friends the argument she had had with her mother as she left the house with the fluid, telling her mother it was not hers. I later saw her boyfriend with

it in his pocket and although youth workers were suspicious that this lighter fluid was being used to inhale, we could not be certain, and did not directly see it used.

Any drugs that are illegal are bound to be taken in secret away from adults such as parents, teachers and youth workers, but as I have pointed out above, in both Balding's and Brannen *et al.*'s surveys 75 per cent of young women (aged 14-15 and 15-16 years respectively) stated in anonymous questionnaires that they had never taken any of the drugs listed by the authors, and therefore, I was not surprised that I did not find widespread illicit drug use. As the above observation suggests, young people appeared curious about illicit drugs, but few seemed to actively seek usage, and in a place supposedly 'flooded' by drugs were quite innocent about their use. The Institute for the Study of Drug Dependence suggest that illegal drug use is considerably less common in the early teenage years, but peaks at the age of 19-20 years (ISDD 1994a: 29). Therefore the young people in my study may have been too young for any involvement in illegal drugs and a follow-up study in a few years time *may* reveal higher use of illegal drugs by these young women. I believe prospective studies are required to assess if young people's health behaviours have changed in recent years.

Alcohol

'Alcopops', alcohol advertising and young people

The perceived dangers of young people's consumption of alcohol have also been of widespread interest to the media. There is a long history of public concern about young people's drunkenness and rowdy behaviour, but recent developments by brewers of products and advertising apparently directed at young people have aroused particular concern. Developments in the sale of 'alcopops' (alcoholic lemonade, orange, cola and other soft drink flavours) have been criticised by MPs, health educators and academics (The Observer 8 September 1996; The Guardian 7 January 1996) as they are seen as a ploy on the part of the breweries to introduce young people to alcohol (Alcohol Concern 1996: 11-2). Although these drinks taste like pop, they have a high alcohol content, around 5 per cent by volume, stronger than some lagers and beers, and brightly packaged ciders and mixers have even higher alcohol content.

Hughes *et al.* (1997) produced a study in western Scotland concerning 'designer drinks' such as MD 20/20 and other strong ciders such as White Lightning and flavoured fortified wines which are popular with young people. In the qualitative part of the study, the authors conducted focus groups with eight groups of young people aged between 12 and 17 years, in groups of varied age, sex and social class. The authors also received 824 responses to a questionnaire sent to 12-17 year olds registered with the Argyll and Clyde Health Board. They found that the young people in the younger age groups, particularly the 14 to 16 year olds, enjoyed 'designer drinks' more than did 16 and 17 year olds who preferred more 'mature' drinks such as spirits and bottled beer (Hughes *et al.* 1997: 417).

One hundred and fifty working-class and middle-class young people aged between 10 and 16 years in Glasgow took part in group discussions to determine their perceptions of advertisements for alcoholic drinks (Aitken, Leathar & Scott 1988; Aitken & Hastings 1992). The young people were split into groups according to age, and the researchers found:

> 'all of the groups agreed that they liked humorous commercials. More twelve-year-olds than ten-year-olds mentioned brightness and colour, and some mentioned music and action. The fourteen-and sixteen-year-olds mentioned all of these qualities and additionally emphasised the importance of style. For them a good commercial would be humorous, bright and colourful, with lively action and style. Children of twelve and above often named alcohol commercials while discussing these qualities.' (Aitken & Hastings 1992: 84-5)

According to the Advertising Standards Authority (ASA) advertisements for alcohol should not feature people who appear to be younger than 25 years of age, should not emphasise the high alcohol strength, or have characters likely to appeal to people under 18 years of age (Amos 1992: 16). The ASA ruled against an advertisement for Hooper's Hooch, an alcoholic lemon-flavoured drink sold by Bass brewers, in which a cartoon of a grinning lemon was ruled likely to appeal to people under 18, contravening the ASA's code of practice (Alcohol Concern 1996: 2; Key Note 1996: 13). A more recent television advertisement for Hooch shows a well-built Scottish man in a yellow dress and big boots drinking Hooch in a bar. Around him the other men in the bar are laughing, the initial assumption being they are laughing at him. Then the man begins to tell a joke, and we see the man is the centre of attention and being laughed at not because he is wearing a dress and drinking alcoholic lemonade but because he tells fantastic jokes. A slogan about 'serious respect' comes on the screen. Taking into account the findings of Aikten

and his colleagues, adverts such as this one may appeal to young people under 18 years of age. In an analysis of tobacco advertisements, Owen & Bolling (1995) said half of the 11 to 15-year-old smokers in their survey could recall an amusing cigarette advert, humour appearing to be especially important in attracting young people's attention to a product.

Alcohol Concern (1996: 6) have expressed dismay at the labelling, packaging and marketing of these drinks, stating that the names of these drinks such as Vanilla Heist, Lemonhead, Shock and Vault are 'brash, punchy and aggressive' and likely to be attractive to young people. Amos points out that many magazines aimed at young people contain alcohol adverts, but also more insidiously promote representations of alcohol. She studied a number of magazines over a twelve month period looking for cigarette and alcohol advertisements, representations of smoking and drinking and the magazines' coverage of the health impact of smoking and drinking. She found many 'style' magazines, whose target audience are 15 to 24-year olds, to be using pictures of models and pop stars drinking alcohol. Just 17, a magazine in which alcohol advertising is banned by the British code of advertising practice because of the age range of its readers (young women below the age of 17) did, however, publish representations of drinking:

> 'In Just 17 most of the pictures showing drinking were of pop stars which, if they were alcohol advertisements, would be contrary to the advertising code.' (Amos 1992: 13)

Aitken (1989: 145) found that young women were more likely to be attracted to alcohol adverts that used feminine imagery while young men were more likely to attracted to advertisements with modern imagery. The young women in the study made more frequent reference to alcohol commercials aimed at females, for example, Martini, than young men. Women in these 'feminine' adverts were portrayed as glamorous, attractive and sophisticated (Aitken, Leathar & Scott 1988:495). McConville (1983: 55) suggests that advertisers:

> 'select certain images of women and project only those fragments which suit their sales pitch. Whatever is fashionable in modern ideas of liberation is adopted to attract young women drinkers; whatever is 'threatening' in feminism is absent.'

The women portrayed in the alcohol adverts analysed by Aitken and his colleagues are beautiful, attractive and desirable to men. Often they are shown drinking with a handsome man, rarely alone or with friends. Recent alcohol adverts do show 'sassy' and independent young women such as the television advert for the 'Irish' beer Killkenny and a recent television advert for CastlemaineXXXX. The women in these adverts are no less attractive than those in earlier alcoholic adverts, but the focus has changed, as suggested by McConville, above, because of current ideas about women's liberation, and also women's increased purchasing power.

Mothers' opinion of young women's alcohol consumption

From my own interviews with mothers, I found one their greatest fears was that their daughters would get involved with the consumption of illicit drugs, rather then alcohol. If mothers were concerned about their daughters' use of alcohol, it was because of the safety aspects of alcohol, such as young men 'taking sexual advantage' (see discussion in Chapter Five), rather than the effects of alcohol per se. Hamburg suggests that adults are more familiar with alcohol than with illegal drugs, as it is a substance commonly used by many adults, particularly at social events. This may be a reason why they fear the use of illicit drugs more than alcohol even when the latter could potentially cause more health hazards.

> 'At a time when many illegal drugs are readily available - marijuana and hashish, LSD, amphetamines, tranquillizers, cocaine and heroin - adults are often more comfortable when adolescents choose to use the legal substances with which the older generations are familiar. Therefore, some adults encourage adolescents in the use of alcohol in the hope of deterring them from using illegal drugs that are perceived as more threatening.' (Hamburg 1989: 138-9)

In Brannen *et al.*'s study described earlier young people and their parents were interviewed and asked from a list of activities - smoking, drinking alcohol, taking drugs and having sex - which they found acceptable for young people. They found that drinking alcohol was seen by both parents and young people as the most acceptable activity (Brannen *et al.* 1994: 165). It was the least covert activity, and apart from those young people from Asian and Middle Eastern families, most did not conceal their drinking from their parents (Brannen *et al.* 1994: 167). In a group discussion with young women at Parkside youth club, all the young women said their parents let them have small amounts

of alcoholic drinks in the house except one young women who was from a strict Muslim family. She told me that her family's knowledge that her brother drank outside the house was very upsetting for them and she stated she would never drink alcohol.

All the mothers I interviewed as part of the study did drink alcohol, even if 'only a little', or 'vary rarely'. I did not find any teetotallers in these interviews, whom I would assume to be more antipathetic than drinking parents towards young people's drinking. Webster *et al.* (1989: 565) found that teetotal parents were more likely than drinkers to have teetotal adult children, although conversely, but perversely, were also just as likely to have children who were heavy drinkers.

Some researchers have suggested that an introduction to 'sensible' drinking at home can lead to young people growing up with a more balanced attitude to alcohol (Aitken 1978). However, this was not always the case. Madeleine, Anna and Bella, who were fourteen and fifteen years old, told me in a group discussion that their parents would be very unhappy if they knew they were drinking, and therefore to escape admonition they concealed their drinking from them.

EP: 'So what do your parents think [of you drinking alcohol]?'
Madeleine: 'My Mom would kill me.'
Anna: 'Yeah same here...'
Bella: 'And mine.'
Anna: ..and my dad would as well.'
EP: 'Do they have an anti-drinking attitude?'
Anna: 'No, my dad drinks loads of times, all my family drinks, all uncles.'
Madeleine: 'My mom won't even have drink in the house. She's well against it. She just won't have drink even the smell of drink.'
EP: 'Is that because of your Dad [Madeleine had earlier said he had been an alcoholic]?'
Madeleine: 'Yeah.'
Anna: 'So if you're gonna drink you ought to sleep over at your friend's house.'
Bella: 'Yeah.'
Anna : 'In case you get drunk.'
Bella to Madeleine : 'Where you gonna sleep on Friday then?'
Madeleine: 'At Mandy's.'

Although unfortunately, I did not follow this up during the group discussion, Anna's statement that her father and her uncles drink suggests to me that it is admissible for men in her family to drink, but not for women. I believe that because Anna is a young woman her drinking attracts greater censure than if she were a young man because of a double standard concerning female drinking (discussed earlier).

The mothers I interviewed were quite happy for their daughters to drink a limited amount of alcohol, believing this would instil in them a 'mature' attitude towards alcohol consumption. Allowing their daughters to drink small amounts of alcohol at home also allowed them to 'supervise' their daughters' experimentation with alcohol.

Mrs Perkins: 'I've said to her 'if we've got it and you want a drink have a drink', I won't stop her because if you try to stop a child having something, they'll do it behind your back, same as smoking. So I think if she does it in front of me, I know what her intake is. I can watch her and keep an eye on her...[otherwise] they'll do it behind your back, they'll go out with their mates and then you're left with the after effects, so if you watch them at home, when you go out, let them have drink, let them try it, they'll know what they like and what they dislike, so they don't end up with alcohol poisoning or [becoming] an alcoholic.'

E: How you feel if your children were drinking?
Mrs Hall: 'It wouldn't bother me as long as it's in moderation.'

Mrs Brown: 'If we've got a bottle of wine at the weekend she'll have a glass of wine...we try to be sensible about it.'

Mrs Adams: 'Well again it's something you don't want them to do, but you've got to be realistic. It's all around them and at this age you can't be saying 'you can't do this, you can't do that' - it just brings out the rebellion in them and they're more likely to do it. 'Why can't I do it?'- there must be something marvellous about it, and I think it just sends them in the opposite direction if you try and restrict them too much. I'm not talking about encouraging them to drink every night, but I know that each week, or most weeks, they'll have a drink at the weekend and unwind, but it's, as I say, you just drive them to it if you try to discourage them too much. Again you sort of point out the dangers and the pitfalls and everything....I think Lesley's pretty sensible, she doesn't pretend not to [drink].'

Most of the mothers believed that if they prevented their daughters from drinking alcohol this would result in them believing alcohol was a forbidden adult behaviour and they might drink to excess with friends. However, they did also suggest there was only so much they could do to control their children's behaviour when they reached a certain age. Mrs Perkins points to them 'going behind your back' and Mrs Hall said 'they know the pitfalls, you can only guide them so far, if they decide to go in another direction, that's entirely up to them.' Parents in Brannen *et al.*'s study also felt similarly powerless in respect to their children's drinking:

> 'As most parents in this group readily concede, even if they strongly disapprove of certain activities, they are not in a position to make young people desist.' (Brannen *et al.* 1994: 172)

The young women who took part in my study were on average slightly younger than the sample in Brannen *et al.*'s study, but parents still thought they could exercise very little control over their children's behaviour while they were out of the home. However, some mothers attempted to keep control of their daughters' movements by 'grounding' them (not allowing them out of the house for social reasons) for misdemeanours, of which drunkenness could be one.

Beginning to drink

EP: 'How old were you when you started to drink?'
Anna: 'She can't remember.'
Madeleine: 'Recently, only recently.'
Anna: 'Its only recently for me.'
Madeleine: 'I think the first time was about 6 months ago.'
Anna: 'Yeah, mine was last year I started to drink.'
Alison: 'I'd had a few a few years ago, but I wasn't like a proper drinker.'

The Health Education Authority (1992b: 52-3) in a survey of 10,293 school pupils aged between 9 and 15 years says that by 10 years of age 47 per cent of boys and 31 per cent have drunk a whole glass of alcohol, and by 13 years these figures have risen to and evened out at 77 per cent and 74 per cent respectively. A Health Education Authority study of 6,406 pupils in England say 74 per cent of Year 7 (aged 11 years) and 96 per cent of Year 11 (aged 15 years) students had tasted an alcoholic drink (Health Education Authority 1997: 2).

Table 4.7

Have you ever had any of these alcoholic drinks in the last 7 days?
(N= 24,000) 12-13 year olds, percentages

	Boys	Girls
Shandy	37.9	25.3
Beer/Lager	19.3	10.5
Cider	15.3	14.4
Wine	16.7	20.3
Martini, sherry, etc	6.4	9.2
Spirits	7.6	6.5
None of these	51.6	57.4

(adapted from Balding 1996)

The young people surveyed in Table 4.7 above are younger than those in my study, but media reports suggest that young people are drinking alcohol at an increasingly young age (The Guardian 2 January 1996; 18 February 1996). Over 50 per cent of Balding's sample did not have any alcohol in the previous week, and of those that did, shandy was the most popular. It is also important to note that parents or other adults are usually the providers of the first (and sometimes subsequent) alcoholic drinks (Plant & Plant 1992: 26). I asked the young women who took part in interviews or group discussions how they obtained alcohol since they were too young to buy it legally. Most young women told me that older friends obtained alcohol for them, if they did not look old enough to buy alcohol for themselves.

EP: 'Where do buy [alcohol] from?'
Alison: 'My Mom buys it, she'll buy me like two bottles of Hooch or something.'
Anna: 'Because we've got loads of friends down [an area of town] and everything...
Madeleine: 'They're older than us and they just get it.'
Anna... 'and they're older, they go and get it.'
Madeleine: 'I mean my brother gets mine.'

I can only presume that Alison's comment of 'I wasn't like a proper drinker', above, signifies the difference she perceives of the occasional drink with her parents, and that of

drinking whole bottles or cans on a regular basis with her friends. Alison's mother will buy her some alcohol, but I assume this is alcohol she is to drink within the house, not alcohol to go outside and drink. I think there is a distinction between young women drinking a couple of glasses of alcohol at home with their parents, and drinking with friends, which according to Marsh *et al.* (1986: 11) is more likely to be regarded by young people as 'proper' drinking.

Parents are more likely to place restrictions on their daughter's movements than they are on their son's (Sharpe 1994; McRobbie 1991). There are private and public differences in socially acceptable behaviour for women. When discussing adult women, Ettorre (1997: 87) says: 'If women do become drunk in public, their 'out of control' behaviour is viewed as inappropriate and best contained within the private sphere of the home.' Women should not be seen doing 'unfeminine' things such as drinking on the street. As discussed earlier mothers worried that if their daughters drank alcohol they would be 'taken advantage of' by young men, and there is also an element of reputation involved. 'Nice' girls do not stand on street corners drinking cans of beer, whereas boys drinking in the street are 'just being boys'.

What kinds of alcohol do young women drink?

When young women in my study said they did drink alcohol, I investigated what they choose to drink and whether there were any significant gender differences. Hughes *et al.*'s study found that 577 out of 824 young people in their survey drank alcohol and 244 from 577 had tried one of four brands of strong cider. They asked the 577 drinkers their perception of the brand leader MD20/20; it was perceived as sweet and pleasant tasting, affordable and popular with a similar age group to themselves (Hughes *et al.* 1997: 416).

> 'The sugary taste [of 'alcopops' and 'designer' drinks] appeals to young palates used to sweet, soft drinks while also masking the taste of alcohol which puts many young people off traditional alcoholic drinks.' (Alcohol Concern 1996: 2)

Hughes *et al.* suggest that the appeal of these drinks decreased with age and cite one young man who comments:

> 'you'd look stupid if you went to a night-club and sat with a bottle of Mad Dog (MD20/20) 'cos everybody is sitting drinking pints and stuff' (young man 16-17 years quoted in Hughes *et al.* 1997: 418)

Although the authors assert that 16 and 17 year olds find designer drinks immature, this perception refers to young people in general, not specifically to either young men or young women. Hooch and other designer drinks appear popular with young women in my study (aged between 14 and 17 years) and, for example, I have female friends in their 20s who drink Hooch and other 'alcopops' in pubs and clubs. I believe the young man quoted above believes that because he is male he should be drinking pints, not what he regards as childish or female drinks. I believe that 'alcopops' are as much a marketing ploy to encourage women to drink, as they are to encourage young (under-age) people to drink.

In a survey of 4,908 13-17 year olds in Great Britain, Marsh *et al.* (1986) comment on the sex-based drink preferences of young drinkers. They suggest that younger teenagers prefer cider and shandy, but as they grow older young men are more likely to drink lager and beer than young women, who are more likely to drink Martini, mixers and cocktails (Marsh *et al.* 1986: 20). Table 4.7 above shows a similar gender demarcation in alcoholic drink choices. Amos suggests that alcoholic drinks are not solely drunk for the taste, but for the image a certain drink represents (Amos 1992: 16). The young man quoted above believes if he is seen drinking MD20/20 he is portraying an image of immaturity and having not yet acquired the taste of 'adult' drinks such as beer. If young people do use alcohol to signify their adult status, then they choose drinks appropriate to their sex (Marsh *et al.* 1986: 21). I can testify from personal experience that it is assumed by bar and restaurant waiting staff that women do not drink pints of beer. I will resist the temptation to recount some of the comments I have had from men because I choose to drink to pints of bitter or stout in pubs. In their survey of 707 Sheffield women, Green, Hebron and Woodward (1987) found that many adult women felt uncomfortable visiting pubs saying:

> 'many women experience some discomfort if they go to pubs, clubs, restaurants or wine bars without a male escort, and unwanted attention from men is not uncommon.' (Green *et al.* 1987: 76)

Over 90 per cent of women surveyed in the study stated they would feel uncomfortable going to working men's clubs, wine bars, discos and night clubs on their own. While this

study is now over ten years old, I believe many women still feel unwelcome in pubs and clubs.

Most of the young women in my study drank either Hooch, or a similar 'alcopop', or drank cider, which was also popular with young men. The drinks mentioned by the young women in this group discussion are similar to those cited by other young women in my study.

EP: 'What do you drink?'
Madeleine: 'Cider.'
EP: 'What do you like?''
Alison: 'I'll drink anything.' (laughter)
Anna: 'The only one I like is Hooch and the ones that taste like lemonade because I don't really like the taste of White Lightning and all that lot.'
Madeleine: 'I reckon White Lightning's good because you get a big bottle and it's like 50p and its like nine point odd percent and you have one bottle and I'm gone.'

Anna likes drinking alcoholic lemonades because she does not like the taste of alcohol, which supports the comments expressed by Alcohol Concern and Hughes *et al.* I am unsure whether the popularity of cider was due to the geographical location of Hillside (Herefordshire is well known for cider production), or whether, as Madeleine points out, above, because it is strong and relatively inexpensive. Young women at Hillside and Poolside youth clubs also mentioned drinking lager as well as cider and alcopops and liqueurs such as Southern Comfort.

Frequency and regularity of drinking

In a health questionnaire completed by eleven young women, I asked 'how often do you drink alcohol?' and offered a selection of responses. Five young women said they drank 'sometimes', three young women said they drank 'once a week', two said they drank 'two or three times a week' and one said 'four or five times a week'. In an open-ended questionnaire completed by 27 young people, I asked what they did in their spare time; three stated 'drinking' or 'getting drunk', and a further six stated 'going to pubs' or 'going to clubs' (where, I assume they *might* be drinking). Morris (1997) in her study of girls' friendships in a rural area asserts that young women are able to gain access to pubs at a younger age than boys as they are able to dress to look older than their years. Those

young women who did drink mainly did so at weekends. Marsh *et al.* (1986) also found the young people in their study more likely to drink on Fridays or Saturdays.

EP: 'Do you drink alcohol?'
Lesley: 'Yes.'
EP: 'How often?'
Lesley: 'Usually every time there's a fringe [Saturday evenings at the youth club where live bands play] actually. So it could be every other week or whenever there's a fringe, it just depends.'

Alcohol was not available for sale to young people at the fringe; they would buy cans of lager from an off-license and drink them outside.

EP: 'Do you all drink alcohol at all?'
Anna: 'Yeah.'
Madeleine: 'Every Friday.'
Bella: 'It's when you can get hold of it.'
Madeleine: 'I look forward to it.'
EP: 'Do you just drink at weekends then?'
Bella: 'Yeah. Sometimes in the week.'

Two young women, Gina and Helen, who were 16 years old, regularly visited a local pub and drank alcohol. From discussions with them, I found that they drank alcohol on a regular basis. However, Gina told me that they did not drink alcohol during the week, presumably because they had to go to school the following day.

In Brannen *et al.*'s study (1994) very few young people drank alcohol many days a week. There were also quite striking ethnic differences in the regularity of drinking. Their sample of 843 young people comprised 57 per cent boys and 43 per cent girls, 76 per cent of whom were from mixed-sex State schools. Sixty-four per cent of the sample were of white UK & European origin (white); 18 per cent Asian (Asian); 11 per cent Caribbean or Black British (Black); 8 per cent African, Chinese, or mixed ethnicity (Other). These young people were in their last year of compulsory education and would, therefore, be 15 and 16 years of age. Young women in my study mainly drank alcohol at week-ends and on special occasions, and I believe very few drank more regularly than a couple of times a week.

Table 4.8

Number of days last week on which alcohol was drunk

	0 %	1 %	2-4 %	5 or more %
Females	52	27	19	2
Males	54	22	21	3
Asian	78	16	6	0
White	44	28	25	3
Black	56	24	19	1
Other	65	20	15	0
State	55	24	19	2
Private	45	24	26	4

Source: Adapted from Brannen *et al.* (1994: 113)

Sociability

The two young women who regularly visited pubs, Helen and Gina, both appeared older than their age (16 years), both had part-time jobs and were intending to take 'A' levels at the local Technical College, prior to going onto University. I believe they had friends older than themselves and were taking part in a college student-like social life which appeared to revolve around pubs and night clubs. I found their frequency of drinking to be higher than the average for the other young women who attended the youth club.

In common with my earlier discussion indicating that smoking for young people is a primarily sociable activity, drinking alcohol appears to be a similar activity, participated in when out with friends, whether in a pub, the local park, at a friend's house or in the street. The young women in my study use drinking very much as adults do, as a ritual to demarcate the weekend, when leisure time takes over from work or school. A Health Education Authority questionnaire survey of 10,293 9 to 15 year olds in 475 schools in England found that:

> 'both smokers and drinkers tended to go out to discos, parties and pubs and to have a boy/girlfriend. They were inclined to place greater value on being with groups of friends, and were allowed to stay out later at night. Regular smokers were more likely to be regular drinkers (49 per cent of regular smokers drank regularly compared with 6 per cent of non-smokers), and to consume larger quantities of alcohol, with one in six regular smokers exceeding the safe limit for alcohol.' (Health Education Authority 1992b: 6)

Alcohol is generally available at weddings, anniversaries, parties and other social events. Coffield *et al.* conducted two-and-a-half years fieldwork with 'around fifty' working-class young men and women aged 16 to 28 years in the north-east of England. Through observation they noted:

> 'our sample lived in communities where heavy drinking was generally thought to be *the* way of celebrating Christmas and New Year, birthdays, anniversaries, the first Friday or the last Monday in the month...drinking was used to pass the time, to bring excitement to meeting of friends, and as a pleasure in its own right.' (Coffield *et al.* 1986: 147, original emphasis)

If young people see adults using alcohol as a social signifier of certain events, such as the weekend and celebrations, it is little surprise that young people also use alcohol for these reasons. Drinking alcohol is also used to pass the time and as a motive for adults to gather with friends in pubs and clubs, and I see no reason why alcohol should not have the same social significance for young people, even though this might mean meeting up in other locations than pubs and clubs.

Getting drunk

Some young women in my study did drink sometimes just for the sake of getting drunk. This view was expressed by the group discussion participants, rather than in the one-to-one interviews, which may signify either that these very sociable young women do indeed drink more often and more heavily; or that they were trying to impress each other (and me) with their accounts of their alcohol intake.

In an earlier quote, Madeleine states she buys White Lightning (a strong cider) because it is relatively inexpensive and with its high alcohol content, she only requires one bottle to get drunk. Young women with very little money who are intent on getting drunk will choose inexpensive alcoholic drinks with a high alcohol content.

While I was shadowing at school with Alison, her friend Lizzie recalled getting so drunk on one occasion that she was unable to remember some things that had happened. Alison suggested that being unable to remember some of the previous night's events was 'great'. Alison says her Mom does not mind her drinking, if it is done at home, although I suspect her mother does not condone drinking to the point of amnesia.

Without investigating this further (which I was unable to do at the time) it is difficult to judge the amount of alcohol fourteen-year-old Lizzie had drunk, and whether she was exaggerating slightly, as she was a young woman I did not know very well. From Alison and Lizzie's conversations about alcohol, I was under the impression that these two young women were experimenting with it and did not drink very often, but both appeared to believe drinking and getting drunk was fun. However, I did not find this to be a widespread attitude.

Marsh *et al.* (1986: 42) found that 48 per cent of the English and Welsh 15-year-old girls they studied said they had been 'very drunk' during the last year, half of them more than once. However, during discussions with young people involved in the pilot to the project, they gained an insight into what drunkenness meant for young people.

> 'The authors' own informants on this topic tell them that, in street language, 'drunk' or even 'very drunk' means having had a few drinks. What adults mean by 'very drunk', they refer to by picturesque terms like 'legless', 'guttered' or 'totalled'.' (Marsh *et al.* 1986: 45)

Although it was a tradition that Lesley and her friends had a few drinks when the fringe was on, Lesley was cautious about the amount she drank saying: 'I think it's okay if it's in moderation I suppose, but it can make you do really stupid things. I don't know, it can be a bit stupid sometimes and get out of hand.' Sandy told me 'I've come home after a party or something and I've been quite drunk, but I've never been so drunk that I've passed out or thrown up or something.'

Sally's experience was typical of the younger young women involved in my study. I asked her if she had ever been a bit drunk or tipsy.

Sally: 'I got a bit tipsy once. A couple of years ago it was my aunty's New Year's party, a fancy dress party, and the waiter was giving my Mum some wine and because they'd run out of fizzy pop for us, I thought I'd try a bit of this wine and I liked it so I was just knocking it back instead of sipping it. I had about three glasses and just knocked it straight back and I was a bit tipsy.'

Hughes *et al.* (1997) found that 69 per cent of 17-year-olds and 46 per cent of 15-year-olds in their study had been 'really drunk' in the previous six months. As Sally's story above shows, being drunk or tipsy can occur when with family members and not necessarily in streets and parks, as 'common-sense' understandings of young people's drinking suggest. Also, when asked to state if they had been 'drunk' or 'very drunk', young people are using their own perceptions of drunkenness, as mentioned by Marsh *et al.*, which are not necessarily the same as adults' perceptions.

Hughes *et al.* suggest that designer drinks tend to be consumed in less controlled circumstances, for example 27 per cent of all drinkers in their sample consumed their last drink in the open air, a figure which increased to 53 per cent for those drinking strong white cider and 65 per cent of those drinking fortified wines (Hughes *et al.* 1997: 416). As the authors have pointed out, 'designer drinks' were more popular with the younger age groups who would be less likely to be able to gain access to a pub or a night-club, so therefore would be more likely to drink outside. In my study, one group of young women did drink in the local park and on the street with their friends, but most either drank in pubs if they were old enough to gain access, or at home, or friends' homes.

EP: 'What do you do drink it in the street or the park?'
Bella: 'In the street really.'
Anna: 'In the street.''
Alison: 'Wherever we are.'

Lesley: '[I drink alcohol] whenever there's a fringe, it just depends.'
EP: 'You don't like drink hanging about on the street with your mates....'
Lesley: 'Oh no.'
EP: 'You don't drink in the house.'
Lesley: 'No.'

Brannen *et al.* say most of their sample of young people drank in the house, not outside in the street or in parks. In a survey of school pupils in East Sussex (Chichester Health Promotion Unit 1992: 10) also found most 12 and 14 year olds who had drunk alcohol in

the last seven days consumed it at home, followed in popularity by a friend's or relative's home.

Not all young women thought getting drunk was entertaining or fun. Lesley was aware that excessive drinking could make people do things they would not normally do.

EP: 'How old were you when you first started to drink?'
Lesley: 'Oh God. [pause] I like tried when I was really young, but I suppose the first time I got drunk was a couple of years ago, I think.'
EP: 'Was that like you were really drunk?'
Lesley: 'Yeah quite drunk.'
EP: 'And did that put you off?'
Lesley: 'That didn't but I was at a party with my friend who was really bad and that put me off. I didn't drink for quite a while after that. She was in a bad state.'
EP: 'What do you feel about drinking now then?'
Lesley: 'I think it's okay if it's in moderation.'

Marsh *et al.* (1986) state;

> 'It seems fair to conclude overall that the kind of drinking most adolescents do when they drink is the kind of drinking most adults would recognise as 'sensible drinking'. When they reach the age of 17, the boys accelerate their consumption toward the kind of levels that other surveys have shown to be typical of older adolescents aged 18 to 21.' (Marsh *et al.* 1986: 35)

Some young women had experienced drunkenness, and had not enjoyed the consequences. It appears getting drunk on a certain alcoholic drink does not discourage drinking in general, but can result in revulsion against that drink.

Anna: 'Once I've got drunk on something then I don't like it again after, because I feel sick you know.'
Madeleine: 'I know, I only have cider, last time I had lager I puked.'

While falling over, being sick and giggly are various effects of drinking which young people might find amusing, I believe if young women realise they might fall out with their best friends or say something they later regret or which cause embarrassment, they may not see drunkenness as such fun. Also, alcoholic poisoning is a risk if large quantities of alcohol are consumed within a short period of time. In a conference organised by Cheltenham and Gloucester College of Higher Education and Gloucestershire Health Promotion in July 1997 on 'Health and Safety of Young People in

Gloucestershire', Dr. Tom Llewellyn, Accident and Emergency consultant at Cheltenham General Hospital said that alcohol was the biggest single reason for young people attending Casualty.

Summary

In this chapter I have investigated young women's substance use. In common with survey results such as Balding (1997) and Brannen *et al.* (1994), I did not find any widespread use of illegal drugs by the young women in my study. I did find that the mothers I interviewed were particularly concerned about their daughters' getting involved with drugs, which I judge to be a reaction, in part at least, to sensational tabloid media reporting.

Alcohol use was much more prevalent. Many young women did drink alcopops, but cider and lager were also popular. Although many of the young women had at least once drunk enough alcohol to be drunk or tipsy, most used alcohol in ways that adults would regard as sensible.

I have asserted that there is a double standard in the acceptance of male and female drinking, with women seen as contravening feminine norms by drinking heavily or using illegal drugs. I found some evidence of a gendered double standard in parental acceptance of young women's drinking with some young women discouraged from drinking by parents because of their gender.

In the next chapter I will consider young women's sexuality. I explore young women's experiences of formal and informal sex education, access to contraception as well as wider sexuality issues such as menstruation and sexual risk.

CHAPTER FIVE

Sexuality

'Was she asking for it? Was she asking nice?
Did she ask you for it? Did she ask you twice?'
Hole-'Asking for it' (Geffen Records 1994)

Introduction

As the previous chapters have explored, concern has been expressed regarding various forms of allegedly 'risky' health behaviour by young people. However, there is a particularly high level of 'moral panic' expressed in public debates about young people's sexuality. The media regularly focuses on the 'plight' of teenage pregnancies (The Guardian 5 October 1994; The Guardian 12 August 1997), although there is a purient 'morality' behind much of the condemnation of teenage sexual activity. There are contradictions in a society such as Britain's where sex is used to sell almost any product, yet there is a widespread taboo surrounding talking about sexual matters. Young people's sexual *activity* is the main focus of this media 'moral crisis' and also many academic studies of young people's sexuality also focus upon the 'problematic' areas of sexual activity; under-age sex (O'Reilly & Arral 1985), under-age pregnancy (Holly 1989b) and contraceptive non-use (Ford 1988; 1993). Sixteen years is the age of consent for a woman, before which a man is acting unlawfully if he has sexual intercourse with her (Wellings, Field, Johnson ands Wadsworth 1994: 42). (The same is true for a woman having sexual intercourse with a young man under sixteen.) The homosexual age of consent, which applies only to gay men, is currently 18 years, following recent legislation which reduced it from 21.

Although young people are assumed on the basis of media reporting to be 'rampantly' sexually active, in fact they are often lacking in very basic education about sexuality (Hudson & West 1996). Epstein (1996a: 8) asserts that all too often 'sex education is not about sexuality at all (as) it focuses on certain biological, procreative functions (and their 'plumbing') and on sex as danger.' Sexuality is much more than sexual activity and I

agree with the definition of sexuality stated by the authors of the Women, Risk and Aids Project (WRAP):

> 'We take sexually to refer to sexual practices but also to sexual identity and the varied historical and cultural forms which sexual identity can take. Sexuality, then implies sexual beliefs and desires and the ways in which these are socially negotiated and constructed.' (Holland, Ramazanoglu and Scott 1990: 129)

'The Health of the Nation' targets for sexual health are very much rooted in the 'sexually active' definition of sexuality. I feel that for the sexual health targets to focus on sexually transmitted diseases and unwanted pregnancy at the expense of a wider discussion of sexuality disappointing, but expected, owing to the document's expressed desire to measure outcomes statistically. 'The Health of the Nation' aims to:

> 'reduce the incidence of gonorrhoea by at least 20 per cent by 1995, as an indicator of HIV/AIDS trends (and) reduce by at least 50 per cent the rate of conceptions amongst the under 16s by the year 2000.' (Department of Health 1992a: 19)

'The Health of the Nation's focus on the conception rate of under 16s is actually a focus on one of the outcomes of sexual activity for young *women*. Young men are usually absent from statistics on teenage pregnancy.

Quite apart from the media frenzy about young people's health-related behaviours, teenage sexual activity and under-age pregnancy are perceived as problematic by many academics and health promotion professionals for two main reasons: firstly, there is an idea that young people are too immature to deal with the emotional and practicalities of sexual intercourse (never mind parenthood), an opinion which appears to be a very prevalent in the thinking of professionals who supply contraceptive services, according to studies by Pitts, Burteny & Dobraszczyc (1996) and Hawkes (1995). Secondly, teenage pregnancy is seen as a 'social problem' (Joseph Rowntree Foundation 1995) leading to curtailed education which in turn results in reduced job opportunities, poverty and restricted life chances for both the young woman and her offspring (Holly 1989b: 73). However, concern with teenage sexual activity is not new; the first national survey on teenage sexual activity was produced in 1965 with a follow up in 1973 (Schofield 1965; 1973).

Within this chapter, I will discuss young women's sexuality in its wider sense. I begin with a review of literature on young women's sexual health and sexuality, and from the large body of literature in this area I have identified five main areas for consideration: sex education, sexual risk, sexual reputation, contraception and menstruation. I then present some statistics on young people's sexual behaviour, moving on to discuss the findings from my fieldwork, beginning with a discussion of formal and informal sex education, asking young women for their perceptions of the lessons they receive in school, and the sex education messages they obtain from magazines, friends and family members. I then discuss the sexual risks young women may encounter in heterosexual encounters with young men which, due to unequal gender power relations, may result in violence and coercion.

I then discuss the attitudes to, and use of, contraception by the young women in my study, focusing upon the availability of contraception, and the suitability of Family Planning service provision. I then discuss young women's experiences of menstruation, a much neglected issue in discussions of young women's reproductive sexuality. Friendships and relationships are also an important part of sexuality and will be explored later in this chapter.

The taboo on talking openly and frankly about sexual issues was one I felt very strongly during the fieldwork. I found asking young women if they were sexually active difficult, even though I had established very good relationships with many of them. I know that personally I would find talking openly about my sex life difficult with anybody other than very close friends, and I feel it is unfair that in the quest for research information I should forego any respect I have for the privacy of these young women. I was very cautious about how I asked questions concerning sexual activity in an attempt to allow young women the freedom to refuse to answer these questions if they so desired.

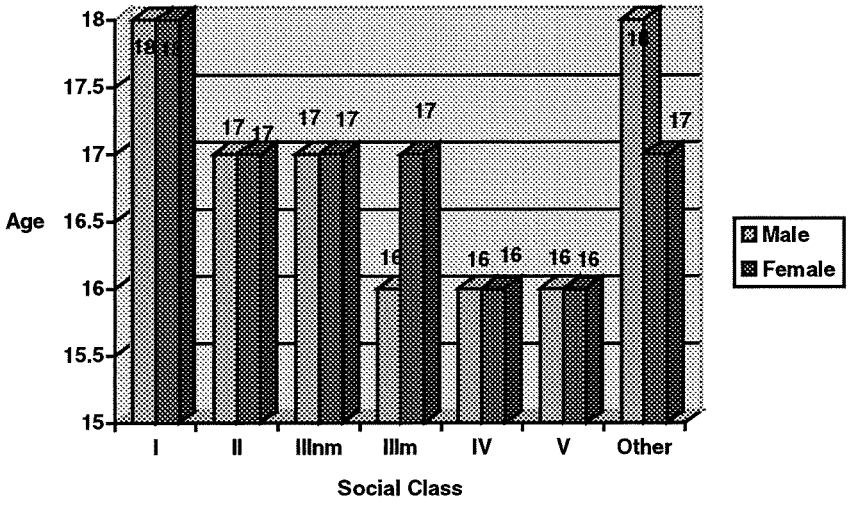
Statistics

As I have stated earlier in Chapter One, statistics are useful in providing an over-view of general trends. However, particularly where they concern sexual activity, they can be unreliable. Self-reports about sexual activity, I believe, are difficult to read with any assurance. Wellings *et al.* (1994) undertook the largest national survey on British sexual

behaviour and attitudes with 18,876 interviews carried out with people aged between 16-59 years of age.

Table 5.1

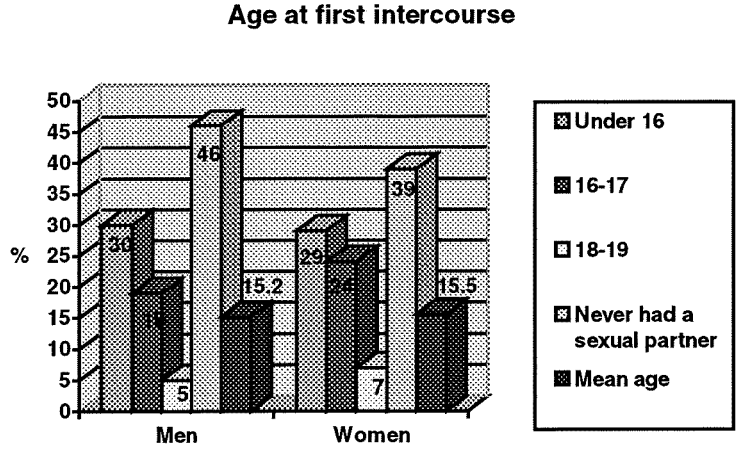
Median age in years at first intercourse by social class within age group 16-24 years, by gender. Great Britain (Base: 1472 Male 1863 Female)



Adapted from Wellings *et al.* (1994: 50)

Table 5.2

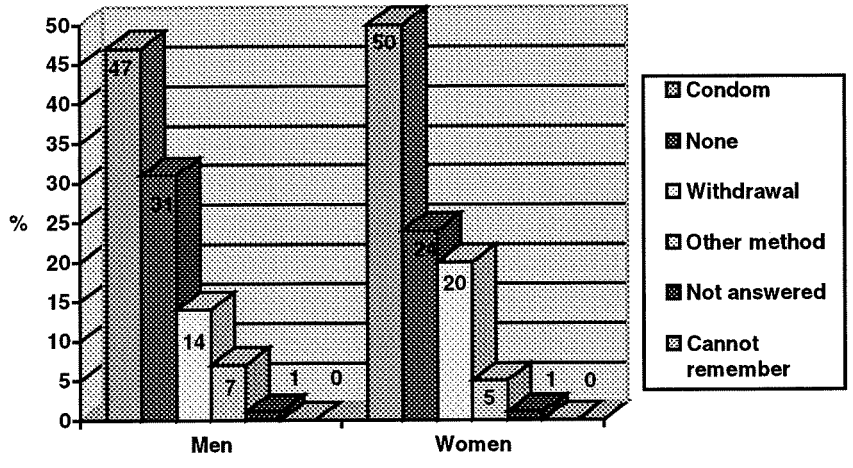
Age at first intercourse by age and sex. 16-19 years, England (Base: 80)



Source: Adapted from Bridgewood *et al.* (1996: 217)

Table 5.3

Method of contraception at first intercourse - Men and Women aged 16 to 24 years, Great Britain (Base: 1570)



Authors note: 'other method' is predominantly oral contraceptives

Source: Adapted from Wellings *et al.* (1994: 61-3)

A review of the literature on young people's sexuality

In this review of literature on young people's sexuality, I will analyse the literature which informs the subjects areas under consideration in this chapter in turn; sex education, sexual risk, sexual reputation, contraception and menstruation. These subject areas arose from the literature on young people's sexuality and during fieldwork.

Academic research on young people's perceptions of formal, usually school-based, sex education suggests that young people perceive them as overwhelmingly focused on reproductive 'plumbing' at the expense of wider sexuality issues, such as relationships (Epstein 1996a). In a study of young people's views of Family Planning Services for Avon Health, West, Hudson, Levitas and Guy (1995), researchers from the Sociology Department at the University of Bristol, conducted interviews with 89 young women and 58 young men aged between 13 to 23 years of age who were contacted through schools, colleges and youth clubs in the Avon area, and 403 anonymous questionnaires were completed at eight clinics in the Avon area. The authors found that many respondents felt they had received basic information on the facts of reproduction in school sex education

lessons, but inadequate education concerning contraception, 'safe sex', homosexuality and relationship issues (West *et al.* 1995: 15 - 18).

In a study of young women's sexual health needs in the Bemerton Heath area of Salisbury using nine focus group discussions with young women aged 13 to 25 years (and also two focus group discussions with young men), respondents identified schools as the main source of their information about sexual health, but wanted more emphasis on the wider social aspects of sexuality and less on the biological aspects (Philpott 1995: 46). In a study of young women's experiences of menstruation in schools, Prendergast (1992) found many young women unprepared by formal sex education lessons for menarche. She also found that teachers in primary schools often avoided the issue (even though many girls start menstruation before entry to secondary school), and any information young women did obtain was gathered from informal sources, usually mothers (this study is discussed in more detail below).

If young people identify formal sex education as often irrelevant to their needs, other sources of sexual health information, for example television (Philpott 1995) are frequently regarded as inappropriate by their 'moral guardians'. An item in The Daily Mail (April 1997) expressed anger over a sex education television programme for teenagers called *'Love Bites'*, regarding it as too explicit for young people. Tabloid columnists and journalists have frequently been angered at some plot lines in soap operas dealing with sexual matters, such as the 'out' lesbian characters in *'Brookside'*. Young women's magazines such as *More* have been criticised by members of the 'moral majority' for their 'sexually explicit' content (Kehily 1996).

Although mothers were identified as important sources of information by respondents in the studies by Philpott (1995) and Prendergast (1992) and they are widely assumed to have primary responsibility in 'preparing' their daughters for sexual maturity, very little research has focused on the role of mothers (or fathers) as providers of sex education, although Brannen *et al.* (1994) do briefly discuss this issue in their study of young people's health. Katchadourian (1990) suggests that many parents feel inadequately prepared to 'teach' sex education to their sons and daughters. Thomson & Holland (1994) suggest that much of the education presented by parents (most usually mothers)

tends to be concerned with 'protective discourse' focusing on the risks and dangers of sexual activity.

All too often there is an ignorance of the part of professionals about the reality of young people's sex lives. In a nursing conference on the health of young people (Department of Health 1995d: 22) one contributor asserted 'a good sex education programme might balance the happiness and fulfilment of sex in a stable relationship against the dangers of promiscuity.' Brannen *et al.* (1994: 177) point out that many young people want to experiment and see sex as fun and are quite happy to 'experience' sex outside a serious relationship.

The Women, Risk and AIDS Project (WRAP) has explored the sexual practices, beliefs and understanding of young women, the initial impetus for the study arising from the neglect of gender issues in early academic and health studies of HIV and AIDS (Holland, Ramazanoglu & Scott 1990). The authors have taken particular issue with the 'safe sex' messages promulgated by health educators because it ignores the gendered power relations in (hetero)sexual activity.

Using in-depth interviews with 150 young women aged 16-21 in inner-city Manchester and London (supplemented by a survey with 500 questionnaires) the authors have produced papers discussing sexual pressure and coercion in heterosexual encounters (Holland, Ramazanoglu & Scott 1990; Holland, Ramazanoglu, Scott, Sharpe & Thomson 1992) and the scope for young women to gain empowerment and take control of their sexuality (Holland, Ramazanoglu, Scott, Sharpe & Thomson 1990). Holland, Ramazanoglu, Scott, Sharpe & Thomson (1991) and Thomson & Holland (1994) explore the strategies employed by young women in the face of constraints placed upon their control of sexuality. Socio-economic class was defined by parental occupations and overall 47 per cent of the sample were middle-class and 53 per cent working-class. Unfortunately, they provide limited information about where their sample came from, how the young women were contacted, where the interviews took place and from which parts of Manchester and London the young women were recruited. These omissions mean the context of their study is difficult to ascertain.

When considering 'risky' sexual activity there are numerous studies analysing the use of alcohol and drugs prior to and during 'unsafe sex' (McEwan, McCallum, Bhopal and Madhok 1992). Robertson and Plant (1988) in a study of 230 married and 105 single 16-20 year olds in Edinburgh stated that 58 per cent of males and 48 per cent of females reported they had consumed alcohol immediately before their first sexual intercourse and those who had consumed alcohol were more likely not to use contraception (Robertson & Plant 1988: 77).

Young women's sexuality is still very much constrained and defined by dominant societal expectations. Lees (1986; 1993) draws attention to the sexual double standard affecting the formation of young women's sexual identity. She interviewed 100 young women and 30 young men aged 15-16 years old in three schools in London in the early 1980s, so although valuable, her work is now a little dated. These young people, who were 'balanced' in terms of social class and ethnicity, completed questionnaires and participated in group discussions. She asserts that young women have to tread a very difficult path between being, or appearing to be, sexually 'too loose' or 'too tight' (the 'slag'/drag dichotomy). Young women in Philpott's study (1995) felt that they had to negotiate the sexual double standard in order to avoid being labelled a 'slag', a difficult reputation to escape. The WRAP authors also discuss the prevalent societal expectation where women are assumed to be the moral regulators of sexual activity, which in reality leads to them having to assume a passive sexual identity (Holland, Ramazanoglu & Scott 1990: 126).

Studying the reasons why young people do or do not use contraception is important in the 'protective discourse' concerning unwanted pregnancy and sexually transmitted disease including HIV and AIDS. Ford (1993: 121) in a survey of 3,777 16 to 24 year olds in households throughout the South West of England found that only 5 per cent of young women said they 'always' or 'often' carried condoms when they go out socially as opposed to 20 per cent of men. As the WRAP authors have investigated, sexual power relations operate to discourage women from been seen as actively pursuing sex, which includes carrying condoms (Thomson & Holland 1994).

Many qualitative studies investigating young women's experiences of using services providing contraception suggest they perceive them as unsympathetic and unhelpful.

Hudson and West (1996), in a paper drawn from the West *et al.* (1995) study discussed above, found that 'clinics were seen by most respondents as providing 'family planning', and therefore were not for young people in general - certainly not for young gays and lesbians' (Hudson & West 1996: 44). Young people in the study felt that staff would be likely to make moral judgements about them, an issue also highlighted by respondents in Philpott's (1995) study. Receptionists, in particular, were criticised by respondents in these studies for being unfriendly and unwelcoming (Hudson & West 1996: 44; Philpott 1995: 63).

Very little academic analysis has been published concerning young women's experiences of menstruation. However, there are a prolific number of 'guidance' leaflets for young women to contemplate. These are mostly produced by sanitary protection manufacturers such as Libresse and Simplicity with endearing titles such as 'Very Personally Yours'. Many studies of menstruation are medical in orientation, focusing upon the 'problems' of periods (Dalton 1978; Shreeve 1994). The few social scientific studies I did find on young women's experiences of menstruation were very informative. Moore (1995) investigated the beliefs and feelings about menstruation of 86 11 year old young women in four schools in a large Australian city, who completed questionnaires and were later interviewed. In an interesting use of methodology, the young women were asked to complete stories about menstruation. One story begins 'Jill rang Sue and asked her to go swimming. She has her period, what does she do?' (Moore 1995: 97). Themes of embarrassment and anxiety were prevalent in many of the stories completed by young women. Prendergast (1992) circulated questionnaires and performed interviews with year 3 (now year 9) and year 5 (now year 11) young women, and although she does not identify the geographic area used, the pilot study was conducted in secondary schools in East Anglia (Prendergast 1989). She found a lack of formal education on menstruation in schools, especially primary schools, and that many young women had a very limited knowledge of menarche and menstruation.

Fieldwork Findings

Sex Education

During the interviews I conducted with young women, I opened the section on sexuality with questions on the relatively unthreatening topic of sex education. Young women's

opinions, perceptions and experiences of these issues are crucial aspects of any government's attempts to meet 'The Health of the Nation' targets concerning HIV and teenage pregnancy.

In this section I am going to look at both formal and informal sex education. I asked the young women involved in the study about their perceptions of the sex education they receive at school, in the home, at youth club and in the media. I asked the mothers of some of the young women about their views of formal sex education and which aspects of sexuality they have discussed with their daughters. I interviewed two form tutors involved in teaching Personal, Health and Social Education (PHSE), within which sex education lessons are conducted, about the content of these lessons. I also interviewed a senior youth worker regarding the sex education provided by youth clubs.

As discussed in Chapter Two, the school which the majority of young people at the youth club attended refused my request to shadow some of its pupils. Therefore, many of the young women's comments about sex education at school do not refer to the programme discussed by the PHSE teachers interviewed, who taught at The Green school.

In a report on a young women's sexual health needs project which used focus groups with young women aged between 13 and 25 years old in a deprived area of Salisbury called Bemerton Heath, young women were asked 'where did you learn about sex and sexual health?'

> 'School was identified by the majority of young women as the main source of their information about sex and sexual health. Television came next, followed closely by mothers, and then books, health education, leaflets and friends.' (Philpott 1995: 46)

I began interviews and group discussions with young women at Hillside youth club by asking them where they obtained their information about sex from. Friends, magazines and school were the most frequently mentioned sources of information. No young woman mentioned unprompted that they received information from their parents, so I specifically asked if their parents had spoken to them about sex.

EP: 'Did your parents speak to you about sex?'
Madeleine: 'No.'
Anna: 'My mom's like told me to be careful 'cos she got pregnant when she was fourteen with my sister, so she tells me to be careful.'

Alison: 'My mom's like 'if you want to talk about it just come and see me', she's all right about it.'
Madeleine: 'Mine gets real embarrassed, she doesn't talk about things like that she won't. Soon as something comes on the telly she switches it over.'

Sandy: 'I don't know I'm not too sure, I don't really remember her telling me anything about it. I kind of pick things up along the way, but she never like sat me down and told me anything about it. She's been quite open but she's never sat me down and told me about it, 'cos we've done about it at school.'

As I mentioned in Chapter Three, when I asked young people about their parents, the young women usually referred solely to their mothers. I have stated before that some young women did not live with or have regular contact with their fathers, which may partially explain this bias, but I still believe that young women prefer to speak with their mothers about health issues, particularly on issues of sexuality.

Parents, or more usually mothers, knew their daughters were receiving sex education at school, and therefore some felt that they did not need to discuss matters of sex and sexuality with their daughters. The mothers I interviewed seemed satisfied that the school provided sex education, often because they felt that it relieved them of the need to do so themselves.

EP: 'Did you ever discuss sex with your children?'
Mrs Hall: 'Not really, it's done for me, isn't it now, at school. They probably know more than me, but if they ask a question then, yeah, I'll answer it.'

EP: 'So you have talked about sex to the kids?'
Mrs Jones: 'I've skirted round it really, I thought 'well, I know school does a good job of it', but then they're all learning about it at school, they're all learning the same thing so I thought 'well, until I know what the school said. I won't really go into it.' I did talk to her about what the school had said.'

As Mrs Hall in the above quote suggests, some mothers believed that their children knew more about sex than they did and therefore did not need their advice.

Mrs Perkins: 'Well, every time I brought the subject up and I got a book which told you all about everything, and I tried to explain to my daughter all this whatever, it was 'I know that, I know all about that'. I gave up and gave them the book to get on with it. When you try to sit down with a nine year old and explain different things and you get told 'I know that, I know that', you think 'why am I bothering?' They know so much just give them a book and let them finish it off.'

EP: 'Have you talked to your children about sex?'
Mrs Adams: 'Yeah, a certain amount, but like a lot of them, they say they know it all, and to be honest I expect, I mean it maybe it's one of your questions later, but I would say that Lesley definitely knows more at her age than I knew until a lot later. But there again they're surrounded by it a lot more now, aren't they? Books, TV, magazines, everything. If you look through any teenage magazine the problem page is very explicit.'

Both the young women and their mothers mentioned that they found mother-daughter discussions of sex embarrassing. I would suggest that one of the reasons for young women telling their mothers they already know a great deal about sex when their mothers initiated a discussion is because of this embarrassment which manifests itself in a desire on both sides to end the conversation as quickly as possible.

Mrs Brown: 'Eliza and I talk quite openly about different things, or I try to. She gets a bit embarrassed obviously, but I've always said to her, you know, I would rather because my Mom would never speak about anything like that, and it was always wrong to talk about things, you know, so I've always said to Eliza 'I'm always available. I'd rather you talk to me now'. I'd rather know what's going on, especially what's going on in her mind. Yeah we talk about different things, we try to make a joke of it more than anything. Michaela's the same, she's very embarrassed, she's just been learning all about periods and things and I was trying to talk to her about it and she just shuts off gets a bit embarrassed, so I've said 'well I'm here if you've got any questions, don't be embarrassed, because that's what I'm here for'.'

Katchadourian says most questions concerning sexual matters are directed at mothers as one-off questions, not part of an on-going dialogue (Katchadourian 1990: 343). I feel that when mothers suggest that their daughters ask them questions when they need to, this puts the onus on the daughters to broach the subject, which they may feel uncomfortable about doing. However, parents often feel they do not have the relevant information and lack confidence in discussing sex.

> 'Confronting the emerging sexuality of teenage children makes some parents particularly uneasy. Others fear broaching the subject may stimulate, encourage, or frighten their children, or somehow lead to a loss of innocence.' (Katchadourian 1990: 343)

When I asked young women about their perceptions of the sex education they received at school, they all viewed these lessons positively. Their sex education lessons were mixed-sex and many young women commented that these lessons were disrupted by the boys' laughter and immature behaviour.

EP: 'Have you had sex education classes at school?'
Anna: 'Yeah.'
Bella: 'They're quite good.'
Madeleine: 'Yeah, but you can't even listen to them because they boys are giggling away and making jokes.'
Anna: 'Yeah.'
Alison: 'All those videos you have to watch... they're just crap.'
EP: 'Is it embarrassing?'
Madeleine: 'Not at the beginning but the boys, yeah.'

EP: 'You've had sex education classes at school, how did you feel about the sex education classes at school?'
Sandy: 'They're all right. They're a bit embarrassing, the boys all started laughing, that's really stupid. All the girls were sitting there and all the boys were pissing themselves laughing.'

Allen (1987) and Prendergast (1992) state that young women preferred to have mixed-sex lessons because it enables them to hear what young men's opinions are, even though they find it embarrassing. Prendergast (1992) in her study of young women's experiences of menstruation in schools states that despite embarrassment on the girls' part during mixed-sex classes they were:

> 'very concerned that boys should know about women's experiences, and talk in mixed sex classes. They felt they had a stake in 'civilising' boys into informed and sympathetic adult males, who would be more understanding boyfriends and husbands. This objective meant that girls often put up with bad behaviour from boys.' (Prendergast 1992: 36)

In the Salisbury study, some young women said they preferred to have sex education in small single sex groups because it's 'women who get talked about the most (in the lessons), and it gives the girls a complex, I know it did me.' (Philpott 1995: 54). Lesley reported that boys acted immaturely during sex education lessons, and she also commented on the biological focus of the lessons.

EP: 'So did you have sex education lessons at school?'
Lesley: 'Yeah.'
EP: 'They were all mixed?'
Lesley: 'Yeah.'
EP: 'And what were they like?'
Lesley: 'They weren't great. It was just mainly biology and stuff like that.'
EP: 'How do you find them when they're mixed?'
Lesley: 'I find the boys get really immature and sit there laughing.'
EP: 'So they've not taught you anything about the relationships side of it...'
Lesley: 'No.'

EP:' ....it's just the tubes and that. Are there any issues about sex you feel you need to know about that you don't?'
Lesley: (Pause) 'I dunno. Maybe how to say 'no' and things like that.'

In a study of young people's views of Family Planning Services for Avon Health, discussed earlier, West *et al.* (1995) also found 'a number explicitly said that they needed help in being more assertive in the negotiations of relationships' (West *et al.* 1995: 17). In the study of young women's sexual health needs in the Bemerton Heath area of Salisbury, young women also felt that sex education should have more emphasis on the wider social aspects of sexuality and less on biological aspects (Philpott 1995: 46).

In a national study of 4,436 16- to 19-year-olds conducted for the Health Education Authority young people were asked which aspects of the sex education they had received at school they felt had been deficient.

> 'Large proportions felt that the coverage of certain topics had not been adequate. Those most frequently mentioned were lesbianism (46 per cent), homosexuality (45 per cent), and sexual feelings and emotions (38 per cent).' (Rudat & Speed 1993: 84)

Even though all young women in my study had received sex education at school, there were some substantial gaps in their knowledge. As West *et al.* (1995: 14) point out, what young people remember from sex education lessons is not the same as what they have been taught, but this may point towards deficiencies in the methods used for teaching rather than inaccuracies in young people's memories. In the quote above, Lesley refers to not having much knowledge about negotiating sexual relationships. In a group discussion, I asked the young women if there was any aspect of sex on which they felt they did not have as much information on as they would like.

EP: 'Is there anything you think you want to know, that you don't know about?'
Madeleine: 'That thing in the toilet puzzles me' [sticker saying 'use a condom'].
EP: 'Which one? What the one about 'use a condom'?'
Madeleine: 'Yeah, it puzzles me 'cos it says always use a condom for all anal ..... I don't understand that one.'
Madeleine: 'For oral sex, oral sex, [aside to friends] is oral sex when you gob?'
Bella: 'Yeah.'
Madeleine: 'Why do you have to use a condom for that? I don't understand.'
Anna: 'It can't harm you anyway.'
EP: 'If you've got a cut in your mouth...'
Madeleine: 'Call me thick.'
EP: ...its just to make sure a 100 per cent .'

Here, Madeleine is unsure what oral sex is, and does not realise the risks inherent in it. Much sex education uses formal medical terminology and therefore is often not understood by young people. Use of the slang and terminology young people use themselves may lead to a better understanding of some issues. In the study of young women's sexual health needs in Bemerton Heath, young women taking part in focus group discussions:

> 'pointed out the potential offensiveness and confusion caused by using slang words, [but] on the whole they felt that communication between workers and young women would be enhanced if words were used that the young people used themselves.' (Philpott 1995: 32)

For the young women in my study sex education continues to focus on the biological aspects of reproduction, on contraception and HIV, with very little discussion of the context of sexual relationships or about non-penetrative heterosexual activity. I interviewed two teachers who taught sex education lessons at The Green, and asked them to explain the content of the lessons to me and how they thought the young people reacted to them.

> 'Sex education is a separate category, somewhat removed from the rest of the curriculum, and often devalued in relation to both vocational and academic subjects. In most cases, moreover, sex education is not about sexuality at all. It focuses on certain biological, procreative functions (and their 'plumbing') and on sex as danger.' (Epstein 1996a: 8)

Ms Sale, a form tutor who teaches sex education within the PHSE programme, recognises the difficulty associated with this.

Ms Sale: 'In some senses even the fact that it's in the PHSE programme could be putting a bit of a downer on it because by the time of year 9, it's not that highly regarded in some children's eyes, so perhaps a different angle would be a good idea, maybe outside speakers to tackle the issues either in an academic subject situation, in English or in assembly time, but the fact that it's in PHSE can give the kiss of death to the topic.'
EP: 'So the pupils have an expectation that it's just PHSE.'
Ms Sale: 'They do, they do. It's not an academic subject and this is a very academic school, so it softens it a little bit.'
EP: 'What's the sex education like in years 7 to 9?'
Ms Sale: 'In year 7 to 9 it's tackled largely through relationships. Year 7 you're talking about friendships, and what makes a good friend. In Year 8 that's developed and in Year 9, that is still pretty much the angle looking for relationships and what factors make a good relationship and you're talking boy-girl relationships and you look at what issues

you would look for, your ideals and so on. So the practicals of sex education in terms of contraception isn't covered until the students get into years 10 and 11, and that's one of the points that the children feel isn't so good. They feel that they're ready for that information now, better to have it now than when it's too late, so maybe the school's keeping a lid on things a little bit, but there again in year 9 there are still some youngsters who aren't ready for information like that.'

EP: 'You take part in PSE classes, you know what their sex education is like, how do think that goes with them?'
Mr Farmer: 'I think there's a great deal of information from which they can choose from. I don't think it's an education for them, however, because it always fails to address where they find themselves as 15 year olds, in many cases, sexually mature, in some cases sexually active. I think as regards managing relationships they educate one another... it doesn't develop attitudes. [Sex education] doesn't go as far to say what the context of a sexual relationship could be other than to say it should be based on caring attitudes rather than sex and I don't think its much of a guide through the labyrinth of sexual relationships for them. Having said that I would be hard pushed to say what would be. I don't think the classroom provides the right context for discussing sexual relations.'

Both teachers are discussing some of the contradictions involved in sex education as the school obviously feels they must err on the side of caution in what information they believe young people are ready for. Teachers are aware that some parents accept the need for sex education to be taught to their sons and daughters, but will object to what they perceive as inappropriate or overly explicit information. Youth clubs are a little freer, but still bound by legal requirements. A senior youth worker told me that there was very little youth clubs could do except be there to give support and information when young people requested it. When I approached youth workers with an intention to discuss gay and lesbian issues with the young people, I was vehemently discouraged. Section 28 of the Local Government Act (1988), which has been interpreted as preventing schools portraying homosexual relationships as a 'viable alternative' to heterosexual family life, appears to have led to some youth club staff to shy away from the issue.

School and youth clubs have to manage a very delicate balancing act when it comes to sexual health information. Mrs Hall's comments, after her daughter Sally was given a condom one evening as part of a sexual health programme at the youth club, are an indication of the parental anger youth clubs and school have to contend with.

EP: 'The next question is about teenagers and contraception, you said earlier you were unhappy...'
Mrs Hall: {interrupted} 'Well I think at the age of 14, don't you, that's below the age of consent surely, I mean that's giving them license to go out isn't it? You've got to set

certain values on it, you know, just willy-nilly dishing out condoms at the age of 14, no I don't agree with that.'
EP: 'You think it should be at the age of consent, 16?'
Mrs Hall: 'I mean yeah, let's face it, if they're gonna do it, they're gonna do it, but I don't think they should be encouraged and I certainly wouldn't want her coming home pregnant at her age with a child. I brought her up and I don't want to bring any more up, she knows that, she knows my views completely.'

While Mrs Hall accepts that young people under the age of consent may have sex, she feels that the easy availability of contraceptives encourages this behaviour. There is a very difficult balancing act for the staff of schools and youth clubs to manage between allowing young people who want contraception to be provided with it and also the information they require, whilst not incurring the wrath of those parents who would rather prevent their children from obtaining this information.

Sex as danger

Epstein (1996a: 8) suggests that much formal sex education seeks to instil in young women a belief that correlates sex with danger. In this section I will discuss academic research on perceived risky sexual behaviour beginning with a discussion of the influence of alcohol and other disinhibiting drugs on sexual behaviour. I then move on to discuss the relative powerlessness of young women in (hetero)sexual encounters and how adherence to Health Education messages of 'safe sex' may be difficult for some young women in the context of unequal gendered power relations in (hetero)sexual encounters. I then discuss the opinions and beliefs of the mothers who took part in this study with reference to sex as danger.

The use of drugs, particularly alcohol, is an integral part of many social situations, but also in courtship and sexual behaviour:

> 'establishments such as singles bars, gay bars and sex industry bars have a clear and unambiguous sexual function, but many other licensed premises also, although less blatantly, serve a similar function. Licensed premises or parties where alcohol and other drugs are consumed are often where people mingle and meet new (and old) sexual partners.' (Morgan Thomas 1992: 34)

Certain illegal drugs and particularly alcohol are 'disinhibitors', weakening self control and possibly leading people to take more risks than they would normally do. McEwan *et*

al. (1992), in a postal and interview survey of 2174 students attending universities and colleges in north-east England, explored the role of alcohol in 'unsafe' sexual encounters, on behalf of the Health Education Authority. The authors found that heavy drinkers were more likely to have casual (heterosexual) sex without a condom than light or moderate drinkers. The researchers, however, warn against seeing a purely causal relationship between alcohol consumption and 'unsafe sex' because other risk and personality factors may need examination. I believe the fact that half of the sample were first year students means that the results might be skewed. First year university students may consume more (or less) alcohol than the general population of this age.

I believe that many people who, for example, engage in unprotected casual sex, may subsequently blame alcohol for their behaviour. Unprotected sex, violence, theft and unsociable behaviour can be excused away by the declaration 'I was drunk' which at least in part absolves the person from complete responsibility for their behaviour.

Robertson and Plant (1988) in their study of 335 16-20 year olds in Edinburgh (described earlier) stated that 58 per cent of males and 48 per cent of females reported they had consumed alcohol immediately before their first sexual intercourse and those who had consumed alcohol were more likely not to use contraception (Robertson & Plant 1988: 77). The authors themselves acknowledge that a large number of young people do not use contraception at their first sexual encounter. In a national survey of sexual behaviour, Wellings *et al.* (1994) suggest:

> 'where intercourse occurs before the age of 16, nearly half of young women and more than half of young men report no method used either by themselves or by a partner. This proportion falls sharply to 32 per cent of women and 36 per cent of men aged 16 and over at first intercourse' (Wellings *et al.* 1994: 58).

Other studies have suggested that the lack of planning in first sexual encounters is because young people say they did not expect to have sex, saying 'it just happened' (Dawson, unpublished research). The element of romance, of 'being swept off your feet' by romance (which implies no planning), is extremely important in respect of young women's sexual reputation (Moore & Rosenthal 1993:85; Thomson & Holland 1994: 21), an issue I will discuss later.

There are some researchers who suggest that some individuals are 'multi-risk takers' (Holly 1989c; O'Reilly & Aral 1991; McEwan *et al.* 1992; Plant & Plant 1992). Those people who drink are more likely to smoke, those who smoke and drink are more likely to take illicit drugs, and those who smoke, drink, take illicit drugs (or any one or more of these behaviours) are more likely to engage in unprotected sex (Plant & Plant 1992).

> 'Risk takers, who by nature flaunt safer practices in any domain, may coincidentally drink alcohol. We have found, as others have noted, that risk behaviours do cluster. Smoking, a possible indicator of the 'risk takers' in our sample, was independently associated with sexual risk taking, and those who had a lower perception of the risk of infection were also more likely to have sex with someone known to have many partners.' (McEwan *et al.* 1992: 583)

The connections between alcohol and risk taking are too complex for a direct causal relationship to be assumed. However, the mothers interviewed in my study believed that if their daughters drank alcohol they might become inebriated and hence lose control, and engage in unprotected sex. Their view of sex as dangerous was reflected in their comments about their attitudes to young people's alcohol consumption.

Mrs Adams: 'You've got the emotional thing with girls because if boys think they've had too much to drink then they can take advantage.'

Mrs Jones: 'I said to her you're incapable when you're drunk. I said you wouldn't be able to stop anybody if they wanted to take advantage of you. I don't want to go over the top with this sexual thing, I'm not trying to make her frightened or anything I just said you're too young.'

In the Salisbury report (Philpott 1995), one young women said her mother had warned her about 'them' (boys) and said; 'I thought boys were monsters because she [mother] wouldn't let me go into their bedrooms' (Philpott 1995: 53).

At the beginning of my programme of interviews with some young women's mothers, I asked them 'what are your hopes and fears for your daughter's future?' Many mothers said one of their fears was that their daughter would get pregnant.

EP: 'What are your hopes and fears for Mandy's future?'
Mrs Jones: 'One, I hope she doesn't get pregnant. I have said to her the best contraceptive out is a picture of my face appearing if she gets a bit frisky, you know, think of my face and what I'd be thinking. I said I think you'll find that's the best contraceptive, because there's no way I'd put her on the Pill or anything. I have said to

her that if she ever got [pregnant], you know that it would ruin her life which I think it would. I think I am right there because she's not the sort to stop in and I said 'there's no way I'd look after it'. I would probably, but I hope she never ever does. I said 'I'm too young to become a grandparent'.'

EP: 'What are your hopes and fears for your daughter's future?'
Mrs Brown: 'I don't know really. I just want, as long as she's happy that's the main thing. I mean my fears are every mother's, I suppose, that she doesn't get into trouble at an early age, be it getting pregnant, into drugs or whatever. I think that's everybody's worry this day and age because that's all it seems to be.'

Mothers viewed teenage sex as dangerous, in the sense that an unwanted pregnancy could occur which they did not view positively. Mothers thought that their daughters should 'live a bit' before having children, as illustrated by Mrs Jones' comment above 'it would ruin her life'. There are social consequences of early motherhood which are likely to affect young women such as curtailed education and restricted job opportunities (Holly 1989b: 73). However, some young women in Philpott's study in Salisbury had positive reasons for wanting a pregnancy, such as 'creating something from their relationship' or that 'feeling the time was right for them to 'settle down'' (Philpott 1995: 98). The WRAP authors suggest that any of the positive outcomes of teenage pregnancy are not part of the 'protective discourse' which surrounds the sex education messages received by young women. The messages appeared to be ones of 'be careful or else'. In a group discussion, Anna said 'my mom's told me to be careful 'cos she got pregnant when she was 14 with my sister, so she tells me to be careful.' (Anna does not suggest that her mother specified how to 'be careful'.) Thomson & Holland (1994) of the WRAP team discuss the 'protective discourse' most young women have with their mothers:

> 'in this context, sex is again firmly linked to the potential for reproduction, with mothers giving daughters contraceptive advice, against a backdrop of fear of active male sexuality.' (Thomson & Holland 1994: 17)

In a series of papers the WRAP authors investigated the impediments to safer sex that young women may confront because of unequal power relations within heterosexual encounters (Holland, Ramazanoglu & Scott 1990; Holland, Ramazanoglu, Scott, Sharpe & Thomson 1991; Holland, Ramazanoglu, Scott, Sharpe & Thomson 1992; Holland & Ramazanoglu 1994: Thomson & Holland 1994). In the WRAP team's sample of 150 young women, 45 per cent had at some point had sex unprotected against pregnancy, and 70 per cent had sex unprotected against HIV or STDs (Thomson & Holland 1994: 13).

However, the team do not see this as due to young women's ignorance of health education messages, but because of gendered expectations rooted in the wider society:

> 'there is a contradiction between the social expectations placed on women - in that they are assumed to be the moral regulators of sexual activity and responsible for contraception - and the imbalance in the relative power of men and women to negotiate what actually happened in sexual encounters.' (Holland, Ramazanoglu & Scott 1990: 126)

For a young woman to carry condoms implies premeditated sex on her part, which is at odds with the notion of romance and love (Wight 1992: 15; Holland, Ramazanoglu, Scott, Sharpe & Thomson 1992; Lees 1993: 107). In the 'slag'/drag dichotomy identified by Lees (1986), the young woman who is prepared for 'safe sex' (of at least the penetrative kind) by carrying a condom could be seen as actively pursuing sex. The 'traditional' view of femininity assumes that a woman will not be the sexual initiator. In Dawson's study of young people's contraceptive use, in response to a question concerning young women carrying condoms, one male respondent said 'blokes think they're cheap and a'thing (everything). Easy ride' (Dawson, unpublished research). In the Salisbury study (Philpott 1995) two focus group discussions were carried out with young men to investigate their opinions on sexuality and sexual health services. One young man discussing women carrying condoms said 'if the girls carry some in their wallet then she's a slapper, males think she's a slapper' (Philpott 1995: 92).

One evening when I was sitting at the youth club coffee bar talking to Helen, a young man, Paul, snatched Helen's purse from her and started going through the contents. He took out a condom and waved it around teasing Helen with his discovery, although Helen appeared unconcerned by this. I intervened suggesting to him that Helen was being sensible to which he replied 'I never carry condoms because I never expect a shag'. I said 'what if you got lucky?', he said he would not use one, to which I replied 'then a sensible girl would turn you down'. Helen agreed with me. I felt that Helen handled the situation well, virtually ignoring this young man, but his comment 'I never expect a shag' suggests he thinks people who carry condoms are expecting and probably actively pursuing sex.

> 'The extent to which young heterosexual women define sex in terms of love, romance and relationships with men, leads to a widespread acceptance of sexual practices being defined in terms of men's needs. This gives men, whether wittingly or not, considerable power over young women's sexual practices.' (Holland, Ramazanoglu, Scott, Sharpe & Thomson 1992: 142-3)

In Halson's participant observation study of 13 and 14 year-olds at a secondary school she found some young women had experienced sexual violence and coercion at the hands of young men, and that many of them saw sex solely in terms of men's needs. Mandy described spending the evening with Baz, a young man she had fancied for some time, where the balance of sexual pleasure had been entirely in his favour:

> 'Mandy: (laughing) 'He got on top of me an' just did it! An' then we went downstairs, I gobbed him off down stairs in the front room...he wanted to fuck me again but I had to go an' he wouldn't let me go.''(Halson 1991: 103)

Halson commentates on the meaning of this encounter:

> 'Mandy's expectations about what constitutes 'appropriate' sexual behaviour are constructed in terms of giving pleasure to boys/men or of 'servicing' them.' (Halson 1991: 103)

In focus group discussions carried out in the Salisbury study (Philpott 1995), one young woman was adamant that she would always insist a young man used a condom for penetrative sex:

> 'If they haven't got the initiative to do it (put a condom on), it's not worth me fucking around, bollocks to them, they can get it off with someone else.' (Philpott 1995: 96)

In the corresponding focus group discussions with young men, many suggested that if a young woman said 'no condom, no sex', most young men would comply, although they did recognise the coercion and violence that could occur in sexual relationships between men and women (Philpot 1995: 102). One young man drew attention to the connection between alcohol and male violence in sexual relationships:

> 'That's the thing about being violently drunk. It's more likely that the bloke is going to beat the crap put of the girl if he's drunk and she says 'no'.' (Philpott 1995: 91)

As illustrated above, some young women have been able to assert themselves in sexual relationships with young men. However, it takes a strong young woman to translate the intention to stay safe into practice. Pugsley (1996: 1) suggests that 'currently the sex education curriculum (in the UK) is underpinned by a regressive rhetoric, which serves to

reinforce traditional, stereotypical concepts of gender and sexuality.' Therefore this gives young women very little scope to explore alternatives and until 'safe sex' is viewed in larger terms than condoms and penetrative sex young women may be at risk. However, the WRAP authors present one young woman, Tina, whose views of 'safe sex' went beyond penetrative sex and condom use:

> 'Tina: 'Safe sex is as pleasurable an experience as actual penetration. Oral sex, just things like touching somebody else's body in a very gentle way. Kissing. Appreciating one another's bodies. I think it's as [much] fun, if not more.'' (Holland, Ramazanoglu, Scott, Sharpe & Thomson 1992: 158-9)

Mothers' and daughters' attitudes to contraception and teenage pregnancy

At the beginning of this chapter, Lesley says that her formal sex education has not taught her a way of saying no to sex. Other young women who attended the youth club also appeared to have difficulties in their negotiation of sexual encounters. Shelly had unprotected sex one evening when the youth club was open and immediately afterwards came into the club to ask the youth workers for help. She said she 'did not know how to say no nicely' when her boyfriend suggested they have sex. Both Shelly and her friend Tracy had unprotected sex that evening, although Tracy said the condom she and her boyfriend were using had split (I discuss this occurrence in detail below). Both young women wanted help from staff, and a senior youth worker arranged to take them to a doctor the next morning for emergency contraception. Neither Tracy or Shelly used the Family Planning clinic. West *et al.*'s study found:

> 'slightly over half the sample knew where their local clinic was, but fewer had actually been there for help on matters of sexual health, although over two-thirds of the young people we interviewed were sexually active.' (West *et al.* 1995:19)

Both Tracy and Shelly stated they were 'too scared' of their GPs to go to the surgery and ask for contraception. As Monica, a senior youth worker at the club, said to me in an interview, referring to young women's difficulties in obtaining contraception:

Monica: 'okay, yeah in Hillside you might know your doctor, but you're going to have to grin and bear it, or you can go to another doctor. You have to stand your ground and say you should be given this contraception.'

In a small town such as Hillside, GPs were often well-known by both the young women and their families and in some cases they may even be family friends, making the young women feel awkward about asking them for contraception. As Coleman (1992: 22-3) states, the Gillick case, where Victoria Gillick attempted to prevent doctors from dispensing contraception to young women under the age of sixteen without parental permission, has created confusion. Gillick lost her case, but doctors, both GPs and Family Planning doctors, appear to be more cautious in prescribing contraception to under-age young people because of the publicity this case produced (Hawkes 1995). There is evidence that many young women think their GPs will tell their parents if they request contraception (Philpott 1995: 38). In Francome and Marks' study of 129 pregnant young women 43 per cent thought it was illegal for GPs to dispense contraceptives, 38 per cent thought the GP would tell their parents and 37 per cent were too embarrassed to go to their GP for contraception (Francome and Marks 1996: 195). These young women's belief that it was illegal to supply them with contraceptives if they were under 16 also extended to Family Planning clinics, as can be seen in Table 5.4 below.

Table 5.4

Reasons for non-attendance at birth control clinics (per cent)

Motivating factor	14-15 years	16-17 years	All
I did not think of it	74	49	63
I was too embarrassed	21	22	21
Thought it illegal for clinics to give advice to under-16s	21	30	24
Thought clinic would tell parents	17	22	19
Didn't know where there was a FPA clinic	26	24	25

(adapted from Francome and Marks 1996: 196)

There was a Family Planning clinic in Hillside, but it had very restricted opening hours. Youth workers recognised the problems faced by young women in obtaining contraception and information on sexual health matters.

Monica: 'Shirley [youth worker] is fighting at the moment to see if we can get a clinic opened here, erm, otherwise they cross their legs and wait until Family Planning's open

on a Tuesday night, but then so is the youth club, or pop to [nearest town 10 miles away] on a Saturday, which they don't want to do really because it's out of the way.'

In a paper based on the study of young people's views of Family Planning services in Avon, Hudson and West (1996: 42) comment on the infrequent availability of the service saying 'in Avon there are 8 Young People's Clinics - only 3 are open on Mondays.' If unprotected sex occurs over a week-end, young women may need advice on Monday in respect of the 72 hour (morning after) Pill.

In Hillside, a semi-rural town, access to formal sexual health information was scarce, and the young women relied heavily on information available at the youth club, in addition to magazines and friends. After their 'scare', Shelly and her friends asked workers at the youth club to provide some sex education for them, and a family planning nurse was invited to the youth centre one afternoon during a school holiday. Although I stated that I am keen to look at young people's behaviour in a broader sense than merely focusing on sexual problems and risk, I feel that the availability of contraception was a very important issue to the young women. The infrequent opening hours of family planning services, and not having the assertiveness to request contraception from GPs, made some young women anxious. Young women are not generally sexually feckless and irresponsible, but find the necessary information difficult to obtain. If 'The Health of the Nation' targets concerning sexual health are to be met, the needs of young women like Shelly and Tracy must also be met.

Young women in my study identified inappropriate services as a major barrier to obtaining effective contraception, I investigated mothers' opinions to the availability of contraception for teenagers, and whether this had any effect on young women's ability to obtain and use contraceptives.

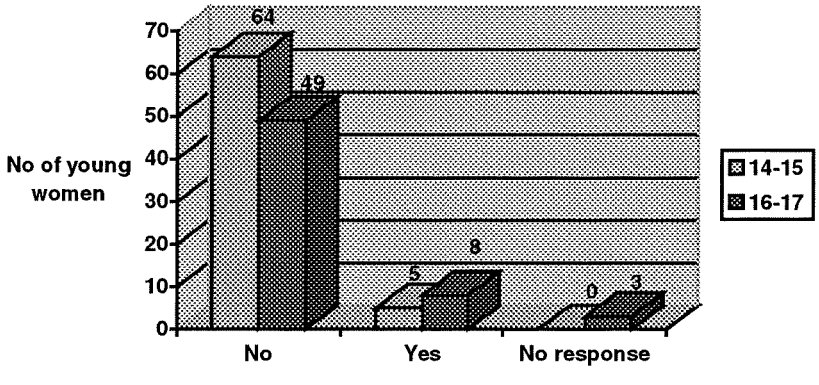
EP: 'What do you think about contraception being given to teenagers?'
Mrs Perkins: 'I think it's a good idea, there's too many unmarried mothers, but the Government ruling is that if they want a place of their own they've got to get pregnant first {indecipherable}. That's giving them the idea to do it.'
EP: 'So you think some teenage girls are getting into it without....'
Mrs Perkins: 'Without any thought, they want the place. I've seen several teenage girls, how they have their child and keep it is beyond me. I've tried, I've lost two and when I see these young ones not even caring for their kids, I feel like going up and battering them, saying 'look at me, I'm trying, I want more and you don't even give a toss about your own' and it really gets to me, it really does.'

Mrs Perkins' attitudes towards teenage mothers is similar to ideas proclaimed in the periodic 'moral panics' produced by the tabloid press. Single mothers, and teenage single mothers in particular, have become scapegoats for many 'social ills' such as delinquency, vandalism and the alleged breakdown of 'family values'. Mrs Perkins echoes a 'common-sense' understanding about teenage mothers, believing that they get pregnant deliberately in order to gain council accommodation. Authors such as Cunningham (1984) and Holly (1989b) suggest that this is an inaccurate portrayal of teenage mothers and that very few get pregnant just to gain council housing. Holly (1989b: 76) states that with a cultural emphasis on motherhood, particularly for working-class young women, still strong and the paucity of rewarding employment for poorly qualified young women, motherhood at a young age may well appeal as a means to gain social status and a worthwhile 'occupation' when few alternatives are available.

In 1993 Francome carried out research for the Family Planning Association on pregnant young women. One hundred and twenty nine young women aged seventeen and below who were pregnant and intending to continue with the pregnancy were given questionnaires. These young women were attending special units providing education for pregnant schoolgirls in several towns. One question asked in the questionnaire was 'Did you plan to get pregnant?', to which only 10.3 per cent of the sample answered 'yes'. The actual numbers and ages of the respondents are shown below.

Table 5.5

Response to the question 'did you intend to get pregnant?'



Source: Francome and Marks (1996: 198)

Most of the young women involved in my study were under no illusions that having children while still a teenager would be without its problems. One sixteen-year-old young woman who infrequently attended the youth club announced she was pregnant, and this was a lively topic of conversation with many of the young women at the club. Mandy told me she thought sixteen was too young to be pregnant and whenever she had sex she used contraception because she did not want to get pregnant.

EP: 'Do you know about any girls that got pregnant at school?'
Madeleine: 'Yeah.'
Anna: 'Yes.'
EP: 'What do you think about it?'
Madeleine: 'It's just more gossip.'
Alison: 'It ain't worth though...'
Anna: 'Yeah, but...'
Alison: '... I don't reckon...'
Anna: '...yeah but it's their problem, isn't it?'
Alison: 'I don't worry about it because you gotta do your school and everything.'
Anna: 'I wouldn't give it up if I did get pregnant. My mom wouldn't let me anyway.'
Alison: 'But when you see it at school and everything...'
Anna: 'If you want a kid then you'll have a kid.'
Madeleine: 'Well its your own fault isn't it, there's loads of precautions you can take, you're just silly if you don't.'
EP: 'But a lot of girls don't.'
Anna: 'Yeah if you take the precautions, but if you don't want the baby, then that's stupid but if you plan to have the baby, then I don't think that's stupid.'
Madeleine: 'I think that everybody knows about contraception so .....'
EP: 'Do you know what to do if you get a broken condom or something?'
Alison: '72 hours pill.'
Anna: 'Morning after pill.'

The above discussion was extremely lively, with Alison and Anna taking different sides of the argument. In the good-natured discussion they discussed their difference of opinion. Alison felt that school work was very important and getting pregnant would jeopardise this. Anna felt that young women who wanted to have children should be allowed to do so. I met many, mainly working-class, young women who wanted to have children and who believed that having them young would be advantageous. Two working-class young women from the Poolside youth group in Wolverhampton expressed very different views about the best age to have children:

EP: 'Do you think you'll get married and have kids in the future?'
Suzie: 'Yeah. I want to have kids when I'm about 16 so I'm young when they grow up.'

Tina: (shaking her head in disagreement) 'I couldn't have them that young, I want a life and a career first.'

Some authors suggest that for working-class young women with limited future opportunities, pregnancy and motherhood represents a positive choice, and is not necessarily as problematic as 'common-sense' views would suggest:

> 'Certainly for an older schoolgirl, having a baby, especially within a stable relationship can provide a family life or an interest in the future which she may be seeking. During periods of unemployment, taking care of a baby may seem a better option than the dole queue or a tedious unskilled job on the production line.' (Holly 1989b: 67)

Although we may feel that the lack of rewarding employment is not necessarily a positive reason for young women to become mothers early in life, it is possible to see the advantages for some young women. Those who visualise their future to include marriage and children may embark in motherhood earlier than they may have done in periods of higher employment.

When I asked mothers about their attitudes to young women being provided with contraceptives, many suggested that this encouraged them to have sex. Mrs Hall, in particular, was strongly opposed to supplying young women with contraception when they were under the age of consent because she believed this was 'giving them license' to engage in sex. While other mothers also believed that the availability of contraception encouraged sexual activity, they realised their daughters needed to be protected from unwanted pregnancy and sexually transmitted diseases.

EP: 'How do you feel about contraception being given to teenagers?'
Mrs Adams: 'If they're determined anyway, they've made their minds up and not been pressured, it's a decision they've come to between the two of them, then yes, it ought to be available. Nobody wants unwanted pregnancies, do they? Whether it be spoiling their education or their life, really, I suppose it's got to vary with each individual person. Some youngsters they might just not be ready for it but because it's available they'll go through with it. It's quite a funny one, actually, because in my generation it would be the one that would frighten you off because it wasn't readily available, so at that time it would make them hold back whereas I suppose some girls might have thought about it seriously and decided the time was right. There would be others who hadn't really thought it through, but they'd go through with it because the problem's taken away from them, so it's quite an interesting one, but I would sooner it was available than not.'

EP: 'So how do you feel about contraception being given to teenagers?'
Mrs Brown: 'It's a difficult one because I think if you say, like the young girls that go on the Pill and they need permission I suppose off their Mom, I think that you're sort of saying 'yeah, go on, do it', that's almost saying to them 'yes go off and have sex whenever', you know. But then again if she was to come to me and said she wanted to go on the Pill, at least I'd know she was being sensible, so, it's very difficult isn't it? ...Condoms, I suppose because of all the different things like AIDS and things like that, I think they need to be aware that that's what they need to use then. There was none of this around before, I mean, there were sexual diseases and that, but I was never really aware of them, but I think nowadays they have to be more aware, not just of getting pregnant but everything else that goes with it. I always think if they're quite young and you say 'yes, use it' or 'yes, go on the Pill' you're almost saying 'have sex', but then again they are being sensible. I don't know, it's difficult, it's difficult to try and, luckily we haven't got to that bit yet, give it another couple of years.'

These two mothers discuss the contradictions they feel on this subject. Mrs Brown points towards young women having to be aware of more than just unwanted pregnancies as a result of sexual activity. Both mothers stress that they feel their daughters would be sensible to ask to be given the Pill if they were considering having sex, but both feel that if they assented, this could be viewed as giving them permission to have sex. Professionals who deal with young people who are requesting contraception may also feel the contradiction between their own 'moral' views and the need to allow young people to protect themselves. In interviews with 19 providers of sexual health care to young people (for example, GPs, Family Planning doctors, nurses) in the West Midlands, Pitts *et al.* (1996) found these professionals thought that morally many young people were too young to be provided with contraceptives, and they were often reluctant to hand them out. One Practice Nurse says: 'although a lot of 13/14 year olds are having sex, they are not really emotionally developed or ready for it but they still do it, don't they?' (Pitts, *et al.* 1996: 7). From the attitudes captured by the authors in this study, it is hardly any wonder that many young women report feeling uncomfortable at GP and Family Planning services. Many young women involved in the Salisbury study said they felt staff made moral judgements about them. One young woman reported that her surgery receptionist said to her 'so you managed to get yourself a baby but not a husband eh?' (Phillpott 1995: 63). Certainly the staff described in Pitts *et al.* did make moral judgements about young people; one Practice Nurse said: 'sometimes they just don't have the intelligence...to realise that they might get pregnant' (Pitts *et al.* 1996: 7).

Sexuality

'We are young we get by, sleep around if we like, but we're alright.'
Supergrass - Alright (Parlophone Records 1994)

It is within the arena of sexuality that I believe young women's lack of power most directly affects their well-being. Whether this means the fear or reality of rape and sexual assault, child abuse, coercion and unsatisfactory sexual relationships or the risks of pregnancy and sexually transmitted diseases, heterosexuality does not appear a positive option where women's well-being is concerned (Doyal 1995). Female sexuality is still very much subordinate to male sexuality, as has been repeatedly shown in studies of youth culture. This section will discuss young women's sexual experiences and their effect on their well-being and feelings of self-worth. Modern British society presents a 'conflicting identity' (Sen 1990) for young women to negotiate: that of a personal identity and a sexual identity. All too often a girl's sexual identity is asserted (by others) to have more importance than her identity as a complete person.

Sexual pressure and coercion

The Women, Risk and AIDS Project (WRAP) has explored the sexual practices, beliefs and understanding of young women. Using in-depth interviews with 150 young women aged 16-21 in inner-city Manchester and London (supplemented by 500 questionnaires), the authors have produced papers discussing sexual pressure and coercion in heterosexual encounters and the possible strategies employed by young women to gain empowerment and take control of their sexuality.

> 'Nearly a quarter of the sample (thirty-five young women out of 150) had had unwanted sexual intercourse in response to pressure from men. These pressures varied from mild insistence on giving way to intercourse or to intercourse on his terms, to threats, physical assault, child abuse and rape.' (Holland *et al.* 1992: 143-44)

As the quote above suggests, for many young women sexual negotiations are very one-sided with the power generally held by the young man. The reality of young women's sexual experiences can be illustrated by Shelly's report of her first sexual experience. She is a fourteen-year-old who, while attending Hillside youth club, had unprotected sex in

the car park with her boyfriend. Shelly said that she had not really wanted have sex, but did not know how to say no 'nicely'. She also said that the sex had 'only lasted a minute' and that it was her first time. She said it was really awful and she did not want to have sex again. Holland *et al.* (1992: 143) in referring to their Women, Risk and AIDS Project (WRAP) suggest that 'most of the young women's accounts of their first sexual experiences are either negative or indicate limited satisfaction'.

One woman in the WRAP project, echoing Shelly's experience, said 'I wasn't forced to do it but I didn't want to do it. I wasn't actually forced but I didn't want to...' (Holland, Ramanzanoglu & Scott 1990: 133). Often young women will feel they will 'lose' their boyfriend if they do not accede to his requests for sex, and the young man may threaten to end the relationship if the young woman does not do so (Halson 1992). It speaks volumes about young women's self-esteem and how little autonomy they are accorded in (hetero)sexual relationships that so many will yield to the urging and threats of young men. Holland *et al.* (1992: 142-3) suggest that 'the extent to which young heterosexual women define sex in terms of love, romance and relationships with men, leads to a widespread acceptance of sexual practices being defined in terms of men's needs.' The widespread societal emphasis on sex as a major preoccupation is an additional pressure: losing your virginity is a rite of passage to adulthood.

Young women often form relationships with young men older than themselves, and this adds to the unequal power relationship between the couple. As the WRAP authors point out, male sexual pleasure is the norm, and women's sexual needs and desires are subordinated. Pollock (1985) interviewed fifty women on a post-graduate course at university about their experiences of sex and contraception. The women, who were aged between 23 and 38 years, were mostly white and middle-class. Many of the women stated they were unhappy using the Pill, but did so because their male partners preferred them to do so rather than use condoms. If these relatively powerful women (i.e. white, middle-class and educated) do not feel they have sufficient power in their sexual relationships to control contraceptive use, it is little surprise to find that young women who are sexually inexperienced and unsure of their sexuality are unable to express or to assert their needs to young men.

Although studies such as Morris' (1997) suggest that young women are more assertive than those of earlier generations in their sexual relations with young men, the findings of my study suggest that too few young women are truly in control of heterosexual encounters.

Sexual reputation

'Slags, sluts and bikes'

> 'The cultural context within which young women learn about sex rarely offers or supports positive models of female sexuality. The available images tend to represent women as passive, as victims of male sexuality, and reproductive. The enduring dichotomy of the virgin and the whore works to discredit and distort expressions of female sexual agency.' (Thomson & Holland 1994:19)

Certainly the song lyric quoted at the beginning of this section, 'sleep around if we like', is a very male-orientated one. While young women, as a consequence of the sexual revolution of the 1960s, *can* sleep around if they like without the fear of pregnancy which affected previous generations of young women (although they risk sexually-transmitted disease including HIV), they still run the risk that they will 'get a reputation' and face social ostracism by friends who do not want the tainted reputation that even *associating* with a young women labelled as promiscuous can bring (Lees 1993). As Thomson and Holland assert (see above), young women's sexual agency is still very much in the hands of others.

In interviews, most young women who were aged between 13 and 16 years said they were virgins and asserted that they either felt they were not ready to have sex, or had not found a suitable relationship within which sex felt comfortable.

Lesley: 'A couple of my friends have [had sex], but I haven't.'
EP: 'Is that because you don't feel ready, or haven't met the right person?'
Lesley: 'Haven't met the right person. I think .'
EP: 'Right. So for you it's got to be something quite relationship based?'
Lesley: 'I think I'd have to be in love before I did have sex.'

Lees (1993: 107) points out that 'love' makes sex legitimate for young women because the channelling of sexual desire into a steady relationship is acceptable. Sex outside a

long-term relationship is not acceptable for young women as this contravenes the norm that young women should be sexually 'pure'.

During a group discussion one young woman, Mandy, who was fourteen years old stated that she was sexually active, saying 'I'm not bothered. Everyone knows I have [had sex]. Her friend Madeleine retorted 'she's the Hillside bike', the implication being that Mandy is promiscuous. I spoke on a one-to-one basis with Mandy about her sexual activity and her response to being labelled a 'bike'. Mandy said people called her a 'slag' but she did not care, believing they were only joking. Lees suggests that 'slag' can be used as a term of joking, of bitchy abuse or as a threat and as a label (Lees 1986: 36). 'Slag' is a term that is frequently applied to a young woman's sexual behaviour and can be used by both young men and young women (there are no corresponding derogatory sexual terms for young men; labels such as 'stud' have traditionally been used as complimentary, although in the era of HIV infection this term may assume a different meaning). Labels such as 'slag' and 'slut' can be used in relation to how a young woman dresses or how she relates to men. If a young woman wears skirts that are 'too short' and tops that are 'too low', or is 'overly' flirtatious around men, she may be labelled a slag. The dividing line in (hetero)sexual relations between being flirtatious enough to attract a boyfriend, and wearing sexually attractive (but not 'sluttish' clothes) is a precarious one for young women to negotiate.

Mandy told me she first had sex when she was twelve years old, saying 'and I've had that many [sexual partners]'. Her assertions that she always used a condom because she did not want to get pregnant did not correspond with comments she had made two weeks earlier about thinking she might be pregnant. Mandy had run away from home before I met her and when she returned home said her mother 'wanted to know everything I had been up to'. At her mother's behest Mandy had promised not to have sex again until she was older, although in practice she was currently involved in a sexual relationship with a young man eight years older than herself.

Mandy's comments that 'everybody knows' she has had sex imply that this information has been widely broadcast within her peer group. I assume that Mandy told a few people herself, who also told a few people, until 'everybody knows'. I am not suggesting that Mandy should keep her sexual activities secret, and although I concede that a loving and

positive sexual relationship may be a very important part of growing up for young women, I did not see Mandy's sexual relationships as contributing to her self-esteem or well-being (she also identified herself as bulimic, indicating she is a troubled young woman). The way in which Mandy flaunted her sexual activities to her mother could be seen as her way of rebelling against her family. By running away and being openly sexually active, Mandy is demonstrating to her family she is not a little girl any more, but a woman. Nava (1992) asserts that when young women rebel they often do so using their sexuality, as this is an effective form of challenge to parental expectations.

> 'In a context in which sexuality is considered appropriate for adults only, girls' expressions of it amounts to a form of subversive behaviour which, unlike other forms of adolescent resistance, does not jeopardise femininity. However, as a strategy for resistance it is limited in its effectivity for precisely this reason. Although constituting a challenge to parental and school authority it does not free girls from the regulation of boys (unless of course it is lesbian sexuality). Ultimately and paradoxically, girls' most common form of rebellion serves only to bind them more tightly to their subordination as women.' (Nava 1992: 82)

'Girls from the estate'

In common-sense understandings, it appears that working-class girls are expected to become sexually experienced much earlier than middle-class girls, and black women are especially perceived as sexualised (see Davis 1982: 182; Bordo 1993:9). This perception receives some support from empirical research. The WRAP project found that for working-class girls in their study the age of first sex was 14.9 years whereas it was 16.3 years for middle-class girls (Thomson & Holland 1994: 15). This gap in age at first sexual intercourse between working-class and middle-class young women of a little over a year derives from a sample of just 150 young women, and therefore may not reflect national patterns. In Wellings, Field & Wadsworth's (1994) national survey of sexual behaviour and attitudes of 18,876 people aged between 16-59 years of age, the age of first intercourse reported by men and women aged 16-24 years differed by social class. For men and women in social class I the age at first intercourse was 18 years, whereas the corresponding figure for social class V was 16 years (Wellings *et al.* 1994: 50). A more recent survey conducted for the Health Education Authority of 4,672 people in England also asked for information on their age at first intercourse. I have focused here on the younger age groups in the survey because this reflects the lowering of the age of first

intercourse which has become apparent since the 1960s and corresponds most closely to my respondents, and the preceding generation of young women.

Table 5.6

Age at first intercourse by social class based on own current or last job. Women aged 16 to 34 years. (N= 646)

	I & II	IInm	IIIm	IV&V	Armed forces & never worked	Total
Never had a sexual partner	7	14	7	23	33	16
Under 16	20	15	27	21	20	19
16-17	33	40	40	35	32	36
18-19	28	18	24	14	12	19
20-24	13	12	2	6	3	9
25 or over	1	1	-	-	-	0

Source: Adapted from Bridgewood *et al.* (1996: 219)

Young women living on housing estates perceived as 'rough' by outsiders face especially pernicious stereotyping. For example, in a report into young women's sexual health needs which used focus groups with young women aged between 13 and 25 years old living on a deprived estate in Salisbury, one young woman said:

> 'people make assumptions about you because you are from the Heath, Salisbury people think the Heath and the Friary are rough. The Heath is seen as the place where single parent families and gypsy families get put.' (Philpott 1995: 103)

In focus group discussions with young men, Philpott found some to discuss girls from the Heath in stereotypical ways:

> 'Participant 1: " "Girls on the Heath" (making speech mark sign) (laughter)
> Participant 2: "Yes girls on the Heath, when they were 13, were going out with people who were 21, 22".' (Philpott 1995: 103)

Young women living on the Poolside estate in Wolverhampton who participated in my research were more open to this sort of stigmatisation than any of the other young women involved in the study, although a few young women at Hillside were similarly labelled

because they lived on a 'rough' estate. Poolside, which was very white and working-class in character, was perceived by local people as being 'a bit rough'. Coffield *et al.* (1986: 142;184) in their study of working-class young men and women in the North-east discuss a concept called 'localism' where the physical and mental boundaries of the young people were severely restricted by economic opportunity and family ties. This was also true of Poolside, where the smallness and insularity of the area meant that everybody knew everybody else's business. This also meant that if a young woman acquired a reputation as a slag, it would be a difficult label to escape, an issue highlighted in Philpott's study:

> 'the 'smallness' of the community on Bemerton Heath or even Salisbury as a whole, was seen as a problem by participants in relation to women's sexual reputations. One woman said that if you are labelled promiscuous or a 'slag' in Salisbury it is difficult to escape that label.'(Philpott 1995:103)

The next section discusses the negative sexual reputations with which some young women on the Poolside estate had to contend, because of their relationships with black young men, in addition to the burden of being working-class young women from a 'rough' estate.

Inter-racial relationships and white working-class racism

As I have discussed in Chapter Two, I found access to black young women's youth groups very difficult to achieve, and therefore this thesis has not been able to examine black young women's lives in any depth. What I can discuss, however, is white working-class racism as I perceived it from my position as a participant observer, particularly at Poolside youth club. (This is not to say there were no racists at Hillside, but due to lack of contact with black people these views were articulated less often.)

From the start of my fieldwork at Poolside, I had been troubled by racist comments made not infrequently by the youth worker, Eve. Often these comments would receive support from the young women in the group, declarations of racism I had not heard from them previously when I worked with them myself as their youth worker. This may have been due to my co-worker at that time, who was an African-Caribbean mixed-race man. It may

also indicate a wish to agree with Eve's opinions because she was their current youth worker. I challenged these comments whenever I heard them.

As a matter of economy, youth groups from different parts of the town would often link up for activities and day trips. Poolside group frequently joined a group of young men from another part of Wolverhampton for such events. These young men were African-Caribbean or mixed-race and around the same age as the young women. I observed the groups together on a number of trips and during one residential weekend it became obvious that two young people were embarking on a 'romantic' relationship. Suzie and Lee began to date each other and Suzie told me she was worried in case her Mom found out Lee was black. (This concern was well-founded as originally her mother had expressed reservations about Suzie going on the residential because black young men were also going.) As a young woman growing up in a similar environment to Poolside (indeed some of my extended family lived nearby), I had had a three year relationship with a British Asian young man and knew how Suzie was likely to be treated by her parents and people in the neighbourhood. She seemed pleased when I told her I had been in a mixed-race relationship and that she could speak to me about her feelings at any time. It did not take long before Suzie told us she had been called 'nigger-lover' by young men on the estate. Yvonne had similar experiences. Her boyfriend James was mixed-race and she frequently complained that 'the problem with going out with a black guy is that everybody thinks it's their business and won't leave you alone.'

White working-class racism is arguably more direct than middle-class racism, which is likely to be hidden beneath a polite or patronising veneer. These black young men were treated as 'not good enough' for the young women with whom they formed relationships solely because of their skin colour and ethnicity. The young women were labelled as 'slags' because of their relationships with black young men. I believe Mrs Green's reservations about Suzie going on the residential were twofold: firstly, she was concerned about her daughter's sexual reputation and secondly, she held racist stereotyped opinions about black male sexuality. Davis suggests that black men have frequently been viewed as sexualised by white society, a view culminating in the myth of the black rapist, and its subsequent effects for black women: 'for once the notion is accepted that Black men harbour irresistible and animal-like sexual urges, the entire race is invested with bestiality' (Davis 1982: 182).

Menstruation

Menstruation is an important part of a young woman's life, but is a subject frequently marginalised or ignored in academic and popular discussions about sexuality and reproduction. While there are numerous academic articles and books concerned with under-age pregnancy and contraceptive non-use, very little is published about menstruation in general and less specifically about young women's experiences and beliefs about menstruation (Prendergast 1989; 1992). Much of what is produced is either medical, usually from a traditional medical viewpoint and frequently concerned with minimising the 'problems' of menstruation (Shreeve 1994); or are 'new-age' in focus (Shuttle & Redgrove 1978). Both of these approaches lack theoretical analysis. While searching the quality printed media for articles on young women's sexuality over the past thirty months, I found just one authoritative article on menstruation. It appears that this important aspect of growing up female has been mostly ignored.

The 'common-sense' understanding about menstruation is that it is problematic; the colloquial words for periods such as 'the curse' illustrate this view. Prendergast says:

> 'we all know how the experience of menstruation, for adult women at least, can carry with it a significant negative weight; it is generally socially invisible and is considered an unacceptable topic of conversation. It may be used to ascribe to femininity or womanhood associations of physical uncleanliness, cyclic irregularities, moodiness, unreliability and lack of emotional control or worse.' (Prendergast 1989: 86)

'Normal' menstruation is seen as either 'natural', and therefore unproblematic, or the ill-effects of menstruation, commonly referred to as pre-menstrual syndrome or tension (PMT), is subject to medical intervention (Miles 1991: 54). During interviews I felt I had to take into account the social necessity to view menstruation as 'taboo' when interviewing young women and their mothers and analysing the results. Asking questions about menstruation during interviews, particularly one-to-one interviews, was quite difficult. As indicated above, part of menstrual etiquette includes not talking about it (Laws 1990:14). However, young women at the youth clubs did sometimes speak about menstrual issues among themselves and with other females such as youth workers but not usually when men were present.

All the young women involved in the study were over thirteen years of age, and therefore I assumed they had started, or would very shortly start menstruating. Prendergast (1989) produced a pilot study in secondary schools in East Anglia with 42 young women aged between 14 and 16 years old, a study which was extended in Prendergast (1992). This sample consisted of interviews with teachers and staff and 74 interviews with young women in 10 schools and 474 completed questionnaires. She does not identify the geographic area used in this larger study, but I assume this also took place in East Anglia. These young women were interviewed in groups and asked to complete a brief questionnaire during school time. Prendergast asked young women about their experience of menarche, and their present experiences.

In my study I also asked about first and current experiences of menstruation. I asked young women how they felt when they first started their periods; a large number of young women reported that they went straight to their mothers to tell her the news. Moore (1995) in her study of 11 year old young women in a large Australian city investigated their beliefs and feelings about menstruation using questionnaires, interviews and analysis of how they completed stories presented to them concerning menstruation. Moore (1995: 89) also discovered that mothers were the most frequent source of information about menstruation for young women.

Madeleine: 'When I started my period, right, I told my Mom and she ran down and told the whole of my family.'

Eliza: 'I woke up one morning about five o'clock in the morning and realised I'd started my period and I went into my Mum and I didn't know how to tell her so I just went and stood by her bed for about five minutes until she woke and she went 'what's the matter?' and I told her and she goes 'oh don't worry' and she was all right...'
Sally: 'I just thought 'oh blast here we go'.'
Eliza: '...and she started crying, my Mum did, 'oh you're a lady now' yeah all right then, I just wanted to go back to bed.'
EP: 'Did you feel like that, that you weren't a little girl anymore, that you'd grown up?'
Eliza: 'I did a bit, but nothing major.'
Sally: 'I can't say I really thought about it that way, it was just 'oh god'.'
Eliza: 'It's just gonna have to happen.'
Sally/Eliza: 'Yeah.'

EP: 'How did you feel when you started your periods?'
Sandy: 'I didn't feel too bad about it. I knew what was happening and everything so it was all right. I was really nervous having to tell my mom, but I was like 'what am I going to say to her, how am I going to say it', but it was all right.'

Most young women seemed resigned to the fact that something they always knew would happen to them had begun, although none of them indicated that menarche had been a particularly amazing experience and they did not imbue it with great meaning. However, the mothers I interviewed could remember their first period, and the emotions they felt in great detail. Some also commented on the difficulty of relaying the news to their mothers.

EP: 'So you introduced talking about periods to your daughter, was that a subject your mother wouldn't talk about as well?'
Mrs Brown: 'Yeah, no way, no she wouldn't in fact. The first time I started it was about four or five days before I could even tell and then I rang her up, I couldn't tell her face to face.'

The young women were prepared for the menarche, and knew what was happening. I was surprised to find that many of the mothers stated they did not know what was happening to them and that their mothers had not spoken to them about menstruation.

EP: 'Did your mother explain anything to you?'
Mrs Perkins: 'No. Complete shock, it happened at school. It wasn't talked about, my mother was very straight-laced. That sort of thing was kept under the carpet, it happened at school, the nurse explained it all to me. I went home to my mom and my dad was there, said to my mom about it, 'shh, your dad's here' and I says 'he's been with me all my life, he should know about it'.'

Mrs Adams: 'We got the guidance at school, I didn't have any guidance from my mum on it, it was dealt with at school, it was left to be dealt with at school. So like with Lesley, I was all prepared to be helpful and all that and I didn't need to tell her as much as I might have done because the school had taught her quite a lot as well, but no, there was nothing discussed at home when I was a teenager.'

The young women I interviewed indicated a number of problems concerning menstruation. Some young women felt tired or bad-tempered, but most felt these were quite mild reactions which did not prevent them taking part in any activities they wished. One activity young women did mention which they felt was prohibited by menstruation was swimming.

EP: 'You say you hate them so how do you feel around the time of your period?'
Madeleine: 'Dirty and ...'
Anna: 'Yeah you feel dirty and you need a shower.'
Madeleine: 'When you're not on the blob (laughter) When you're not on the blob [having a period] you're like that and then you're like this.'
EP: 'Do you get really cranky, ratty?'

Anna: 'Yeah.'
Madeleine: 'No it doesn't affect me that way.'
Alison: 'I'm so tired, I get tired, I do.'
EP: 'Do your periods stop you from doing anything you want to do?'
Mandy: 'Oh well yeah.' (laughter) nudges Anna [referring to sex]

EP: 'So how do you feel now around the time of your periods, do you feel different?'
Eliza: 'I can't really tell but my Mum does, she says that we have more arguments, me and my Mum.'

Prendergast (1989: 90) suggests that 'the majority of girls saw menstruation as mostly negative to be endured.' Lesley told me periods were 'annoying' and many young women I spoke to saw periods as a nuisance. While on an activity weekend with some young women form the Poolside youth group, Tina said it was 'bad luck' that she was having her period while on holiday. Menstruation did not prevent her taking part in any of the activities although she stated she was in some pain throughout. Young women in the Salisbury study described how television adverts for sanitary protection did not match up to their experiences:

> 'if you use Tampax all of a sudden you have this healthy lifestyle...they wear skin tight white shorts and they are bouncing about...but I go ugh because I've got spots on my face and greasy hair.' (Philpott 1995: 50)

In a group discussion with Madeleine and her friends, we discussed the mismatch between these television adverts and the realities of having a period.

EP: 'Do you skate around like the Tampax woman?'
Madeleine: 'I think that's pathetic'
(The group start singing 'aah bodyform' the jingle from a sanitary towel advert)
EP: 'They wear white trousers as well.'
Anna: 'Oh man that's the pits.'
Bella: 'Especially when they're running around the beach with their [beach] towel in their air.'
Madeleine: 'Don't you think that's thick, nobody enjoys the blob.'

Both Prendergast (1989) and Moore (1995) suggest that the public management of menstruation can be difficult for young women. While at home, young women have the privacy they need while menstruating and have easy access to supplies of sanitary protection and the means to dispose of them when used. Prendergast says:

> 'menarche often comes at a time of anxiety for young women, moving to secondary school and therefore having to publicly 'manage' the experience of menstruation.' (Prendergast 1989: 86)

Both authors identify schools being ill-equipped to deal with menstruating young women. Prendergast, in her study of young women's perceptions of menstruation at school identifies issues such as toilets being locked during lesson-time, sanitary machines being empty in girls' toilets and teachers being resistant to allowing young women to be excused during lessons. It appears that for young women to insist on being excused, they need to have a great deal of confidence. The young women in Prendergast's study relayed a story about one young woman:

> 'It was the deputy head, and there was this girl called Smiley, who weren't scared of nobody. And she asked to go out, and he was all bad tempered as usual and said 'No'. She asked again and he said 'No', so she shouted out really loud - *'I've got my period, Sir'*.' (Prendergast 1989: 101)

While I was shadowing at school, I did not observe any of the young women I was with having any specific problems. The girls' toilets were clean and well looked after, in contrast to the dirty and soap-free toilets Prendergast describes in her study (Prendergast 1992: 55).

Prendergast (1992: 63-70) reports young women's fears about young men tipping their bags out, finding towels and tampons and teasing the young woman with this. This was quite a common occurrence when I was at secondary school, and I was interested to know whether young women were still affected by this kind of bullying and harassment from young men. It appeared that young women were just as likely to play pranks on each other.

EP: 'What about school, do you find [periods] difficult at school?'
Anna : 'Yes.'
Madeleine: 'Listen, to my mate, this is what she done to me right....'
Mandy: (Laughing) 'I remember this.'
Madeleine: '....I was on the blob and I had sanitary towels in my bag she took 'em out. I went to the toilet, she took 'em out wrote my name on it and stick it on my back and I walked round school with it.'
(Lots of laughter) : 'Who was that?'
Madeleine: 'Louise. You can't tell her whenever you're on the blob 'cause she'll just take 'em out your bag and write summat [something] on it like who you love and stuff like that and you don't think she's gonna do it so you're walking around with this.....'
EP: 'When I was at school boys would tip your bag upside down.'

Anna: 'The boys get more embarrassed than the girls do.'
Madeleine: 'I get them out and stick 'em on the teacher's desk.'

For these, admittedly quite self-assured and 'street-wise' young women, the public management of menstruation included making a joke out of it, and attempting to embarrass male teachers and young men by being 'up-front' and confrontational about menstruation.

What I learnt from my own personal experiences and from observation at youth clubs, is that young women do quite often discuss menstruation, but in a very matter-of-fact way, and very few women find menarche or menstruation particularly meaningful. Obviously for those women who experience menorrhagia, or for women entering the menopause, menstruation may present problems on a day to day basis. The young women and their mothers involved in this study appeared surprised about my questions regarding menstruation, which may be indicative in itself of how infrequently the subject is discussed in relatively formal settings such as interviews.

Summary

In this chapter I have discussed the major themes arising from my fieldwork on sexuality and have linked them to other researchers' findings. In common with other studies in this area, I found the formal sex education that young women received to be perceived as patchy and insensitive to their needs. Young women in my study obtained much of their information in sexual matters from informal sources such as friends and television. Mothers were an important part of informal sex education, particularly around menstruation, but the mothers I interviewed indicated some discomfort with supplying sexual information.

I discuss the idea of 'sex as danger', looking at the use of alcohol and drugs prior to sexual encounters. I also looked at violence and coercion within heterosexual relationships, where the balance of power is firmly in the male arena. Some young women in my study were coerced into sex before they felt ready, and sex education had not provided them an assertiveness to refuse.

I discuss access to contraceptive services. These young women, in common with other studies, did not use the services even though many were sexually active. I argue that infrequent opening hours and confusion about their status as under-16s increases the likelihood of them not using the services.

I explored young women's sexuality and how heterosexual relationships may not provide young women with positive feelings of well-being. Although women today undoubtedly have a different attitude towards sex than young women did thirty years ago, a woman's sexual reputation is still perceived differently from a man's. I also discuss how working-class young women in particular may find themselves stigmatised as sexually available, having to negotiate a very precarious path between 'slag' and drag and the impact of racial stereotypes of sexual behaviour.

I also discuss the often overlooked subject of menstruation. I found young women were generally unmoved by menarche, although their mothers could recall their own first period in detail. Most felt periods were a nuisance, but nothing more. Young women were still aware of the etiquette around menstruation, however and discussed how the realities of menstruation differed greatly from the television adverts for sanitary products.

The next chapter considers diet and exercise. I discuss the food 'choices' and attitudes towards food of the young women involved in the study. I discuss young women's resistance to participation in family meals, which may include choosing vegetarianism or restrictive eating patterns. I then move on to review their involvement or non-involvement in physical exercise inside and outside school. I discuss young women's attitudes towards sport in the light of femininity. Issues of familial transmission of health behaviours are further developed in this chapter.

CHAPTER SIX

Diet and Exercise

'Problem is diet's not a big enough word
I wanna be so skinny that I rot from view
I want to walk in the snow and not leave a footprint.'
Manic Street Preachers - '4st. 7lb.' (Sony Records 1994)

Diet:

Introduction

According to reports from the Department of Health and other sources, Britain is a nation of 'couch potatoes', eating too much fatty food and taking little or no exercise (The Observer 15 October 1995). Media, health education and social policy studies suggest that too many people are eating too much 'unhealthy' foods at the expense of 'healthy' foods such as fruit and vegetables (The Observer 21 January 1996; Department of Health 1994a: 4; Dobson, Bardsworth, Keil & Walker 1994). Consequently obesity rates for both women and men are increasing rapidly:

> 'Obesity has been increasing since the mid 1980s and 1995 figures show the percentage of 16-64 year olds classified as obese are 15 per cent of men and 16.5 per cent of women.' (Department of Health 1997: 6)

This represents an increase in obesity from a base line of 8 per cent for men and 12 per cent for women for 1986/7 stated in 'The Health of the Nation' (Department of Health 1992a: 52). Food choices, in common with the other health-related behaviours given prominence in 'The Health of the Nation', are seen by many health professionals and within the Department of Health as an aspect of day-to-day behaviour where individuals can take preventive action. However, there is evidence to show that the section of the population who live in the greatest poverty are those eating the poorest diet (Dobson Bardsworth, Keil and Walker 1994; Joseph Rowntree Foundation 1995) and as Blaxter (1990: 243) points out, 'the scope for personal change in behaviour depends on the availability of resources for change.' As my critique of 'The Health of the Nation' in Chapter One suggests, socio-economic and cultural aspects of food choices are ignored in

'The Health of the Nation' in favour of a victim-blaming approach which fails to look beyond the individual.

'The Health of the Nation' particularly targets rising obesity among the British population. The document's stated aims are:

> 'To reduce the average percentage of food derived by the population from saturated fatty acids by at least 35 per cent by 2005 (from 17 per cent in 1990 to no more than 11 per cent).
>
> To reduce the average percentage of food energy derived by the population from total fat by at least 12 per cent by 2005 (from about 40 per cent in 1990 to no more than 35 per cent).
>
> To reduce the proportion of men and women aged 16-64 who are obese by at least 25 per cent for men and at least 33 per cent for women by 2005 (from 8 per cent for men and 12 per cent for women in 1986/7 to no more than 6 per cent and 8 per cent respectively).' (Department of Health 1992a: 52)

Again, in common with its treatment of some other health-related behaviours, 'The Health of the Nation' does not specifically target young people's dietary habits, but there are many reports suggesting that young people's diet consists of 'junk' food, crisps, chocolate, chips, fried food, chocolate and very little fruit and vegetables (The Guardian 6 August 1996), and that young women in particular have erratic eating patterns (Balding 1996; Brannen *et al.* 1994: 104).

Again, young people's eating behaviour and attitudes towards food are seen by health educators as predictive of their health behaviour in adulthood, creating a perceived need to alter health damaging eating habits now lest they continue into adulthood.

> 'In 1994 the National Forum for Coronary Disease Prevention produced a report which stated that propaganda from the food industry, together with the erosion of the school meals service, was resulting in a change in diet *that would lead to a generation of children who may face an increased risk of heart disease and strokes.*' (Francome and Marks 1996: 104, my emphasis)

I begin this chapter with a review of the literature on food and diet and then move on to discuss the information I collected during my fieldwork. I begin by exploring the foods eaten by young women involved in the study and mothers' opinions of their daughters' diet, including food choices such as vegetarianism. I particularly asked mothers about

family negotiations concerning food, an issue highlighted by Brannen *et al.* (1994). The authors felt it was important to place young people's health-related behaviours within the context of family life, and they propose that of all the health behaviours they analysed (including smoking, alcohol and sex), food and diet was the behaviour most firmly rooted within the family structure. I then discuss the dietary practices of the mothers I interviewed and look at their own dieting/food restriction behaviours and also 'problem eating' and dieting among young women involved with this study. Many authors have identified dieting behaviour and 'problem eating' such as anorexia as predominantly female behaviours (Palazzo 1974; Bruch 1978; Orbach 1986) and I discuss feminist and sociological theories concerning these issues. The second section of this chapter will focus on the related issue of exercise.

Review of literature on young women, diet and food

The sociology of food, as a relatively new field of study in relation to other aspects of people's lives such as leisure and sexual activity, is still under-researched. The leading researcher in this area, Anne Murcott, asserts that the study of the social meanings of food has mainly been the preserve of anthropologists, not sociologists (Murcott 1983a: 1). Mennell, Murcott & van Otterloo (1992: 1) suggest that food and diet have been largely ignored by sociologists as a topic for research because food consumption is located in the domestic sphere, and therefore 'invisible' to male dominated sociological study. However, occasionally, some social scientists or medical sociologists do incorporate exploration of behaviours relating to the meaning of food and diet into their empirical research on other issues. One example is Blaxter and Paterson's (1982) study of the beliefs about health of three generations of Scottish working-class women, although the authors admit that originally they had 'been interested in food only peripherally' (Blaxter and Paterson 1983: 95). Older women in their study disapproved of tinned and 'convenience' food, and the erosion of the family meal-time (Blaxter and Paterson 1983).

Donovan's study conducted in London explored African-Caribbean and Asian-origin men's and women's perceptions and experiences of ill-health. This study does include some limited analysis of the importance of food and diet in these people's lives. Respondents expressed concern with the 'western' junk food eaten by young people and

asserted that 'traditional West Indian' or 'traditional Asian' food kept them healthy (Donovan 1984: 134). Cornwell's (1984) ethnographic study of working-class people's health in the East End of London, however, excludes detailed examination of food consumption patterns and diet in the lives of these people, although she does discuss the significance of domestic circumstances, housing and work in relation to health.

Some theoretical studies of the meanings attached to the production and consumption of food have been published including Atkinson's (1983) discussion of the morality of food and two interesting studies on the meaning of vegetarianism for women and girls (Twigg 1983; Adams 1990).

Although people have some limited access to health education literature on smoking, alcohol and drug use, people are bombarded by information regarding healthy eating. Bookshops and libraries have many shelves devoted to healthy living and nutritional 'help yourself' books. Health promotion literature on food and diet is nutrition-based, advising people what foods constitute a healthy diet. Health Promotion departments produce 'enjoy healthy eating' leaflets and information on eating 'good' food, as do many supermarkets. The media, particularly women's magazines such as *Bella* and *Chat,* frequently include articles on fat, calories and diet, and contain many pages of recipes. There are also many magazines specifically devoted to 'healthy living' such as *Healthy Eating*, *Here's Health*, and *Health and Fitness*. These magazine articles and information leaflets usually entertain the assumption that personal lifestyle changes are desired and achievable, and it appears most people, particularly women, are well informed with regard to healthly food choices. However, diet and lifestyle changes are often restricted by social, economic, cultural and environmental factors, issues not considered in this type of literature. Surveys such as the National Food Survey may show what people do or do not eat, but quantitative studies such as these are bereft of discussions about the meanings which people attach to certain foods and cannot produce insights into attitudes or meanings. To do this, food and diet must be analysed within a societal and domestic (or institutional) framework using qualitative methods to supplement quantitative data.

The study that has been most useful in informing my investigation into young women's food and diet was Brannen *et al.* (1994). The authors focus upon aspects of young people's health, particularly their consumption of cigarettes, alcohol and illegal drugs but

also their diet, arguing that 'food is...central to the way young people view their changing bodies and the self-esteem related to this' (Brannen *et al.* 1994: 143). Their analysis of food comes from their interviews with 64 households where interviews took place with the mother, the father and young person living in that household wherever this was possible. This research paid detailed attention to household negotiations about food, and young people's attitudes towards certain foods and food rituals. Any analysis of patterns of food consumption should not be separated from consideration of the social context within which it consumed, wherein lies its symbolic value. Young people consume food within the family context (and also at school and in the public domain), and it is an intrinsic and commonplace part of everyday life - usually not consciously accorded any great attention by researchers. However, Murcott (1983a: 1) suggests the need to ensure that 'eating habits are viewed as a matter of culture, a product of codes of conduct and of the structure of social relationships.'

The consumption of food, however, as with health in general, has moral connotations, so that people are keen to describe themselves and their families as healthy, because of the moral imperative to be healthy (Blaxter 1984; 1990: 14; Cornwell 1984). Atkinson (1983: 17) says 'eating what is "good for you" is always more than a matter of mere nutritional value.'

Women are most likely to feel the impact of the moral imperative to be healthy. Serving good nutritional food to her husband and children is an imperative for the 'good wife', and also reflects power relations within the home (Murcott 1983b: 179). Food, the budgeting for food items, its purchase, storage, planning and preparation are still mainly women's responsibility (Pill 1983: 117; Murcott 1983b: 181; Lawrence 1984: 29; Mennell *et al.* 1992: 98; Brannen *et al.* 1994:145). Dobson *et al.*, in a study of the food priorities of families on low-incomes said 'the most detailed interview was conducted with the person who had responsibility for the household shopping; in all 48 case studies this was the mother' (Dobson *et al.* 1994: 8).

Although within the family women continue to hold the major responsibility for the purchase and preparation of food for their families they are very likely to deny themselves the food they labour over for consumption by others. Mennell *et al.* (1992: 109) point towards the contradictory relationship women have with food, supplying it for

the family, but denying to themselves in order to conform to societal expectations of female slimness; 'women's self denial at the table can serve the aim of both sexually alluring slimness and the maternal role that puts family first.' (Of course, many women who are living in poverty will deny themselves food in order to provide sufficient for their children and male partner - See later discussion on this issue.)

In a study published in the British Medical Journal, Stein, Stein, Walters and Fairburn suggest that children with 'diet-obsessed' mothers are more likely to develop eating problems themselves (Stein *et al.* 1995: 228). Ruskay (1994: 273) suggests that 'when a woman develops an eating disorder, poor mothering is often cited as a critical etiological factor'. Stein *et al.* appear to be blaming mothers for their children's behaviours, yet their study discounts important social and economic circumstances. Mother-blaming studies do not examine the social and cultural conditions which encourage women to diet and to watch their weight incessantly.

The literature concerning anorexia and bulimia focuses upon young women, because it appears that these are predominantly female issues - over 90 per cent of cases are in women (Bryant-Waugh & Bates 1987: 204; Bordo 1993: 154). Turner (1992: 216) suggests:

> 'anorexia (when narrowly and clinically defined) appeared to be specific to affluent, middle-class, urban, Western cultures; approximately 95 per cent of anorexics are young, female, white and from predominantly middle-or upper- class families.'

Thompson (1994: 355), however, suggests that among working-class, lesbian and African-American women, previously thought be 'exempt' from anorexic symptoms, the prevalence of cases is increasing.

The young women involved in my study were aged between fourteen and seventeen years of age. Anorexia is an important issue for young women in their teenage years, because researchers generally agree this is when symptoms of eating disorders are most likely to first emerge in young women (Katzman & Wooley 1994: 156; Bryant-Waugh & Bates 1987: 204). It is difficult to report with any confidence the numbers of young women who are anorexia or bulimic because so many women have 'disordered eating' which remains undetected by medical professionals.

The psychological view of anorexia (which has been the dominant view due to the medical control of anorexia) suggests that it is not specifically linked to food but rather is the manifestation of an underlying psychological disorder (Bruch 1978; Lawrence 1984). However, I hope to show that there are many complex issues involved in eating disorders, and will explore the link between women's relative economic and societal powerlessness and eating problems by using sociological and feminist analyses of this primarily female condition (Orbach 1986; Wolf 1990; Dolan 1994).

Dolan asserts that 'disordered eating behaviour and attitudes are so common that, as a woman, you are abnormal if you do not follow diets and worry about your weight' (Dolan 1994: 1-2). I aim to analyse the links between 'normal' dieting, body self-image, 'problem' eating and eating disorders, using feminist and sociological analyses applied to my fieldwork findings in this area. I prefer to use the term 'problem' eating, referring to anorexia nervosa, bulimia nervosa, as well as dieting and over-eating, because although disagreeing with Dolan's choice of 'disordered eating', I agree with her sentiment of the general pervasiveness of eating problems in many women's lives, which will be discussed further later in this chapter.

Fieldwork Findings:

Young women's food choices

Influenced by media and academic reports about the 'unhealthy' dietary habits of many young people (The Guardian 6 August 1996), I investigated the foods consumed by the young women in my study. I contemplated producing a food diary which young women would complete on a daily basis showing what food they had eaten, but I felt there would be numerous problems with this idea. Firstly, from my experience of conducting research and working with young people, I believed the number of accurately completed diaries would be low because the young women would forget to fill them in. I recently completed a food diary for a week as part of the European Prospective Investigation of Cancer and nutrition (EPIC) study and discovered first hand how time-consuming this level of participation can be, which further strengthened my belief that this was not a good method of information collection to use with young women.

In addition, youth workers at Hillside had become increasingly aware that some young women who attended the youth club had eating problems, such as bulimia and anorexia, and I thought that these young women might feel threatened by the prospect of having to list the food they had consumed in a given week, and may not provide accurate and complete information. I felt that any information regarding young people's dietary habits would therefore be better collected by observations both at school and youth club as this would be more reliable, and more importantly, would allow me better access to exploring young women's beliefs about, and attitudes toward, food and diet.

I do not have any comparative data on the food consumption patterns of the young men and young women in my study. Whilst this would have been an advantage, I did not have time to gather data from the young men. Although the young women I shadowed did socialise with young men at school, they did not eat lunch together; indeed, none of the young women I shadowed ate lunch in the school canteen.

My first day of shadowing at The Green (see Chapter Two) was with Alison, who had informed me that she stayed at school for lunch, by which I assumed she bought a lunch in the school canteen. However, at morning break she queued for the tuck shop, buying two packets of crisps and three chocolate bars. I said 'you're not going to eat all that, are you?', to which she replied 'it's so I don't have to go to the canteen at lunch time if I buy my lunch now.' I confess to being confounded by this choice in food and began worrying about how I was going to obtain 'proper' food for myself. However, three days later Alison was not eating chocolate because she 'had to get thin for the summer', and had brought a cheese-spread sandwich from home.

Balding's health behaviour questionnaire conducted in 1995 with 48,000 school pupils aged 11 to 15 years found that around 20 per cent of year 11 young women (aged 15 and 16 years) did not eat breakfast on the school day on which the questionnaire was completed as Table 6.1 below shows.

Table 6.1

What did you eat for breakfast this morning? (Year 11 pupils), percentages.

	Boys	Girls
Nothing	11.6	20.1
Tea/Coffee	47.9	44.5
Milk	17.2	8.2
Fruit juice	20.5	18.6

Adapted from Balding (1995)

Eliza told me she never ate breakfast, saying she did not have the time. Unfortunately I did not have the opportunity to ask other young women I was shadowing at school whether they ate breakfast every day or not, but I did ask eleven young women in an open-ended questionnaire what they had eaten for lunch that day (lunch being the one meal consistently eaten away from parental view during school days). Two young women said they had not eaten lunch, and another ate only an apple and a packet of crisps. Balding (1994: 2) found 12.8 per cent of year 11 young women had not eaten lunch on the day before the questionnaire was completed. Eliza always brought (and ate) sandwiches from home for lunch. One day, when I was shadowing Eliza and Sally, I observed Sally eat one packet of crisps and two packets of mini cookies in a morning class, another packet of crisps during morning break, in addition to the packet of cookies she said she ate on the way to school. I never observed Sally eating 'proper' food while at school. Sally's mother was completely aware of her daughter's diet, and in an interview explained how Sally refused to eat food prepared for her.

Mrs Hall: '[Her diet] is absolutely abominable. She'll come home from school and she'll binge and then when it comes to meal time she's satisfied her hunger...and then she'll pick and then more often than not it's thrown away. I used to do her lunch to go to school, I found in her drawer upstairs ten or more packets of sandwiches and I thought 'Right if that's what she's doing, she can go without.' I'm not wasting my time cutting sandwiches if she's going to just hide them, so she just takes her pop and her biscuits and her crisps and that's it.'
EP: What would you prefer she ....?
Mrs Hall: 'I would prefer her to have her sandwiches and a piece of fruit and that sort of thing, but there again she doesn't want her sandwiches, she'll just hide them. What's the point? It's my energy, my time and energy.'

Sally's mother felt there was very little she could about Sally's food choices. Other mothers also reflected that there was little they could do to force their daughters to eat the food they would prefer them to eat. Mrs Green told me her daughter Suzie ate 'junk food all the time', preferring eating chips from the local chip shop than the dinner she prepared for her, and asserted that it was impossible to make young people eat food if they did not want it.

There were quite substantial differences in the mothers' opinions of their daughters' diets. Some, like Mrs Hall and Mrs Green, were unhappy with their daughters' diets. Mrs Perkins was very happy with Marie's diet, pointing towards the large amount of fruit and vegetables she ate, and my observations of Marie's diet while at school proved this to be accurate. Mrs Jones told me that her daughter Mandy ate large quantities of food, but did not put weight on easily.

Mrs Jones: 'Mandy is so slim. She does follow her father, he's put on, I should think in 18 years, half a stone. He eats like a horse, like she does, and she doesn't seem to put on a pound, she's got his build.... She doesn't starve, she looks like she's starving but she doesn't starve at all.'

Mandy later indicated to me that she had bulimic episodes (see later discussion about eating problems), something of which her mother either seemed unaware, or may have been unwilling to discuss. Mandy was a keen volunteer to be shadowed in school, but attended the school which refused me admission, so I was not able observe her day-to-day school life and therefore could not refute or support her mother's assertion.

Vegetarianism

'The flesh you so fancifully fry is not succulent, tasty or nice
It's death for no reason and death for no reason is murder.'
The Smiths - Meat is Murder (Rough Trade Records 1985)

Mrs Adams, to my surprise, had few objections to the recent conversion to vegetarianism of her daughter Lesley. Brannen *et al.* (1994:153) suggest that vegetarianism is one method used by young women in particular to withdraw from family meals. Personal experience suggests that non-vegetarian parents often strongly object to young people's vegetarianism, partly on 'health' grounds, and partly because it disrupts family meal

times. A National Dairy Council booklet on 'Nutrition and teenagers' explains away young people's vegetarianism as being within the sphere of experimentation and independence.

> 'Adolescence is a time for experimentation and when the battle for independence may lead to the rejection of family or conventional lifestyles, including food habits.' (National Dairy Council undated: 24)

This patronising view of young people's vegetarianism is not upheld by studies. When vegetarian young people are asked to explain their reasons for their conversion from meat-eating, most have firmly held and well thought-out moral or health grounds on which they base their decision (Coverley 1993). However, the image of fickle, faddish and contrary young people is a popular stereotype, as illustrated in the quote from the National Dairy Council. Conversion to a vegetarian diet often occurs during the teens, and is much more prevalent amongst young woman than among young men (Neale 1993; Brannen *et al.* 1994: 107). The HEA (1992a) suggest that 12 per cent of young women aged 16-19 years are vegetarian compared with 5 per cent of young men of the same age. Twigg (1983) suggests that some foods are seen as more 'male' than others, for example red meat is specifically associated with maleness while vegetables and salad are more delicate and are therefore seen as 'female' foods. Adams (1990) points out that for some young women there may be a link between violence and eating meat, leading them to reject meat as essentially masculine food. Intensive factory farming methods of slaughtering animals is undoubtedly brutal and many young women reject the violence of these deaths, perhaps some seeing a parallel with the male violence they experience in their own lives. This idea appears in the discussion in Brannen *et al.* (1994) of a young woman's transition to vegetarianism:

> 'With some cause, Soraya conceptualises masculinity as threatening her both outside the home (she has recently been seduced by a much older family friend) and, until recently, inside the home (by her violent father). She finds refuge in spirituality from her vision of male violence, and her eating habits are implicated in this.' (Brannen *et al.* 1994: 153)

Lesley had recently been assaulted by a man in the street, although whether this had any effect on her recent conversion to vegetarianism I cannot be sure, as she was reluctant to discuss the assault. Mrs Adams did not view Lesley's vegetarianism as a rebellion, but

was unhappy that Lesley preferred to eat two small meals in the evening rather than one large one, and appeared to try to control the content of these meals.

EP: 'Do you find that she eats in a way you're happy with, does she eat dinner?'
Mrs Adams: 'Not always. Very often they're [Lesley and her friends] busy and she'll come home from school and she'll have something to eat then and she'll have something quite substantial so she doesn't want a cooked meal at say 5.30. So, then she'll end up having supper [and] instead of having the large meal, she's had two smaller ones [instead]. I just make sure everything in a balanced diet is available and it's there and things are cooked for her and either she chooses to eat them then, or it's as I say split between two meals, which I'm not completely happy about, but if you try and say anything about it, it's 'well, I'm not hungry now so what's the point.' I can see her point if she's not hungry, she's not going to eat it, but by the end of the day, by the end of the week, it's covered, know what I mean?'

Cultural changes in food choices

Attitudes to food and its consumption have changed over the last 20 years, and many more people eat 'on the hop', to which the proliferation of fast-food restaurants testifies. The National Dairy Council suggest that people are now eating more informally and more snacks than 'proper meals'. They describe young people's food habits as 'grazing'; eating little and often, similar to Lesley's as described her mother, above.

Of all the health behaviours I investigated in this study, mothers appeared to have a greater insight into their daughters' food choices than other behaviours, such as smoking and sexual activity, which are more likely to be done in secret. Some food, usually the evening meal, is eaten at home by young people and therefore their mothers feel they have some idea of the food consumed, even if the young person cooks dinner themselves (Brannen *et al.* 1994: 163). Mennell *et al.* (1992: 98) suggest that 'women continue to bear the responsibility for the preparation of meals even when they are in paid employment'. On this basis I assumed that mothers did most of, if not all, the food shopping for the family and when I asked mothers where they did their food shopping, none of them said that another member of the family was responsible for this task. All the mothers said they used supermarkets to do their food shopping mentioning Aldi, Kwik Save and Iceland. These supermarkets were reported by the women in Dobson *et al.*'s (1994) study of food and poverty as cheaper than other supermarkets such as Sainsbury's and Gateway, which are often accessible without having to use a car.

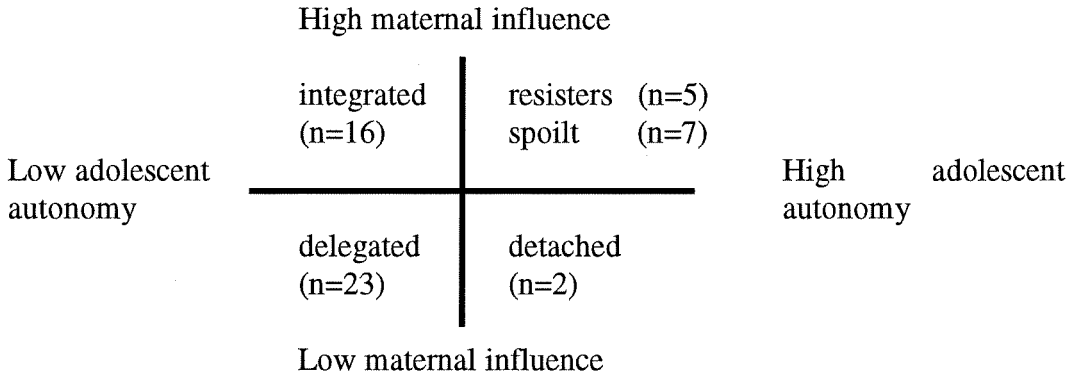
> 'The shops most commonly used by the majority of respondents were the high street supermarkets - Kwik Save, Cost Cutters and Iceland - which were within walking distance.' (Dobson *et al.* 1994: 12)

Although women usually do the shopping, they do not always control what food is bought, as many women defer to the dietary preferences of their husband and children. One respondent in Charles & Kerr's (1982) study of household food choices (quoted in Mennell *et al.* 1992) said she placed her own personal likes second to those of her husband and children. Mennell *et al.* (1992: 109) suggest that 'food choice is inextricable from cultural expectations and the micro-politics of domestic interiors and the process casts doubt on the relevance of the word 'choice'.'

As mentioned above, many mothers indicated that their daughters would cook dinner for themselves, and sometimes for other members of the family. Since these young women were around fifteen years of age, this level of autonomy is hardly surprising. Brannen *et al.* (1994: 145), found a similar amount of delegated responsibility in interviews with 64 households, as the diagram below illustrates.

Figure 6.1

Amount of maternal influence, by degree of young people's autonomy



Brannen *et al.* (1994: 145)

As the diagram above shows, the majority of the families shared to some extent the responsibilities and duties associated with the provision of food, usually with mothers buying and storing the food, and young people preparing some of their own meals.

A woman's place is (still) in the kitchen?

As I have discussed earlier, authors such as Atkinson (1983) and Murcott (1983a; 1983b) suggest that food has a moral dimension, and since women take the major responsibility for the purchase and preparation of food, any perceived weaknesses in the type of foods eaten by their family are seen as a reflection on their worth as wives and mothers. For example, Atkinson (1983: 9) discusses the guilt felt by some housewives using pre-cooked foods and in semi-structured interviews with forty-one working-class mothers in South Wales, Pill (1983: 121) found these women regarded 'proper' and 'good' food as fresh food (not tinned or frozen), cooked food.

> '(RP) By cooked dinners you mean, what sort of things?
> (Respondent no 20) Well, meat you know. Meat and vegetables. I think vegetables are important.
> (Respondent no 17) Well, like cooked meals - roast dinners. I'm very much for cooked meals.' (Pill 1983: 124)

Both Mrs Jones and Mrs Brown were very self-critical for producing what they regarded as convenience foods for their family. Making a meal from foods in the freezer did not constitute 'good' and 'proper' food to them.

Mrs Jones: 'I mean, I must admit this last couple of weeks they've had what I call convenience foods, like pastas. It's been nothing I've made myself, nothing I've prepared earlier; hash brown, all in the oven because I've been so busy working and we're going on holiday next week anyway, so I thought "knickers it's too hot anyway to keep cooking", so [I] put it all on an oven tray and it's in the oven or on the grill and I don't have to do anything.'

Mrs Brown: 'I suppose it's different [from when I was Eliza's age] because my Mom was always at home, she didn't work, she was lucky enough not to have to go to work, so there was always a meal, a proper meal cooked. My Dad was always one of those [who wanted dinner] on the table at a certain time. With us, we just eat when we can, what we can, what's in the cupboards, so I would be a liar to say she [Eliza] eats a fully balanced diet because she doesn't. She has what she fancies, I mean they all do and I sometimes feel a bit guilty about it, but you know it's for convenience now and I think a lot of families are the same, it's all these boil in the bag things where perhaps it should be meat and veg. I mean we do always have a cooked meal through the week, chicken and things like that. She doesn't do too bad on it, she probably does eat the wrong things, but she eats as and when she likes, but as I say it's different to when I was younger.... whenever I got home from school or when I was working, Mom was always there to cook.'

Modern technology has meant that there is a plethora of domestic gadgets all allegedly designed to allow women (and to a lesser extent men) to spend fewer hours on housework. However, in reality women do not spend fewer hours performing housework because new technology has meant standards of cleanliness have risen; kitchens can now be 'more than just clean' (Oakley 1974).

> 'The liberating potential of 'convenience' foods needs to be analysed in the same vein [as housework] - though to see this we must first dispel the clouds of moral and political anxieties which surround such foods; anxieties which often stem from classic worries about the condition of the modern family.' (Mennell *et al.* 1992: 99)

Murcott (1997) points out that the current desire by many people for a return to the family eating together around the dinner table is a very middle-class ideal, as historically very few families ever did eat as a family unit. She states that many upper-class families ate without their children, who were either in the nursery or at boarding school. Many working-class families could not afford to buy a kitchen table around which the family could sit (Murcott 1997) and no doubt many families had members who worked shifts, making eating together difficult. Although some low-income families are probably still without a table which to eat around, they are often forced to eat at the same time in order to avoid the extra costs of separate meals, or keeping food warm (Dobson *et al.* 1994: 35).

Mrs Brown in particular refers back to 'a golden age' of family togetherness around the dinner table. She refers to her mother 'being lucky enough not to have to go to work' and therefore could cook meals for her family, reflecting Mrs Brown's priorities in how she would spend her time if she did not participate in paid work outside the home. Blaxter and Paterson in their study of 58 three-generation families of working-class women in Scotland also found the older women disapproving of the changes in family eating patterns, such as families not eating 'proper' meals together. The authors suggest that this view reflects the idea that the 'proper' meal has much to do with the idea of a 'proper' family life' (Blaxter and Paterson 1983). They suggest that these women did not necessarily see this as the Sunday roast together around the table, because they were unlikely to be able to afford this. In Dobson *et al.*'s study, respondents state that they cannot afford a 'proper' Sunday dinner and sometimes feel guilty because of this (Dobson *et al.* 1994: 17).

According to the Joseph Rowntree Foundation's (1995) study of 50 families on income support, a number of working-class women opt to go without food to ensure other family members have enough. A parent (whom I assume to be female) on income support with three children says ' I've walked with holes in my shoes, no winter coat and haven't eaten for three days to look after them...I won't let my kids go without. I won't have anyone look at them and think "Oh isn't it a shame".' This is similar to one woman, Mrs O., in Pember Reeves' study of working-class women in Lambeth at the turn of the century who 'did her shopping at night in order that her old slippers might not be seen.' Her husband insisted that Mrs O. set aside housekeeping money to provide him with extra food, which resulted in her being unable to buy proper shoes (Pember Reeves 1913/1979: 163).

Women are seen to have a moral responsibility to ensure her husband and children are well fed, often at the expense of their own health. American feminist Naomi Wolf (1990: 191) says 'women do not feel entitled to food because of the history of women always going without or having the leftovers.' Pember Reeves (1913/1979) found that the amount spent on food averaged sixpence per head per day for men and less than threepence for women and children, reflecting the perceived need to keep the main breadwinner in work even if this was at the expense of the health of women and children.

Dieting

One aspect of the current focus on healthy eating is the encouragement by health professionals for people to avoid eating too much fatty foods and becoming obese. 'The Health of the Nation' targets on diet specifically highlight the proportion of the English population who are obese; current figures suggest that the proportion of the population aged over 16 years who are obese is fairly similar for both men and women at 15 per cent and 16.5 per cent respectively' (Department of Health 1997: 6). However, it is women who restrict their diet in greater numbers than men, often on aesthetic not health grounds.

As the previous section has discussed, within the family unit, adult women generally assume responsibility for food, but they themselves, feel coerced by social and cultural pressures to stay slim.

> 'The rules for this construction of femininity... require that women learn to feed others not the self, and to construe any desires for self- nurturance and self-feeding as greedy and excessive.' (Bordo 1993: 171)

Bordo (1993) suggests that the current cultural imperative for women to be slim can be traced back to the 1960s, and appeared in tandem with increased social status and economic status for some women in 'industrialised' countries.

Dolan (1994: 1) says 'studies in a variety of industrialised countries estimate that up to 90 per cent of women have been on slimming diets.' Women's responsibility to keep their family well-fed evidently does not apply to them as in order to be a 'successful' woman, their responsibility is to stay, or strive to become slim. Because of the all-embracing western emphasis on slimness, very few women are immune from its influence, and therefore I fully expected the mothers I interviewed to have been on diets in a bid to lose weight. However, even before I got to questions about diet and weight, the women pre-empted me. During the interviews, when I said the word 'diet' meaning the combination of foods eaten, many mothers assumed I meant diet as in calorie counting and food restriction. When I said to Mrs Perkins 'I've got a few questions about diet', meaning food in general, she replied with 'oh, the dreaded diet', and began discussing her weight problems.

All mothers had 'been on a diet' of some description, although not all involved calorie counting and food restrictions. Mrs Adams, for example, was diabetic and therefore had to observe food restrictions due to this. However, most of the mothers described to me in detail their 'battles with the bulge':

Mrs Perkins: 'I've been on about four different diets. I used to be sixteen stones, I got down to ten and a half and I thought 'that's it, I've got down my goal weight.' I came off my diet, I wasn't eating ridiculously, not diving into the chocolate and things. I was having what, one chocolate a week as a treat because I'd done so well and next thing I knew I was back up to seventeen [stone]. Now I've just cut out virtually everything I shouldn't eat so I've started to lose weight, plus stress which is helping me, which is a good thing. At least stress does one good thing, it helps your weight, about the only good thing.'

Mrs Hall: 'Before I had the children, like Sally [her daughter] I suppose, I was boredom eating and I was as round as I was tall. Then, I got a psoriasis patch on the bottom of my foot and psoriasis is [connected] with nerves, but it's also connected with [being] over-weight and the doctor said to lose weight. I gave up sugar completely, gave up biscuits and cakes and all that sort of stuff, and I lost two and half stones in just over two months

and I've watched it ever since. I have crept up, I've put on about a stone that I can't shift, but I do watch my weight.'

EP: I've got a few questions about diet?
Mrs Jones: 'I wish I was on one, I do. I was only very slim when I married their Dad and then, within the first six months I think or the first nine months I went up by two and half [stones]....Oh Weight Watchers gold member here, two and a half stone over [weight] now... I ought to go back because I did lose it with them, I found their diet quite good. I don't know, I get quite fed up with it, but I feel slimmer, I think I lose more weight if I'm not thinking about it than when I do. I'm a picker, you know what they say about little pickers, they wear bigger knickers. ..it's stress, when [my sister is] stressed she tends to lose [weight], whereas I put it on, because I'm into the food. I'm a comfort eater, I suppose.'

Mrs Brown: 'I worry about it [my weight] all the time. I've been to Weight Watchers and I've been to Rosemary Conley [slimming club] and I've lost it and I've put it back on again. I sometimes think maybe this is the way I am supposed to be. I am conscious of it, I don't say 'oh blow it, it doesn't matter' because I do worry about it, I'm conscious of it.'

Those mothers, discussing their dieting behaviours above, have one thing in common: any weight lost through dieting and calories counting has been put back on when the dieting ceased. Mrs Perkins' discussion about her 'weight problems', quoted above, perfectly illustrates the 'yo-yoing' of weight caused by such dieting. Mrs Perkins lost five and a half stone, but after coming off the diet put on six and a half, leaving her a stone heavier than when she started the diet. Dolan (1994: 2) says 'around 95 per cent of those people who initially lose weight on a diet will have returned to their initial weight and possibly gained more, within three years.' Health educators agree that altering your diet permanently, cutting down on fatty foods is the best way to lose weight in a healthy and sensible way (Health Education leaflets such as 'Enjoy Healthy Eating' 1995). However, women are encouraged by the media, friends and family to lose weight for aesthetic purposes, not for health reasons.

Women in industrialised countries have increasingly become bigger and heavier since the Second World War due to improved diet, which makes the current cultural emphasis on slenderness even more difficult for the 'average' women to achieve. People now lead more sedentary lives, so that even though average calorie intake has fallen significantly over the past 25 years, obesity is increasing. Although women are generally larger than previous generations, there are still a wide range of body types and no one particular body type to which all women conform. Seid (1994: 4), an American feminist historian,

says 'the range of body types in the past does not differ from the range we know today. What has changed is the body type (or types) regarded as ideal.'

Mrs Brown makes an interesting comment while talking about her weight 'problems' saying, 'I sometimes think maybe this is the way I am supposed to be'. Then later she says 'I don't say 'oh blow it, it doesn't matter' because I do worry about it', almost as if it would be morally wrong not to care about being slim. If Mrs Brown did not keep control over her weight she would be 'letting herself go', rejecting one of the current cultural constructions of femininity: slenderness. Slimness is desired so much in women that all women must at least be seen to be *trying* to conform, otherwise they risk stigmatisation as 'fat'.

Even women struggling to feed themselves and their families on a very limited budget try to follow expensive diet plans. Respondents in Dobson *et al.*'s study of 48 women in low-income households followed diets they saw on day-time television and in women's magazines. However, many of the diets called for foods these women could not afford and they would omit these foods and:

> 'as a result, they felt hungry and were tempted to cheat, thus becoming depressed about being overweight; this depression in turn led to an increased consumption of chocolate, thus defeating the object of the diet.' (Dobson *et al.* 1994: 32)

Of the mothers I interviewed only one was reasonably positive about her weight and body shape:

Mrs Adams: 'I did put a bit of weight on a couple of years ago and, I spoke to my doctor [who] said he would sooner I was as much as a stone overweight and happy, than anxious and trying to get it off. I just accept [that] as you get older it doesn't do you too much good to be too slim anyway and I've adapted to the idea that I'm a different shape as I get older than what I was when I was [in my] teens and twenties.'

I have not discussed mothers' attitudes to weight and diet in an attempt to suggest that they exercise a detrimental influence on their daughters by setting a poor example, as some authors such as Stein *et al.* (1995), and to a lesser extent Chernin (1985), would suggest. In Stein *et al.*'s (1995) study thirty mothers with children aged between 2 and 12 years who had been diagnosed as having a feeding or eating disorder (such as refusal of food or extreme faddiness) were compared to the mothers of thirty children who had

been diagnosed as having a behavioural (though not specifically eating) disorder. These mothers were then compared to a sample of 'community' mothers. All mothers were asked to complete a questionnaire concerning eating disorders and included sub-scales corresponding to dietary restraint; bulimia; concern about eating; concern about body shape and concern about weight. The authors state:

> 'there were no significant differences between mothers of behaviourally disturbed children and the community mothers on any measure. In contrast, the mothers of children with feeding disorders scored significantly higher than community mothers on all sub-scales.' (Stein *et al.* 1995: 228)

The authors do suggest that further research needs to be done, but despite the fact that this research took place in child psychiatric clinics in one (unidentified) geographical area, they state:

> 'these results provide evidence that feeding disturbances in children is specifically associated with disturbed eating habits and attitudes among mothers.' (Stein *et al.* 1995: 228)

In this study there is no discussion about the influence of fathers nor about other family members' eating habits. The social and economic circumstances of the mothers is not discussed and since these results refer to a very small number of mothers of *diagnosed* children in 'one geographical area' it is surprising that the authors feel able to assert with such confidence that their 'results provide evidence'.

In discussing mothers' attitudes to weight and diet I am suggesting that the 'tyranny of slenderness', as Chernin (1981) describes it, is so pervasive that women who are not overweight or are only slightly overweight (in medical terms, for whom their weight poses no health risk) spend a large amount of their time and energy attempting to conform to the cultural 'ideal' body shape. This 'tyranny of slenderness' influences both adult women and much younger women, even children. There is evidence that girls as young as ten years old are dieting or contemplating dieting due to being unhappy with their body shape (Hill *et al.* 1990; 1992). I discuss young women's low self-esteem due to unhappiness with their body shape the detriment effect this has on their well-being in the next section.

Body image

Of particular relevance to my discussion of young women and body image is the work of feminist philosopher, Susan Bordo, who has analysed women's negative body image in a number of publications (collected in Bordo 1993). Negative body image can have a tremendous effect on young women's well-being and self-esteem. In Scraton's study (discussed in detail later in this chapter) one PE teacher, when discussing young women's lack of participation in PE lessons following puberty, suggests that girls 'just lose all interest in physical activity at this time - it's just natural' (Scraton 1995: 120), the assumption being that puberty brings natural physical changes which young women find disturbing. The social aspects of their discomfort, for example the taboos around menstruation (see Chapter Five), are not considered. As Scraton (1995: 125) says, 'it is not the actual physical changes of the young women's bodies which cause the anxiety but the culturally determined responses to these changes.'

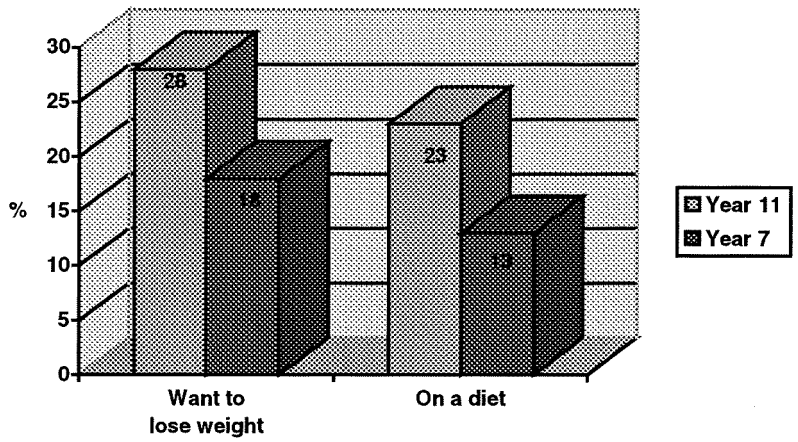
Thinness, a reversion to the pre-pubertal body shape of childhood, is now *the* socially approved norm for beauty and success in women (Bordo 1993: 102). 'Womanly' curves, an outward sign of fertility and sexuality, are not 'fashionable' in western society (Dolan 1994). Regulation of the body through dieting and exercise regimes are a requirement of today's cultural construction of femininity (Bordo 1993: 48). There is a moral value attached to having a socially approved body which conforms to the cultural ideal of a thin toned body (Flintoff, Scraton and Bramham 1995: 93). Social exclusion is a threat to those who do not conform; for instance 'fashionable' clothes are rarely supplied in larger sizes than British size 16. Societal exhortations for the 'perfect' body (by which I mean the culturally and historically specific acceptable body shape) also impinge on men to a greater extent than in previous generations, but these pressures have traditionally affected women more (Bordo 1993).

Body dissatisfaction is not limited to adult women. Some recent studies have highlighted the dissatisfaction many young women have with their body shape and weight. In comparison to young men of the same age, many more young women express dissatisfaction with some part of their bodies. Turtle, Jones and Hickman (1997: 13) produced a survey for the Health Education Authority in which 6,406 school pupils completed questionnaires at school which dealt with a variety of health issues. The main sample were selected as representative of the general school population in England; a

random sample of 42 pupils from each of Years 7 (11 years old), 9 (13 years old) and 11 (15 years old) were selected. This study found that 65 per cent of Year 11 young women had a desire to change an aspect of their physical appearance compared to 39 per cent of young men, most commonly size, shape or weight. Table 6.2 below shows the percentage of young women in this study who were dieting or believed that they needed to lose weight.

Table 6.2

Percentage of 11 and 15 years old young women: Their dieting behaviour and desire to lose weight



Source: Adapted from Turtle *et al.* (1997: 13)

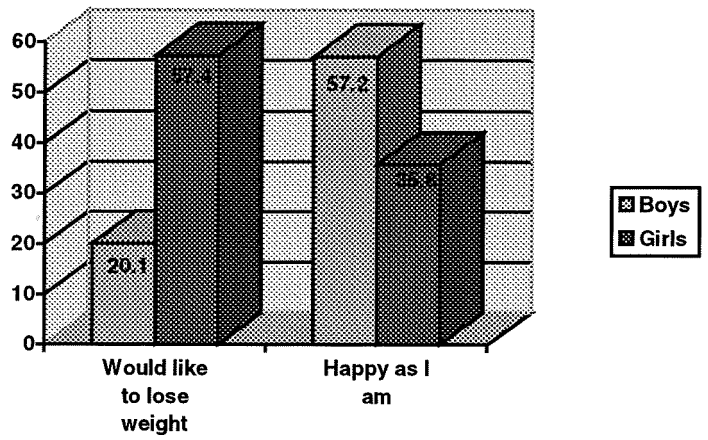
Conner, Martin, Silverdale and Grogan (1996) produced a study of 231 young men and women (all white) aged between 11 and 14 years old in two schools, one in Leeds and one in Sheffield, who completed a questionnaire focusing on dieting intentions. The authors suggest that from the age of ten years and upwards girls are less satisfied with their body shape and weight than boys, and young women are less likely to view dieting negatively (Conner *et al.* 1996: 322-3).

In early 1995, a survey was conducted among 1,054 13 and 14 year old boys and girls on behalf of the Health Education Authority titled 'Expectations for the Future: An investigation into the self-esteem of 13 and 14 year old girls and boys'. Structured questionnaires examined aspects of life which young people enjoyed and those areas which caused them concern. Qualitative data were collected through single sex discussion groups in Camden, Southgate, Manchester and Barnet, although unfortunately the report does not adequately explain the methodology used and a copy of the

questionnaire is not included. The report suggests that young women tend to have lower self-esteem than young men and have less confidence in their abilities. Young women's low self-esteem was, at least in part, due to negative feelings about their looks. One young woman said; 'I'm very conscious about myself constantly - the way I look. If I get spots I don't want to go out...and my weight, I'm conscious of that all the time.' (Health Education Authority 1995e: 4). Balding's health-related behaviour questionnaire also found more young women to be unhappy with their weight than young men.

Table 6.3

Contentment with weight Year 11 Pupils, percentages (n=4,000)



Adapted from Balding (1995)

It was a regular occurrence for young women who attended Hillside youth club to say in a despairing tone 'I'm so fat' and many were dissatisfied with their body shape or weight. One evening at the youth club, Daisy told me she was fat; in response I asked 'what makes you think that?' she replied 'I don't think it, I know it.' I suggested to her that she was not fat (in fact, she was quite slim). Daisy replied saying she said she had 'a fat belly.' As Bordo (1993: 190-1) points out 'areas that are soft, loose or 'wiggly' are unacceptable even on extremely thin bodies'. In the pursuit of thinness women often focus on areas of their body they cannot change or aspects they cannot eradicate, particularly their stomachs. Bordo (1993: 188) suggests that many anorexics have a fear of 'erupting stomachs' and this is most frequently the area of the body they are dissatisfied with. Women's bodies carry more fat than men, distributed mainly around

the breasts, stomach, hips and thighs. The latest 'fashion' for thin, pre-pubertal bodies results in many women being dissatisfied with their 'womanly' bumps and curves.

Youth workers at Hillside were aware of low self esteem due to a negative body image of some young women, and Daisy who was obviously dissatisfied with her own body had been reprimanded for teasing other young women about being overweight. I discussed this issue in an interview with Monica, the youth leader at Hillside, during an interview.

Monica: 'Name me three young women who have any meat on them... look at Daisy, what she's capable of saying to [a girl] with just a nice figure 'look at you fat fucking bitch' or whatever was said...What young women are exposed to [in the media] isn't plump. It's important to them that they look good, although they probably don't feel good.'

Seven out of eleven young women who completed a health questionnaire I circulated at Hillside youth club said they had tried to lose weight. When I asked Lesley about her perception of health and fitness, she suggested that she was not very healthy.

EP: 'In what way, what part [of your behaviour] do you think is unhealthy?'
Lesley: 'My eating. I think I eat too much chocolate.'
EP: 'Is that because you think it will make you fat or spotty, or what?'
Lesley: 'Fat, mainly'

Balding (1996) found that almost 20 per cent of 14-15 year old young women ate no breakfast on a school day. Brannen *et al.* also found similar results in their study, saying:

> 'Gender appears to be the most striking influence on the behaviour of young people with regards to eating meals. Young women eat fewer regular meals than young men.' (Brannen *et al.* 1994: 104)

Many of the young women involved in my study did not eat regular meals. Helen and Gina told me one evening at the youth club that neither of them had eaten a 'proper' meal that day, eating chocolate and crisps instead. Monica said she believed that many of the young women were starving themselves. Monica suffered from stomach cramps if she missed meals and when she told some girls at the youth club about these cramps they said they also got them when they did not eat. I followed this up with Monica during an interview with her.

Monica: 'I could say that it's probably no different to us growing up as a teenager when you just want to grab something quick, get it down your face, whatever it is, and get out and see what's going on.'

However, taking into account Brannen *et al.*'s findings as quoted above, I believe that young women purposely skipped meals, as part of their preoccupation with their weight. If young women eat fewer meals than young men, this is unlikely to be because young women have more happening in their lives making them too busy to eat.

> 'The conscious reduction of food intake by skipping and/or eating less at meals is one way of taking responsibility for one's health. For young women, going hungry is likely to be part of being slim, and thus a means of conforming to Western normative ideas of femininity.' (Brannen *et al.* 1994: 105)

Negative body image and the relationship to 'problem eating'

The term anorexia nervosa was coined in 1873 by William Gull, an English physician. Early treatments of anorexia consisted of re-feeding and 'moral' treatments. Hof and Nicolson (1996: 584), in a study of publications on anorexia nervosa between 1960 and 1990, suggest that the increasing incidence of diagnosed anorexics appears to be confined to the period after 1960. The increase in the numbers of anorexics could be a result of more frequent diagnoses of the illness rather than a rise in the actual numbers suffering this condition.

However, it is not only diagnosed anorexic women who have distorted body image (Bruch 1978) as this also is common in non-eating disordered women (Birtchnell, Dolam & Lacey 1987). In a study with fifty women using visual size estimation apparatus which entails standing approximately two meters from the apparatus, women were asked to move two lights on a bar until the lights corresponded with their judgements of the width of their hips, chest and waist. Birtchnell, Dolan and Lacey found that the women overestimated all body widths, although they all accurately perceived the width of a box file. The average weight of the women in the study was 59.83 kg, whereas their average desired weight was 54.9 kg, 8 per cent less than their actual weight (Birtchnell *et al.* 1987: 390). Lawrence (1984: 18) sees anorexia at one end of the spectrum of responses women have towards themselves. She says 'we do not just eat: we slim, we worry, we weight watch.' Dolan (1994: 9) suggests 'it seems that almost every woman in our

society does have a 'disordered' relationship with food and bodies, even though we may not all be clinical cases coming to see the doctor.'

One young woman at Hillside youth club identified herself as bulimic. Mandy told me that she tried to lose weight by starving herself and making herself sick. She said she did not like being more than eight stone and the lowest weight she had been was five-and-a-half stone during the previous year. I asked if she was still doing it and she said sometimes she did it, and would tell people that she was not eating due to stress. Mandy told that her regime worked because she was not fat. I suggested to her that she ought to consider why she wanted to be thin. She simply replied 'because I don't want to be fat'. Mandy frequently skipped breakfast and lunch but was more likely to eat dinner although probably because she was required to eat this with her family. I did often observe Mandy eating crisps and chocolate, as most of the young people who attended the club did, but I was unable to shadow Mandy to discover more about her life and her views, although she was a willing volunteer, because she did not attend The Green School.

I tried to discuss the bulimia further one night at youth club, but Mandy was called away by her friends. Since I was leaving the club a few weeks hence, I did not want to leave without trying to get Mandy some support (if she wanted it) from people better qualified than myself, and therefore mentioned it to a youth worker who was in the process of setting up an eating disorder support group. She seemed aware of Mandy's situation anyway.

Summary

In this first section of Chapter Six I have explored young women's food choices within the family setting, indicating that the young women involved in my study do take some responsibility for the cooking, if not the purchase of food, for consumption by the household. I have discussed young women's food choices, specifically focusing on young women's conversion to vegetarianism and the link with male violence.

I sought mothers' opinions of their daughters' food choices and discovered that many mothers were concerned about their daughters' food consumption, but felt unable to insist on them eating certain types of foods.

I have analysed some mothers' guilt at producing meals based on 'convenience' foods for their families. These mothers suggest that 'proper' food is better for their families and they do not regard frozen or tinned food as 'proper' food. There appears to be a culturally derived moral imperative for women to produce 'good' food for their families and their prestige as wives and mothers depends, in part, on their labour to produce food for others' consumption. Even the mothers in my study who worked full time still took the major responsibility for the purchase and storage of food, although many young women did cook for themselves.

I have analysed the dieting behaviour of some mothers, arguing that the cultural emphasis on thinness results in most women feeling they must attempt to conform to the cultural standard of female body shape.

I examined how having a poor body image can detrimentally affect young women's well-being and self-esteem. If young women feel they do not conform to societal standards of female beauty, many will diet in an attempt to make their bodies conform to the culturally acceptable body shape, and this may lead to eating problems such as anorexia. Women can and do resist this cultural pressure, but I believe young women are more exposed to representations of the 'body beautiful' through 'style' magazines that are aimed at a young audience. The social and cultural responses (for example, from their peers) rather than the biological changes which accompany puberty may cause young women distress and embarrassment about their bodies.

The next section of this chapter considers young women's attitudes towards physical activity, particularly focusing on their non-participation in school physical education lessons. I present a feminist analysis of this, suggesting that dominant constructions of femininity discourage young women from participating in sport and physical activities.

Exercise:

Introduction

Research by feminist social scientists on women's leisure such as that by Deem (1986; 1988), Wimbush & Talbot (1988) and Green, Hebron & Woodward (1990) shows women as having very different experiences of leisure and 'spare' time compared with men, particularly due to the unclear division between paid work, unpaid domestic work and leisure. Lack of money, transport, access to leisure services, and safety, as well as child-care constraints and other domestic commitments, severely restrict women's access to leisure. Young women are no less free from many of these constraints than are the older women surveyed in studies such as Green *et al.* (1990). Some studies of young women's lives including those undertaken by McRobbie (1977), Griffin (1981), McCabe (1981) and Griffiths (1987; 1988) have shown young women's lives and leisure to be restricted by domestic and other family commitments. In an early paper discussing my own research findings, I found that young women living in the Poolside and Parkside areas of Wolverhampton had their leisure restricted by such factors as parental concern for their safety, lack of money and transport. These young women said they had their leisure constrained by domestic commitments including housework and baby-sitting to a greater degree than their brothers did (Peters 1995). In her study of young women's friendship in a rural area, Morris also found that young men performed fewer domestic tasks than young women (Morris 1997).

Fitzgerald *et al.* (1995) produced a questionnaire to examine the leisure activities of young people in a Dublin suburb. Two-hundred-and-eleven young people (mean age 16 years) completed the questionnaires in school. The researchers found that the preferred leisure activity of both sexes was listening to music, although boys also mentioned playing soccer while girls enjoyed going to parties and discos (Fitzgerald *et al.* 1995: 350-1). The authors suggest 'for all adolescents the most frequent and preferred activities were found to be passive but sociable in nature' (Fitzgerald *et al.* 1995: 357), although young women were less likely to take part in a sporting activity than young men. Morris (1997) in her study of 13 and 14 year old young women (and some young men) found young men much more likely to be members of sports clubs than young women. As with leisure activities in general, women do not participate as often as men in sporting and physical activities (Department of Health 1996).

Table 6.4 Physical activity by gender and age, 1994. England. Percentages.*

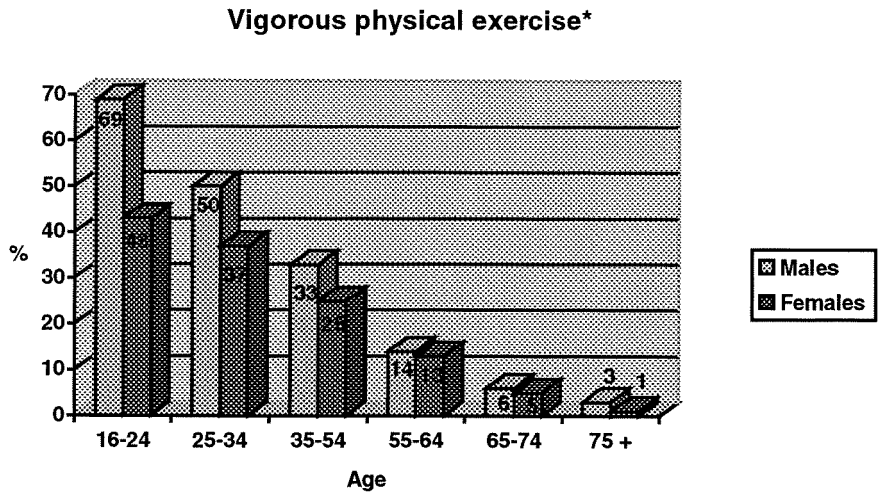
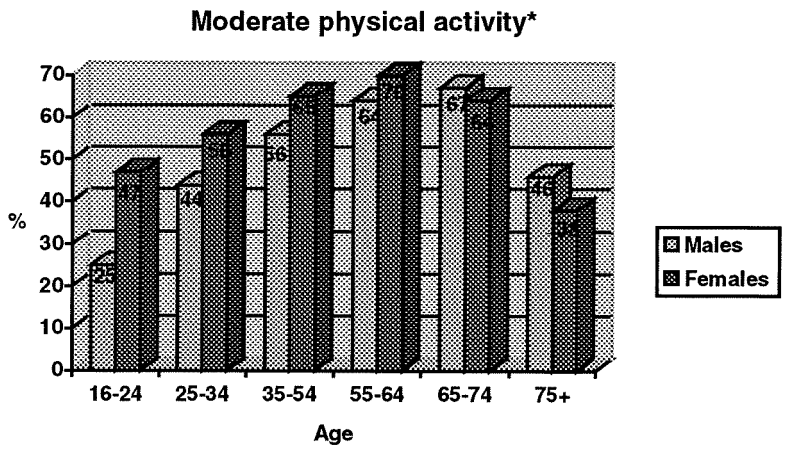


Table 6.5 Physical activity by gender and age, 1994. England. Percentages.*



*Maximum activity level in the four weeks before interview.

Source: OPCS (1997: 130) from Health Survey for England

In the following section of this chapter I will focus on young women's attitudes to sport and physical activity, and specifically their attitudes to sport and physical education at school. Firstly, I look at research about the levels of physical activity undertaken by young people, with specific focus on young women's physical activity, then move on to discuss Scraton's theory of femininity in relation to physical education, reviewing it in relation to the findings of my study.

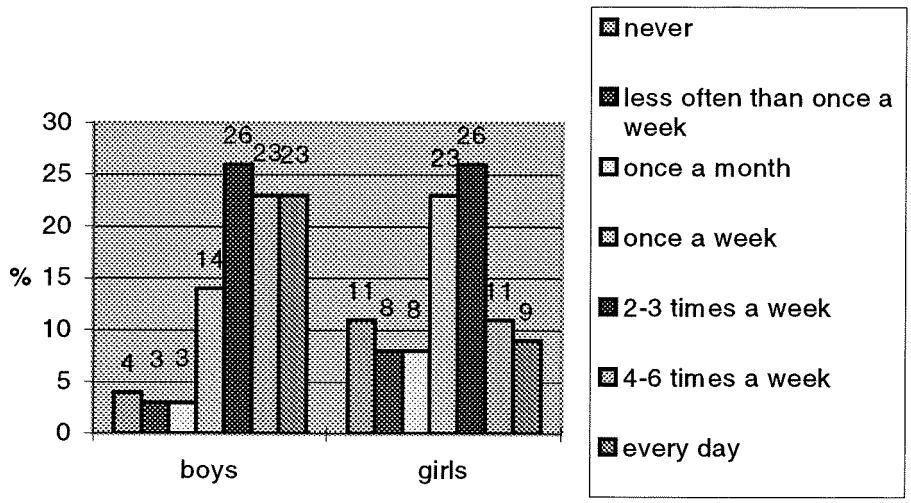
'The Health of the Nation' targets in relation to exercise

While 'The Health of the Nation' does not set a specific target concerning the British population's exercise levels, it is seen as an important contributory factor in the reduction of Coronary Heart Disease (CHD), a key target area in 'The Health of the Nation'. Exercise protects against CHD by reducing blood pressure and obesity and can also facilitate smoking cessation (Dargie & Grant 1991: 154). Numerous health promotion campaigns have extolled the virtues of physical activity (such as the Look After Your Heart campaign and Active For Life campaign), and the Health Education Authority asserts that exercise as well as reducing the likelihood of CHD can produce general improvements in health (HEA 1995). The lack of physical activity in the majority of the population, as illustrated in Tables 6.4 and 6.5, along with poor diet, leads to the media's portrayal of Britain as a nation of 'couch potatoes' (The Observer 15 October 1995).

There are reports in the media referring to the insufficiency of physical education undertaken by young women at school (The Guardian 30 March 1995; The Guardian 15 September 1995). Various reports suggest that young women are likely to participate in sport and exercise both within and outside school to a lesser extent than young men. In a national (England) survey of 10,293 pupils, young men aged between nine and fifteen years participated on average in 5.2 hours of exercise, both during and outside school in a typical week, while the corresponding figure for young women was 4.2 hours (HEA 1992b: 121). Another Health Education Authority survey of 6,406 11 to 15-year-olds in English schools found that boys were more likely to play vigorous games or sports outside school than girls, as illustrated in Table 6.6 .

Table 6.6

Frequency of getting out of breath and sweaty playing games or sports in free time



Source: Adapted from Turtle *et al.* 1997: 19

Power (1995: 42) suggests that levels of physical activity decline at around fifteen years of age, particularly for young women. Balding (1995) notes an increasing number of 'inactive' young women in his schools health survey.

> 'The steadily increasing percentage of 'inactive' girls with increasing age, doubling from 11 per cent in Year 7 to 22 per cent in year 11, should be noted.' (Balding 1995: 118)

I will analyse the reasons put forward to explain why young women's physical activity levels appear to decrease with age later in the chapter. Exercise is viewed by health professionals as an extremely positive activity both for adults and young people. The desire for young people to be physically active is connected to the desire for them to grow into healthy adults.

> 'The health benefit of regular physical activity have been demonstrated primarily for adults. Yet many people firmly believe that regular exercise during adolescence establishes a pattern that lasts into adulthood, promotes generalizable health-protective behaviours, inhibits health-compromising behaviours and leads to improve health status.' (Millstein & Litt 1990: 445)

The Allied Dunbar Fitness Survey (ADNFS) which measured the physical activity and fitness levels of a representative sample of over 4,000 English adults suggests:

> 'people who exercise regularly in their youth are more likely to continue or to resume exercise in later years. 25 per cent of those active when aged 14 to 19 years were very active now compared with 2 per cent active now who were inactive at that earlier age.' (The Sports Council and the Health Education Authority 1992: 7)

'The Health of the Nation' does suggest that recent developments making physical education a compulsory subject in the National Curriculum point the way forward to the improvement of young people's activity levels, saying:

> 'The provisions [of the National Curriculum] stress the importance of physical activity and require pupils to show that they recognise its importance and the effect that activity - or the lack of it - can have on the body' (Department of Health 1992a: 62)

Ninety-eight per cent of children in a HEA (1992b: 122) survey of 10,293 school pupils aged 9 to 15 years old say they do some exercise at school. Therefore young women's participation (or non-participation) in school physical education (PE) is an important aspect of any study considering young women's activity levels.

A review of the literature on young women and exercise

Leaman (1984) and Scraton (1986; 1987; 1990; 1992; 1995) both found evidence in their studies that many young women were hostile to PE lessons. Personal experience supports the assertion that, for many young women, physical education is the most disliked subject in the school curriculum. I will be examining later the reasons why some of the young women in my study dislike PE lessons. Physical education for young women developed in the pioneering girls' day schools of the late nineteenth century, although it was originally limited to 'appropriate' sports for young women that did not threaten their supposed biologically determined abilities or compromise their femininity (Scraton 1987: 175).

In Scraton's research, she interviewed heads of girls' PE departments, Local Education Authority (LEA) advisory staff, teaching staff and lecturers in a college of education. She found ideologies about biologically determined differences between the genders still

evident with fifty-three of the fifty-six interviewees referring to 'natural' physical sex differences (Scraton 1987:179). Scraton (1986: 79-80) conducted her research in four schools (chosen to represent both working-class and middle-class catchment areas) and two of the schools were female single-sex schools.

Scraton (1992: 2) asserts that PE has been a neglected area in feminist studies of schools and seeks to rectify this omission. She focuses on the teachers and advisors who influence the curricular content of the delivery of PE lessons in the schools she observed. She theorises from a feminist perspective about the connection between young women's sub-cultures (for example, the emphasis on femininity and romance) and girls' disaffection with PE in schools. I interviewed the head of PE at The Green School and other teachers at the school to elicit their opinions of young women's attitudes to PE, supplemented by my own observations and ethnographic interviews with young women concerning their perceptions, attitudes and participation in sport and physical activity, both within and outside school.

Most of my information on this subject comes from my observations at The Green School, but I did investigate young women's attitudes to and participation in physical activity while researching at the youth clubs. Twenty-seven young people at Hillside completed an open-ended questionnaire asking about their family background, schooling and leisure experiences. Only three young women stated they did any physical activity, in response to the question 'What do you do in your spare time?' However, when I asked 'What activities would you like to see the youth club provide?' six young women suggested physical activities such as basketball, skateboarding and ice-skating. Young women at Poolside and Parkside youth clubs in Wolverhampton were very keen on horse-riding, ice-skating and sporting activities in general. I believe that most young women are interested in some physical activities, but these tend to be 'appropriately feminine' activities, such as ice-skating and horse-riding (Wearing *et al.* 1994: 637), although it was refreshing to find many young women involved in skateboarding at Hillside youth club.

According to the young women's own reports, they engaged in various physical activities. In a questionnaire completed by eleven young women in the Hillside youth club, six said they took exercise five or more times a week, with one only doing exercise

less than twice a week. Many young women at Poolside group were members of a local marching band and some played football and netball in their spare time.

However, the teachers and youth workers whom I interviewed believed young people in general not to be very fit in comparison with earlier generations. Monica, the youth leader at Hillside youth club, told me during an interview that she thought young people were not very sporty, and believed the youth club needed to introduce more physical activity:

Monica: 'We [the youth club] need to re-address that the energy they [young people] have got is used constructively...they need to be more physically challenged.'

Two form teachers I interviewed at The Green School held a similar view.

Ms Sale: 'It might just be my perception but I get this feeling that young people aren't as fit now as they were say ten years ago and that sport...isn't such a part of young people's lifestyles as perhaps it used to be.'

Mr Farmer: 'They [young women] don't strike me as particularly well exercised.'

The head of the PE department, Ms Powers, backed up her assertion that many young people were not very fit by referring to some fitness tests the school had conducted on years ten and eleven.

Ms Powers: 'Having done one or two of the Euro-fit tests with them, then we know on the whole they're not very fit, so I think perception is backed up by some research, not major research but something like the multi-stage fitness test which is a test for cardiovascular endurance. Most of them struggle on that, which is not always a good sign, because they're only young.'

Francome and Marks (1996: 103) suggest that only 4 per cent of young men and 1 per cent of young women aged between 11 and 16 years regularly engage in the levels of physical activity necessary to maintain cardiovascular health. The results reported by Ms Powers above appear to support Francome and Marks' assertions. However, as The Green is a school well known for its sporting excellence (both male and female), I would suggest that they are more likely to have more than 1 per cent of young women at the level of cardiovascular health stated above.

Indifference and being a 'keeno'

I shadowed Sally and Eliza for a week at school, and during this time they had two PE lessons. In the first lesson, Sally told me she was not participating as she had a letter from her mother excusing her because of asthma. Eliza was also not participating and when I asked why she said 'I told the teacher I forgot my kit, but I haven't, though.' Sally, Eliza, and the other non-participators (about five other young women) were instructed to walk around the outside of the running track. At first, I put Eliza's lack of enthusiasm down to not wanting to take part without her best friend, Sally.

Later that day, during lunch-time, we walked past the tennis courts where some young women were playing. Sally said the young women were 'squares' [uncool] for playing sport in their lunch hour, although she conceded she 'quite enjoys tennis'. The day before sports day, Sally asked a young man whether he was taking part and when he said yes, she called him a 'keeno' for doing so. The young man himself said 'it's better than sitting in the hall doing nothing or doing the lessons.' Sally said she preferred doing lessons than taking part in sports day. Sally appears to have cultivated an 'indifferent' stance and feels that even participating in something she enjoys, such as tennis, would ruin her credibility as a rebel.

The second time Sally and Eliza had PE, they both again joined the non-participating line outside the PE block. The teacher asked each of those in line for their excuse notes, and those without notes for their reasons. Eliza says she has forgotten her kit again to which the teacher says 'you never used to be like this and you do know you've got two detentions.' Once we have all filed inside the changing rooms, Ms Powers calls Eliza outside to speak to her. Eliza returns saying she has been told that if she does not do PE, her parents will be sent a letter because she is not fulfilling the National Curriculum. Sally's excuse is also that she has forgotten her kit, as she tells me that her mother has refused to write any more excuse notes for her. Sally is also given a detention. (If a young woman 'forgets' her kit for two subsequent lessons they are given detention.)

During the session the rest of the mixed-sex group are playing either rounders or tennis and we stand on the tennis courts watching the others. Eliza believes they will be called into the head of year's office tomorrow and she resolves to take part in PE lessons again because her mother 'grounds' her if she gets any detentions. I ask them why they dislike

PE so much. Eliza says 'I really hate PE' and Sally also says 'I hate it'. Further attempts to probe brought no further explanation. In an interview with Ms Powers, the head of PE, I asked her about some young women's reluctance to participate in PE.

Ms Powers: 'There's a hard core, if you like. It's not a massive group, there's certainly a handful and they're the ones who come with some reason for not doing it on a regular basis... though since you came down the last time with Eliza, she's done it every time since then, because I pointed out to her that she wasn't fulfilling National Curriculum and none of them are stupid. They realise they have to, and she's now suddenly rediscovered the fact that she can take part.'

I suggested to Ms Powers that there seemed to be a few young women who vehemently disliked PE, and I asked her why she thought this was.

Ms Powers: 'I think the biggest problem for young girls is they don't like changing in front of others, and as a result they don't like doing the activity because they see the activity has this horrible bit at the beginning and the horrible bit at the end and in the end it ends up that the middle bit, the PE bit, is the horrible bit as well because it entails a lot of problems for them and I think adolescent girls really struggle with it.'

Certainly one issue about young women' aversion to PE that researchers such as Pennycook (1987) and Scraton (1995) have identified is that many young women who are going through puberty are often embarrassed about their changing bodies. Although as Ms Powers later points out in the interview, many adult women are also uncomfortable changing in front of others, puberty brings body *changes* that can make young women uncomfortable. Measor undertook an eighteen-month participant observation study in an urban comprehensive exploring sex education and adolescent sexuality. Some young women in her study discuss how they feel about communal showers:

> 'One area of adolescent anxiety relates to the different rates at which young people mature. The girls discussed this a great deal. It is one of the reasons behind their reluctance to take showers as a group. Pat: "I don't like the showers. On the first day we were ever so shy. Everyone has got things different...some people have got hairs, some haven't." Carole: "There is one girl in our group...she is big chested and that, and she walks through the shower all covered up. It's best to be in between."' (Measor 1989: 43)

The PE department at The Green seemed to have solved the problems of communal showers, if not the problem of communal changing.

Ms Powers: 'Although I totally agree with the fact that people should have showers, we've actually gone against the forcing of shower rule in this school for girls because we found we had more problems by saying 'you must have a shower' [and] people were actually bringing notes to be excused PE because they didn't want a shower. I thought that was a retrograde step, so we encourage them and say you must, we do go into the healthy aspects of 'you start to smell if you don't wash', etcetera, and 'you must change out of your clothes and must bring a change', but we don't actually force them in the showers, and we've had less problems since we've done that than when we stood there and made them go through the showers, which I felt was a barbaric way, I'm afraid, of enforcing health and healthy aspects.'

A limited range of body shapes are deemed aesthetically acceptable for women (Conner *et al.* 1996: 315; Seid 1994: 4). Scraton suggests that young women are loath to show their bodies because they feel they do not conform to the stereotypical 'acceptable' physique of womanhood:

> 'adult women are not expected to expose their bodies and are encouraged to dislike their body shape unless it conforms to the 'ideal' feminine stereotype. During adolescence the PE changing room or shower area is an exposed situation where young women's developing bodies are put 'on view'. (Scraton 1995: 125)

Physical activity and Femininity

> 'Young women are not expected to run around, get dirty or indeed sweat. The old adage that young ladies 'glow' as opposed to sweat remains firm in today's thinking.' (Scraton 1995: 119)

When considering why Eliza and Sally had been so opposed to taking part in physical activities, I did consider that this was due to the constraints of teenage femininity. Obviously some people in general do not like physical activities [I would reasonably expect to find some young men in Eliza and Sally's school year who also did not like PE lessons], but certainly from personal observation, this applied more to young women than young men. Many young women I observed during lessons at The Green carried make-up bags around with them, Sally and Eliza being no exception. Frequently they would be applying make-up in class, and Eliza in particular was often told by teachers to remove her make-up as wearing it contravened school rules. They were very interested in their appearance, as was Alison (another young woman I shadowed), and all three regularly talked about clothes, pushing the boundaries of school uniform with fashionable clothes, wearing make-up and jewellery. These young women were engaging in the 'rituals of

femininity' where looking good is a priority; running around getting sweaty and dirty is not glamorous and contravenes their norms of femininity.

I did not ask young women to describe their own perceptions of femininity because I felt this was a concept they would not easily be able to discuss. However, with Marie, a sixth-former I shadowed at school, who was less interested than other young women I shadowed in make-up and clothes as trappings of femininity, we discussed arguments she was having with her mother over her choice of clothes. Marie, in common with some other young women at the youth club, preferred to dress in jeans, boots and t-shirts and eschewed overtly feminine clothes (see Chapter Three for a fuller discussion on this topic). Although magazines aimed at teenage girls have altered quite dramatically since the days of *Jackie*, there is still an emphasis on glamour, make-up, the culture of femininity and romance, which is also portrayed in soap operas and other television programmes. In discussing her participant observation study of young working-class women in Birmingham, McRobbie points out how important it is for young women to look fashionable and 'up-to-date':

> 'By managing to make the uniform at least compatible with, if not indistinguishable from, what was currently fashionable, the girls could register their femininity in the classroom...underpinning this was a clearly articulated demand that they be taken seriously not as children but as women.' (McRobbie 1991:43)

At The Green, many young women attempted to 'stretch' the boundaries of school uniform, but usually with little success. They were allowed a small amount of jewellery, one ring and stud earrings, although most preferred to see how many rings they could wear without detection by teachers. As McRobbie states above, young women are attempting to reconcile a 'childish' uniform with adult fashions. Scraton (1995: 124) suggests that regulation school PE uniform is even more of an anathema to young women's burgeoning adult sexuality. At The Green young women could wear track-suit trousers for PE, which I feel is more acceptable to young women than the little skirts previously insisted on in schools. Ms Powers notes that many young women do not like messing up their hair in PE lessons, and links this to the perceived need young people have in looking 'just right' if they are to be popular.

Ms Powers: 'They think they've got to look glamorous and look good for anybody to like them. They don't fully appreciate the need for inner beauty... because you're thirteen,

fourteen, fifteen a nice personality doesn't come into it. You've got to be good-looking and the girls and the boys have got to like each other for the way that they look.'

Ms Powers felt that for young women their opposition to physical activities was firmly anchored in their conceptions of femininity.

Ms Powers: 'The one they always throw at me is 'I don't want muscles', you know? I don't know what sort of muscles they think they're going to get from what they're doing. They get this vision that they're going to get great big whopping muscles. Well actually, you won't. You don't do enough get whopping muscles, but they're very concerned about the way they look, their self-image which goes hand in hand, I suppose with self esteem. They think they've got to look glamorous and look good for anybody to like them...the media image is that you're glamorous without doing a lot at times.'

To look glamorous young women do have to do a lot, but this is time spent shopping for clothes and experimenting with make-up and perfecting 'their look'. While experimenting with make-up may be a pleasurable activity for young women (Morris 1997) and recent young women's magazines such as *Just Seventeen* stress the importance of looking good for yourself, not just to 'get a man', these 'rituals of femininity' are time consuming and expensive. While being slim may be important in young women's constructions of femininity, being slim through physical activity is in opposition to popular ideas of passive femininity. As Ms Powers mentions, above many young women fear getting 'masculine' muscles through physical activity, While women 'should' be slim, this should not be a muscular slimness in order to conform to feminine stereotypes. Women who weight-train, play football, rugby or other 'male' sports are rejecting socially approved models of femininity.

As Ms Powers observes, many young women accept the messages that they should look glamorous without too much physical effort. Representations of the female body in women's magazines (and men's magazines such as *Loaded* even more so) rarely portray women in the many sizes and shapes that exist in real life. The image of the athletic woman who looks fit through exercise not dieting is becoming more prevalent in some magazines (such as health publications), but is still almost as absent in general magazines as is the averagely proportioned woman, the preference being for 'skinny' models with boyish figures.

Summary

In this section I have explored young women's attitudes towards physical activity and sport. I found that many young women do not like PE at school and will excuse themselves from this lesson whenever possible. This may take the form of getting parents to write excuse notes or 'forgetting' their PE kit.

Although young women are now more likely to use the trappings of femininity such as fashionable clothes and make-up for themselves, not in the 'get a boy' stakes, dominant constructions of femininity still influence the way in which young women view themselves, and structure the range of activities in which they are willing to engage. In the case of physical exercise, this has clear health implications.

I have also suggested that some young women portray themselves as anti-school and in a school where sporting achievement is recognised and congratulated, a rebellious stance may be presented by their reluctance to do PE.

CHAPTER SEVEN

Conclusion

'The important thing is to not stop questioning' - Einstein

Reflections on the research philosophy

Throughout this thesis I have concentrated a great deal on structural impositions to young women's ability to choose healthy lifestyles as suggested by 'The Health of the Nation' and health promotion campaigns. I suggest throughout that the social and economic position of women and powerful ideologies about femininity do affect young women's health beliefs, behaviours and attitudes. Women who juggle paid work and unpaid domestic work are unlikely to be able to devote much time to being healthy; for example, lack of time, money, safety considerations, lack of affordable childcare and male opposition can constrain women's access to leisure (Green *et al* 1990). While women's life opportunities have improved considerably since the Second World War, these choices and opportunities are still constrained by cultural expectations and by social, economic and political structures.

Working-class women may face poverty, stress, caring responsibilities and insecure, poorly paid employment; Black women may face racism, poverty, poor job prospects and harassment; Lesbian and bisexual women may face homophobia and harassment and disabled women may face discrimination, poverty and poor access to services. What all women face, albeit to differing degrees, are structural and cultural obstructions in their pursuit of healthy lifestyles. Throughout this thesis I have acknowledged the differences between women in societal access and political power, but I stress that women still share many oppressions – sexual harassment, the glass ceiling, domestic and caring commitments and it is with women's shared experiences that my analysis begins. If we individualise women's differences too much we will lose the political power behind the feminist movement. However, this does not mean that differences between women should be marginalised, but rather integrated into feminist theory. I do not wish for a

return to a predominantly white, middle-class feminist agenda, but neither do I wish for women's collective experiences to be lost in fragmented postmodernism.

Young women are not exempt from the constraints that adult women face. Although there are 'common-sense' understandings that young women are largely free from the commitments of adult-hood my study illustrates how young women's access to leisure, for example, are constrained by the same barriers adult women face. Issues such as a lack of affordable transport, insufficient money to pay for leisure activities, domestic commitments and safety concerns are barriers many young women have to negotiate.

Young women's autonomy is also restricted by their status in society as neither child nor adult. While teenagers are subject to less regulation in their activities than younger children, significant adults in their lives, such as teachers and parents appear ambivalent about how much control they should and do exert over young women's lives. However, most parents and teachers do attempt to exert control over young women's health and lifestyle imposing restrictions on going out, attempting to control eating behaviour, encouraging participation in exercise and discouraging involvement with under-age sexual activity, cigarette smoking and substance use. Many young women involved in my study presented means to resist the regulations placed on them by adults, such as concealing their use of tobacco and illicit substances.

Reflections on the methodology

Like most researchers, with the benefit of hindsight I would change some aspects of how this study was conducted. I would have liked to have conducted more one-to-one interviews and group discussions with young women, but I found it difficult to secure young women's participation. I would have liked the opportunity to conduct a sequence of interviews with selected young women because this would allow for further clarification and detailed examination of certain issues, but considering the difficulties I encountered in procuring their participation for just one interview, I feel follow-up interviews would have been difficult to achieve.

In retrospect I would not have spent time arranging mutually convenient appointments for interviews with young women, which many of them did not keep for a variety of

reasons. I think it was difficult to expect them to give up their leisure time to participate, although I remain convinced that youth clubs are a good site for research with young people, due to the relative informality of this setting. While I also successfully researched at school, I was not given access to 'The Blue School' in Hillside, an opportunity which would have greatly enhanced my research as more youth club members attended this school.

I feel the inter-generational aspect of the study was promising. This aspect of the methodology was experimental. Further use of it may result in better understanding of young women's health-related beliefs and behaviours within the family context. It also allows for social changes in women's position to become apparent, as mothers and daughters reflect on differences in lifestyles and behaviours across the generations.

I believed at the beginning of this study that a feminist approach would yield the best results, and with the benefit of hindsight, this proved correct. To study young women's lives without a commitment to feminism may have resulted in an exploitative piece of work that failed to examine how dominant constructions of femininity affect young women's lives and their choices about health-promoting behaviour. Improving health is more than throwing information at people; people live in a social world where their social class, gender, race, ability status, age and sexual orientation impede or promote their ability to put their intentions and beliefs into practice.

Return to the research question

Empirical health research on young people has tended to be based on quantitative research, such as survey questionnaires conducted with school pupils. These studies tell us very little about the social influences on health-related behaviours and cannot fully explore people's complex thinking about their beliefs, behaviours and practices. Mainstream empirical studies of young people have largely neglected gender differences. This study has attempted to place young women's health beliefs, behaviours and practices within the context of their everyday lives. I have examined the interrelationship between their social and economic position, dominant cultural constructions of femininity and young women's ability to choose what educators suggest is 'best for them' in health terms.

In order to understand and examine the place that health-related beliefs and behaviours have in the daily lives of young women, this study used qualitative and ethnographic research methods informed by feminist theory to collect information. I make no claim to objectivity or value-free research; the 'proof' of my study lies not in its replicability but in its ability to portray, understand and represent the lives and beliefs of some young women accurately. As health-related behaviours do not occur in a social vacuum, this study has aimed to produce a holistic account of the part health plays in young women's everyday lives. I have tried to move away from 'victim-blaming' and sensationalism, an approach common in academic and health research about young people's lives. Young women are not stupid and feckless: nor are they passive victims of society, but young people, young women particularly, are constrained by their lack of power, status and their lack of access to resources in contemporary British society.

The failure of 'The Health of the Nation' and recommendations for health promotion with young women

'The Health of the Nation: A strategy for health in England' is a document produced by the previous (Conservative) Government which sets objectives and targets relating to health status to be met by the year 2000. The objective of 'The Health of the Nation' was to focus attention on key aspects of the nation's health, to guide campaigns and interventions by agencies and individuals. 'The Health of the Nation' identified five key areas: Coronary Heart Disease and Stroke; Cancers; Mental Illness; HIV/AIDS and Sexual Health; and Accidents; and risk factors associated with each of the five key areas were identified, for example, in relation to smoking, alcohol consumption, diet and obesity. The document explains that the areas were chosen because they are major causes of premature death or avoidable ill health and success in achieving these targets will result from public policies, healthy surroundings, healthy lifestyles and high quality health services (Department of Health 1992a: 13-14). However, as discussed in Chapter One, the main focus of 'The Health of the Nation' targets is on suggesting lifestyle changes for individuals rather than seeking to modify policy or health service activity to meet the targets. It was reluctant to acknowledge, never mind tackle, the social and economic determinants of health and to set national targets where locally determined targets would have been more likely to meet with success. The document in keeping with

its philosophy of concern with individual lifestyles, did not sufficiently analyse gender and racial differences when setting or monitoring the targets.

The target for young people's smoking prevalence failed to meet the level predicted for 1993. Indeed, at the current rate of young people's smoking, prevalence is likely to rise rather decrease. Although the rates of teenage conceptions have decreased since 1992, they are not falling quickly enough for the target to be met by the year 2000. I believe that the focus on health education, which involves informing people about the harm of smoking and the curtailed opportunities young motherhood may bring, are unlikely to yield the results health educators desire. Young people *do* know that smoking is harmful to health and more information on this subject is unlikely to reduce current prevalence. This model of health promotion as used by the previous Conservative Government in their early 1980s anti-heroin campaign is ineffective in achieving long-term behaviour changes. Without the inclusion of a commitment to the minimisation and eventual eradication of the social and economic inequalities in society which lead to health status inequalities, 'The Health of the Nation' targets are unlikely to meet with success. The targets are selective and do not take into account social issues which is one reason for their lack of success. For young women the 'rules' of femininity may constrain their capacity to choose health promoting behaviours. Dissatisfaction with body image, low self-confidence and poor self-esteem are predominantly female issues, and this continuing inequality in well-being needs addressing if long-term health improvements for young women are to be achieved.

As I was completing this thesis new proposals were put forward by the Labour Social Security Minister, Frank Field, to reduce teenage pregnancies by targeting young women who are educational under-achievers, who are assumed to be more 'at risk' of teenage pregnancy (The Guardian 12 August 1997). Proposals include young mothers visiting schools to convey the realities of motherhood at an early age. However, only young women are being targeted; young men who also play a part in creating teenage pregnancies are not included in these proposals. Without real changes in the realistic prospects for young women, 'scare' stories about loss of freedom and dirty nappies will only have a limited impact. If young women feel that under-achievement at school reduces their opportunities to secure rewarding employment, then considering the still prevalent assumption that most women will become mothers themselves, why is early

motherhood seen as such as undesirable thing for these young women? Young women need to be empowered, to have real choices open to them about their future, and the opportunity to achieve better educational qualifications. Young women want real information and services designed to meet their needs as they see them, not their needs as perceived by remote, middle-aged health professionals and government ministers.

Young women should not be viewed as passive targets for government intervention, or as the objects of health promotion campaigns. They are growing up in a confusing and contradictory social world, which is all too often ignored in health promotion campaigns. Young women are capable not only of responding to changing circumstances, but also of shaping their own destinies; they should be consulted about their opinions and needs. Academics and health educators must attempt to view the world from young women's perspectives in order to understand their motivations, and not to presume that they can predict behaviours.

As with drug use, educators must accept that many young people *will* smoke, drink, eat junk food, be disinclined to exercise, and have sex, just as their parents do. I believe health education programmes should provide young people with the knowledge they need in order to make informed choices, and should encourage risk-reducing strategies rather than advocating total abstention, which is unrealistic. Health education programmes should not consider health behaviours separately from the social world within which they occur; we must give young people real choices in life and not blame them for so-called irrational health-damaging behaviours, many of which adults also practice.

What needs to be done?

I believe that many health promotion initiatives have been unsuccessful because health professionals have failed to account for the differences between what they feel are problematic health issues for young people, and what they themselves believe are important. When I spoke to young women about health issues during my research, many focused on social health issues such as friendship, stress, and self-image issues such as acne and weight. Many young women told me they were 'fed up' with the abundance of sex education in school and wanted a wider range of health issues covered at school. There appears to be a mis-match between this and what professionals think young people

need to know and this leads to my first recommendation for improving health promotion initiatives with young women; listening to them.

Listening to young women

This may sound fairly obvious, but has evidently been lacking in many initiatives. Health professionals must work in partnership with young women in identifying health priorities and highlighting effective strategies. Health projects at youth clubs and schools which genuinely work *with,* not *on* young women, where they have some imput and ownership will be more successful than those initiatives imposed on young women by distant health professionals. Health professionals evidently have their own agendas, derived in recent times from the political concerns of central government, and the emphasis on reducing the annual number of under-age pregnancies is an example of this. Many young women who were involved in my study told me they wanted information on how to negotiate sexual relationships, and mechanisms for asserting their needs, rather than the need for more information about types of contraceptives available. Once young women feel their concerns are being taken seriously, however insignificant health professionals might think they are, a level of trust could be established which may result in a better working partnership between young women and health professionals.

Looking at their world

Successful health promotion initiatives will need to accept young people's view of the world and work with it, not against it. It may well be that many young people cannot project very far into the future (indeed, many adults cannot either). Health promotion initiatives are likely to be more successful if they address the 'here and now', rather than seeking to deter behaviours by pointing to harmful effects likely to occur in later life. Young women may find anti-smoking campaigns more informative if they dealt with breathlessness, asthma and loss of fitness in the present, rather than focussing on the threat of cancer or heart disease later in life. Health promotion campaigns designed to instil fear into young people have been unsuccessful in the past and remain an ineffective means of achieving long-term behaviour changes. After an exhibition by a health promotion professional at Hillside youth club on No-smoking day, some young women

were scared into giving up smoking by the messages they received. However, these messages were short-lived and the young women resumed smoking after a few days.

Losing the moral stance

One change that I feel is long overdue in relation to professional interventions concerning young women's health is the need to abandon the moralistic stance many health professionals adopt when addressing young people. This study has identified examples of the moralistic attitude of many health professionals, particularly when dealing with young women's sexuality. The idea that young women are all members of irresponsible 'youth' is disrespectful. Evidence in my own research and in the work of other youth and health researchers indicates that many young women are reluctant to use health services, and this may be because the provisions are not young people-friendly and are, therefore, inappropriate for their needs. Some young women involved with my study were afraid to visit their General Practitioner to discuss contraception because they lacked confidence that their visit would be anonymous. Until this issue is addressed, young women will continue to be deterred from seeking professional advice and help concerning contraception, for example.

Gender- sensitive health promotion initiatives

As identified at various points in this thesis, many health promotion campaigns have not been gender-sensitive. Women have tended to be either marginalised in HIV/AIDS campaigns or targeted as a means to tackle future male HIV/AIDS prevalence. (The assumption being that if women can be persuaded to adopt safer sex strategies this will, in turn, reduce the male prevalence rate, and women will also impart the health education message to the men in their lives.) Similarly, anti-smoking campaigns have often targeted women as mothers or potential mothers, rather than seeing them as human beings in their own right. While women are being targeted by health professionals for all the wrong reasons, success in achieving their desired goals of modifying health-related behaviour is unlikely.

Youth-orientated campaigns such as harm-reduction in drug use are also predominantly male-focussed. While the prevailing assumption persists in health promotion circles that

the average recreational drug user is white, young and male, women and other groups will be excluded from consideration in relation to policy and professional intervention. All too often, gender-neutral campaigning is actually male-orientated.

Particularly with regards to sexual activity, women's experiences have all too often not been carefully considered within health promotion campaigns. If women do not feel that they are in a sufficiently powerful position within their sexual relationship to demand safe sex, then without strategies and information about *how* to alter power relations, the health promotion message will fail. Campaigns to improve women's self-esteem in sexual relationships, for example through carefully planned role-playing workshops run in school or at youth club, may empower women, especially young women, to make the choices health professionals think they can already make.

Suggestions for future research

Despite two decades of feminist scholarship within the social sciences, there are even today few qualitative, feminist and holistic studies of young people's lives. Within health and academic research on young people's health-related behaviours, some topics have been given more attention than others; smoking and sexual activity being the most obvious examples. However, topics such as exercise, diet, and certain aspects of sexuality have been under-researched. Studies of young women's diet tend to analyse the exceptional (anorexia or bulimia) rather than the mundane (choice of foods, cooking food). There are very few feminist studies of young women and physical activity, and even fewer on young women's experiences of menstruation.

Although there is now a growing body of work about young women's lives, all too often their experiences have been neglected in youth studies and sidelined in studies of women's lives, creating a need for further examination of their lives, views and beliefs. There needs to be more research that allows young people to articulate their own perceptions, experiences and their reasons for engaging in certain behaviours, which does not just focus on the 'risky' behaviours. Due to access difficulties this study has only briefly examined the lives of black young women. I feel future research in this area should examine the difference, if any, between the lives and experiences of young

women from ethnic minority communities and also young women with disabilities and young lesbians.

I would like to see a qualitative longitudinal study of young women which includes a follow-up study some years later. It would be interesting to discover whether the young women involved in this study will be engaging in the same behaviours, and hold the same opinions, at the ages of 20 or 25 or when they become mothers themselves. Will these young women's opinions about their lives, their self-esteem, their health and the importance of their female friends be any different?

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Appendix One - The communities involved in the study

Wolverhampton

Wolverhampton is a large industrial town in central England. The town regards itself as part of the Black Country although traditionally only some areas of the town are considered by locals as Black Country 'proper'. The Black Country region is north-west of Birmingham taking in towns such as Dudley, Tipton, Oldbury, Cradley Heath and Wednesbury. These Black Country towns were traditionally centres of manufacturing industry and steel production. The collapse of the steel industry in the 1970s resulted in increased unemployment figures in the region. Recently the area has enjoyed some recovery with the construction of the Black Country Route linking the area to the local motorways and the arrival of new companies to the region.

The 1991 census records a population in Wolverhampton of 242,190 people. Although the town suffered greatly during the recession in the 1970s and 1980s, it is still very much an industrial town with 20% of economically active people aged 16 and over employed in metal manufacturing and a further 24% employed in other industrial occupations. However, unemployment remains relatively high particularly among young people. In February 1996 the unemployment rate for 16-24 year olds in Wolverhampton was 26.1%.

Major employers in Wolverhampton (1995)

Employers	*Type of work*	*Nos. employed*
W'ton MBC	Local Authority	13,500
District Health Authority	3 Hospitals + support	5,500
Goodyear Tyre & Rubber	Tyre manufacture	4,500
Tarmac (Essington & Town)	Quarry, housing etc	2,500
British Telecom	Regional Admin H Q	1,572
Wolverhampton University	Education	1,500
Lucas Aerospace	Aircraft component	1,200

Source: Wolverhampton Council's local area statistics.

The town has an ethnically mixed population. 81.4% of Wolverhampton's population are white and the largest ethnic minority in the town are people of Asian descent who constitute 12.3% of the population.

Poolside

Poolside is a small mainly white working-class community about four miles from the centre of Wolverhampton. Until boundary changes in the 1960s this area was part of a neighbouring town and not in Wolverhampton's jurisdiction. I believe this area has a very different character to that of Wolverhampton as a whole. The area was very reliant on the nearby steel industry and various deprivation indices suggest that Poolside is significantly more deprived then Wolverhampton as a whole.

Parkside

Parkside in an ethnically mixed area close to the town centre. Parkside is also significantly more deprived than Wolverhampton as a whole.

Both Poolside and Parkside have poor housing, including many boarded up properties and houses very close to each other with little open space. Unemployment in these areas is quite high, and youth unemployment is particularly high in Wolverhampton (see table 1) which I believe affects young people detrimentally in job aspirations.

Hillside

Hillside is a small semi-rural town in the county of Hereford and Worcester. Hereford and Worcester is a mainly rural county to the South-west of Wolverhampton, and borders Wales. The main employer in the town is the local council and the Ministry of Defence (personal communication, research officer Hereford and Worcester County Council). Unfortunately very little demographic and economic statistics are available from the county. The town is also a popular destination with tourists. The major industrial centres are situated in the old county of Worcestershire; in Kidderminster, Worcester and Redditch, while Herefordshire is more rural county. Hillside is a relatively affluent town although it has pockets of deprivation. One council estate in Hillside was among the areas with highest deprivation in Hereford and Worcester.

The county of Hereford and Worcester was created in 1974 from the unification of Herefordshire and Worcestershire. After much opposition from both counties to this amalgamation, the county will again separate into Herefordshire and Worcestershire in 1998. In 1991 there were 676,747 people resident in the county. The population of Hillside district which also includes two other small towns was 86,902 in the 1991 census. Overall it is a relatively sparsely populated county with 1.7 persons per hectare (national average 3.2 persons per hectare).

Hereford and Worcester has a predominately white population; in the 1991 census 98.7% of the population stated they were white.

Social Class as defined by The Registrar General

I	Professional (solicitor, lawyer)
II	Employers and managers (teachers)
IIIn	Skilled non-manual (secretarial work)
IIIm	Skilled manual (electrician, plumber)
IV	Semi-skilled (driver)
V	Unskilled (street sweepers, waiter/ess)

SEG Social class (10%) Socio-economic group & social class based on occupation

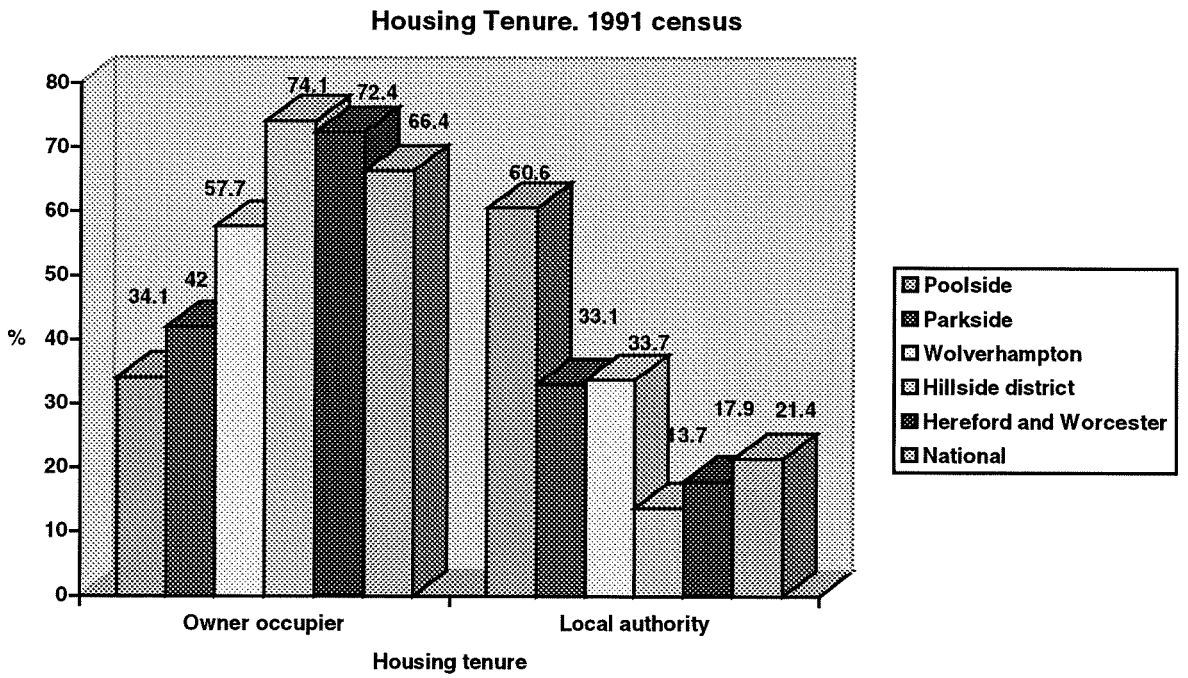
	Hillside District	*Wolverhampton*
Total	3,856	9,257
Employers & Managers	680	1,112
Professional workers	262	300
Intermediate non-manual	549	1,021
Junior non-manual	684	1,770
Manual workers	738	2,468
Personal service & semi-skilled	476	1,866
Unskilled	169	589
Farmers & agricultural workers	253	15
Armed forces & N/S	45	116

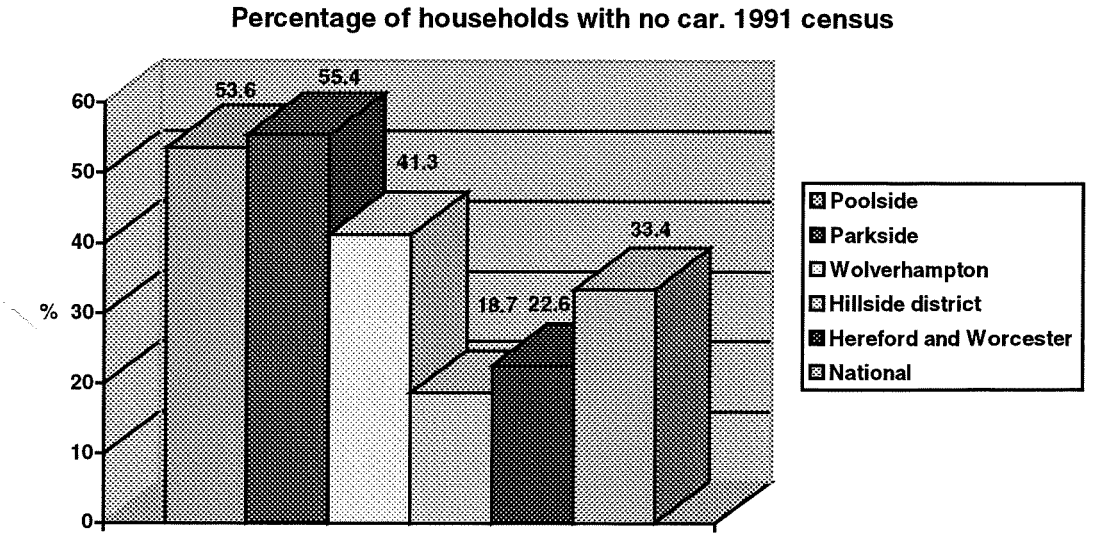
Occupations (10%) sample	*Hillside District*	*Wolverhampton*
Total persons (all occupations)	3,856	9,257
Corporate managers & administrators	399	687
Managers/proprietors in agric. services	415	410
Science & engineering professionals	169	157
Health professionals	26	48
Teaching professionals	208	312
Other professional occupations	77	122
Science & engineering associate prof.	78	181
Health associate professionals	91	179
Other associate professional occupations	125	242
Clerical occupations	364	1,084
Secretarial occupations	157	287
Skilled construction trades	122	223
Skilled engineering trades	136	612
Other skilled trades	275	912
Protective services	41	113
Personal services	250	611
Buyers, brokers, sales representatives	70	147
Other sales associates	175	510
Industrial plant & machine op, assemblers	216	1,098
Drivers & mobile machine operators	94	410
Other occ/s in agriculture, forestry, fishing	104	9
Other elementary occupations	230	805
N/S	34	98

Source: 1991 census

Social Class		*Hillside District*	*Wolverhampton*
I	Professional, etc.	300	61
II	Managerial & technical	2,030	419
IIIn	Skilled non-manual	1,920	827
IIIm	Skilled manual	2,423	1,611
IV	Partly skilled	1,850	1,288
V	Unskilled	618	345

Source: 1991 census





School league tables

Young women from Hillside attended either The Green School or The Blue School. All young women from Poolside attended Poolside School while the majority of young women from Parkside attended Parkside School (all school names are pseudonyms). 'Poolside School' due to declining roll numbers and inadequate buildings closed in 1996. A consultative paper on the proposed closure of the school from Wolverhampton Borough Council Education Department stated 'Poolside School is the oldest secondary school in the borough being of traditional 1900 brick construction, with sports hall and a floodlight hard playing area. The school is situated adjacent to the Black Country Route which has and is likely to continue to have an effect on access to the school.'

School league tables should be read with some consideration because of the lack of attention these tables accord to the starting position of pupils.

School league tables 1994 and 1996

% of 15 year old pupils achieving 5 or more GCSEs grades A-C

	1994	1996
Parkside School	20	24
Poolside School	6	-
Green School	54	58
Blue School	53	44

% of 15 year old pupils achieving 5 or more GCSEs grades A-G

	1994	1996
Parkside School	82	84
Poolside School	61	-
Green School	94	94
Blue School	90	89

The young women involved with the study (age at time of first contact in brackets).

Hillside -

Young women involved in group discussion:
Anna (14) Alison (14) Bella (14) Janey (14) Madeleine (15) Mandy (14).

Young women involved in formal interviews:

Eliza (14), Lesley (15), Marie (16), Sally (14), Sandy (13).

Young women involved in informal interviews and questionnaire returns:

Amanda (13), Cara (14), Carla (16), Daisy (13), Gina (16), Helen (16), Jade (15), Kate (16), Lilly (15), Linda (15), Melanie (14), Paula (15), Ruth (15), Shelly (14), Tracey (14).

Young women involved in shadowing at The Green school: Alison, Eliza, Lizzie (14), Marie, Sally.

Young women involved in formal and informal interviews at Pooside:
Catherine (13), Jody (13), Kitty (14), Molly (14), Michaela (16), Suzie (14), Sylvia (14), Tina (14), Yvonne (15).

Young women involved in group discussion and questionnaire completion at Parkside:
Aisha (11), Claire (12), Nasreen (15), Hyacinth (13), Patricia (13), Rosalee (13), Siobhan (13), Susan (13).

Youth workers interviewed at Hillside: Monica, Shirley.

Teachers interviewed at The Green: Mr Farmer, Ms Powers, Ms Sale.

Mothers interviewed: Mrs Adams, Mrs Brown, Mrs Green, Mrs Hall, Mrs Jones, Mrs Perkins.

Appendix Two - Access Document

Young Women's Health & Well-being

The study is funded by Cheltenham and Gloucester College of Higher Education. Both my supervisor Professor Diana Woodward and myself are located in the Department of Community and Social Studies which is part of the Faculty of Business and Social Studies. Contact address for both Diana and myself is;

Cornerways Research Centre
Cheltenham & Gloucester College of Higher Education
P O Box 220, The Park
Cheltenham
GL50 2QF

I can be contacted by telephone on either 01242 532822 or 01885 483615. Diana can be contacted on 01242 532758.

My Background

I have a degree in Sociology, awarded by the University of Central England where I specialised in social research, gender studies and health policy studies. I spent a year as research officer for the Public Health Alliance (PHA) who are a national voluntary organisation who campaign and inform around health issues. I did a survey of PHA members' satisfaction with PHA policy and also researched minority ethnic health issues, interviewing health professionals and local community groups in a bid to encourage the PHA to include more focus upon ethnic health issues.

I was a sessional youth worker with young women for eighteen months with Newtown Community Centre in Birmingham, and also recently worked as a member of the Poolside Detached Project in Wolverhampton.

The Research

My doctoral research project is an exploratory study of young women's health and well-being. Unlike most quantitative and some qualitative research this study has no specific hypothesis which I wish to test. I am interested in the world-view of young women with reference generally to health and specifically to the topic areas noted below. I hope to ask young women about their opinions and perceptions, how they feel about certain health issues and their habits, beliefs and practices.

Research Methods

The approach will combine ethnographic and qualitative research methods, in order to elicit information about young women's beliefs and practices. It will comprise of one to one interviews, group discussions and life histories. I will use a semi-structured questionnaire for interviews and group discussions supplemented by informal observational methods.

My research approach will be collaborative, a partnership working *with* the young women which is the best practice for this kind of research.

Topic Areas

Young women and;

Smoking
Sexuality and sexual activity
Menstruation
Food/Diet

The first two are Health of the Nation targets and the last two directly relevant to the Health of the Nation and therefore are of particular interest to myself and policy makers in the health field .

Access

Ideally, I would like access initially to 2 groups.

Group 1

Essential criteria
Young Women only
Group members are predominantly working class
Group are predominantly/exclusively white
Aged over 11 years

Non essential criteria
Group members are aged between 13 & 16 years
Group members belong to a detached project

Group 2

Essential criteria
Young Women only
Group members are predominantly/exclusively from minority ethnic backgrounds
Aged over 11 years

Non essential criteria
Group members are aged between 13 & 16 years
Group members belong to a club based project

If future groups are needed as the research progresses, this will be the subject of a new request and negotiations with Youth Affairs.

Time scales

I realise that time scales for my involvement will need to be negotiated with specific groups and youth workers, but I would ideally like contact with the group to be no less than 3 months.

I would initially like to work with one group, preferably the young women in contact with Poolside Detached Project, if this is acceptable to staff working there. This group is already known to me, and this further period of contact will enable me to develop my research, and to collect information with a group of women with whom I have already established a relationship.

The researcher will undertake to strive for an appropriate entry to the groups and conclusion with the groups. It is recognised that many adults come and go from young people's lives, expecting trust and openness but not always delivering themselves. The leaving of the group by the researcher should be made clear in advance and its impact acknowledged with the young people.

Use of data

Obviously the primary use for the information gathered will be used to inform my PhD. This information should also be of use to Wolverhampton Youth Services and Wolverhampton Health Promotion, and to the wider community of health specialists, by providing invaluable qualitative information on young women's health related attitudes and practices.

Involvement of Health Promotion

Wolverhampton Health Promotion are very keen to be involved in the study, and are particularly interested in the data concerning young women and smoking, as it may help inform their campaigns around this issue.

My Role

As suggested, it would be a good idea if I had an introduction mapped out to introduce myself and the study to youth groups and workers.

Other issues

Sensitivity

I am aware of the sensitivity of some of the issues and therefore will not attempt to pursue subjects which young women are unwilling to talk about. I am also prepared to write letters to participants' parents detailing the outline of the research, if this is deemed desirable by Youth Services.

Anonymity

My intention is to guarantee the anonymity of young women by changing names and altering life histories to mask identities. Although acknowledging Wolverhampton Youth Services involvement in this study I will protect the identity of areas and estates featuring in the study. However, if the young women feel strongly about being acknowledged this may need to be reviewed.

Publication

As agreed with Dr. Hoggarth, Wolverhampton Youth Services will be offered the opportunity to see the text before any part of the study is published and to indicate whether they would wish any elements or references to people and places to be amended in my thesis or any published materials.

Liaison

Both parties, researcher and Wolverhampton Metropolitan Borough Council Youth Affairs Service, will agree to hold a review of the working arrangements for the project at least annually. In addition, the researcher will undertake to keep the Area Youth Officer(s) informed of current work arrangements, any changes proposed and any problems in practical implementation.

Information for Youth Workers

I am a researcher from Cheltenham and Gloucester College of HE working towards my doctorate. I am also an ex-youth worker having worked with both Wolverhampton Youth Services and Birmingham City Council. I am researching young women's opinions of health and if it is acceptable to yourselves and your group to spend some time with your group over a period of 3 - 6 months looking into such issues. At present I have isolated four issues, although these are negotiable with the young women involved. The issues are young women and smoking, sexuality and sexual activity, food and menstruation.

I would like to interview young women and use group discussions where feasible. Although the main use of the information gathered is to be used for my PhD, Wolverhampton Health Promotion are involved with this project and are keen to use young people's opinions to inform the way they present health promotion materials. I hope my work can also inform Youth Affairs in its health education role and this can be an interesting, informative and informal exercise for the young women involved. I hope it will lessen any self doubt they have concerning certain issues and enable them to realise they are not alone in their thoughts and opinions.

As I am sure you are aware, young people's opinions are very important and frequently not taken seriously if asked at all and I believe young people have a lot to say regarding their health.

I am prepared to spend time at the club or project and to give some help with what is going on in the programme. I will negotiate with you the most appropriate opportunities for group discussions and work around health topics.

Information for young women

My name is Ellie Peters and I would like to hear your opinions of health. If you want to be involved I think you will find this an interesting and worthwhile involvement. Your opinions are important and I would like to interview you if you are willing to take part. Obviously, you do not have to participate if you do not want to or talk about any issues you do not want to talk about. If you do take part your opinions will be anonymous so nobody will know what you have said.

Your opinions will be recorded as part of a research project on young women's attitudes to health. We are hoping that this will help agencies to give young women better information on the crucial health questions that affect them. So you will be helping other people, too.

I am likely to be involved with your group for 3 - 6 months. In that time, I am happy to try to answer any questions or worries you may have about health or to find someone else who can.

The Headmaster
The Blue Secondary School
Hillside
Hereford and Worcester

14 March 1996

Dear Mr

I am researching for my PhD at Cheltenham and Gloucester College of Higher Education on young women's health and well-being. I am an experienced youth worker, and already have a degree in Sociology. In connection with this I am currently working at Hillside Youth Centre interviewing young women about their health beliefs and behaviours. I would like to shadow one of the young women from the youth club by attending school with her for one or two days to get a feel for the everyday life of a teenage girl. Several of the young woman whom I have met while attending the youth club have expressed a willingness in being shadowed at school; L.A. Year 10, M. J. Year 9 and M. S. Year 11.

As I am sure you are aware, the health of young people has come under increasing scrutiny, particularly with reference to smoking, teenage pregnancy and food and diet. It is the hope that my research will enable those professionally concerned with young women's health, such as teachers, youth workers and health promotion officers to understand better the health beliefs and behaviours of teenage girls.

I would be very grateful if you and your school would consider allowing me to shadow a young woman. I will telephone your office within a few days to discover your response. If you would like to discuss this further, please feel free to contact me (01242 532822) or my supervisor, Professor Diana Woodward (01242 543371).

Yours sincerely

Eleanor Peters
Cornerways Research Centre

12th July 1996

Dear Mrs

Re: Interview on Tuesday 16th July at 7.00 p.m.

Thank you for agreeing to my request for an interview. I am a researcher from Cheltenham and Gloucester College of Higher Education, currently working on my PhD. I am a former youth worker and for the past 2 years have been researching the health and lifestyles of young women. I have been working at Hillside youth centre for almost a year and prior to that I researched a group of young women in Wolverhampton.

It is an important part of my research to compare the changes that have occurred between your teenage years and that of your daughter's and parental influence on the health behaviour of young women, which is why I have requested to interview mothers of young women involved in my study.

Any information will be in confidence; only I will handle any recordings or documentation and when the research is written up, pseudonyms will be used for all the people taking part in the study.

Thank you again for allowing me to interview you.

Ellie Peters
Cornerways Research Centre

Question cards used in interviews

Interview schedule - young women

FAMILY QUESTIONS

1. Who lives in your house with you?
2. How many brothers and sisters have you got?
3. How well do you get on with your parents / brothers and sisters?
4. Do you think you will get married in the future?
5. Do you think you will have children in the future?
6. Does your mother have a job? .
7. Do you think that your brother(s) are treated differently to you?
8. In what way?

LEISURE QUESTIONS

1. What do you do in your spare time?
2. What would you like to doing?
3. What prevents you?
4. Do you enjoy attending this youth club?
5. What do you enjoy about it most?
6. What do you like least?
7. What improvements would you like to see?
8. Do you come to girls group?
9. What do you enjoy about the girls only group?

SCHOOL QUESTIONS

1. What school do you go to?
2. What year are you in?
3. What do you think of school?
4. What exams do you plan to take?
5. What are your plans for after leaving school?
6. Do you worry about what you will do after school

WORK/MONEY QUESTIONS

1. Do you have a part-time job?
2. Do you help with housework/looking after brothers and sisters?
3. If so, do you get any money for this?
4. Do your brothers and sisters help with the housework?
5. How much pocket money do you get a week? (And/or payment from part-time job if relevant)
6. What do you spend most of it on?

SMOKING QUESTIONS (yes)

1. Do you smoke (or have you ever smoked)?
2. Do your parents, brothers and sisters smoke?

3. How many of your friends smoke?
4. How many a day do you smoke?
5. Can you remember why you started smoking?
6. Did you ever feel you smoked because everyone else did?
7. What cigarette brands can you name?
8. What do you feel about these brands?
9. Which brand do you smoke? Have you always?
10 Why do you smoke this brand?
11. What would your parents say if they knew?
12. What health aspects of smoking are you aware of?
13. Have you ever tried giving up? What happened?
14. Would you like to quit?
15. What stops you?
16. What does smoking mean to you? How does it make you feel?
17. Do you intend to smoke in the future?

SMOKING QUESTIONS (no)

1. Do you smoke (or have you ever smoked)?
2. Do your parents, brothers and sisters smoke?
3. How many of your friends smoke?
4. Have you ever felt pressured by friends to start smoking?
5. Do you feel pressured in any way?
6. How do you resist this pressure?
7. What are your general feelings towards smoking?
8. What are your parents attitudes to smoking?
9. What cigarette brands can you name?
10. What health aspects of smoking are you aware of?
11. Do you think you will smoke in the future?

ALCOHOL

1. Do you drink alcohol?
2. How often do you drink?
3. How many do you drink?
4. Where do you usually get alcohol from?
5. How old were you when you first started to drink alcohol?
6. Have you ever been really drunk?
7. How do you feel about drinking?
8. What sort of attitude do your parents have towards drinking (theirs & yours)?

SEX QUESTIONS

1. Where do you get most of your information about sex from?
2. Have you had sex education lessons at school? Mixed or separate groups?
3. Were they useful, useless, embarrassing, etc.?
4. Have your parents spoken to you about sex?
5. Are there any issues you think you need to know about sex?
6. Do you know how to protect yourself from HIV/STD's?
7. How important is it for you to have a girl/boyfriend?
8. Have you or any of your friends had sex?
9. Do you know any girls at school who got pregnant?

10 What do you think about it?

MENSTRUATION QUESTIONS

1. Can you remember starting your periods?
2. How did you feel?
3. Did you know what was happening to you?
4. Did you worry about it?
5. How do you feel around the time of your periods?
6. What do you do to ease any symptoms?
7. Do your periods stop you from doing anything you want to?
8. Is it difficult at school (toilets, games) while you've got a period?

HEALTH QUESTIONS -

1. What does health mean to you? What does being healthy mean to you?
2. Would you say you were healthy?
3. Is health something you would like to 'get' for the future?
4. What is/are the most important things in your life right now?

Interview schedule - mothers

SECTION A Firstly some questions about you

1. When and where were you born?
2. Have you always lived in Hillside? / How long have you lived in Hillside?
3. Is this your first marriage? / Are you divorced or separated?
4. When were/was your marriage(s)?
5. How many children, and their ages and sex, do you have?
6. What job do you have? (or What job did you do?)
7. What is your husbands job? (if applicable)

SECTION B Next, some general questions about family life

1. What do you think are the differences and similarities between your life and your daughters life when you were her/their age?
2. What are you hopes and fears for your daughter(s) future?
3. What, if any, restrictions do you place on your daughter(s) going out?
   (If they have sons how does this differ?)
4. Do(es) your daughter(s) help you with the housework?
   (If they have sons, do they?)
5. Are you responsible for most of the housework and childrearing?

SECTION C Next are some questions about the community in which you live

1. Do you think there are good facilities in your neighbourhood?
2. Do you think Hillside is a good place to bring up children?
3. What is your opinion of the school that your daughter(s) attend?
4. What is your opinion of youth services in the area?

SECTION D Next some questions about health issues.

<u>Smoking</u>

1. Do you/have you ever smoked?
2. Does anybody else in your family?
3. Can you remember why you started smoking?
4. How many a day do you smoke?
5. Have you ever given up? Why and what happened?
6. How would you feel if your children smoked?
7. Have you tried to discourage them?
8. How aware of the health aspects of smoking are you?
9. Does that put you off?
10. What are the advantages and disadvantages of smoking for you?

<u>Drinking</u>

1. Do you drink alcohol? (Have you ever?)
2. Does anybody else in your family?
3. How often do you drink and how many?
4. How would you feel if your children drank alcohol?

5. Have you tried to discourage them?
6. Do you discourage them for health reasons?
7. How aware of the health aspects of drinking are you?
8. Does that put you off?

Diet

1. How is your daughters diet different from yours at her age?
2. What do you prefer your children to eat?
3. What do they eat?
4. Does this differ from what you eat?
5. Where do you buy most of your food from?
6. Do you worry about your weight?
7. Have you ever dieted?

Sexuality

1. Do your children have sex education classes at school?
2. Did you?
3. How do you feel about your children having these lessons at school?
4. Have you talked about sex to your children?
5. What do you feel about contraception for teenagers?
6. What do you feel about teenage pregnancy?

Menstruation

1. How did you feel when you first started your periods?
2. How did you explain to your daughters about periods?
3. What sort of problems, if any, have you have from menstruation?

Interview Invitation Card

Have you ever felt that no-body really understands young people?

Do you feel that no-one listens to young people's opinions?

Now's your chance to tell the world what you really think (and help me)! I am currently writing a book about young people's lives and you are invited to come along for a chat and coffee during half-term week. Bring a friend with you if you want to. I will be asking questions on your opinions of school, family, youth club, work, health issues and anything else you think is important to young people today. This will be quite informal and hopefully you will find it fun and informative.

Please come to Hillside Youth Club on -

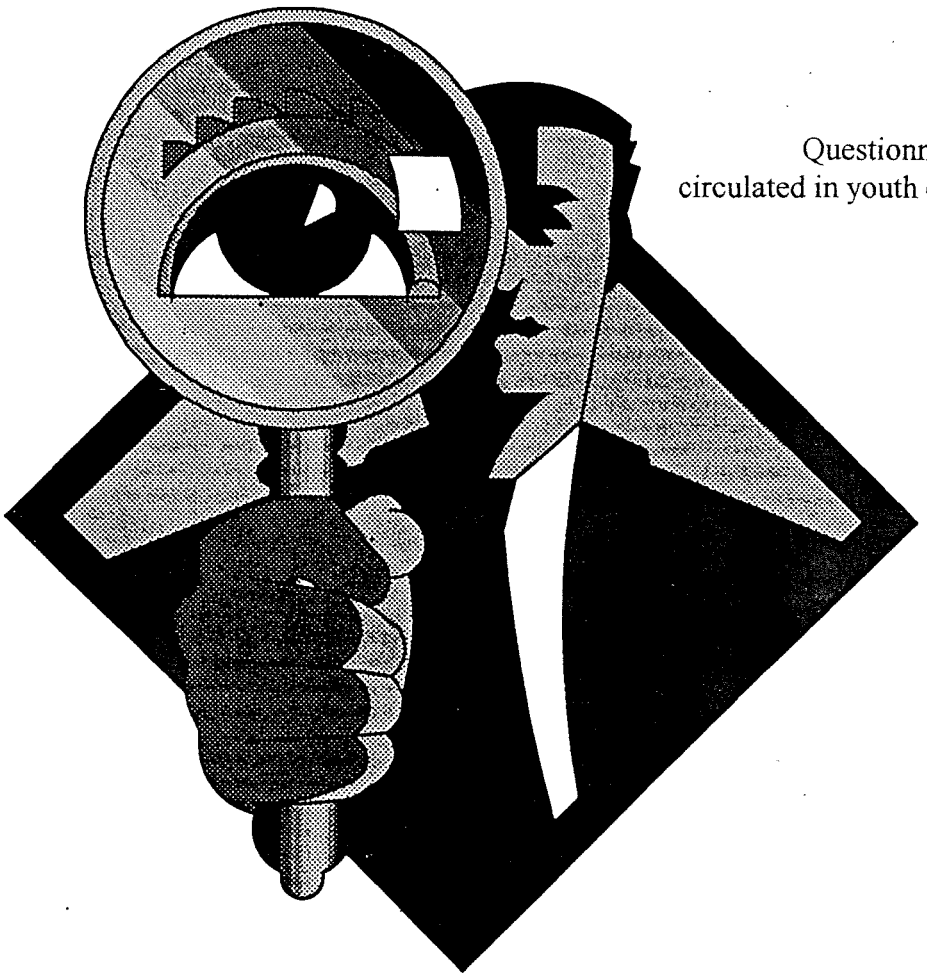
DATE:

TIME:

 will be supplied.

Everything you say will be CONFIDENTIAL

Questionnaires
circulated in youth clubs



CONFIDENTIAL

Have your say !!!

I would be grateful if you could spare a few minutes to fill this questionnaire in. You do not need to put your name on it - all information is confidential.

1. What do you do in your spare time ? .....

.....

.....

2. What would you like to do in your spare time? .....

.....

.....

3. What stops you from doing what you want ?.....

.....

4. Which youth club(s) do you attend ? .....

5. Do you enjoy this youth club ? Yes [ ] No [ ] Mostly [ ]

6. What do you enjoy most about this youth club ? .....

.....

7. What do you enjoy least about this youth club ? .....

.....

8. What activities would you like to see the youth club provide ? .....

.....

9. Would you like to attend a girls only youth club ? Yes [ ] No [ ]

10. If yes, why ? .....

11. If no, why ? .....

12. Which part of Hillside do you live in? .....

13. Which school do you go to ?.....

14. What year are you in at school ? .....

15. What do you like most about school ? .....

.....

.....

16. What do you like least about school ? .....

.....

.....

17. Do you have a part-time job ? Yes / No

18. If yes, what do you do ? .....

19. How much do you earn from this job a week? £_____

20. What would you like to do when you leave school ? .....

.....

21. Who lives in your house with you?

Mother	[ ]	Step-Mother	[ ]
Father	[ ]	Step-Father	[ ]
Brother	[ ]	Step-Brother	[ ]
Sister	[ ]	Step-sister	[ ]
Friend(s)	[ ]	Grandparent(s)	[ ]
Other	[ ]		

(please state).....

22.How many brothers and sisters do you have? (please write in number)

.....Brothers .....Sisters

.....Step-Brothers .....Step-Sisters

23. How much money do you get from your parents or other relatives a week (as pocket money) ? £_____

24. What do you spend most of this money on? (tick as many boxes as you want) Can you estimate how much a week you spend on each of these? (please write in)

Clothes	[ ]	£____
Records/CD's	[ ]	£____
Books/Magazines	[ ]	£____

Sweets	[ ]	£____
Cigarettes	[ ]	£____
Going Out	[ ]	£____
Alcohol	[ ]	£____
Sports activities	[ ]	£____

Others (please write in)

.....

.....

25. Which magazines do you read ? (tick as many boxes as you want)

Just Seventeen	[ ]
Mizz	[ ]
Smash Hits	[ ]

Others (please write in)

.....

.....

26. Who are your favourite singers/groups? (please write in) .....

.....

.....

Thank you for filling in this questionnaire.

HEALTH QUESTIONNAIRE

As some of you know I am writing a book about young people, their lifestyles and health. I would be very grateful if you could fill in this questionnaire which has a variety of questions concerning health. As with all of my research nothing you say will be shown to anybody else, only I will see it so you can be as honest as you want. Thanks, Ellie.

1. What does being healthy mean to you? (Tick any boxes that apply)

a. Being fit [ ]
b. Eating healthy food [ ]
c. Being able to do everyday tasks [ ]
d. Feeling happy [ ]
e. Nothing [ ]
f. Something else [ ]
What?----------

2. Do you think good health is due to (Tick any boxes that apply)

a. Luck [ ]
b. Heredity (from parents) [ ]
c. Good health services (i.e. doctor) [ ]
d. Not smoking, taking exercise, etc. [ ]
e. Other [ ]
What?----------

3. On this scale please tick one box which is closest to how healthy you think you are

Very healthy	Healthy	Quite healthy	Quite unhealthy	Unhealthy	Very unhealthy
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

4. On this scale please tick one box which is closest to how important being healthy is to you

Very important	Important	Quite Important	Not important
[ ]	[ ]	[ ]	[ ]

5. How many times a week do you take exercise?

a. Never [ ]
b. Once [ ]
c. Twice [ ]
d. Three [ ]
e. Four [ ]
f. Five or more [ ]

6. How many times a week do you do exercise at school? (if still at school)

a. Never [ ]
b. Once [ ]
c. Twice [ ]
d. Three [ ]
e. Four [ ]
f. Five or more [ ]

7. Do you smoke?

Yes [ ] (go to question 9)
No [ ] (go to question 8)

8. Have you ever smoked?

Yes [ ] (go to question 9)
No [ ] (go to question 12)

9. How many do you (or did you if you have given up) smoke on an average weekday?

a. 1 or 2 [ ]
b. 3 - 5 [ ]
c. 6 - 10 [ ]
d. 11- 14 [ ]
e. 15 or more [ ]

10. How many do (or did) you smoke on an average weekend?

a. 1 or 2 [ ]
b. 3 - 5 [ ]
c. 6 - 10 [ ]
d. 11- 14 [ ]
e. 15 or more [ ]

11. Approximately how old were you when you had your first cigarette?

a. 10 years or younger [ ]
b. 11 - 12 years old [ ]
c. 13 - 14 years old [ ]
d. 15 years or older [ ]

12. How often do you drink alcohol?

a. Every day	[ ]
b. Four or five times a week	[ ]
c. Two or three times a week	[ ]
d. Once a week	[ ]
e. Two or three times a month	[ ]
f. Once a month	[ ]
g. Sometimes	[ ]
h. On special occasions	[ ]
i. Never	[ ]

13. What did you eat for lunch today? (Please write in)

_____

_____

14. What did you eat for dinner today? (Please write in)

_____

_____

15. Have you ever tried to loose weight?

Yes [ ] (go to question 16) No [ ] (go to question 17)

16. If yes, how did you do this?

a. Doing more exercise	[ ]
b. Going on a diet	[ ]
c. Cutting back on sweets, etc.	[ ]
d. Other	[ ]
What?----------	

17. Are you a vegetarian?

a. Yes (go to question 18)	[ ]
b. No	[ ]
c. I was but not anymore	[ ]
d. I am thinking about it	[ ]
e. I am cutting down eating meat	[ ]

18. What was your main reason for becoming a vegetarian? (tick one box)

a. Environmental reasons [ ]
b. Animal welfare [ ]
c. Health [ ]
d. Dislike of meat [ ]
e. Family are vegetarian [ ]
f. Other [ ]
What? ----------

Are you Male [ ] Female [ ]

I am ---------- years old

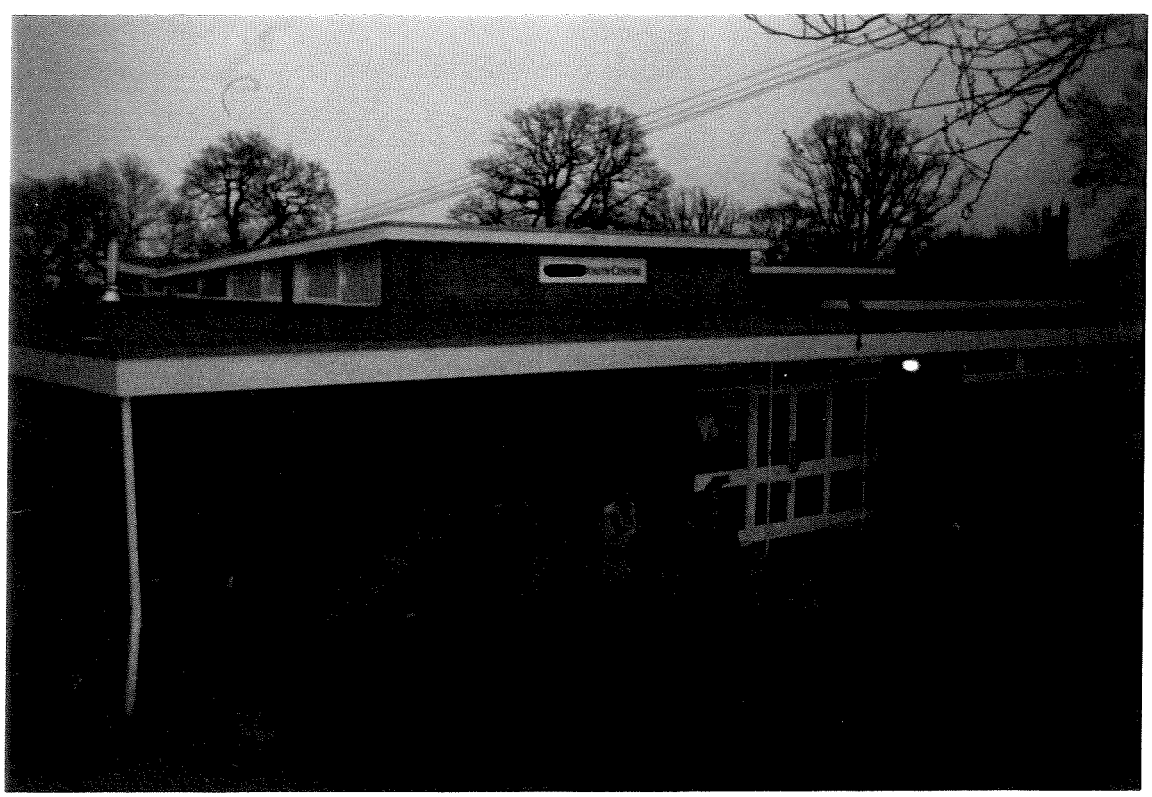
Do you go to The Green [ ] or The Blue School [ ] or have left school [ ]

Thanks for filling in this questionnaire. Your answers will help me a great deal.

Please let me know if you are willing to be interviewed on the above subjects.



Hillside



Hillside Youth Club



Poolside Youth Club



Poolside

Appendix Three

Paper presented at Leisure Studies Association 1994 conference in Eastbourne

12-14 September 1995.

'Nothing To Do?: A Study Of Young Women's Health And Leisure In A Black Country Community.'

Eleanor Peters
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Introduction

The 'common-sense' assumption about young people's health, particularly in the press, is that they are engaging in unhealthy behaviours and adopting lifestyles which will establish life-threatening patterns for adulthood (Department of Health 1992, Plant & Plant, 1992, The Guardian, 22 September 1994). There is a particular emphasis in the media on 'risk-taking' by young people, particularly in relation to smoking, sexual activity and the consumption of alcohol and drugs. The British teenage pregnancy rate in Britain is the highest in western Europe. The conception rate for under 16 in 1989 was 9.6 per thousand, and around 4.5 per thousand of these conceptions will be terminated (Schofield, 1994). One 'Health of the Nation' target aimed to reduce the teenage smoking rate from 8% for boys and girls aged 11-15 by one third by 1993, although figures released by the Department of Health in December 1994 showed 11% cent of girls and 8% of boys at secondary school smoked regularly in 1993. This had led to a 'moral panic' concerning the activities of young people concerning crime, violence, truancy as well as their health and leisure.

There are many studies concerning young people's lives, for example Willis (1977), Whyte (1955), Patrick (1973), but these works tend to concentrate upon working class young *men* and either ignore or marginalise young women. I believe these studies cannot tell us much about many young people's lives as their focus is upon white working class young men who are involved in street gangs or 'deviant' behaviour. Notable exceptions include Griffin (1985), McRobbie (1991), Lees (1986, 1993) and their work which provides feminist perspectives of young women's everyday lives. However there are very few texts which focus upon young people's health in the context of their everyday lives. Studies on women's health and leisure such as Green et al (1990) focus very little on young women for a variety of reasons including lack of access to young women and there seems to be a belief that young women are too busy pursuing leisure activities to take part in research.

Background to the Study

This paper draws on the preliminary findings from an exploratory ethnographic study concerning young women's health and well-being. The focus of the research is on young women's attitudes, beliefs and practices around health issues including the part leisure plays in their lives. Wolverhampton Borough Council's Youth Affairs Department have

allowed me access to two youth groups to conduct my research. I previously worked as a youth worker for both Wolverhampton Borough Council and Birmingham City Council working with girls' groups. Girls and young women have traditionally used youth services less frequently than boys and young men or have been excluded (Nava, 1984) but both Wolverhampton and Birmingham and many other youth services provide female only provision, an issue I will return to later.

Over a period of six months I have been in contact with twenty young women aged between 11 and 16 years. Both groups are female only groups, although towards the end of my study one group was moving towards being mixed and, therefore, I also had some contact with young men during my research. I am now working with a girls' group in Hillside to gather data to compare with the data collected at Wolverhampton to look at the similarities and differences between young women in differing areas.

I have used a variety of research techniques to gather data including observation; participant and non-participant, interviews, group discussions and questionnaires. The main focus of this paper will be upon the leisure pursuits of these young women both within and outside youth service provision.

The methodology used enabled the research to explore the lives and world-view of these young women and in this respect it follows the Weberian tradition of *Verstehen* sociology. An explicitly feminist approach was adopted (Mies, 1983, McRobbie, 1991, Maynard & Purvis, 1994), as there is considerable evidence that women have been marginalised in both social science and health research. As Harding says:

> Critics argue that traditional social science has begun its analysis in men's experiences. That is, it has asked only the questions about social life that appear problematic from within the social experiences that are characteristic for men (white, Western, bourgeois men, that is). (Harding, 1987: p. 10)

It is not enough to study habits, beliefs, attitudes and perceptions in isolation from people's everyday lives. To gain insight into the place of health and leisure in the world view of young women, the research needed to be located in the context of their everyday lives. The point of ethnographic research is to render apparently irrational and inexplicable behaviour and attitudes intelligible through the use of *Verstehen*. In the words of a Native American saying 'Do not judge a man (sic) until you have walked a mile in his moccasins.'

Ethnographic research depends upon the researcher having access for a period of time in which to get a feeling for the lives people lead and 'going native' to a certain degree. There were many 'roles' I could have chosen to adopt, including that of covert researcher, a person who does not inform people that they are being researched. This obviously brings in issues of ethics and was not an approach I considered using. Covert research is very useful if it is difficult to gain legitimate access to a particular group of people, and allows the researcher to view life without those under study guarding their behaviour. Feminist research in particular stresses the need to empower women and not see them as data material (Oakley, 1981, Klein, 1983) and therefore it is important to see the researched as real human beings . As McRobbie says feminists;

> have sought to treat 'subjects' with respect and equality. We have studiously avoided entering 'their' culture, savouring it and then presenting it to the outside world as a subject for speculation. Feminism forces us to locate our own

> autobiographies and our experience inside the questions we might want to ask, so that we continually do *feel* with the women we are studying. (McRobbie, 1991: p. 70)

I chose to use a youth work setting for my research. Many other researchers looking at young women chose to use schools as their method of obtaining contact (Griffin, 1984, Lees, 1986, 1993). Lees (1986) suggests that it is unfair to expect young women to give up their leisure time in youth clubs to take part in research. While I agree with this comment to a certain point I had many reasons for not choosing to go to schools. Although I stressed I was a researcher and at no time pretended otherwise, I felt that I was giving the young women a choice to take part or not. They were told by myself and the youth workers concerned that they did not have to take part if they did not want to. Obviously any young women who did not want to take part but still attended the group is researched through observation and I felt this was a problem. However, if I had entered schools with the backing of the headteacher, I would have been viewed as an authority figure, and I feel the young women would have felt obliged to take part. Although researching in a youth work context necessitates some degree of authority, I believe from past experience as a youth worker that young people attending youth clubs do not view youth workers in the same light as they view teachers because youth club is voluntary and school is not.

The Young Women in the Study and their Communities

The main contact of my research has been with a girls' youth group in the south of Wolverhampton in a small working class community. Until boundary changes in the 1960s this area was part of a neighbouring town and not in Wolverhampton's jurisdiction. I believe this area, which I shall call Poolside, has a very different character to that of Wolverhampton as a whole. The area was very reliant on the nearby steel industry and various deprivation indices suggest that Poolside is significantly more deprived then Wolverhampton as a whole. Both Poolside and Parkside have poor housing, including many boarded up properties and houses very close to each other with little open space. Unemployment in these areas is quite high, and youth unemployment is particularly high in Wolverhampton (see table 1) which I believe affects young people detrimentally in job aspirations.

Table 1

Housing Tenure (%) 1991 Census

	Poolside	Parkside	Wolverhampton	National
Owner Occupier	34.1	42.0	57.7	66.4
Local Authority	60.6		33.7	21.4

	Poolside	Parkside	Wolverhampton	National
Households with more than 1.5 persons per room	0.4 %	1.2 %	0.5 %	0.5%
Households with no car	53.6 %	55.4 %	41.3%	33.4

Wolverhampton 1991 Unemployment Ages 16-19

Total Residents	Economically Active	Unemployed	On Gov. Scheme
13,803	8,089 (58.6%)	2,053 (25.4%)	1,035 (12.8%)

Wolverhampton 1991 Unemployment 16+

Total Residents	Economically Active	Unemployed
191,020	112,003 (58.9%)	15,927 (14.2%)

So how do young women living in relatively deprived circumstances carve out meaning leisure for themselves?

Obviously youth service provision plays a part in the lives of the young women I researched as this was my first point of contact with them. Both groups were club based, one located in rooms in a community centre, and one in a purpose built youth centre. Many of the young women who attend the groups I researched also attended other clubs on the premises visiting at least twice a week. When asked what they spent most of their spare time on, youth club was the main leisure activity stated. All the young women enjoyed the youth club and when asked what was the best thing about the club the main response was the workers, closely followed by day trips. It appears that the ability of the youth workers to tread the fine line between friendliness and authoritativeness was an important aspect in attending youth clubs. Young women did seem to accept a certain amount of restriction, but did not enjoy youth clubs where workers were deemed too authoritarian. Most young women enjoyed attending a girls only group stating that it was a more relaxed atmosphere and they could have a laugh without boys causing trouble. As Green et al state;

> various studies have identified the strategies employed by teenage boys to control girls' freedom of movement and leisure. These include the monopolisation of space and facilities in youth clubs, verbal techniques of social control directed at the girls' sexuality and reputations and the effect that young men's violent behaviour ('trouble') had on girls' parents, of tightening their control on their daughters' mobility. (Green et al 1990: p. 149)

The provision of girls only groups provided by some local authorities are designed to counteract these problems and to allow young women space for themselves. Girl only groups are also invaluable for young women who cannot take part in other outside interests for reasons such as parental restrictions, which now brings me to a discussion of the restrictions on young women's leisure.

Restrictions on Young Women's Leisure

Authors such as McRobbie (1980) and Ganetz (1995) have stated that girls are more likely to have restrictions placed on them by parents because of the risks of unwanted pregnancy and the cultural disapproval of young women seen in public without escort. When I asked the young women what restricted them from doing what they wished with their leisure time, the answers were either parental restrictions or lack of finance. Obviously, there were parental restrictions on young women's leisure time mainly due to their concern about their daughters being out late at night partly due to their safety, but also because of their concern about their daughters' perceived respectability.

Most young women indicated that they did some housework and baby-sitting for either family or friends. Often the young women would be paid for this work, although sometimes families expected them to do it for free which appears to be part of the socialisation of young women into 'caring' as training for later lives as mothers

themselves (Sharpe, 1976, McRobbie, 1991). Frequently young women would be unable to attend club activities due to domestic commitments. Although some young men are also restricted by domestic commitments I saw relatively fewer restrictions placed on the young men attending the group. Young men seemed to be less restricted by parental concern about safety and respectability and although they too were restricted by lack of finance, evidence suggests that young men are able to earn more from part-time work than young women (Green et al, 1990: p. 149).

Public transport in Poolside is quite poor and although relatively cheap by national standards still caused young women problems when they wished to go out. With poor public transport and low levels of car ownership most leisure activity takes place within the neighbourhood. The cost of taxis is prohibitive to young women in this area. The young women in Parkside, who lived much closer to the town centre were more likely to spend their leisure time in town. Some young Asian women who attended Parkside were restricted from other interests outside youth provision because of religious and cultural reasons. I will return to this later.

Having examined the restrictions faced by these young women in pursuing leisure activities, let us now turn to looking at how they do spend their leisure time.

Young Women's Leisure Activities

There were many young women who said that they spent much of their time 'dossing', either in town or in their local neighbourhood. Corrigan in his study entitled 'Doing Nothing' suggests that "what most adults see as an endless waste of time, an absence of purpose, is, from the viewpoint of the kids, full of incident" (Corrigan, 1976: p. 103).

Corrigan's study focused mainly on boys, finding that their leisure activities take place outside the home. A number of authors have identified the importance of 'bedroom culture' in girls' leisure (McRobbie, 1991, Green et al, 1992) but others such as Griffin (1985) and Lees (1986) argue that for most young women, like young men, their leisure is not primarily home centred. The 'bedroom culture' obviously exists to certain degree, dependent upon cultural and parental restrictions to going out.

> Within feminist youth culture research, the concept of 'bedroom culture' denotes the culture of young girls, which is developed in the girls' room where friends experiment with make-up and clothes, talk about boys and problems, use the media, dance, etc. (Ganetz, 1995: p. 88)

Most of the young women I researched had little privacy at home, often sharing a bedroom with a sister, and therefore preferred the street as the place to hang out with their friends. As Griffiths says in her study of young women in West Yorkshire:

> In spite of its limitations, dossing was generally seen by girls as a positive occupation, equated with 'having a laugh'. 'Just a right good doss' was the highest accolade. (Griffiths, 1988: p. 56)

Indeed the fact that most girls I researched seemed to use the youth club as a space to meet their friends and develop friendships, chat in relative privacy and be allowed to play music and generally make as much noise as they wish, suggests that the space the youth club gives young women and the safety of this space in contrast to the street is a very important aspect of youth service provision.

If young women are prevented from hanging around the streets by parents, or have little privacy at home, the space provided by youth clubs is important in affording young women some measure of recreational autonomy. It has been noted by researchers such as McRobbie (1991) how young women seek out private spaces for themselves, such as school lavatories and corridors.

Some young women in Poolside attended a locally organised marching band which took up much of their time at week-ends and some evenings. Many of the young women who attended band also attended youth club suggesting that these young women are more responsive to organised leisure provision. Young women from both groups took part in sports such as swimming or netball, usually school organised teams, or said they spent time playing with friends.

Each youth club provides slightly different activities although most provide a wide range of leisure activities including day-trips, residentials, arts and crafts activities, sports activities and more. Day-trips are usually organised with the imput of the young women suggesting activities they would like to do. I went on day-trips to Drayton Manor Park and to Granada Studios Tours with the group and there were also other activities such as ice-skating, bowling, cinema and go-karting. Many residentials are to activity centres where young people take part in activities such as rock climbing, pony trekking. I attended a residential to an activity centre in Wales with a mixed group where young women and men took part in the same activities. The young women particularly enjoyed the activities at the centre, particularly pony trekking and gorge walking and were more enthusiastic about taking part than the young men.

Wolverhampton also provides borough wide activities including music recording facilities and specialist activities for young people. Obviously an important part of youth provision is the capacity to inform and educate as well as supply leisure activities. I believe the varied activities available to young people taking part in Youth Services in Wolverhampton is of paramount importance because of the high levels of deprivation in many areas of the town. This provision allows a range of cultural experiences for young people which would otherwise be circumscribed. Most groups charged a small amount of money weekly to attend. Although young people and their families are asked to contribute to the cost of day-trips and residentials, the main costs are met by youth services which enables poor young people to take part in new activities and experiences.

Youth club provision has been frequently criticised for being male-biased (Nava, 1984) and supplying traditionally male activities. Youth work has traditionally focused on 'unruly' young men and tried to circumvent this unruliness with organised leisure. Young women have never been as visible as young men on the streets, do not cause as much trouble and therefore have not attracted the same amount of provision. During the 1970s pressure was applied on the National Association of Youth Clubs to re-introduce girls only provision. I found that most young women were happy to attend a girls only group and many preferred to stating that it was more relaxed without boys around. Young women frequently feel pushed out at mixed youth clubs, unable to be assertive enough to challenge boys' dominance of the activities.

From past experience of working in youth provision I have frequently encountered hostility to girls only provision, but I feel they are very worthwhile and of great advantage to the young women who attend. The girls' group in Poolside was becoming mixed towards the end of my research due to objections from young men in the area that

they had no club to attend on that day and time. Although a mixed youth club operates later that evening a male worker was placed to run a boys group at the same time as the girls group.

The girls youth club in Parkside offered an opportunity for Asian young women to take part in youth provision. More traditional Asian families want to maintain family honour where daughters' reputations are preserved and this includes not socialising with boys. The girls youth club is an opportunity for these girls to have a leisure pursuit outside the home. The leader would collect the young women from their homes and take them home after club. The club was strictly female only, and assurances were given to parents that the club was a safe place for their daughters to attend. In a report produced for Wolverhampton Youth Service, Smith suggests that older young women were more likely to need parental approval if they were Asian or had a disability (Smith, 1995), although issues of safety and respectability are not just isolated to these groups. This report highlights that provision for women could be improved as 60% of users are male and 40% female, but the percentage of females using the service has improved over recent years.

Conclusion

To conclude I wish to stress the point that although these young women live in relatively deprived conditions in terms of housing, overcrowding, access to transport, spending power and employment prospects, they do enjoy their leisure time and are able to find many enjoyable activities to do. They all enjoyed youth clubs and saw them as the main focus in their leisure activities and were happy to attend mixed and female only groups seeing different advantages in both set-ups. Although it may seem to adults that these young women are 'doing nothing', to the young women themselves just hanging out with friends in the street or in youth clubs is a pleasurable activity full of fun and excitement. It is evident that these young women do have limitations placed upon their leisure activities. Lack of finance and parental restriction do impinge on what they would like to do, but they appear to make the best they can of these situations and use all opportunities to their advantage including attending youth clubs.

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