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**"It's just such a problem, really"**

**A Discourse Analysis of  
Young Women's Talk on Contraception**

A thesis presented in partial  
fulfilment of the requirements  
for the degree  
of Master of Arts  
in Psychology at  
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## ABSTRACT

A discourse analysis was undertaken of young women's discussion of their experiences and concerns with choosing and using contraception. Ten women, aged between 21 and 25, with experience of using contraception, were individually interviewed by the author using an open, loosely structured interviewing schedule. Transcripts of the interviews were made and formed the object of analysis. The focus of the analysis was influenced predominantly by Parker's conception of discourse analysis (1990, 1992).

Six main discourses were identified in the participants' talk; the moral discourse, sexual desire discourse, natural health discourse, live life discourse, individual responsibility discourse, and equality discourse. Participants' use of the discourses was found to be concentrated around three particular topic areas; choosing and using contraception, non-use of contraception, and the responsibility of contraception. Women's discussion of the issues involved in contraception use involved a complex and often contradictory negotiation of the identified discourses. Participants predominantly drew on the discourses to explain their contraceptive decisions and preferences, to justify 'risky' behaviour, and to point out inadequacies in the range of contraceptives available. An examination was also made of the function of the discourses in Western society in general, and of their histories in Western culture.

An understanding of women's constructions of the issues involved in contraception use is valuable for all women, as well as for health professionals and others involved in counselling and advising women in the area of contraceptive decision-making and use.

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## INTRODUCTION

Contraception plays an important role in almost all women's lives. There exist numerous studies in the area of contraception. The majority of these address important health issues and 'social problems' such as teen pregnancy and abortion; asking what makes a woman a 'reliable contraceptive' and how women make their contraceptive decisions. For example, studies by Maxwell, Sack, Frary, and Keller (1977) and Sack, Billingham, and Howard (1985) have correlated factors such as prior sexual experience and frequency of intercourse with 'reliable contraceptive use', while Luker (1975), Condelli (1986), and Weisman, Plichta, Nathanson, Chase, Ensminger, and Robinson (1991) have incorporated such variables into rational decision models, in order to explain women's contraceptive decision-making. Research to date has thus successfully *correlated* a number of factors with young women's (particularly adolescents') contraceptive behaviour. However, a notable gap in the research exists, for such studies have failed to examine in any detail the issues involved for women in choosing and using contraception. As Alder (1993) states: "It's [control over fertility] importance for the *psychology of women* can hardly be overestimated, even though influential writers virtually ignore the topic" (p. 145, emphasis added). As I will argue, there is very little qualitative research on women's experiences with contraception and it is qualitative research that can offer us more depth and detail to our understanding of women and contraception.

The present study adopts a research approach still relatively new to psychology, that of discourse analysis. It examines young sexually active women's discourses on contraception; looking in detail at how young women talk about their experiences, concerns, beliefs, and attitudes towards contraception. As yet there are no published studies specifically on women's concerns with contraception that utilise this approach, and there are few from related areas. The present study thus provides a dynamic and new contribution to our understanding of women and contraception. It will also be argued that discourse analysis is more appropriate than investigating 'attitudes' and 'beliefs' through traditional empirical methods which do not allow for the fluid and changing status of people's 'beliefs', or the

importance of situation and social context. The nature and advantages of a discourse analytic approach will be discussed fully later. At this point I will turn to a discussion of the existing research on women and contraception, illustrating its contributions and limitations.

### Quantitative Studies

It is generally accepted that women will have different demands and expectations of contraceptive methods at different times in their reproductive lives. The reproductive life cycle can be divided into three stages: sexually active before childbearing, childbearing with spaced pregnancies, and the fertile years after childbearing is over (Alder, 1993). For reasons of space and clarity, and because it is young women that cause a large amount of concern in relation to unplanned pregnancies and STDs, I have chosen to focus my study on women from the first stage; that is, sexually active young women who have not yet decided to have children.

As mentioned, the aim of most psychological researchers in the area of contraception has been to provide a model of contraceptive decision-making, in order that the 'problem' of 'unreliable' or 'irrational' contraceptive use can be addressed. It is important to note that the theoretical basis of this empirical, positivist based research stands in contrast to the constructionist approach of discourse analysis which I adopt. However, it remains useful to examine the existing research as it provides a background from which to view the present study and helps to illustrate some of the shortcomings of previous research.

A number of factors have been found to be related to effective contraceptive use and choice of contraceptive. In a study of single college students Maxwell et al. (1977) found that young women's likelihood of using a reliable contraceptive increased when the level of emotional involvement with the sex partner was heightened, the intercourse was planned, and the individual had prior sexual experience. Tanfer and Rosenbaum (1986) examined contraceptive perceptions among young single women and concluded that factors such as perceived safety and effectiveness can help

predict who will use a particular method. Murray, Harvey, and Beckman (1989) and Harvey, Beckman, and Murray (1991) conducted similar studies and also suggested that perceptions of safety and effectiveness of contraceptives are an important component in the decision-making process. Sack et al. (1985) adopted a discriminant analysis approach to investigate the ability of a number of variables to predict from a sample of unmarried, sexually active students which ones were 'reliable' and which ones were 'unreliable' 'contraceptors'. For the women, friends' use of birth control, the length of time they'd known their partners, and frequency of intercourse were all positively associated with being a reliable contraceptive. While the researchers were able to provide a "hit ratio" of 87.6% for predicting reliable users, for unreliable users it was only 45.9% (p. 179).

There is little New Zealand based research in the area of contraception; what there is focuses primarily on adolescents and follows a similar approach to the studies described above. A survey of 15 year old secondary school girls from the Hutt Valley found that 16% of those who were sexually active had never used a contraceptive method. The main reason for non-use was that the sexual intercourse was an unplanned event (Lewis, 1987, cited in Department of Health report, 1990). The Department of Health cites further figures from a survey of sixth and seventh formers suggesting that only 41% of sexually active students used contraceptives. The two most significant predictors of contraceptive use were contraceptive use at first coital experience and age at first coital experience. The Department of Health claim that the most common reason for non-use of contraceptives is a lack of knowledge about where to get contraceptive advice. A local study conducted with Manawatu 'never married' women aged 16-20 found a relatively low 9% of "sexually experienced" women reported not knowing of any contraceptive information sources compared to 34% of those not sexually experienced (Trlin and Perry, 1981, p. 23).

Sawyer and Beck (1989) utilised a questionnaire to examine: "the attitudes, experiences, and concerns of college women regarding oral contraception" (p. 18). They found that concerns about various forms of cancer, vaginal infections, subsequent infertility, and mood swings were prominent among women who had never used the pill, current users of the pill, and former

users of the pill. Approximately half of both the current and former users reported experiencing weight gain and depression while on the pill. However, reasons for ending pill use were not related to such 'medical' concerns. The two major reasons were "I'm not very sexually active" and "A steady relationship ended" (p. 21).

In an attempt to explain contraceptive decision making and use Luker (1975), Condelli (1986), and more recently Weisman et al. (1991) have incorporated variables such as those outlined above into variations of a rational decision model. These models suggest that when making a decision to use contraception (or not) people weigh up the costs and benefits of the expected outcomes and the perceived probability of the outcomes. They then make a 'rational' choice that maximises the benefits and minimises the costs. In the context of traditional, positivist oriented psychology, rational decision models of contraceptive decision making have remained the most prominent theory to explain women's contraceptive behaviour and choices. However, as I will soon illustrate, rational decision models have come under strong attack in recent psychological literature.

### **Methodological and Theoretical Concerns with Quantitative Studies**

The studies outlined so far, and others like them, can be criticised from both a methodological and a theoretical perspective. The differences between quantitative and qualitative research have been mentioned. Quantitative studies such as those described above rely on measurable variables that can be used in statistical formulae. They thus typically reduce complex phenomena, such as perceptions of contraception, or how women decide to use contraception, into smaller, decontextualised parts and 'miss' much of the detail surrounding the area of study. Berg (1995) is one of many researchers to vouch for "the greater depth of understanding one can derive from qualitative procedures" (p. 2).

The quantitative research on contraception has typically used questionnaires, which limit the possible responses of participants. When interviews are used, participants are once again offered restricted choices,



disallowing any extra, unmeasurable detail. A typical example is Tanfer and Rosenbaum's study (1986) in which the researchers interviewed women and used a three point scale to gather ratings on five factors thought to be important to how women perceive contraceptives. The study was thus unable to gather any information extraneous to the five decided factors, and the three point scale prevented participants from elaborating on their responses. Other methodological issues are also present. Many of the existing quantitative studies have ill-defined operational definitions and much of the research on women's 'attitudes' to contraception was undertaken in the 1970s. This raises concerns about the applicability of findings to the 1990s; contemporary research is needed to account for women's current concerns with contraception. Furthermore, the bulk of existing research has been undertaken in America, which raises questions about the applicability of findings to New Zealanders.

More importantly, in relation to the present study, are the theoretical concerns that I wish to raise with these empirical studies and models. Potter and Wetherell (1987) highlight the problems inherent in defining a concept such as 'attitude', and question the usefulness of measuring 'attitudes' with traditional empirical methods. Henriques, Hollway, Urwin, Venn, and Walkerdine (1984), Hollway (1989), and Gavey (1989) question psychology's traditional conception of a unitary, rational, subject, and the appropriateness of rational decision models.

As Potter and Wetherell state: "The crucial assumption of attitude researchers is that there is something enduring within people which the scale is measuring - the attitude" (1987, p. 45). However, in their discussion of two different studies on 'attitudes towards coloured immigrants' (Marsh, 1976, cited in Potter & Wetherell, 1987), one a traditional survey and the other a discourse analysis, Potter and Wetherell illustrate the variable and contradictory nature of people's 'attitudes'. Furthermore, they stress the inability of traditional survey methods and definitions of 'attitudes' to account for this variability.

The major issue is whether people filling in an attitude scale, as in the studies on women's perceptions of contraceptives discussed earlier, are

actually describing an 'attitude', or whether they are producing a specific linguistic formulation appropriate for the particular context, for example, ticking a box on a scale from 1-5. As Potter and Wetherell (1987) state: "If a certain attitude is expressed on one occasion it should not necessarily lead us to expect that the same attitude will be expressed on another. Instead there may be systematic variations in what is said, which cast doubt on the enduring homogeneous nature of the supposed internal mental attitude" (p. 45). Potter and Wetherell provide evidence of this variability from accounts about 'Polynesian immigrants' obtained in interviews with a number of New Zealanders. Participants typically showed a number of different 'attitudes' towards 'Polynesian immigrants' which were, on closer examination, inextricably related to the context of their discussion and to the functions of their accounts. Thus, in the area of contraception, we would expect women's 'attitudes' to contraception to change according to different contexts and situations. For example, depending on what sort of relationship the women are talking about, whether they're talking about their or others' behaviour, or what functions they are trying to achieve in their talk.

As well as the importance of context and variability, Potter and Wetherell (1987) draw attention to the way in which people typically construct the 'object' of thought in the course of doing an evaluation of it. In their own research they have found that participants did not work with a neutral description of an object, rather they constructed a version of that object (eg. 'Polynesian immigrants' or 'unprotected sex') and this varied both from person to person and within accounts. This further questions the appropriateness of traditional attitude theory which considers the attitude to be separate from the object of thought. There is little utility in comparing people's attitudes to an object with a scale if the object is not given the same meaning by the different people.

Traditional empirical methods of investigating 'attitudes', or 'perceptions', or 'beliefs', can thus be misleading. Measuring attitudes on scales fails to account for the variability of people's accounts. It does not pay attention to the importance of context and the functions of different accounts. Previous studies in the area of contraception, such as those discussed earlier, are as



limited in this respect as Marsh's study on coloured immigrants which Potter and Wetherell (1987) critiqued. Discourse analysis provides an opportunity to investigate discourse with an emphasis on variability, construction, and function.

Linked to the discussion of the variability of 'attitudes', and the importance of an alternative approach to research which examines people's construction and use of discourse, are Henriques et al.'s (1984) and Hollway's (1989) criticisms of psychology's traditional definition of the unitary, rational, subject. This term is used to describe the notion of an 'individual' who is seen to have a constant and 'rational' 'personality'. Both the traditional attitude theory critiqued above and the rational decision models of contraceptive use proposed by Luker (1975), Condelli (1986), and Weisman et al. (1991) rely on the notion of a unitary, rational, subject. It has already been shown that this concept is inappropriate in the study of attitudes; where people typically give varying and contradictory evaluations of things, rather than holding a constant, 'rational' attitude. Hollway's research provides further evidence against the unitary, rational, subject and is particularly relevant as it questions the usefulness of rational decision models for explaining contraceptive use.

In her analysis of two accounts on making love without contraception Hollway (1989) notes that, for the women involved, making love without contraception is primarily associated with securing commitment to the relationship. This is an unusual connection, and not one that has appeared in any other literature in the area. Hollway points to the inability of rational decision models and the concept of a unitary rational subject to explain the connection. Instead she turns to discourse analysis and a theory of "multiple subjectivity". Following post-structuralist theory, discursive practices, or 'discourses', are seen to provide *subject positions* which are multiple and potentially contradictory; "the subject is composed of, or exists as, a set of multiple and contradictory positionings or subjectivities" (Henriques et al., 1984, p. 204). The focus is thus moved from an understanding of the participants as unitary, rational decision-makers who weigh up all the costs and benefits before making an informed choice about contraception, an approach which simply doesn't account for 'irrational' decisions such as the

example, to an understanding of the way in which participants use different discourses and the way in which they position themselves within those discourses.

It is worth commenting on the findings of Hollway's (1989) study in order to explain further the way in which discourse analysis can help to explain the women's decisions described above. Hollway's study is also one of the few which are similar to the present study in topic and method.

As well as a feminist discourse, which she suggests she "took too much for granted" (p. 54) and hasn't defined, Hollway identifies three discourses used in her participants' accounts of their relationships. The discourse of male sexual drive proposes that men are driven by the biological necessity to seek out (heterosexual) sex. It relies on the claim that sex is natural and is not mediated socially. The have/hold discourse suggests that sex should only take place within a 'serious', lasting, heterosexual relationship. Clearly, it is linked to Christian family values. The permissive discourse is used by Hollway to refer to a challenge to the have/hold discourse. The discourse is gender-blind and suggests that sexuality is a natural property of individuals which has a right to be expressed. This discourse suggests that sex is purely physical and is separate from social relations. Hollway explains that the women's connection of not using contraception and securing commitment stemmed from their positions within both permissive and feminist discourses which recommended a rejection of marriage. The following extract from one of Hollway's interviews highlights the woman participant's contradictory feelings of rejecting the traditional have/hold discourse, yet at the same time desiring the security and commitment which it offers:

Why I can't be matter-of-fact about what I want is because I've internalised - um an alternative set of values, or politics, particularly feminist politics, um, which just disagrees with that. It's not *on* to want that. It's not *on* to want to secure my future with a man even when it might change. It's not *on* to want security. It's not *on* to want to be a mother, to be into babies, to even *talk* about marriage. That's just - well it's a cop out. What would my feminist sisters say? and what my sisters

say is what the feminist in me says. That's why it's so difficult because they just represent something of the contradiction inside me [sighs]. And that's why it feels so problematic - and why I feel so tearful. (p. 57)

This extract highlights the contradictory positions within a discourse which a person may take up at any one time and exemplifies the non-unitary, non-rational nature of 'subjectivity'.

Gavey (1989) offers further support for the rejection of the rational subject. She comes from a similar post-structuralist feminist position as Hollway and thus discusses subject positions within discourses and criticises psychology's traditional notion of a rational subject. She points out that individuals are not passive, but rather make an active choice when positioning themselves in relation to various discourses: "women can identify with and conform to traditional discursive constructions of femininity or they can resist, reject, and challenge them (to a greater or lesser extent)" (p. 464). Gavey points out that the choice is not a 'rational' one. For example, a woman might have 'chosen' feminism as a system of meaning for understanding her life, in her particular society, at a particular time. However, despite this choice some aspects of her subjectivity may still be 'gendered' in traditionally feminine ways; "she may retain desires and behaviours seemingly 'incompatible' with the goals of feminism" (p. 465). Hollway's extract above illustrates such a contradiction. Post-structuralist theory, then, and discourse analysis, propose a subject that is "fragmentary, inconsistent, and contradictory" (Gavey, 1989, p. 465) and, unlike rational decision models, they offer a way of accounting for this within a research methodology.

### **Qualitative Studies**

Before beginning a more detailed discussion of the nature of discourse analysis, there are a few other studies in the area of contraception which, like Hollway's, are closely linked to the approach and aims of the present research and deserve comment.

Benn and Richardson (1984) have also examined women's experiences of contraception. Unlike the majority of research, they do not follow an empirical method. Their article "discusses the effect of available contraceptive methods upon women's lives" (p. 219). Adverts in the women's press inviting readers to write in with accounts of their experiences of contraception provided the researchers with their information. Virtually all of the letters received described dissatisfaction with available methods, distribution systems, and often partners' attitudes. Like the present study, Benn and Richardson do not claim to have a 'representative' sample, but they suggest that their request for information "triggered a raw nerve in the lives of many women" (p. 221). Quotations from the women's accounts are used in Benn and Richardson's paper to allow the participants to 'speak for themselves'. They illustrate many of the problems related to the side effects of different contraceptives experienced by women, and a dissatisfaction felt towards contraception in general. While the detailed, descriptive accounts are interesting and insightful, Benn and Richardson's study lacks any form of analysis of the accounts. Their study is like much feminist research in that it privileges women's experience as an entity that is pure and essential. There is no attention to the importance of language as a constitutive process.

In what can be seen as an extension to this study, Lethbridge (1991) researched women's process of choosing and using contraception. Lethbridge adopts a phenomenological approach to analyse and describe the accounts obtained from interviews with 30 women on their lifetime experience of contraceptive use. She identifies four processes which make up her theory of "contraceptive self-care" (p. 276). The main process is "Choosing and Using Contraception", followed by three contextual processes which she labels "Forestalling Pregnancy", "Assigning the Burden of Contraception", and "Negotiating with Those who Control Contraception" (p. 276). Within these processes Lethbridge further identifies a number of themes. These are outlined in table 1 below:

Table 1: Lethbridge's (1991) theory of contraceptive self care (pp. 277-279).

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<i>1. Choosing and Using Contraception</i>	
	Finding a contraceptive method
	Managing contraceptive use
	Experiencing contraceptive costs and benefits
<i>2. Forestalling Pregnancy</i>	
	Fear of unwanted pregnancy
	Valuing freedom from childbearing
	Fearing future infertility
<i>3. Assigning the Burden of Contraceptive Responsibility</i>	
	Bearing the burden
	Resenting the burden
	Sharing the burden
<i>4. Negotiating with Those who Control Contraception</i>	
	Using the health care system
	Abiding by religious laws or cultural norms
	Sidestepping the control of others

---

This study is important as it is one of very few qualitative studies in the area. The phenomenological approach is useful in that it allows for the women's accounts to be bracketed into themes, analysed, and described. However, unlike discourse analysis, no attention is paid to the functional aspects of participants' accounts and the analysis thus lacks some detail.

Ingham, Woodcock, and Stenner (1992) provide further evidence of the inappropriateness of rational decision models to account for young people's sexual behaviour. They use quotations from interviews with young people aged between 16 and 25 to illustrate a number of "impediments" that they see as intervening between what young people 'know' about safe sex, and their willingness to act on this knowledge. While it has no analytical



method as such, Ingham et al.'s study is useful in that it highlights the constructed and functional nature of the participants' accounts about sex and perceived risk from STDs. Like Hollway (1989), Ingham et al. provide examples of decision-making in relation to safe sexual behaviour that cannot be explained by a rational decision model.

Studies on contraception which use discourse analysis are scant. Gilfoyle, Wilson, and Brown (1992) have used this approach in the related area of heterosexual sex and relationships. They carried out semi-structured interviews with 12 women and 13 men in order to identify the discourses of sexuality which inform talk about heterosexual sex. Gilfoyle et al. identified the same three discourses as Hollway (1989). That is; the male sex-drive discourse, the have/hold discourse, and the permissive discourse. They further identified a fourth discourse which they labelled the "pseudo-reciprocal gift discourse" (p. 209). This discourse, like the male sex-drive discourse, proposes that men require heterosexual sex to satisfy their sexual urges. It further relies on men viewing women as passive receptacles who 'give' their bodies and themselves to the man while he, in return, must try to please the woman by 'giving' her an orgasm. Gilfoyle et al. propose that within this discourse men maintain dominance "by both being the recipient of the woman and conferring on the object (woman) the gift of pleasure or orgasm" (p. 218). Their use of discourse analysis successfully helps to open up the field of heterosexual sex and relationships by drawing attention to the implications of the dominant discourses in the area.

Discourse analysis has also been used by Lupton (1994a) in a study of the Australian media's depiction of condoms. She highlights the contradictory messages given about condoms in the Australian press and the discourses of homosexuality and deviance that have been linked to condoms by virtue of their association with AIDS. Lupton suggests that these press accounts have "reported and reflected" Australian society's anxiety about sexual danger and about "metaphorical, physical, and moral contamination" (p. 317). She further suggests that until condoms are associated with "wickedly exciting and satisfying heterosexual activities", it is doubtful that their use will ever be accepted by those who see themselves as "heterosexual and sensual" (p. 317). Lupton's study is an example of the way in which discourse analysis

can be utilised effectively in the area of health research.

A final study in the area of contraception which implements discourse analysis is Willig's (1994) examination of heterosexual adults' accounts of condom use. She explains that: "In order to better understand why people do or do not use condoms, we need to become aware of what these behaviours mean to participants" (p. 11). From her analysis of interviews with 14 men and women, Willig found that her respondents predominantly framed their accounts of condom use within a "marital discourse". Long term, stable relationships and marriages were constructed as safe havens where one shouldn't have to worry about STDs. "Trust" was identified as a crucial defining feature of a 'serious' relationship and was used by participants to justify non-use of condoms; to request condom use from a partner would be to undermine the trust between one another and to thus damage the relationship. Willig's study is useful in illustrating the way in which a discourse may constrain or facilitate certain behaviours; in this case, the discourse helps us to understand why it is that couples can be reluctant to request condom use from their partners.

Qualitative research on contraception has thus identified a number of themes and discourses related to the area of heterosexual sex and contraception. While discourse analytic studies of women and contraception are few, studies such as Hollway's (1989), Gilfoyle et al.'s (1992), Lupton's (1994a), and Willig's (1994) offer an initial and useful introduction to the potential of discourse analysis in this area.

### **An Explanation of Discourse Analysis**

The discussion thus far has already introduced a number of important aspects of discourse analytic research. This section will clarify the particular approach to be taken in the present study.

While discourse analysis has been prevalent in other disciplines for some time, for example in cultural and media studies, it is still a relatively new approach to research in psychology. Following Stainton Rogers (1996), who

discusses the place of this new "critical social psychology" within health psychology (p. 65), 'discourse' is "used by postmodern researchers to address the constructive, productive, and pragmatic aspects of language use" (p. 71). Indeed, discourse analysis is based on the premise that meaning is given to the world by the way that we talk about it - language is not neutral, rather it is an active part of 'making' the world.

Two major strands of discourse analysis have emerged in psychology. They come from different theoretical backgrounds and emphasise different aspects of analysis. Potter and Wetherell (1987, 1994, 1995) have developed an approach which stems from semiotics, speech act theory, and ethnomethodology. Their approach looks primarily at the ways in which people use language to perform different functions; for example by constructing arguments, explanations, and descriptions. Potter and Wetherell's approach is notable for its focus on the minute detail of talk. Parker's approach (1990, 1992) draws on post-structuralist theory such as the work of Foucault, Barthes, Derrida, and Lyotard to illustrate the important connection between discourse and power. He emphasises the way in which discourses may support institutions, reproduce power relations, and have ideological effects. Both Potter and Wetherell's approach and Parker's provide important contributions to the study of discourse. I will discuss Potter and Wetherell's work as an introduction to the area and highlight the limitations of their approach. I will then discuss Parker's approach, which I believe extends that of Potter and Wetherell, making some important additions to the analysis of discourse. The issue of subjectivity will also be raised.

Potter and Wetherell (1994) identify three predominant features of discourse analysis. Firstly, it is concerned with talk and texts as social practices. As such, discourse analysis pays careful attention to both linguistic content (meanings and topics) and linguistic form (eg. grammar and cohesion). Secondly, discourse analysis is concerned with action, construction, and variability. Following Potter and Wetherell, one of the principal aims of discourse analysis is to reveal the operation of constructive processes such as styles, linguistic resources, and rhetorical devices, and the way in which these vary as people perform different actions. The third feature which they



identify is the concern of discourse analysis with the rhetorical, or argumentative, organisation of talk and texts. This point draws attention to the question of how a version of 'reality' is designed to compete with alternative versions.

In their significant text "Discourse and Social Psychology" (1987) Potter and Wetherell present ten stages in the analysis of discourse; research questions, sample selection, collection of records and documents, interviews, transcription, coding, analysis, validation, the report, and application. They point out that these stages are not clear sequential steps, and that "there is no analytic method" (p. 169). Parker (1992) criticises Potter and Wetherell's guidelines as "bewildering" to new researchers (p. 5), reliant as they are on intuition. He suggests an alternative set of criteria for "distinguishing discourses", with the aim of identifying the object of study, and enabling us to "engage with, and in, discourse analysis" (p. 5).

Following Parker's criteria (1992), a discourse is realised in texts, is about objects, contains subjects, is a coherent system of meanings, refers to other discourses, reflects on its own way of speaking, and is historically located. While he suggests that these criteria are both necessary and sufficient for *identifying* discourses, Parker notes three further criteria which he proposes research should focus on. These final three have important political implications and, according to Parker, extend discourse analysis from being "just another method" (p. 1). The criteria acknowledge that discourses: support institutions, reproduce power relations, and have ideological effects. It is these last three, which stem from post-structuralist theory, that Parker firmly criticises Potter and Wetherell for neglecting. While they acknowledge the role of post-structuralist work on discourse analytic research outside of psychology, Potter and Wetherell do not use this theory themselves. Parker uses post-structuralist theory to show how "the study of language must attend to tensions and contradictions which express political matters" (1992, p. 1). This important extension which Parker makes to the study of discourse will be utilised in the analysis section of the present research. That is, I shall attend to the construction and function of different discourses at both an immediate, and a more widely social and political level.

Parker further criticises Potter and Wetherell for paying too much attention to minute detail. In their definition of 'interpretative repertoire', the term which they prefer over 'discourse', Potter and Wetherell refer to "a limited range of terms used in particular stylistic and grammatical constructions" (1987, p. 149). Parker argues that a focus on detail is misled and that content is more important: "to talk about 'grammatical constructions' is inappropriate and risks getting bogged down in formalism at the expense of content" (1992, p. 11). In response to this comment Potter, Wetherell, Gill, and Edwards (1990) argue that Parker tends to reify discourses when they should be seen as "abstractions from practices in context" (p. 209). It is for this reason, they propose, that the practices and devices through which discourses are realised (eg. the 'grammatical constructions') must be attended to. In undertaking the present research it is important to be aware of this argument. With the emphasis that I intend to place on Parker's additional three criteria, and consequently the *content* of the discourses, I agree with Parker that attention to the fine-grained detail of the accounts is not necessary.

Another issue that arises when undertaking discourse analytic research is how to theorise the subject, the 'creator' of the discourse. Potter and Wetherell can be criticised for their approach to this topic for they give little discussion to the issue of subjectivity. They effectively bypass the subject when they argue that: "The researcher should bracket off the whole issue of the quality of accounts as accurate or inaccurate descriptions of mental states... Our focus is on discourse itself: how it is constructed, its functions and the consequences which arise from different discursive organisation" (p. 178). Hollway (1989) suggests that while their rejection of the positivist notions of truth and falsity is commendable, Potter and Wetherell need to be wary of throwing out the "baby of subjectivity" with the "bath water of accuracy" (p. 33).

The post-structuralist theory of subjectivity of Hollway (1989), Henriques et al. (1984) and Gavey (1989) has been discussed and is, I believe, a useful and necessary addition to a discourse analytic approach. To recap, post-structuralism proposes that subjectivity is constituted and constructed

through language and discourse. Discourses are multiple and offer competing and contradictory ways of "giving meaning to the world" (Gavey, 1989, p. 464). Discourses also offer "subject positions" for individuals to take up (Henriques et al., 1984, p. 203) which are typically fragmentary, inconsistent, and contradictory. Henriques et al. sum up 'subjectivity' as follows:

We use 'subjectivity' to refer to individuality and self-awareness - the condition of being a subject - but understand in this usage that subjects are dynamic and multiple, always positioned in relation to particular discourses and practices and produced by these - the condition of being subject. (1984, p. 3)

In an effort to account for an important aspect of discourse analysis which Potter and Wetherell neglect, this theory will be taken into consideration when undertaking the analysis of participants' discourses on contraception.

### **Reflexivity**

A principle tenet of discourse analysis is the claim that 'realism', as such, is socially constructed through language, and that no one version of 'reality' is more 'correct' than another. As Potter and Wetherell (1987) put it: "'Realism' is, at least partly, a rhetorical effect constructed through the careful choice of particular linguistic forms" (p. 182). A major question that consequently arises in discussions of discourse and postmodernism is: How do we deal with the fact that our accounts of how people's language use is constructed are themselves constructions? A number of different approaches to this problem have been taken. While Potter and Wetherell suggest that it may be sufficient to simply acknowledge that one's language and research is constructing a "version of the world" (p. 182) and to simply get on with the job, they also note the possibility of reflexivity as a strategy. Reflexivity has been used to varying extents by researchers in an attempt to address the constructed nature of one's own work. In some descriptions of postmodernism, reflexivity is touted as the central defining feature (Lawson, 1984, cited in Parker, 1992); it involves turning around and reflecting on

ourselves and our language - making explicit our situation, and our awareness of our situation in research. The way in which I have drawn attention to the implicit yet questionable meanings attached to words by putting 'scare marks' around them; 'irrational', 'problem', is an example.

Parker (1992) discusses this "discourse discourse" (p. 64) and warns that reflecting too thoroughly on your activity as a researcher threatens your position as a "distanced observer" (p. 79). However, it can be argued that the position of the distanced observer is not of primary importance when researching within a postmodern paradigm, particularly when you are being reflexive and making your position clear. Parker further warns about the "spiral of reflexivity" (p. 80) which is a more practical warning against the ability of reflexivity and discussions about the nature and analysis of discourse to go around in circles - at the expense of the utility of the research. In answer to the 'issue' of using discourse to talk about discourse, Potter turns to the political functions of discourse analysis. It is important, he suggests, to recognise and remember the radical political possibilities that discourse analysis offers insofar as it is able to 'open up' and deconstruct the institution of psychology.

So how am I going to address this issue in the present study? I have acknowledged my awareness of the issue, in the style of Potter and Wetherell. Like most studies using discourse analysis, my analysis section will include detailed extracts from the accounts, to make the analysis explicit and to allow the reader to follow my reasoning and judge accordingly. I will now also take a moment to reflect on my position in relation to my research; which will acknowledge my influence as the researcher and a user of discourse, allow the reader to 'see where I'm coming from', and, importantly, locate the research in its historical and social setting.

My initial interest in the topic of contraception arose, unsurprisingly, out of personal experience. I have felt dissatisfied with the range of contraceptives available since my first lesson on the topic early in high school. Yet I also feel that my 'attitude' to contraception exemplifies what it is to be a non-unitary, non-rational subject! That is, I have contradictory feelings like that I'm well off and fortunate to be able to prevent pregnancy - yet I still feel

uncomfortable using oral contraceptives for any length of time and I wish there was such a thing as an ideal contraceptive. Similar concerns have been voiced by friends and we get a lot of our information about contraception from discussions with each other.

At the same time as I was looking at contraception as a possible topic of study the Minister of Health, Jenny Shipley, was embarking on a mission to cut down New Zealand's abortion rate. New Zealand has one of the world's highest rates of teen pregnancy and the incidence of induced abortion has been steadily increasing - particularly for young unmarried women aged 20-24 (Maskill, 1991, cited in Nisbet, 1993). At the time, Shipley was proposing to make one of each of the different dosage levels of the oral contraceptive pill free to all women. She also proposed to make the emergency contraceptive pill (previously known as the morning after pill) available from the chemist, without a prescription. Since these initial statements it has been confirmed that a certain brand of the oral contraceptive pill will be made free, but changes to the availability of the emergency contraceptive pill have been postponed "until safety and supply issues have been resolved" (Bain, 1996, p. 1). The debate surrounding these important changes sparked further interest for me and I began to investigate studies in the area of contraception.

I found very little research which captured anything of women's experience and feelings towards contraception - this has been evidenced in my earlier discussion of the literature. Most were directed at 'important social causes' such as teen pregnancy and overpopulation. Benn and Richardson's (1984) study spurred me on as they discussed subjective accounts from women which were closer to what I had in mind. It appeared to me then, that there was a 'gap' in the research. I also knew that I wanted to do a discourse analysis and this seemed to fit the topic well - the discourses young women use to talk about contraception.

So who am I, the researcher? And how am I influencing my research? In academic terms I could be labelled a 'post-structuralist feminist'. I am a young, middle-class, white, first-generation New Zealand woman in my sixth year at University. I studied psychology the 'traditional' way until I



became a postgraduate, when I came upon discourse analysis. Discourse analysis resembled a lot of what I had been doing in my other major of media studies. The theory seemed logical to me and I was surprised that there was so much resistance to it from 'mainstream' psychology. I have explained my influences. Potter and Wetherell (1987, 1994, 1995) were my initial introduction to discourse analysis in psychology; I found their emphasis on the 'nitty gritty' of language unnecessary and uninteresting. Later I read Parker (1990, 1992) and found his emphasis on the post-structuralist aspects of analysis to be more akin to what I had learnt in media studies. Hollway (1989) and Gavey (1989) have also offered me interesting and valuable feminist perspectives on the uses of discourse analysis.

Clearly some might think that my personal investment in and experience with the topic might unduly influence my research. Parker (1992) points out that the term used to describe a discourse involves moral and political choices from the analyst. Burman (1991) similarly states that: "the discourse analyst is irreducibly tied to his or her own politics for the alliances and orientation displayed in the selective presentation of discursive strategies and outcomes" (p. 339). These decisions, like the rest of the analysis, will thus be made explicit, leaving the question of 'researcher bias' open to speculation. It may also be argued that now I have explained my position and situated myself in relation to my research, this problem has been dealt with. As Gavey (1989) points out: "post-structuralist theory rejects the possibility of absolute truth and objectivity" (p. 462). By making apparent the processes and perceived influences on the research via the use of reflexivity I am addressing this issue in the accepted fashion of postmodern research practice.

## **METHOD**

### **Research Question**

The aim of the research is to explore in detail young women's talk on contraception. Specifically, the study aims to examine the construction and function of the discourses drawn upon by young sexually active women in their discussion of the issues involved in contraceptive use.

### **Ethics**

Ethical approval was applied for through the Massey University Human Ethics Committee and was granted. Women voluntarily offered to participate in the study and informed consent was obtained from all participants prior to being interviewed. Participants were informed of their right to refuse to answer any particular question and to withdraw from the study at any time. Consent to audio tape the interview and to use quotations in reports was obtained from all participants and confidentiality was assured (See Appendix A for a copy of the consent form). All participants were given pseudonyms.

### **Participants**

The criteria for the selection of people to participate in the research were that they be young women with some experience of using contraception. "Young women" were defined for the purposes of this research as women aged from 20 - 30 years. Participants were also restricted to young women without children. The reason for this has been discussed; it is based on the understanding that women may have different demands and expectations of contraceptive methods at different times in their "reproductive lives" (Alder, 1993). Thus, restricting participants to those women without children was an attempt to contain the focus of the study, as well as to look at an age group that causes a large amount of concern in relation to

unplanned pregnancies and STDs.

Ten participants were recruited for the study; they ranged in age from 21 - 25 years. Contact was initially made with two female acquaintances who were both given an 'information pack' containing an introductory letter, information sheet with tear-off slip, and freepost envelope (see Appendices B and C for introductory letter and information sheet). The letter and information sheet detailed the nature of the research and invited the reader to participate. The tear-off slip and freepost envelope were included to allow the reader to confidentially and voluntarily send their name and phone number to me, thus consenting to me calling them to talk further about participation in the study. The two acquaintances initially approached both volunteered to participate and at their subsequent interviews I gave them another information pack each to pass on to an eligible female friend; thus creating a 'snowball' effect. Some information packs were also made available on notice boards at the Massey University Campus.

A sample of ten participants was considered suitable for the present study. Because discourse analysis focuses in detail on texts, it was thought that ten interviews would produce enough material to allow the emergence and investigation of a number of discourses. Past discourse analytic research has found small sample sizes to be useful and adequate. As Potter and Wetherell (1987) state:

Because one is interested in language use rather than the people generating the language and because a large number of linguistic patterns are likely to emerge from a few people, small samples or a few interviews are generally quite adequate for investigating an interesting and practically important range of phenomena. (p. 161)

All participants had completed high school. Some were tertiary students and some were working. One participant was part Maori and nine were Pakeha. All of the women had experience of using condoms and the oral contraceptive pill, nine of the ten women had used emergency contraception on one or more occasions, and one woman had experience of



using the diaphragm. The length of time that participants had been sexually active ranged from four to nine years.

### Interviews

All participants took part in a one-on-one interview with myself which was tape-recorded. Consent to record the interviews and to quote segments of the interviews in consequent reports was obtained from participants preceding each interview. Interviews ranged from approximately 20 minutes to 90 minutes in length.

The interviews were initially open-ended and 'conversational' in style. This intended to allow for both an increased rapport with participants and an open flow of discussion without prompting from the interviewer. Both Potter and Wetherell (1987) and Oakley (1993) have discussed the merits of such a style. However, as the interviewing procedure progressed it was found that a more challenging and probing approach, especially when discussing contentious issues, aided discussion and elicited fuller responses from participants. Potter and Wetherell have noted the potential usefulness of such an interviewing style, suggesting that: "we have found it productive to be much more active or even argumentative during interviews" (1995, p. 218).

An interview schedule was developed for the purpose of ensuring some consistency between interviews. This was done to ensure that similar topics of discussion were covered with each participant. The initial interview schedule was developed with the aim of covering the potential issues involved in contraceptive decision-making and use based on previous research findings and personal knowledge of the area, and with the aim of making the interview open, so as to allow any other topics to emerge. The schedule was refined following the first two interviews to include further questions which encouraged fuller exploration of the issues; often I found that simply asking 'why?' also enabled this (see Appendix D for the final interview schedule).

Interviews were conducted at a setting most convenient for the participant. Settings included the participant’s home, my home, and a small seminar room in the Psychology Department at Massey University. Before beginning the interview, participants were once again informed of the purpose of the study and of the informal nature of the interview. Participants were also invited to ask questions at any point during or following our meeting and were offered a summary of the research on completion. All participants requested a summary.

**Transcription**

The interviews were transcribed and the transcriptions formed the basis of the ensuing analysis. The question of how detailed a transcription should be is, as Potter and Wetherell put it, “a thorny one” (1987, p. 166) and the answer lies in the focus of analysis. Because the present study was oriented more towards the examination of discourses and ideological practices, with less focus on the fine-grained details of discursive practice, a modified version of the Jeffersonian transcription system was used (for the complete Jeffersonian system see Atkinson & Heritage, 1984). The transcriptions were made to emphasise readability rather than the intricacies of the talk; for example, pauses were noted but not strictly timed. Speech errors and gross changes of volume and emphasis were also accounted for. Table 2 illustrates the transcription notation used:

Table 2: Transcription Notation

[Square brackets]	- My words; the interviewer
(Round brackets)	- Extraneous to the interview; added for clarity
<u>Underlining</u>	- Emphasis by participant
.....	- Pause in participant’s talk; approximate length is indicated by number of dots
/	- Sudden cut in participant’s talk
---	- Text has been missed out

Unlike many traditional interviewing procedures, 'informal' interviews that are conducted for discourse research, such as those undertaken in this study, can be seen as attempting "an interaction between two equal parties" (Potter & Wetherell, 1995, p. 218). Because the interviewer plays a significant role in the formation and construction of accounts, his or her dialogue is as crucial to the analysis of the interview as the interviewee's. Thus, full transcripts of the interviews were made.

### Analysis

I began analysis by reading and re-reading the transcripts, and by noting the particular themes and identifying emerging discourses. Tables were drawn up on which each transcript was coded according to the different emerging discourses and themes identified on each page of the transcript. This task was completed as inclusively as possible. There was an amount of overlap between different themes, and it was anticipated that some would later prove more useful and relevant than others. There are no particular rules for the identification of discourses or themes; this point in the research may be seen as when a certain amount of 'intuition' and reading skill were employed. As each transcript was coded further notes were made of the dominant discourses and of the interesting features of each transcript. The technique of keeping detailed notes of the analytic process is seen by most as crucial to this type of research (Potter & Wetherell, 1987; Parker, 1992).

Potter and Wetherell (1987) suggest that one of the main purposes of coding in this way is "to squeeze an unwieldy body of discourse into manageable chunks" (p. 167). While this was partly the purpose in the present study, coding also served as an initial start in becoming familiar with the transcripts and in noting the different discourses being used. As such, the process of organising the transcripts according to themes and emerging discourses fulfilled Parker's (1992) similar recommended step of "exploring the connotations, allusions, and implications which the texts evoke" (p. 7). Coding also served the purpose of recording the location of different topics of discussion for future reference.

Following coding I had a clearer idea of what the dominant discourses and concerns were in my participants' talk. The transcripts were re-read and re-read and detailed notes were made on the discourses being used, and on their functions in different topics of discussion. Relevant quotations from the transcripts were included to illustrate my notes and to use in the later writing up of the research.

## FINDINGS AND DISCUSSION

There are a number of connections between the different discourses; they relate to each other in the ways that they are used. Because of this crossover, deciding on how to structure this section was difficult. On reading and re-reading the transcripts of the participants' interviews it became apparent to me that there were three major topic areas which the discussion centred around. Women talked a lot about choosing and using contraception, about their and others' experiences of not using contraception, and about the responsibility of contraception. I have opted to follow the discussion of the women by writing sections on these three major topic areas, explaining which discourses were used in each of these areas, how they were used, and with what purposes. There are a number of elements that contribute to any particular discourse; these will be introduced and discussed as they arose, according to the three topic areas. It is envisaged that this form of presentation will give the most coherent and logical picture of how the discourses function and relate to each other in the context of the women's talk on contraception. As well as discussing the discourses in the context of my participants' interviews, I shall follow Parker's additional criteria for the identification of discourses and examine the wider political and ideological consequences of the discourses, and their histories in Western culture (1992).

Because of the wealth of information gathered from participants, and the requirements of this thesis to present a clear and coherent discourse analysis, some of the issues which arose in interviews must necessarily be excluded from analysis. I believe that by structuring my analysis around the three identified topic areas outlined above I am presenting an account of the *major* discourses which arose in participants' talk on contraception. Likewise, discourses were drawn on by participants on multiple occasions. There are thus numerous examples available to illustrate my analysis. To keep the analysis clear and concise I will not be utilising all possible quotations, rather I intend to include enough examples to effectively illustrate my discussion and to make my interpretation explicit.

### Choosing and Using Contraception

With the title 'choosing and using contraception' I refer to women's discussion of their experiences of deciding upon, acquiring, and using different contraceptives. Women talked about the influences on their decisions and about their feelings and concerns relating to the use of different contraceptives. The issue of responsibility often arose during these discussions. While this can be seen as an influence on women's choosing and using of contraception, I found it took up a large proportion of each woman's interview and featured its own distinguishable discourses. I have thus chosen to discuss the discourses relating to 'responsibility' (that is, whose responsibility contraception is, and should, be) under the separate heading: 'the responsibility of contraception' - which I feel emerged in women's talk as a topic in its own right.

With careful examination of the transcripts I was able to identify four major discourses being used in women's discussions of choosing and using contraception. These were the moral discourse, the sexual desire discourse, the natural health discourse, and the live life discourse. The moral discourse was used by some participants to explain their feelings of guilt and unease when first acquiring contraception. Participants also invoked the moral discourse when discussing a preference for long term relationships over casual sex, and concerns about appearing 'promiscuous'. These concerns were linked to different types of contraceptives, and to the process of acquiring contraceptives.

The sexual desire discourse was primarily used in women's explanations for their dislike of condoms and any other contraceptives that might interrupt the sexual encounter. This discourse was used by some women to help justify 'risky' behaviour such as unsafe sex (from STDs). The sexual desire discourse was often included in discussions of the merits of the pill over condoms. However, this discourse also came up against the natural health discourse and both were often used together to illustrate a lack of contraceptive choices and a lack of freedom to have both spontaneous, 'passionate' sex (sexual desire) and safety from side effects (natural health).



The natural health discourse primarily functioned in women's explanations for their general unease and dissatisfaction with the oral contraceptive pill. Women used the discourse to explain why they chose not to use the pill, or to help justify why they came off it or why they used it erratically. As mentioned above, the discourse also featured prominently in discussions of freedom and a lack of contraceptive options.

The live life discourse was drawn on by women to counter the unsettling concerns raised by the natural health discourse. The discourse helped to justify putting oneself at risk to the potentially unhealthy side effects of the pill. The discourse thus often appeared alongside the natural health discourse in women's discussions of the pill and safety issues.

### Moral Discourse

The moral discourse sees sex amongst young people as wrong. A number of women used the discourse when talking about their experiences of acquiring contraception for the first time. The discourse was used to explain why they felt uncomfortable and to voice concerns about being judged by doctors and parents. The discourse is captured by the following extract, in which Emma is talking about her initial experience of visiting the doctor for contraception.

[Can you remember how you felt at the time?] Well I felt a bit apprehensive really but I guess I also felt, I think, probably quite grown up because it was sort of a big thing [yeah] Yeah! [How come you felt apprehensive about it?] Well.. I think I was worried the doctor might not give it to me or he might be quite judgmental.. [yeah] Or it was something I wasn't really supposed to be doing [yeah] Yeah. [How old were you then?] Seventeen. (Emma)

This extract highlights the potential anxiety associated with the moral discourse. Emma talks of being worried about being judged by her doctor and connects her need for contraception with feeling "grown up" and being

a “big thing”. This also emphasises the idea that ‘having sex’ is something that adults, rather than young people, do. For Emma, the need for contraception can thus be seen to signify a maturation, and a step towards ‘adulthood’. Her use of the moral discourse helps to explain her initial feelings that she might have been doing something that was ‘wrong’ and her accompanying feelings of being “grown up”.

The disapproval of sex amongst young people that is legitimised by the moral discourse is tied to the central ‘belief’ of the discourse that sex should only take place within a loving, lasting relationship. When young people are seen as unprepared for, and incapable of, committed ‘adult’ love, the moral discourse can be drawn on to offer an explanation of why they should not be getting involved in sexual relationships. This aspect of the moral discourse was frequently invoked by women when explaining why, on some occasions, they felt uncomfortable asking for contraception.

You found out about things like family, you know, family association, family planning and stuff like that [yip] and they were sort of nice places to go because you were kind of felt a bit stink about.. going along and admitting that you were.. [in whisper] had sex. [How come you felt stink about it?] Just because you’re not s’posed to.. Like you know when you’re young you’re not [yeah]. You know because when you’re young it’s not so much a um love thing [oh okay] you know? Well it’s not seen so much because adults don’t perceive that um young kids can fall in love even though it’s not the same um form of love that adults feel it’s still you know love as far as a 16 year old’s concerned [yip]. But adults know that that kind of love’s not going to last [okay] and that’s where it sucks because they sort of go ‘Oh it’s not gonna last da da da’ and it just brings you down. (Lisa)

Lisa draws on the moral discourse to explain why, as a teenager, she felt she wasn’t supposed to be having sex, and why she thus felt bad when asking for contraception. She attempts to justify teenage sex in relation to the moral discourse, which she sees as used by adults to condemn any sex that takes



place outside of a loving, committed relationship. It is interesting to note that Lisa does not reject the central concern that 'love' and sex must go together. Rather, she explains that while adults disapprove of teenage sex and see young love as temporary and insignificant, it is still experienced as 'love' by the teenagers, and hence sex is not necessarily immoral.

The moral discourse was frequently drawn on by women in talk about the desirability of long term relationships over casual sex, and about the influence of this on their contraceptive choice. The discourse was used in constructions of 'casual sex' as wrong and bad, signifying a lack of commitment, control, and fidelity which are all crucial to being 'morally proper'.

[Um, so what influences your choice of contraception?] .. Um who the guy is. Whether it's.. someone you know. That sounds bad! [laughter] Whether it's the sort of encounter where you know the guy, he's a friend, or/ That sounds bad as well! [laughter] But you know, what sort of level you're on and [yeah it's fair enough] whether you talk about it or not. Um.. whether you're in a relationship.... Yeah. (Kelly)

[and what do you prefer to use now?] Umm yeah same thing if I'm in a relationship I'd prefer to be on the pill [yip] but if it was a you know one night stand that sounds terrible but you know if it was not with someone I you know knew really well then I'd use a condom as well. (Bridget)

The reason why some women talked about their casual sexual encounters as sounding "bad" and "terrible" can be connected to the undesirable quality of appearing 'promiscuous'. According to the moral discourse casual sex is not something that one should want to publicise. In the context of women's talk about choosing and using contraception, the moral discourse was drawn on by some participants to explain a need to keep contraception hidden, or to use one form over another, so as not to appear "sleazy".

I know if I wanted to use some condoms I certainly wouldn't

go into the bar toilets! In front of everyone! In front of maybe a queue of 15 people and buy a packet of condoms. [yeah?] No way! [How come? What are the sort of issues?] Because! I just think it looks quite sleazy! And yeah, sure maybe people/ of course people are sleazy but you don't really want to um publicise it! (Emma)

The suggestion from Emma is that if she were to buy condoms from a vending machine in a bar, she would be seen by others to have 'picked up' a man for the night for some casual sex. For Emma, casual sex is thus linked to the undesirable trait of 'sleaziness'; the suggestion being that a woman may appear promiscuous if she's willing to 'indulge' in sex without the morally appropriate commitment and fidelity of a relationship. Interestingly, she then goes on to admit that people are in fact "sleazy", but adds that "you don't really want to um publicise it!". The suggestion here is that traditional notions of what is morally correct conflict with many people's actual behaviour. Emma deals with the 'reality' of casual sex and promiscuity by proposing that it is okay as long as you keep it hidden and don't publicise it; in this instance that means not publicly buying condoms from a bar.

The concern with promiscuity also arose in some of the women's explanations for their preference for one contraceptive over another. Women talked about the importance of not appearing 'prepared' for casual sex, as this could be judged by others as 'immoral' behaviour.

In terms of the fact that I'm not in a serious relationship at the moment it's just like.. I'd be better off on the pill [mm] because.. you can't really, you know, chuck your diaphragm in your purse and wander around [yip] but um... Imagine it! People thought you were loose in the seventies for carrying condoms! [you could carry your diaphragm] 'Oh I'll just get my diaphragm and just go into the bathroom! Be back in a moment, make yourself cosy there love!' [laughter]. (Lisa)

Lisa explains that while she prefers the diaphragm, she can't go out for the

night with it in her purse as this would appear "loose". The pill is her preferred method of contraception when not in a serious relationship as it allows her to be protected from pregnancy 'just in case', without openly seeming as though she was expecting to 'get lucky'. The moral discourse can thus feature in women's explanations for why, in situations where they might be judged by someone, they are prevented from acquiring contraception or from using a certain type of contraceptive.

While the moral discourse might be acknowledged by women as they talk about sex and contraception and notions of what is right and what is wrong, it is important to note that subjectivity plays an important role in how women position themselves in relation to the discourse. A woman might talk about the expectation that her behaviour is somehow 'immoral', but at the same time she may position herself in relation to the discourse, such that she is able to avoid its point of view. In the previous extracts Emma and Lisa both drew on the moral discourse to explain fears of appearing promiscuous but both encountered a contradiction between what is 'morally correct' and their own behaviour. While not rejecting the moral discourse altogether, their suggestions that one should keep potentially 'immoral' behaviour private and/or treating it as unexpected is one way to avoid judgment.

Other participants acknowledged the existence of a moral discourse in society but resisted it outright. The first extract below illustrates the moral discourse being used in an explanation of a perceived "public stigma" attached to buying condoms (as also discussed previously). The second example shows how, in a similar context, the moral discourse may be resisted.

I do think I guess there's a bit of a public stigma attached though still to like buying condoms, especially in supermarkets and stuff like that [mm]. I think I think um people prevent themselves from using it rather than the fact it's not there, you know? Society does. (Emma)

[How do you feel now about going and buying condoms?] Not

a problem [yeah]. I'm the sort of person who goes and buys.. feminine hygiene products and goes and says 'Look! I'm menstruating!' [laughter yip] Yeah.. just sort of demystifying the whole thing [yeah yeah]. It's so silly. Like get to the checkout, I'll be buying pads or something and they go 'Do you want a bag for these?' and you go 'No it's all right' and then they'll go 'Oooh' [laughter]. All these 14 year old checkout operators! You know 'Wow! Aren't you afraid you'll be embarrassed crossing the car park or something?' [laughter] 'No. Sorry. I'm a woman' [yeah yeah]. So um.. I don't have any problems with buying condoms either. (Cath)

The perceived stigma that Emma talks of can be related to the moral discourse, as a further example of the 'moral boundaries' which make it difficult to be open and public about sex. In this example, Emma draws on the moral discourse to suggest that the "stigma" attached to condoms can prevent people from buying them, and consequently from using them. In contrast, Cath relates the potential stigma of buying condoms to the embarrassment some women supposedly feel when purchasing "feminine hygiene products". She firmly rejects the moral discourse which tries to hide such matters and talks of "demystifying the whole thing". Her statement "No. Sorry. I'm a woman" helps to ridicule what Cath sees as a ridiculous perspective on normal everyday activities such as menstruating and having sex. Cath's statement illustrates the use of a resistive discourse to challenge the moral discourse.

In establishing the origins and functions of the moral discourse drawn on by my participants, the first place I look towards is religion. The following quotation illustrates one woman's contemplation of the influence of Catholicism on her experiences with contraception.

[How's that been?] (Being brought up Catholic) Um.. I think that's probably why I felt so sinful.. when I was young [yeah]. But now it's just like 'fuck off!' [yeah] Like um probably I mean my moral religion sort of things are personal. (Lisa)

Lisa suggests that "being brought up a Catholic" may partly explain why she felt that she was doing something 'wrong' as a sexually active teenager. She suggests that Catholicism no longer affects her behaviour and beliefs. However, Lisa still talks of having her own "moral religion sort of things" which presumably guide her ideas of what is right and wrong.

The influence of Christianity on Western cultures and on accompanying discourses of morality is considered to be substantial and widespread (Allen, 1992; Connell & Dowsett, 1992; Weeks, 1989). Participants' use of the moral discourse to talk of feeling "bad" and "sleazy", and the undesirability of casual sex, can be linked to the essential Christian concern that 'lust' be legitimately contained within the "mainstream Protestant concept of Christian marriage" (Connell & Dowsett, 1992, p. 51). The story of Adam and Eve illustrates the crucial belief of Christianity that 'lust' is an aspect of fallen humanity; a naturally occurring, powerful, and corrupting drive that must be struggled with and defeated. Clearly this position contributes to the moral discourse's construction of 'casual sex' and 'promiscuity' as undesirable and immoral. Connell and Dowsett (1992) refer to this Christian conception of lust as "religious nativism" and also argue that, along with the more recent "scientific nativism", it has dominated Western conceptions of sexuality into the twentieth century.

Another crucial influence on discourses of morality is the State and its legislation in areas such as marriage, divorce, and extra-marital and homosexual sex. New Zealand's legal system is based on the British system, of which Weeks (1989) states that it is "unquestioningly that of the Christian tradition" (p. 82). Laws have only relatively recently been changed to allow challenges to traditional morality through the legalisation of such acts as divorce and homosexual sex. Participants' use of the moral discourse to construct an ideal of a heterosexual, long term, monogamous relationship has thus been supported and legitimised by Western laws as well as the Church. (For a detailed discussion of the history of the regulation of sexuality see Weeks, 1989).

Moral discourses like that used by my participants are frequently drawn on in contemporary public debate around issues concerned with sexuality,



health, and contraception. Allen (1992) points out that during the twentieth century:

Religious, evangelical and fundamentalist movements of various kinds evince long-standing concerns with issues such as marriage and divorce, the age of consent, premarital and other non-marital sexuality (including men's use of prostitutes and pornography, male homosexuality and lesbianism), sex education, abortion, contraception and other forms of birth control. (pp. 12-13)

An emphasis on sex being kept hidden and private, and on the importance of sex taking place within committed relationships, as symbolised by marriage, are elements of moral discourses that are often used by those concerned with the 'moral fabric' of society. Mary Whitehouse is a well-known public figurehead who represents these moral concerns. In her campaign to protect the 'public good' and 'sexual morality' she has emphasised that: "the essence of sex is that it is a private personal experience between two people" (cited in Weeks, 1989, p. 279). This echoes the use of the moral discourse by participants to suggest that one's sexual behaviour should be kept hidden and private; hence the perceived "stigma" attached to buying condoms. While Mrs. Whitehouse has been particularly concerned with the effects of the mass media, there are other examples that relate more specifically to contraception. Moral discourses have similarly been drawn on in arguments against increased availability of condoms. In New Zealand concerned parents have rallied against the installation of condom vending machines in schools and in University hostels. In my first year at University the major sponsor of first year packs (bags with free 'stuff'), the National Bank, demanded the removal of condoms from the packs. The rationale behind such concerns is frequently that condoms promote sex amongst young people, and that such sex is likely to be of the undesirable, casual, variety. The use of the moral discourse in the public sphere thus helps to maintain the dominant ideal of heterosexual, long term, monogamous expressions of sexuality.

Recently, in the late 1980s and early 1990s, moral discourses have also been



influenced by the advent of HIV and AIDS; discourses of public health and of morality have been seen to have proliferated in response to this disease (Watney, 1987; Weeks, 1989; Altman, 1992; Ballard, 1992; Lupton, 1994b). The health risks associated with sex have been touted by some moralists as evidence that sex is supposed to be kept within monogamous, committed relationships. Altman (1992) sees the extreme version of this as "the moral right's insistence that sexual permissiveness is inherently wicked and leads directly to punishment from God (thus AIDS becomes literally a mark of divine displeasure)" (p. 34). This construction by the moral discourse of 'casual sex' as immoral and unsafe was clearly apparent in my participants' use of the discourse; with women talking of feeling "bad" for having sex outside of a relationship.

A preference for long term relationships over casual sex was also found in studies by Willig (1994) and Hollway (1989). As I have discussed, in analysing her participants' talk about condom use and the risk of HIV, Willig identified a dominant discourse which she named the "marital discourse". This discourse constructs marriage and long term relationships as safe havens from dangers such as STDs and the HIV virus as the relationships are based on trust and commitment. Willig's participants drew on the marital discourse to explain why they could not request long term partners to use condoms; it would undermine the trust, and to explain why short term casual relationships are more dangerous and "unsafe" (p. 114). Hollway also identified a "have/hold discourse" which her participants used when talking about the dominant expectation that sex should take place within the framework of a lasting relationship. There are clear connections here to my participants' use of the moral discourse and their discussion of choosing and using contraception. My participants similarly constructed long term relationships as more trusting, committed, ideal, and safe. In previous excerpts Kelly and Bridget both discussed the importance of condoms in 'casual' relationships, suggesting that the added protection of condoms became less important when in long term relationships. Willig suggests that the identification of the marital discourse helps us to understand why it is that couples can be reluctant to request condom use from their partners. The moral discourse which I have identified also contributes to this understanding, and illustrates the construction of the

ideal, long term, 'safe' relationship in another context.

In terms of power, the moral discourse clearly privileges and legitimises heterosexual, monogamous, married couples. The Catholic church is a prime example of institutionalised control and power in the area of contraception; drawing on moral and nativist discourses in its condemnation of all methods of birth control. Clearly such religious legislation contributes to the disadvantaging of many women and families by helping to maintain a lack of opportunities and control over family planning.

### Sexual Desire

The sexual desire discourse featured prominently in women's discussions of choosing and using contraception. One of the primary concerns that was voiced was a desire to have the freedom to engage in sexual intercourse where and when one felt like it - with as little interference as possible. The discourse presupposes that there exists a naturally occurring drive and build-up to sexual intercourse and that it is crucial to the passionate sexual encounter that this process is spontaneous, flowing, and uninterrupted. Women used terms such as "in the heat of the moment", "when the mood hits", or simply "at the time" to refer to this 'build-up'.

[So can you keep telling me about your experiences using condoms?] Um.. Generally I think they're nasty, slimy, stinky, and awkward. And I hate the fact that you have to go 'Oh! Should I get a condom?' And it's like this thing and then it's like 'Oh that means 'we're going to have sex!'' And then it becomes this/ it just stops the whole thing. You know I I just hate that. And the fact that like there's then all that kind of rip rip rip fiddle fiddle fiddle it's on the wrong way! And you know all that shit! (Kirsty)

Like many of the participants, Kirsty uses the sexual desire discourse to explain her ambivalence towards condoms. The physical aspect of 'fiddling'

to put the condom on is seen as inconvenient, and the implication of sex which a condom signifies is too blatant. Both of these aspects of condom use are seen to be potential 'passion killers' that interrupt the 'sexual tension' (or "the whole thing"). According to the sexual desire discourse, then, ideal, passionate, 'sexy' sex must be uninterrupted.

As well as being drawn on to explain a rejection of condoms, the sexual desire discourse was used in comparisons between condoms and the oral contraceptive pill. Those who rejected condoms on the grounds of their interfering nature praised the pill for its convenience and lack of interference.

Condoms are a hassle just anything else just seemed to me to be more of a hassle than anything else [Yeah. So what about the pill do you think made it convenient?] Oh.. Just the fact that all you had to do was take it everyday [yeah] and probably um.. Yeah just no like.. I guess no mucking around thinking 'Oh hang on a minute.. I've gotta go and get this' and like at the time and stuff. (Donna)

The sexual desire discourse is used by Donna to explain her rejection of condoms and preference for the pill. The pill is credited for its lack of 'hassles' during a sexual encounter.

As well as being used in explanations of women's contraceptive preferences and their desire for uninterrupted sex, the sexual desire discourse was used by some participants to explain their inability to use condoms and to help justify 'risky' behaviour such as not protecting oneself from STDs (or from pregnancy; the connection to this use of the discourse will be discussed in the section on non-use of contraception). Central to the sexual desire discourse is the idea that during a sexual encounter one loses control and doesn't think.

But I don't trust myself with condoms [mm]. It's not that I don't trust condoms I don't trust myself I I don't trust myself to use them properly. [What about with the pill?] Um.. oh yeah I

do trust myself with the pill. That's fine [yeah]. It's not in the heat of the moment, the heat of the moment I'm useless [yeah oh yeah]. No will power, just none at all. So... Yeah. [laughter]. (Amanda)

Yeah STDs is always something that you have thought about but I think at the time when something can happen you don't think it. You don't think this is the thing [yeah]. Um.. I mean it's just so stupid. (Donna)

Amanda uses the sexual desire discourse to explain her inability to use condoms. She makes a clear distinction between contraceptives that are used "at the time" and those that are taken care of beforehand. While she can "trust" herself with the pill, she can't trust herself to use condoms as she is likely to get 'carried away' and 'lose control'. The phrase "heat of the moment" captures the desirable spontaneity and passion which are connected to sex.

The sexual desire discourse also functions as a justification for not using condoms in Donna's quotation. Donna draws on the discourse to explain the "stupid" and 'risky' behaviour of not protecting against STDs. Donna emphasises the universality and unavoidability of the loss of control associated with sexual desire; she uses the encompassing term "you" and stresses her words: "you don't think. You don't think this is the thing". This example illustrates the 'natural' effects of sexual desire that the discourse proposes. That is, the loss of control and thought that accompany the 'heat of the moment' are seen to be a normal and natural result of women's sexual drive and the passionate nature of sex. This aspect of the discourse is crucial in explanations of 'risky' behaviour as it allows the behaviour to be justified due to its 'natural' status and consequent universality and unavoidability.

The presence of a sexual desire discourse in Western accounts of 'sexuality' has been noted by other researchers; though it is sometimes labelled differently. In their study which looked at social aspects of risk reduction in young people, Ingham et al. (1992) also found that young people tended to

construct sexual activity as a “natural and spontaneous” behaviour (p. 169). Likewise, they found that ‘risky behaviour’, such as not using a condom to protect oneself against STDs, was justified by participants with reference to the “mystical” forces of sexual desire, verbalised in comments such as “I don’t know what came over me” (p. 170). As Ingham et al. explain: “[instances] in which people were clearly aware of the discrepancy between what they *should* do and what they *did* do, can be internally justified and accepted, since the construction of sexual activity involves assumptions of mystical and uncontrollable forces” (p. 170). This process is clearly apparent in the previous quotation from Donna. Miles (1993, cited in Lupton, 1995) has also found this; she explains that the construction of sexual passion as uncontrollable and “irrational” allows no space for the ‘rationality’ associated with condom use; stopping to use a condom is seen to interrupt the passion.

The sexual desire discourse which I have identified can also be linked to Hollway’s (1989) discourse of male sexual drive. The male sexual drive discourse proposes that men have a biological need to seek out heterosexual sex. This discourse is slightly different to the sexual desire discourse as it is gender specific; Hollway did not identify a similar discourse to account for women’s sexuality. Also, the sexual desire discourse was used by my participants to emphasise the ‘passion’ and loss of control associated with the ‘heat of the moment’, while the male sexual drive discourse was used by Hollway’s participants to refer to a constant ‘force’ within men that ‘propels’ them towards sex. However, the rationale behind each discourse is the same; like the sexual desire discourse, the male sexual drive discourse: “relies on the more general claim that sex is natural and not mediated socially” (Hollway, 1989, p. 54).

The history of the sexual desire discourse can be traced back to “nativist” or “naturalist” approaches to sexuality (Connell & Dowsett, 1992; Weeks, 1989). Earlier I explained Connell and Dowsett’s conception of religious nativism, which sees ‘lust’ as an innate aspect of humanity. Similar to my definition of the sexual desire discourse, the Christian conception of lust describes an uncontrollable sexual urge. Connell and Dowsett argue that this religious nativist explanation of sexuality was displaced in the early twentieth century



by “scientific nativism”. Sexologists such as Krafft-Ebing, Kinsey, and Masters and Johnson saw sexuality as an extension of biology and of male and female reproductive ‘roles’. Human sexual behaviour was thus described as a ‘natural’ outcome of people’s biological make-up. Participants’ constructions of sexual desire as natural and uncontrollable clearly reflect this understanding; as previous quotes from Amanda and Donna have illustrated. Weeks (1989) also argues that a “naturalist” discourse prevails in Western accounts of sexuality. While alternative explanations of sexuality are becoming more widespread and acceptable, particularly since the work of Foucault and the discovery of an array of cross-cultural variation, Weeks points out that there still exists a dominant, essentialist notion of sexuality; a “basic biological mandate” (p. 3). In the context of contraception, this construction acted as a foundation for women’s explanations of their dislike or non-use of condoms.

Popular media such as film and television also help to maintain the discourse of sexual desire. Sex scenes are most often portrayed as steamy and passionate and rarely have any reference to contraception, or to pausing for a condom. Ideal ‘sexy’ sex is portrayed as uninhibited, uninterrupted ‘abandonment’. High-rating films such as *Basic Instinct*, *Body Heat*, and *9 1/2 Weeks* contain examples, and often the title alone suggests a natural, uncontrollable, sexual desire. Popular young women’s magazines such as *Cleo* and *Cosmopolitan* run feature articles on “The hottest sex act ever!” (Anon., 1997, cover) and “Sexy, steamy erotic fiction special” (Anon., 1997, cover) which also draw heavily on the discourse of sexual desire.

In a discourse analysis of Australian print media’s portrayal of condoms, Lupton (1994a) similarly found that, among other discourses, sex was constructed as ideally natural, spontaneous, and passionate. Condoms were often portrayed negatively in the press as “unnatural” and “a passion killer”, requiring rational thought instead of excitement and spontaneity (p. 314). Lupton’s findings thus illustrate the existence of the sexual desire discourse which I have identified; described in another cultural context and similarly being used to criticise condoms. Lupton’s analysis lead her to conclude that to aid people’s acceptance and use of condoms, there is a need for condoms to be talked of, particularly in the popular media, in terms of



"eroticism, passion, and unbridled sensuality" (p. 317). A sexual health message currently posted in public toilets around New Zealand does attempt this. The notice, funded by Central Health, draws on the sexual desire discourse in its promotion of condom use. It features a cartoon picture of a man and woman embracing in the desert, half covered by a condom sombrero, with the words: "When it's getting hot... Cover it with a condom!" and: "Carry a condom to use in those HOT times". The 'advertisement' is clearly acknowledging the dominant discourse of sexual desire and passion that people draw on in their constructions of sex and sexuality.

### Natural Health

The natural health discourse figures prominently in the participants' talk about choosing and using contraception. Most often, the natural health discourse functions in women's explanations for their negative feelings about the oral contraceptive pill. Central to this discourse is the idea that drugs, or chemicals, are unnatural and unhealthy.

.. If I did want to avoid getting pregnant I think I'd find a different method than the pill [oh okay, how come?] Just because.. I just think it's quite bad. Well when I started taking the pill I wasn't very healthy so it didn't bother me. But now I'm a bit more health conscious and I don't think it's very good to be putting little pills into your body everyday for years and years [yeah]. I think ultimately it must have a negative effect [yip] and I don't know I mean I think there's probably research that says it does and research saying it's fine and I think it's just a more personal decision. (Emma)

Emma explains her rejection of the pill with the use of the natural health discourse. Now that she sees herself as more "health conscious" she is concerned about the negative effects of the pill on her body and thus won't use it as her contraceptive. While talking specifically about the oral contraceptive pill, Emma also suggests that it is its general status as a drug,

or “pill”, that makes it unhealthy.

According to the natural health discourse, and as most of the participants used it, the concept of being ‘natural’ is the ideal. Many women cited their desire to ‘be more natural’ as a reason for coming off the pill and/or using a different method.

[So how come you went and got a diaphragm?] I just thought that I didn’t want to be on the pill anymore. I wanted to sort of.. be a bit more natural [mm]. And.. just wanted to give my body a a break from these chemicals that I was putting into my body [mm] and stuff. (Lisa)

The discourse was also drawn on in suggesting that the oral contraceptive pill has a dangerous controlling effect on women’s hormones, and consequently on their moods and behaviour. Women referred to problems they and others had had with side effects. In this way the natural health discourse was used to draw attention to the infringement of the pill on women’s freedom to have personal control.

I think everyone, society in general, underestimates the effect of the pill on the body, it’s a powerful hormonal drug [mm] and it’s, not that I know what it does [laughter] but I mean! But I’m sure it is! [Yeah] And um, I mean you know a lot of people put on a lot of weight, or they you know obviously have.. I mean imagine if I hadn’t realised it was the pill that was making me that depressed! I could have changed/ruined my life! And I know soo many women who say the pill addles their brain and they just came off it and took control of their lives [mm]. (Amanda)

The natural health discourse is used here to suggest that one should be aware of the effects of the pill on the body. The pill’s status as a “powerful hormonal drug” means it has a controlling effect on the body. Amanda refers to her own experience of depression which she attributes to the effects of being on the pill, and to other women’s stories of side effects, of becoming

'addled' by the pill, and of being in control of their lives only when 'free' from the controlling effects of the drug.

The controlling effect of the pill that the natural health discourse proposes was illustrated in some cases with reference to its regulatory effects on women's menstrual cycles. Freedom and control were connected to having a 'natural' cycle, unaffected by the artificial hormones of the pill (which sees the menstrual cycle regulated, such that ovulation occurs and periods arrive at exact times every month).

(about coming off the pill) And then I've just found it actually really good like I just.. You kind of, it's really stupid, but you kind of like feel free again. It's like you don't have this thing controlling you and I think.. I just want my body to get back to normal, get its own cycle going [yip]. (Donna)

The natural health discourse can be seen to create a dichotomy between a woman's 'authentic' body and the 'artificial' body that is controlled by the hormones of the pill. This has been illustrated to some extent by the previous quotations but the following two demonstrate this aspect of the discourse more clearly. Both Emma and Amanda make a distinction between their "real" bodies and their bodies under the influence of the pill.

And I think when you come off (the pill) your your emotions go up and down/ I mean they're much more real and they reflect how you feel a lot more truly. Yeah. (Emma)

I like to remember what my real body was like! [yeah] Cause it's like it's like your real body is different [yeah and it does things on its own] It does! And it's, you've gotta get in touch with that otherwise you just feel really strange. (Amanda)

These quotations illustrate again the perceived controlling effect of drugs that the natural health discourse suggests; to the extent that one's body and emotions can be talked about as authentic only when free from the unnatural influence of drugs or chemicals.

It is clear that the natural health discourse was used by participants to voice concerns about the oral contraceptive pill. Its main purpose in women's discussions of choosing and using contraception was to help explain their dislike of the pill and/or their decisions not to use the pill. Women also used the discourse to explain their 'inability' to use the pill, or in justifications for unreliable, erratic use of the pill.

As far as like being someone that takes the pill everyday and does that I'm not into that stuff cause I don't I don't like how that.. dominates you know I don't like the pos/ you know how that's sort of controlling your life and.. stuff [yip]. So yeah.  
(Wendy)

(About taking the emergency contraceptive pill) And I was really like.. very reluctant to take on such a dose of chemicals all at once [yeah]... Which I think was partly why I was so sporadic with taking the pill. I just didn't like the artificial hormones [mm]. (Cath)

Wendy suggests that it is the controlling effect of the drug that prevents her from using it and Cath justifies her irregular use of the pill by explaining her unease with taking on "chemicals".

An important aspect of both the natural health discourse and the sexual desire discourse is their use in arguments that there is a lack of contraceptive options. Women drew on the sexual desire discourse to illustrate the limitations of contraceptives that have to be used 'at the time' (barrier methods such as condoms and the diaphragm) and they drew on the natural health discourse to point out the disadvantages of the pill. When used concurrently, the discourses helped to illustrate a lack of contraceptive choices.

[So if you could design your ideal contraceptive what would it be like?] ... Uh... Well... Something along the base of um.. something that doesn't interfere with love-making [mm] and..

something that's not chemical or hormonal or anything like that.. So.. abstinence in other words! [laughter yip!]. (Cath)

I've been thinking recently about diaphragms [mm] cause I had a friend who had one [mm]. She said it was really good. But she had a partner she only saw on the weekends and it was so she always knew you know what I mean? [when it was happening?] Yeah when it was happening and I I just, you know. I don't know I guess you want spontaneity and things [mm hmm]. You do! And um.. Yeah..... But it would be good. I I don't like the idea of drugs at all but there's just not that many options. (Amanda)

Cath voices her desire for a contraceptive that "doesn't interfere" (sexual drive) and that isn't "chemical or hormonal" (natural health). She points to the lack of any such contraceptive with the only viable option: "abstinence". The 'extreme' nature of abstinence, even though partly joking, emphasises the lack of contraceptive options facing women. The natural health discourse and sexual desire discourse are thus drawn on to illustrate the lack of an ideal contraceptive.

Amanda discusses similar concerns in her passage. In considering the diaphragm as a contraceptive option she uses the sexual desire discourse to rule it out; she sees the limitation of the diaphragm, like condoms, in its interference with the important element of "spontaneity". In Amanda's statement the natural health discourse is linked, along with the sexual desire discourse, to a lack of contraceptive options and a lack of freedom. Still talking of the diaphragm, Amanda states: "But it would be good. I I don't like the idea of drugs at all but there's just not that many options". Amanda's freedom to be safe from drugs and her freedom to have sex spontaneously are curtailed by a lack of contraceptive options.

The relationship between the sexual desire discourse, the natural health discourse, and women's construction of and concern with freedom, is illustrated further by the following extracts from Wendy's interview. The concept of spontaneous sex which the sexual desire discourse promotes is

very important to Wendy. She sarcastically comments that the pill supposedly gives one the opportunity to have this spontaneity, but the natural health discourse figures in her explanation of why she is prevented from using the pill (she experiences bad side effects):

You want to have sex whenever you feel like it [yip].  
Supposedly [yip]. It's a great theory anyway. (Sarcastically) You  
want the supposed freedom offered by the pill. (Wendy)

You want to just be able to wake up in the middle of the night  
and have sex whenever.. really [mm hmm]. And I just..  
stopped using the pill because I didn't like the side effects I was  
having [mm].. (Wendy)

In the context of contraception, 'freedom' was thus frequently constructed by women in terms of sexual desire and safety to health. For some women a lack of a viable contraceptive curtailed this freedom. As well as this, the natural health discourse was used by some women in demanding the right to be able to control their fertility and be safe at the same time from side effects.

It's just like there's so many questions that don't have answers  
[mm]. Like.. I want to know!! [yeah] We need to know. Yeah  
so.. I think 'Stuff finding a cure for cancer! [laughter] Find out  
how we keep our bodies safe and.. not have children!' (Cath)

It's all about getting contraceptives and making them available  
to women when men can walk on the moon [yeah] and there's  
not an adequate, reliable, safe contraceptive available really.  
You know? It's like you choo/ have to choose among um the  
side effects that best suit your lifestyle. (Wendy)

In both of these extracts the participants draw on the natural health discourse to argue what they see as a fundamental human right; women should not have to compromise and put their health at risk when practising birth control. Cath emphasises the everyday, basic need for safe



contraceptives by placing the importance of contraception before the serious disease of cancer. Wendy similarly stresses the importance of this issue by pointing to the inappropriate priorities of researchers and funding that enable people to visit other planets when women don't have an "adequate, reliable, safe" contraceptive available. The concept of freedom, through options and choices, can thus be seen as an intrinsic element in women's negotiations of the discourses and of contraception.

In her research on women's talk about menstruation, Bransen (1992) also found that women used a natural "genre" (Bransen uses this term similarly to how I have used the term 'discourse') in their accounts of their menstrual cycle. As with the natural health discourse used by my participants, women described their bodies as "an object of nature" and explained a preference for their bodies to be 'natural' and without interference from the pill (p. 104). One woman stated: "It is much better when Nature, that is the cycle, simply decides itself when the blood is to be eliminated, and not the pill... Your own bodily hormones are simply very important. If someone or something goes and interferes, then in one way or another it is disrupted" (p. 104). Like the natural health discourse which I have described, the nature genre used by Bransen's participants embodies a preference for staying 'naturally healthy'.

The natural health discourse was drawn on by my participants at a time when there is an increasing emphasis in Western culture on health, fitness, and the body (Bordo, 1990; Morgan and Scott, 1993; Lupton, 1994b, 1995). As Lupton (1995) states: "In contemporary Western societies the concept of 'health' has become central to the construction of subjectivities" (p. 69). Participants in my study all expressed concerns with the effect of contraceptives on their health. Particularly when women were attempting to be healthy in other areas of their 'lifestyle', the natural health discourse was drawn on to explain why they were cautious of, or unhappy with, taking 'drugs' such as oral contraceptives (See, for example, Emma's earlier quotation). 'Lifestyle' is currently promoted in health campaigns and in advertisements for consumer products as requiring careful regulation to achieve and maintain one's health. As well as exercise, diet, weight, alcohol and tobacco use, stress management, and sexual behaviour, other drug use,

including use of prescription drugs, is often linked to health in health promotional discourse (Coreil, Levin, and Jaco, 1985, cited in Lupton, 1995). The emphasis is frequently on being 'natural' and avoiding health risks caused by drugs. These prevailing discourses clearly contribute to my participants' construction of an ideal, natural, health.

The prevalence of advertisements for gyms, diets, exercise products, health stores, and health products, and the marketing of products as 'natural', 'healthy', and 'sexy' are further evidence of the dominating discourses of ideal 'health' that exist in the 1990s in Western cultures. It is worth noting that these contemporary concepts of health are intrinsically tied to consumer culture, with mass profits being made by those who cater and market products that enable people to acquire a 'fit', 'healthy', and (consequently) 'sexy' body (Lupton, 1995).

The use of the natural health discourse to voice a desire to 'be natural' can also be linked to the Women's Health Movement, which emerged out of the second wave of feminism. Morgan and Scott (1993) explain that the Women's Health Movement was initially a backlash against medicine and doctors, and was concerned with enabling women to gain control over their bodies. The medical profession was seen as interfering in women's 'natural' processes with unnecessary medicalisation and drugs. The movement was especially concerned with women's rights, choice, and freedom in areas such as birth control, abortion, and pregnancy. Similarities can be seen in the women's use of the natural health discourse which I have discussed. Participants such as Amanda, Emma, and Wendy rejected the pill on the grounds that they wanted to be in control and the drug denied them that control. Medicine was thus questioned and rejected. Participants also drew on the discourse to illustrate a lack of contraceptive options and choices and to demand a safer contraceptive. In this context, the natural health discourse can be seen to offer women some power, through enabling the desire to be in control of one's body to be voiced.

The concerns participants had about freedom, and the lack of contraceptive options available, have been discussed by others. Lupton (1994b) points out that there are few safe contraceptive choices for women, and they remain

restricted and controlled by the medical profession. Wajcman (1991) captures the concerns voiced by participants that the "supposed freedom" of the pill is countered by unhealthy side effects; she explains that the freedom from worry about contraception provided by the pill, and the possibility of spontaneity that it allows, is at the expense of long-term medicalisation and potential health-threatening side effects. Thus: "Women's increased sexual independence has been at a high health cost" (p. 78). Earlier I suggested that the natural health discourse can be empowering for women by functioning in their accounts to express a need for, or to demand, a reliable and safe contraceptive. However, while the discourse has this important function, it can also be seen as relatively powerless against the multinational corporations in control of reproductive technology. As others point out, the possibility of research into alternative birth control methods is militated against by corporate and professional interests that are currently profiting from the global market for oral contraceptive pills (Newman, 1985; Wajcman, 1991; Lupton, 1994b).

### Live Life

The live life discourse functioned in women's talk as a form of rationalisation of the compromises involved in using contraception; for example, putting oneself at risk of side effects, or interrupting spontaneity. The discourse was used to help eliminate concerns about contraception and offered a 'way out' of the conflict and dissatisfaction which arose in women's discussions of contraception. For example, the discourse was frequently used in conjunction with the natural health discourse, as a 'solution' to concerns about the safety of the pill. The live life discourse is used to suggest that there are risks involved in life and that there is no point in worrying about any risk in particular as they are simply a part of life.

I don't know I I w.. would hope that they would know enough about the side effects before they put the pill on the market [mm]. And then of course you can always they always have things that come up later on that they don't know about [yeah that's true]. But it does worry me to a certain extent because/

but there's always a risk but then there's a risk going out on the street and getting run over by a bus too so! (Janine)

[So how do you feel about side effects?] ... Um.. I think it's really suckful if they're like really bad and I know that some women have like really painful breasts and things like that [mm]. Um.. but I was kind of one of the lucky ones that didn't have anything like that. Um.. So.. I don't know I think it just comes with life, really. Like you know.. there's always a downer side to everything so.. [mm] Yeah I don't know. (Lisa)

Janine's use of the live life discourse helps to put her worries aside as she suggests that the risk of side effects from the pill is similar to the risk of being run over by a bus. The discourse works by suggesting that the risks involved in contraception are simply some of the many encountered everyday, thus there is no point in worrying. Lisa puts a slightly different angle on her use of the discourse. She suggests that side effects from the pill 'come with life', and that "there's always a downer side to everything". While she sees side effects as part of everyday life, she also suggests that 'nothing's perfect', hence side effects are to be expected and tolerated.

In the context of women's talk about choosing and using contraception the live life discourse was frequently drawn on in conjunction with the natural health discourse. The above quotations show the live life discourse being used to 'rebut' the concerns of the natural health discourse. This function of the discourse is also clearly illustrated by the following excerpts:

Yeah it does worry me being on a pill of any description for any length of time [yeah] but it seems at this stage in my life that it's the best sort of risk to take [yeah]. (Bridget)

[How would you see your use in about ten years time?] ... Ahh, well unless something better came along if I didn't want to have children I'd probably still be on the pill. [Yip. How do you feel about that?] Yeah I suppose it's just sort of a necessary evil. (Bridget)

Bridget uses the natural health discourse to voice concerns about taking the pill. She suggests that being on any type of drug for any length of time is worrying. However, Bridget counters these health concerns with an acceptance that using the pill is "just sort of a necessary evil" or "the best sort of risk to take" (as opposed to, for example, risking getting pregnant or risking using a less reliable contraceptive method). This use of the live life discourse can be discussed in terms of 'subjectivity'; the discourse enables women to position themselves in relation to the natural health discourse such that they can reject the health concerns captured by the natural health discourse and feel more comfortable with their decisions to use the pill.

Ingham et al. (1992) found that the young people they interviewed about the perceived risk of HIV infection used the same "fatalistic bias" in their accounts. Many participants who rejected the risk of HIV did so on the grounds that life is full of risks, and there's no point in giving any risk undue priority. For example, one male twenty year old suggested: "I can't go through life being scared of everything... I mean I could be run over by a bus... statistics I've read about AIDS... I've got more chance of being run over by a bus than dying of AIDS" (p. 165). Ingham et al.'s findings illustrate the use of the live life discourse in relation to a different type of risk. The researchers suggested that this discourse acted amongst others to impede their own acceptance of psychology's traditional notion of 'rationality', and to impede their participants' willingness to act on knowledge of avoidable risks such as HIV (or pregnancy or side effects from the pill).

In contrast to the women who demanded more research into contraception, and better, safer options, I feel the live life discourse can be seen as a passive approach to dealing with health and safety concerns about the oral contraceptive pill (and indeed to other risks such as HIV infection). Rather than challenging or criticising an unsatisfactory situation, the live life discourse can be seen as accepting and apathetic. At the same time I feel the discourse is very important in that it allows women to 'get on with life' when they feel that there is little that can be done to improve things. When women accepted that the pill was their best option, yet believed that it still had associated risks, the live life discourse allowed them to talk of living



life, rather than getting caught in an impossible situation.

### Non-Use of Contraception

In their interviews the women made frequent reference to occurrences of having sex without using any form of contraception. In this section I will be discussing the discourses involved in women's talk about their and other people's experiences of this sort. The women talked about the time(s) they had not used any contraception and why they had not. They talked about their experiences of acquiring the emergency contraceptive pill (also referred to in some interviews as the morning after pill) and their theories about why people have 'unprotected' sex (sex without any form of birth control).

I identified two main discourses being used in women's accounts of non-use of contraception - the moral discourse and the sexual desire discourse. The moral discourse was used by women to frame feelings of guilt and irresponsibility associated with having unprotected sex and acquiring emergency contraceptives. Concerns were raised about being judged by others as 'immoral'. The sexual desire discourse featured in women's explanations and justifications for the 'risky' behaviour of unprotected sex. The two discourses were sometimes used simultaneously by women in explanations of why they felt judged by people such as doctors as 'immoral'.

### Moral Discourse

Nine out of the ten women talked to had experienced at least one episode of unprotected sex. Often they had acquired the emergency contraceptive pill following such occasions. Many women talked of feeling uncomfortable asking for emergency contraception and there was a general consensus that partaking in sex without contraception was foolish and/or risky. The participants' negative feelings about unprotected sex were often framed in terms of the moral discourse.

Previously, it has been illustrated that the moral discourse was used to



suggest that sex is something which should be part of a committed, loving, adult relationship. 'Casual' sex is 'sleazy' and wrong. In this section, quotations from participants will show that the moral discourse was also frequently drawn on to oppose the irresponsible, uncontrolled behaviour that is associated with having sex without contraception.

This is going to sound really hypocritical cause I've had unprotected sex but I do think it's kind of stupid. But I don't think that is entirely hypocritical because if I was to get pregnant I would think I was entirely stupid. So um.... Yeah. I think that they.. are stupid but I think that good things can come of stupid actions and.. life is what you make it kind of [mm] blah blah [mm]. (Lisa)

Despite having had unprotected sex herself, Lisa sees it as a stupid thing to do. She 'covers' the hypocrisy of her opinion by suggesting that she would also see herself as "entirely stupid" if she accidentally got pregnant. Lisa's statement is typical of what many of the women interviewed said about unprotected sex. I have included it here to give an initial illustration of what is a recurring theme in women's talk about not using contraception and a significant part of the moral discourse - that it is a stupid and irresponsible thing to do.

The moral discourse was drawn on by many women to frame feelings of guilt associated with having had unprotected sex and needing emergency contraception:

(to the nurse on going to get the emergency contraceptive pill) I actually did say to her I said 'No no, this is a rare thing. I don't do this sort of thing' But she kept on and I thought 'fuck this woman probably thinks that I do this all the time' and it was horrible. I wanted to say 'No! No! It's unusual behaviour!'. (Kelly)

I felt bad the next day when I took the morning after pill, or whenever it was [mm]. I also felt bad because of those flatmates

I was saying about, who made me feel guilty for doing that [yeah]. Um [sigh] God I should get away from all these.. guilt stricken people... But because it was a shock to me that I'd do something like that [yeah] I suppose I was a bit.. over sensitive... Yeah. (Kelly)

The moral discourse functions in these excerpts to explain Kelly's concerns that she has done something 'bad', that she wouldn't normally do. She wants the nurse to know that her experience of not using contraception is "rare" and "unusual". She is concerned that the nurse thinks that she is the 'sort of person' who engages in unprotected sex. Kelly also talks of being shocked by her behaviour; she clearly sees unprotected sex in a very negative light.

The use of the moral discourse to voice concerns of being judged by others as 'bad' arose frequently in women's accounts of not using contraception.

(On going to get the emergency contraceptive pill) It was in London and it's free cause it's on the national health but you kind of feel really embarrassed especially because I'd never met the doctor before and it was cause the only time I had to go in [mm] and you kind of go in and go 'Um I'd like the morning after pill please' and they just go 'Sure yip blah blah' and just give it to you and you're like 'Oh. Okay'. But then you go to the chemist and these two little old people and they know exactly what it is and they just look at you like [mm] 'You you horrible person' so.. (Janine)

This extract further illustrates the use of the moral discourse to explain why unprotected sex and the use of emergency contraception are perceived as 'immoral'. Janine is surprised that the doctor is so relaxed about giving out prescriptions for emergency contraception. However, she feels judged by the "old people" at the chemist who she says looked at her as though she was a "horrible person".

I have discussed the origins of the moral discourse to some extent

previously. The importance Christianity places on controlling one's 'lust' can be seen as relevant to the use of the moral discourse in talk about having sex without contraception. Unprotected sex was constructed by participants as the result of getting carried away with their passionate impulses and Western religion has traditionally promoted the importance of being in control of such impulses (Connell & Dowsett, 1992).

Contemporary discourses in the health area that stress the importance of being in control of one's body in order to maintain public health can also be seen to contribute to the moral discourse's concern with being responsible and 'in control'. Lupton (1995) uses the term "lifestyle risk discourse" to refer to the dominant health discourse that suggests that it is individuals' responsibility to avoid health risks for their own and others' sakes. She points out that current discourses around public health carry moralistic and discriminatory meanings, such that the concepts of 'risk' and 'risky behaviours' have replaced the traditional notion of 'sin'. In the 1990s it is thus 'morally correct' to take control and avoid risky behaviour. In the context of sex and contraception, unprotected sex is a 'risky' behaviour, associated with unwanted pregnancy and STDs. Moral judgments are made of such behaviour as it is seen to harm 'society' as well as the individual.

### Sexual Desire

Given that unprotected sex was seen by most of the participants as an 'irresponsible', 'stupid' thing to do, it is worth looking at how women explained and justified the times they engaged in unprotected sex. The sexual desire discourse appeared in many of the participants' explanations for their risky behaviour.

I think I freaked out at one point cause I thought/ cause I think I was on antibiotics and you're supposed to wait [yeah] and.. Get real! We didn't! I mean I remember a few times when I was like that and I just didn't care, didn't even think about it.  
(Donna)

Donna uses the sexual desire discourse when she talks about not taking extra precautions when on antibiotics (which many doctors believe prevent the pill from working). Donna suggests that when the 'mood hits' sex becomes the priority, hence she didn't care or think about contraception. This can be read in terms of the sexual desire discourse, which proposes that one loses control and doesn't think when involved in a passionate sexual encounter. Donna also talks as though her behaviour is normal or 'natural'. She exclaims: "you're supposed to wait [yeah] and.. Get real! We didn't!". "Get real!" has the effect of suggesting that of course they didn't wait; it is as though that would be unnatural and unusual.

In explanations and justifications for unprotected sex an important part of the sexual desire discourse was its proposal that a loss of control during sex is 'normal' and part of a naturally existing biological 'drive'. The sexual desire discourse could thus be used to suggest that it is 'natural' for people to get carried away during sex and to forget to use contraception, or to not use contraception because it would interfere. Naturally occurring drives were seen as difficult to resist:

[What do you think about um.. people that have unwanted pregnancies or unwanted/unexpected babies?.. Like how and why and stuff?] I don't know because I think it's quite easy like having been, you know, in a few predicaments myself, I mean I've been you know I can see how it would happen [mm]. Like I think it's just human nature. (Donna)

[Um.. How come you think some women do have unprotected sex?] .... Um.. It probably [women and men] Women and men [Yeah I guess there's two of them].. Um.. I don't know. I can I can see how people, especially if you go out and have a few drinks and things, how it can just/ people say 'oh no but you know it can't just happen' but it can I've been I mean I've been in situations.. where.. I mean.. I had protection but if there hadn't been any you could see how you could almost not not stop [yeah yeah]. I think it's just you have to make sure that you actually that your brain is still functioning [laughter] over

the rest of your body! (Janine)

Donna understands how unplanned pregnancy can happen due to her own experiences of having sex without contraception. She uses the sexual desire discourse to explain why this happens - it is "human nature". According to Janine you have to make sure "that your brain is still functioning over the rest of your body". The suggestion is the same as Donna's; in sexual situations you are liable to get carried away with your body's natural urges, and to not think about anything else. Both women talk of this aspect of 'human nature' as difficult to resist. Donna says unprotected sex can easily happen, and Janine similarly explains that she could see how she might not be able to resist having sex, if in the heat of the moment there was no contraception available. Janine also refers to the influence of alcohol, which was talked of by many participants as further decreasing one's ability to think or to take control.

A final element of the sexual desire discourse which aided women's explanations for their experiences of unprotected sex was the discourse's proposal that losing control and 'abandoning oneself' to one's sexual impulses is desirable and very enjoyable.

I had one incidence when I was here and.. got completely carried away!.. Bonked mindlessly and sort of thought about it half way through and went 'huuhh!' and I thought this really shameful thing and just thought 'Oh fuck it! [laughter] The morning after pill! Hundreds of women do it a day probably!' [yip] So.. and like I'd never used it before so I thought 'Oh what the hell' [yeah] kind of thing cause I really wanted to bonk this guy! [yeah] and I was just having lots and lots of fun! (Lisa)

[So.. Why do you think in in a generalisation people you know, this problem of teen pregnancy and people you know having sex without contraception?] Why?! Because it's um fun! Because people don't people don't want the hassle of having to/ I mean that's why you want something/ I mean that's why the/ everyone got into depo provera in the 70s!



Because it was such a great theory! I mean the very idea that your periods go! and you don't have any hassles! You can just bonk like a bunny rabbit! (Wendy)

The sexual desire discourse functions in both of these accounts to explain occurrences of unprotected sex. In particular, both women talk of the "fun" of uninhibited, spontaneous sex; the enjoyment involved serves as a justification for the risky, irresponsible behaviour. Lisa also draws on the moral discourse when she talks of feeling "shameful" for thinking of contraception but deciding to continue without any. Lisa justifies her decision by suggesting that lots of other women also have unprotected sex and use emergency contraception and she points out that she had never had to use it before. Unprotected sex is thus constructed as a normal, everyday occurrence that happens to everybody at least once.

When asked why she thinks people in general have unprotected sex, Wendy similarly suggests that sex without any hassles (such as contraception) is "fun", and therefore understandable. Ideally, people want to be able to enjoy the freedom to "bonk like a bunny rabbit" - or have sex whenever they feel like it. The phrase "bonk like a bunny rabbit" also evokes the concept of a 'natural' and 'free' sexual drive that the sexual desire discourse proposes.

It is apparent to some extent from the quotations so far that the sexual desire discourse and moral discourse are used in conflict with each other in discussions of not using contraception. The juxtaposition between the two discourses is apparent in the following extract from Wendy's interview. The passage is lengthy but it is interesting and revealing and I feel it illustrates the conflict between the two discourses very clearly.

[So.... How do you.. oh how do you feel about taking the morning after pill?] Taking the morning after pill. Um.. I don't think of it like as a moral issue that's for sure [mm]. It's just um.. it's no different from taking a contraceptive, any other sort, I don't believe --- But you always just feel like such an idiot going and getting the morning after pill! I mean it's like



you just feel like such a no-hoper! It's like 'oh dear!' [laughter Why?] Um I mean I guess it's because it makes you think that you know you should have been more responsible and all that stuff really, I suppose [mm].. And it's just that's how they really make you feel! And it's like ooh.. I don't know.. Yeah. [What sort of/ what have doctors been like when you've been to get the morning after pill?] To get the morning after pill? Well like my family doctor he was really cool [mm]. He was just like.. he was like 'Okay well here you go' [mm]... Sort of thing.. But yes you always have to pretty much justify why you/ I remember when I was / actually once I had a baddy when I was in Auckland and I was younger.. a youngster.. and we/ and I didn't use any form of contraceptive and I had to go and get the morning after pill! Cause I had such a great couple of days! [yip] And I thought it was worth it! [laughter] Ha ha! But no I remember having to go in and it was just ohh it wasn't good and having to.. try and make up a good story about how the condom had broken! Cause you do have to/ you do feel that you have to justify yourself [mm]. I mean you know you do really feel/ you can't/ it's really/ you don't feel that you can just go in and go 'Well you know it was a good weekend!' [yip] 'We had this amazing holiday together and you know! We didn't want contraceptives to intrude!' [yip] 'We wanted to be able to wake up in the middle of the night and.. not have to consider' [mm]. I don't know.. But yeah.. But that one/ yeah that wo/ it was a woman and she just wasn't very nice [mm]. She was just a real Nazi about it.. and made me just feel like a total.. just really bad person [mm]. Yeah.. but never mind! I don't think that's good that they make you feel like a bad person! [You think it's good?] Well no I don't think it's good! [oh you don't think it's good] I don't think it's good!.. Yeah.. Cause it's not really a moral thing it's just you know [mm].. At least you're doin' something about it really! [true] (Wendy)

Wendy uses the moral discourse when she describes how doctors have made her feel like a bad person when asking for emergency contraception.

She also refers to the moral discourse when she specifically states her opposition to the moral judgments that can accompany people's views on unprotected sex: "I don't think that's good that they make you feel like a bad person!... Cause it's not really a moral thing". Wendy is thus opposed to the moral discourse, but has been unable to avoid the judgments of it from doctors. She also points out that acquiring emergency contraception is a responsible move and hence shouldn't be frowned upon.

Wendy states that because of the moral judgments she feels from doctors, she can't admit to them that she has had unprotected sex. She uses the sexual desire discourse to explain why she and her partner didn't use any contraception - they wanted to be able to have sex whenever they felt like it without having to think about, or be interrupted by, contraception. Because the lack of control and thought encompassed by the sexual desire discourse is often frowned upon by people who draw on the moral discourse, Wendy had to "justify" her need for emergency contraception with her fabricated story about a condom breaking. The opposition of the moral discourse to the lack of control associated with sexual desire made it difficult for Wendy to seek help when she needed emergency contraception. Women's discussions of their feelings about non-use of contraception thus involved a complex negotiation of these two conflicting discourses.

The construction of 'sexuality' in terms of either a moral discourse or a sexual desire discourse has been found by other researchers. Ingham et al. (1992) discovered that the young people they talked to constructed "sexual activity" in terms of "moral conceptions" and/or as a "natural and spontaneous behaviour" (p. 169). Ingham et al. have suggested that the construction of sex in moral terms as something that is kept hidden and talked of in coy language and double entendres, makes it difficult for prospective sexual partners to talk in specific terms about sexual activity, contraception, and safety concerns. The construction of sex as something "mystical and uncontrollable" was used by their participants to justify 'risky' behaviour, similarly to how my participants used the 'sexual desire discourse' to justify episodes of unprotected sex (p. 170).

The construction of 'sexual desire' as 'natural' and 'uncontrollable' has a

history in scientific discourses. Earlier, I discussed the work of sexologists that described sexual 'instincts' as innately biological (and consequently heterosexual), stemming from our reproductive 'roles' (see Connell & Dowsett, 1992; Weeks, 1989). The explanation of sexual desire in terms of biology is crucial to the discourse's use in contending that 'getting carried away' is a 'natural' occurrence, and thus justifiable.

It has been suggested by Matthews (1992) that the present dominant discourses of sexuality are either moralistic or libertarian, and that both follow from Victorian "wowsurism" and condemn "pleasure for its own sake" (p. 123). She suggests that moral discourses see sex as essentially tied to heterosexual reproduction, while libertarian discourses are concerned with ideologically sound liberation politics. Neither, she claims, condone behaviour that is simply pleasurable. Thus, there is a lack of discourses available to talk about pleasure for its own sake. For example, when participants talked of having unprotected sex the behaviour was framed in terms of 'recklessness', 'getting carried away' or 'losing control'. While Wendy and Lisa suggested that it was "fun", Wendy talked of being unable to 'admit' her behaviour, and Lisa talked of feeling "shameful" for getting "carried away".

In discussing non-use of contraception women thus drew on two conflicting discourses. While the moral discourse was frequently drawn on to express disapproval at having unprotected sex, women drew on the sexual desire discourse in an attempt to explain and justify their personal experiences of having sex without contraception. This is another example of the contradictory positions which women had to negotiate in their discussions of contraception.

### **The Responsibility of Contraception**

The third major topic area that participants talked about was the responsibility of contraception. Women discussed the role of partners, and of men in general, in making decisions about and using contraception. They talked about whose responsibility they felt contraception was, and should be.

I identified two discourses which featured prominently in participants' talk on this area; the individual responsibility discourse and the equality discourse. The discourses are particularly interrelated and frequently contradictory in women's talk about responsibility. They are both tied to issues of control. The individual responsibility discourse was used to argue that people should look after themselves first, and take responsibility, while the equality discourse was used in discussing the desirability of sharing and fairness in contraceptive practices.

### Individual Responsibility

The individual responsibility discourse proposes that one must take responsibility for oneself. You cannot rely on or trust others but must look after yourself. Women used this discourse when talking about the responsibility of contraception and the importance of taking responsibility for oneself and being in control of the contraception.

I think at the end of the day you're out there on your own.. and you realise it at some times, you know what I mean?, like that like having to take the morning after pill [yip] and things like that. Um.. worrying about STDs.. at the end of the day it's your problem, no one else's. You're the one that has to deal with it [mm]. Especially if you're never going to see that guy again [mm] or.. for whatever reason.. (Donna)

This extract illustrates the individualistic nature of the discourse; people are on their own in the world and should look after themselves first. In the context of sex and contraception, Donna draws on the discourse to point out that "you" are the one that has to deal with problems such as taking emergency contraception or being tested for STDs. She suggests that you are especially on your own, and hence especially responsible for yourself, when involved in casual relationships.

In women's talk about contraception, the individual responsibility discourse was consistently connected to women's ability to become pregnant. Indeed,

being responsible for oneself, and not relying on or trusting others (particularly sexual partners), was seen as an integral part of a woman's need to protect herself from unwanted pregnancy. Male partners were spoken of as having less understanding or awareness of the importance of birth control due to their biological inability to 'suffer' the consequence of pregnancy. The individual responsibility discourse was thus used in explanations of why women wouldn't want to trust a male partner with the responsibility of contraception.

[What do you think of the idea of a male pill?] ... Wouldn't trust them.. [yip].. I wouldn't trust the male. The male doesn't have as much at stake because I mean.. the male can walk away from a pregnant woman and just say 'It isn't mine' [mm] Like you know? Men don't seem to have the same sort of commitment to it. Um.. I don't think they have the same.. realisation.. of the effects [mm]. And.. things. So I don't... yeah great but personally.. yeah you take it but I'll take it as well cause I don't fuckin' trust you! (Lisa)

If there was a male pill I'd never never trust a guy to take it [yeah].. cause I mean the burden lies with you if you end up getting pregnant.. they're not gonna... (Bridget)

[Okay. Okay... How or whose responsibility do you think contraception is?] Contracep/ I think it's um.. I mean you can only ever be responsible for yourself... I mean totally. You can just never trust anyone. I mean you know? It's your body for Christ's sake! So it's totally/ so it always should be your decision really whether or not you use contraceptives and what form you use.. Cause yeah it's your body and no one else should fuck with it.. [mm] So I guess that just that um/ you know cause you've got the extreme right to what you do with your body but you've also you know got to take all the responsibility for it as well [mm]. I mean it's nice if guys do give you money for the pill or whatever you know [mm] like that's that's good. But.. it's still in the end your responsibility



cause you're the one that gets effected by it! You know? You just can't go go roun/ cause I mean guys don't get pregnant so they're not going to really care that much! Mm. (Wendy)

In each of these quotations the women draw on the individual responsibility discourse in their explanations of why they couldn't trust a partner to take on the responsibility of contraception. Lisa and Bridget reject the notion of a male pill because they could not rely on the man to take it. Wendy and Lisa both suggest that men don't experience or realise the importance of birth control. In all cases women talk about the 'burden' of pregnancy resting with the woman, with the suggestion that men cannot be relied on to share any of the responsibility for unplanned pregnancy. Women's biological make-up and fear of unwanted pregnancy can thus be seen to 'force' the responsibility of ensuring the use of birth control onto women. In the above quotation Wendy states: "you've also you know got to take all the responsibility for it as well". Wendy returned to this explanation of 'forced' responsibility later in her interview:

I mean men should be fucking responsible too! Because then they're going to have some little kid as well but women, because it's them that it's really/ the bad/ the worst effects of it hit you know women are going to have to be more responsible just purely/ I mean it's just such a problem really! (Wendy)

One of the central ideas encompassed by the individual responsibility discourse is that it is important and desirable to be in control of one's life. The desirability of the control which individual responsibility allows is an aspect of the discourse which counters concerns that the responsibility is forced. In many of the women's interviews responsibility for contraception was talked of as being a necessity, rather than a choice, but women also frequently talked of the benefits and control associated with taking responsibility.

(On going to acquire the pill by herself and for the first time)  
After I got over the.. the whatever.. trauma I felt really... I felt quite sort of independent, you know [After you'd got over



what?]. After I'd got over the fact that I was making this move and all those sort of initial things I felt quite.. like a 90s woman or a.. you know? [yeah] I felt quite.. Yeah! Taking control and [yeah] blah blah blah. (Kelly)

[So what made you decide to go and get the pill and stop using condoms?] Just um the thought that they weren't very reliable and I wanted to be in control of the whole situation. Like I didn't tell him I was on the pill. (Kirsty)

Some of them offer to pay for your contraception which is kind of nice and it/ but I think it's still a bit of a token gesture to a certain extent [yeah].. I I I just think well really it it isn't their decision. I think the woman should decide.. [So it's her] Yeah it's her body and she should decide. (Emma)

These extracts illustrate the connection frequently made by participants between individual responsibility and the ideal of being in control. Kelly talks of having initially felt uneasy at the thought of needing and acquiring contraception. However she frames the experience in positive terms, drawing on the individual responsibility discourse in her description of feeling like the ideal, independent, in control, '90's woman'. Kirsty and Emma similarly talk of the desirability of control; both suggest that it is important for women to take responsibility for contraception. The control that is gained by being the one to take responsibility is talked of by the women positively; it is important to feel safe from pregnancy and to be in command of one's life.

A final element of the individual responsibility discourse that arose in women's talk was its use in making distinctions between long term 'relationships' and short term, casual 'affairs'. Looking after one's own interests and not trusting others was seen as most important when partaking in 'casual' sex. Women talked of there being less trust and less shared responsibility involved or expected in short term liaisons, hence it was especially important to be in control of the contraception.

... picking the condom option was kind of like leaving.. contraceptive up to males [oh okay]. And the man's not going to get pregnant so it's going to be me that gets fucked over so.. [yeah] I'd prefer to have that control especially in/ when you're sort of just casually sexually active [yeah] like perhaps later when you're you know [mm] in more of a um equal relationship when/ which is what you sort of get into when you're older [mm] and you have more long you know long term relationships. (Lisa)

The individualistic approach to life that is proposed by the discourse of individual responsibility is thus less important if in an equal, sharing, committed, and trusting relationship.

The discourse of individual responsibility can be linked to a number of recent developments in Western history. My initial thoughts are directed at the growth of capitalism, which supports similar discourses of 'individualism' and 'looking out for number one'. My participants' use of the individual responsibility discourse to emphasise each person's sole responsibility for their actions can be seen as occurring in the context of a Western society based around concepts of self interest, self achievement, and self fulfilment. Ketcham (1987) argues the valuable point that self interest and self achievement have existed in life for centuries but only recently have the qualities become extolled as "powers to be encouraged" (p. ix). Jaggar (1983) suggests that such discourses of individualism are a part of the liberal philosophy which has emerged with capitalism over the last three centuries. Thus, widely popular Western liberal philosophy and capitalist politics can be seen as proponents of discourses of 'individualism' or, as I have identified, 'individual responsibility', such that society is conceived as composing of "essentially separate individuals, each competing with the others for his or her 'fair share'" (Jaggar, 1983, p. 175).

My participants' use of the individual responsibility discourse to explain the importance of taking control of contraception can also be linked to contemporary constructions of 'health risks' and accountability in public health and health promotional discourses. Earlier I discussed Lupton's

(1995) explanation of the prominence of lifestyle risk discourse and the cultural construction of 'risk' as 'sin' in talk about health. As well as being linked to the moral discourse, contemporary discourses about health risks can be linked to the discourse of individual responsibility. Increasing emphasis in Western cultures on health and on people's ability to be in control of their health can lead to individuals being held personally responsible for their illness. Lupton uses the example of heart disease, describing how people who are regarded as likely to develop heart disease are seen as "overweight, lazy, smokers, self-indulgent, or conversely workaholics, worriers, people under stress" and are thus often described as "bringing the disease on themselves" (p. 90). Lifestyle risk discourse thus emphasises the importance of individual control and accountability for health risks, including the 'risk' of unwanted pregnancy. Public health information about contraception similarly stresses the personal control and accountability of women for their fertility, such that women are often seen as irresponsible and to blame for accidental pregnancy and the 'undesirable' increase in statistics for abortion rates.

Another likely influence on the discourse of individual responsibility, particularly in the context of women's talk about contraception, is the introduction of the oral contraceptive pill in the 1960s and the birth control movement which began in the early nineteenth century. Central to the individual responsibility discourse is the importance of being responsible for oneself and in control of one's future. I would argue that the increased social acceptance and availability of contraception resulting from the birth control movement, along with the increased reliability and personal control allowed by the pill, have enabled women to talk in terms of individual responsibility, and of being in control of their fertility. Feminist writers appear to be in disagreement over the relative influence of these factors but there is a general consensus that both have played a significant role in increasing women's liberation and control over their lives (Wajcman, 1991). The more equal opportunities for women that are seen to have resulted from these developments also help support liberal notions of individualism (Jaggar, 1983, 1994), such that women may be seen as more free to pursue their own interests (along with men) in Western societies. Kelly's use of the term 'independent 90s woman' captures this current 'ideal'. This discussion

leads to the second discourse which women used in their discussion of the responsibility of contraception.

### Equality

The equality discourse was frequently drawn on by participants to express a desire for fairness and sharing between women and men, and to point out perceived inequalities that exist in the area of contraception. This discourse conflicts with issues often raised simultaneously by the individual responsibility discourse. The central function of the equality discourse is its use in proposing that responsibilities should ideally be shared and equal between the sexes, and within relationships.

Oh for a while we were using condoms most of the time [yeah].  
So we sort of divided up the cost and our responsibilities that  
he bought the condoms and I bought the pill [yeah] and and  
that's how we split it [yip]. So... Yeah.. Yeah but it was.. quite  
equitable [mm] and.. fair and so on so.. yeah. (Cath)

I remember I joked once to to.. a boyfriend 'Oh you should  
probably pay half of this!' when I got my prescription. And he  
sort of laughed and I thought 'Well actually you should' and I  
think he did in the end. I think I got him to pay half because  
'Hello! You know we're doing this together!' [yeah yip].  
(Donna)

Cath and Donna both use the equality discourse when they talk about sharing responsibilities associated with contraception. Cath describes how she and her partner split costs and were each responsible for a contraceptive while Donna similarly explains that she got a partner to pay half of the costs of the pill, in order to be fair. As opposed to the individual responsibility discourse then, the equality discourse embodies the ideal of shared responsibility for contraception.

The equality discourse was frequently used by participants in expressing

their concern at inequalities involved in the area of contraception, specifically with respect to the responsibility of contraception. Women often talked of a lack of contraceptive options available for men, and feelings of unfairness at being consistently the person in the partnership who must use a contraceptive of some form.

I can't believe that they y'know formulated a female condom! I can't believe that [laughter]. Oh yes! Let's just have another form of contraception that is for the female to deal with! [yip] I just think that sucks! And... mm. Yeah I just don't think much of the range really. I think that there must be more things they could do they're just not putting the effort into it and I don't know why. Why isn't the male pill formulated by now? They've been working on it for forever, why isn't it ready? [mm] I just think maybe they just don't want, you know, the medical powers that be don't want it in the hands of the male. (Amanda)

[What do you think about that idea of the male pill?] I reckon it's a good idea. About time!! [laughter] Make them blimmin' well play around with their hormones. [Yeah] Definitely! Yip I'd be definitely keen to see that happen [yeah]. (Donna)

Amanda draws on the equality discourse as she talks about the lack of male contraceptives. She sees the inequalities that persist in the existing range of contraceptives and in research as unfair towards women. The suggestion is that ideally, contraception should be treated as the responsibility of both men and women, and that there should be more choice available in the area of contraception. Donna similarly talks of the unfairness of women being hormonally treated with the pill, while men don't have to do anything. She embraces the concept of a male pill as it would 'even things out' and give them the chance to take on the responsibility of contraception.

In participants' talk about the responsibility of contraception, the equality discourse and the individual responsibility discourse were often used simultaneously, but for contradictory purposes. Women often drew on



them to express both a desire for shared, equal responsibility for contraception (equality) and a concern with being in control of the contraception, in order to be safe and secure from unwanted pregnancy (individual responsibility).

I definitely think it's got to be thrown onto the male more because at at this stage if if anyone asked me 'whose responsibility do you think it is?' I'd say both but 'who do you feel it is?' I feel like it's all ours [yip]. I I really do.. [yeah] feel like it's all our responsibility cause we're the ones that get pregnant! Not them! --- [So what if you could des design your ideal form of contraceptive, would would there be an ideal one?] Oh God!.. It would be built in! [laughter] Built in that'd be really good. Um... I I don't know I really don't.. Probably actually! No! Yes I do. Probably something that.. the male and the female both had to take or both had to to actually work. But then that could cause problems.. Probably ideally. But then again I like the way that you're in control.. [yeah] of your own contraception so you take the pill, you know where you're at [yeah]. (Donna)

At first, Donna expresses a preference for equality in contraception use. She states that although men need to take more responsibility because both men and women should be equally accountable, women are currently expected to shoulder all the responsibility for contraception, and for the unwanted occurrence of pregnancy. Donna also draws on the equality discourse when she describes an 'ideal' contraceptive; suggesting that something that involved both the man and the woman would be ideal. She then counters the idea when she explains that she likes to be "in control" of the contraception, so that she doesn't have to worry about it or trust or rely on anyone else.

The equality discourse can thus be seen to embody an ideal that women talked about. However, in the area of contraception, which involves women's 'natural' reproductive role, this ideal proved problematic. The biological make-up of women that was seen to enforce the importance of



individual responsibility was often talked of by women as preventing the sharing of contraceptive responsibilities. This conflict between the discourses of equality and individual responsibility, and the influence of women's biology, is further illustrated in the following extracts:

[Okay, okay. How do you see the male's role? In contraceptive use and decision-making?] Oohh. I think it/ well, it's a double-edged sword cause I'd really like them to take the pill cause I'd prefer not to be, I'd prefer to be all this natural woman sort of thing [mm hmm]. But there's no, there's nothing really that a man can take and once they've designed it I'm not sure whether I'd trust a man to remember to take it anyway. So, once it arrives I don't know whether I'd be keen to use it. So, they seem to take the back seat all the time [yeah] and like even paying for it. I think they should go halves. (Kirsty)

[So did you finish telling me about um, what were we talking about? About oh how you've found males, you know, in your experience?] ... But yeah they all they all seem really nice about it but it's still 'your thing' so even if they're being really nice you're still going to have this little niggling pissed offness that.. they're getting off scot free and they're not going to have to worry about/ and and the whole thing of making sure that you bleed each month it's all your thing [mm] which kind of pisses me off. But there's no way that they'll ever be able to share it so.. (Kirsty)

The ideal of 'equality' is thus difficult to attain; as a woman it is also important and desirable to be the person in charge of the contraception. In the second extract Kirsty appears to be accepting her biological role as a childbearer, yet she remains annoyed at the limitations this puts on the sharing of contraceptive concerns and responsibilities with her partner(s).

Like the individual responsibility discourse, women also drew on the equality discourse when talking about the difference in the importance of responsibility according to different types of relationships. While individual

responsibility was linked to casual sex, equality and the sharing of responsibility was seen as an integral part of long-term, committed relationships.

[So do you think they (men) have a role?] I definitely think they have a role. I mean particularly I mean they have a they have a really big role but in the end it's the woman's responsibility because she's the one that's going to have the bad effects of it. And I mean and she's stupid if she's just going to leave it up to someone else really. I mean unless it's a like.. it's his responsibility in in the situation which is fair/ I mean like is really good. You know like if it's a shared responsibility like in a relationship it should be a shared responsibility [mm hmm]. But like, on one-off occasions it's the woman's responsibility to.. take care of her own interests really [yip yip].. (Wendy)

Wendy initially employs the individual responsibility discourse when she suggests that women should take responsibility for contraception. However, she goes on to explain that "in a relationship" the responsibility for contraception should be shared. She emphasises that if it is decided that it is the man's responsibility then that is "really good". Wendy thus draws on the equality discourse; sharing of responsibility is ideal and is expected in committed relationships.

The ideals captured by the equality discourse can clearly be related to the women's movement, feminism, and liberal philosophy. As Jaggar (1994) states: "feminism is often defined as a commitment to social equality between men and women" (p. 13). While I feel it is important to note that feminists have different ideas about the importance or definition of sex equality (Jaggar, 1994), it seems fair to suggest that most feminist theory is concerned with equality for women and men - whether it be in terms of law, opportunity, class, or other areas. The growth of discourses of sex equality can be traced to the nineteenth century, when feminist challenges to inequities in the legal system, such as women's inability to vote or control their own property, came to a head. More recently, the 1960s and 70s have

seen the 'second wave' of Western feminism, an increased demand for 'equality' between the sexes, and consequently an increased prominence of discourses proposing an ideal of equality.

The emergence of the pill in the 1960s is frequently referred to in literature as a prime factor in aiding women's fight for equality. The freedom and control that the pill allows women over their fertility is seen to lead to freedom of choice and opportunities in other areas of life such as education and employment (Rosenberg, 1979, cited in Wajcman, 1991). Certainly effective contraception plays an important role in enabling women greater freedom, but the equality discourse was frequently drawn on by participants to express concern and anger at the persisting inequalities that exist in the range of contraceptives available and in the direction of research into contraception. The use of a discourse of ideal equality to express such concerns is supported by writers such as Jaggar (1983), Wajcman (1991), and Weeks (1989) who each point to the inconvenience, unreliability, expense, and danger that accompany the use of contraceptives designed almost exclusively for use by women. Advancements in reproductive technology such as the pill can thus be seen to both contribute to the development and maintenance of discourses of ideal equality and to come under attack by the use of the same discourses.

I would argue that the discourse of equality that was drawn on by my participants has also been influenced by the widespread development and acceptance of Western liberal philosophy during the last three centuries. The proposal of liberal theory that each individual has equal worth, and should strive to achieve his or her goals, clearly contributes to discourses of equality. As Jaggar (1983) states: "The most fundamental liberal value is a belief in the intrinsic dignity and worth of every human individual" (p. 173). Stemming from this belief are the political values of equality, liberty and justice (Jaggar, 1983). Liberals thus view discrimination based on sex, whether legal or based on custom, as unjust as it deprives women of equal opportunities to pursue their own interests. In terms of contraception, liberals are likely to be concerned that inadequate contraception unfairly discriminates against women, as it is women who become pregnant and who typically take responsibility for any children who are born (Jaggar, 1983).

The 'catch-22' talked of by participants of desiring equality and sharing yet also wanting and needing to be in control is also supported by contemporary feminist literature. As Jaggar (1994) proposes: "Feminists seem caught in the dilemma of simultaneously demanding and scorning equality with men" (p. 25). Jaggar also points out that women's ability to become pregnant and to give birth is one of the most frequently debated sex differences that complicates arguments for sex equality. Thus, the contradiction captured in my participants' discussion of responsibility, and their talk of the influence of women's biology on the process of trying to achieve equality and fairness in birth control, are recognised topics of conflict and debate in much contemporary feminist literature. This contradiction can be illuminated by Jaggar's discussion of "sex blindness" and "sex responsiveness" (1983, 1994).

Jaggar (1983, 1994) uses the above terms to refer to the two ways in which people can attempt to achieve sexual equality when sexual difference, such as women's ability to become pregnant, complicates the situation. As participants pointed out, neither approach is without complication and contradiction. 'Sex blindness' refers to sexual difference being ignored and men and women being treated exactly the same. While the intention is equality, situations can arise where women's biology results in women being disadvantaged. For example, in the context of sex and birth control, to treat the responsibility for contraception as equal and shared ignores the fact that women face the more serious consequence of pregnancy. Should the male partner forget the contraception or should the contraception fail, the woman may be more disadvantaged. The concern with the dangers of trying to achieve equality through sex blindness came through clearly in women's discussion of this issue; most participants commented that they wouldn't want to share or trust a male partner with the responsibility of contraception.

'Sex responsiveness' refers to the attempted achievement of equality through acknowledging sexual difference and making some sort of allowance for it. A couple might acknowledge that the woman wants to take sole control of the contraception, as she faces the more serious consequence of pregnancy. However, equality may be compromised as this means that

she must encounter difficulties that the male partner does not, such as side effects from the pill.

For many of the women interviewed, assigning responsibility for contraception was thus a complex, contradictory, and sometimes unresolvable issue. The desire to achieve and maintain equality with male partners was frequently discussed as being either at the expense of personal control, or impeded by a lack of safe and fair contraceptive options.

## CONCLUDING COMMENTS

It is clear from the analysis that women drew on a range of discourses to explain and justify their behaviour and beliefs. This process involved a complex negotiation of the available discourses, with some offering women a more empowering position than others. An awareness of these discourses and their functions is crucial if we are to gain a better understanding of young women's constructions of contraceptive use, and the issues concerned with that use. Educators, counsellors, advisers, and policy makers in the areas of sex, sexual health, and contraception, as well as health professionals and women in general, can all benefit from an understanding of the discourses identified, and their use in women's talk.

For example, women's use of the discourse of sexual desire to justify occasions of non-use of contraception, and to explain their dislike of condoms, needs to be acknowledged and targeted if women are to be encouraged to protect themselves from pregnancy and STDs. An awareness of the moral discourse helps us to understand why young women can be hesitant or feel uncomfortable acquiring contraceptives and emergency contraception, and why they may prefer to use one type of contraceptive over another. The moral discourse can also be seen to constrain open talk about sex and contraception, which may also contribute to difficulties in ensuring safe sex practices, both from STDs and pregnancy.

The use of the individual responsibility discourse and the equality discourse highlights the women's concerns with the responsibility of contraception, and the complexities and contradictions involved with desiring both personal control and equality with partners. Many of my participants expressed interest in what men would have to say if interviewed about the topic of contraception and certainly this is a potential area for future research. These discourses, along with the sexual desire discourse and natural health discourse, were also used by women to construct a concept of 'freedom'. A lack of choice in the range of contraceptives available was seen by many women to impinge on their ability to be healthy, to have sex spontaneously, to share the responsibility with their male partners, and to be safe from pregnancy. The discourses thus draw attention to the serious



implications that a lack of contraceptive choice imposes on young women. The discourses also point to the need and desire for safer and reliable birth control methods.

It is important that sex educators be aware that they contribute to the maintenance of certain discourses through their constructions of sexuality. Those involved in sex and health education are in a position to either reinforce or challenge discourses such as those I have identified. I have illustrated in my analysis that it is possible to find ways of resisting dominant discourses. For example, Cath rejected the moral discourse's proposal that sex should be hidden and private. Rather, she emphasised the importance of 'demystifying' sex and this enabled her to happily and openly buy condoms at the supermarket. Educators should thus pay attention to the possible consequences of the discourses they draw on in constructing sexual behaviour. Attention can be paid to facilitating the circulation of discourses that empower young women in making contraceptive decisions, and that promote safe sexual practice.

Contradiction was experienced by women as they discussed the issues involved in all of the three topic areas. This can be seen as further evidence of the non-unitary, non-rational nature of people's 'subjectivities' in discourse use, and of the inability of rational decision models to account for women's contraceptive behaviour. For example, the issues described above of simultaneously desiring personal control over contraception, sharing of contraceptive responsibilities, and being annoyed at *having* to take responsibility, are evidence of the contradictions involved in negotiating the discourses and subject positions of individual responsibility and equality. Women's use of the sexual desire discourse to explain occasions of unprotected sex; "I got completely carried away!", defies the strict pro/con reasoning of traditional rational decision models. The current research thus adds to the accumulating arguments for a concept of 'subjectivity' that is based on people taking up positions within discourses that are fragmentary, inconsistent, and contradictory (Gavey, 1989; Henriques et al., 1984; Hollway, 1989).

I have noted similarities between many of the discourses I have identified

and those found in a number of other studies, occurring in different contexts (Bransen, 1992; Connell & Dowsett, 1992; Hollway, 1989; Ingham et al., 1992; Lupton, 1994a, 1995; Watney, 1989; Weeks, 1989). For example, the moral discourse, sexual desire discourse, and equality discourse are dominant discourses in Western culture that are frequently discussed in a variety of literature. Yet, as I pointed out earlier, there have been few studies examining the function of these discourses in the specific context of women's talk about contraception and as such, the present research offers a valuable contribution to this area.

It might be argued that the current research was undertaken on a relatively small group of women, and that the findings are thus not particularly useful for talking about 'women's discourses on contraception' generally. However, it is worth pointing out once again that I make no claims to the universal generalisability of my findings. I have presented an analysis of ten women's talk on contraception that occurred at one particular time, in conversation with one particular interviewer. It is possible that the women would have said something different about contraception in a different situation or context. But these concerns are not applicable to the discourse analytic approach I have adopted. Previous discourse analytic research has consistently shown that it takes only a few people to illustrate the use of a number of prominent discourses (eg. Gilfoyle et al., 1992; Potter and Wetherell, 1987; Willig, 1994). By earlier outlining my position in relation to my research, and by supporting my analysis with quotations from participants, I have presented my findings openly such that the question of 'researcher bias' has been dealt with in the accepted manner of post-structuralist research. This process has also allowed an in-depth examination of women's talk that is not possible through quantitative methods. It does not attempt to account for *all* women's experiences of contraception, but this does not make the study any less valuable. Furthermore, I have discussed the histories and origins of the identified discourses in Western culture, and have illustrated their presence and use in different contexts in society. While my participants might not have drawn on *all* possible discourses and constructions of sex and contraception that are available, they have shown the use of six discourses that clearly figure prominently in Western culture in the 1990s.

Future research could proceed in a number of directions. I would be interested to see a similar study done with women from different situations, to look at whether different discourses are drawn on, and what functions they have. My focus on young women with no children was because of the understanding that women trying to have children and women who already have children would have different concerns with birth control and contraception. Research on these two groups of women would provide a more complete picture of women's concerns with choosing and using contraception, and would illustrate if this understanding is reflected in women's discourse use. It is important to note that the majority of my participants were Pakeha. Clearly more research with a variety of ethnic groups would contribute to our understanding of women's concerns with contraception, and whether or how these concerns vary across different cultural groups.

As pointed out early in this study, contraception is an important issue for most sexually active women. The present research has contributed to our understanding of young women's constructions of sex and sexuality, and of the issues and concerns involved for young women in choosing and using contraception. The qualitative approach used has allowed me to present an analysis of my participants' discussion that is rich in detail and content, and that illustrates the complexities and contradictions involved in the women's accounts of their experiences with contraception.

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## APPENDIX A



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### Young Women's Discourses on Contraception

#### CONSENT FORM

I have read the Information Sheet for this study and have had the details of the study explained to me. My questions about the study have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I also understand that if I agree to participate, I have the right to withdraw from the study at any time and to decline to answer any particular questions.

I agree to provide information to the researchers on the understanding that my name will not be used and that the information will be used only for this research and publications arising from this research project.

I agree to the researcher audio taping the interview with me. I understand that direct quotations from the interview may be used in reports about the study but I will not be able to be identified. The audio tape will be destroyed when the study is concluded.

I also understand that I have the right to ask for the audio tape to be turned off at any time during the interview.

I agree to participate in this study under the conditions set out in the Information Sheet.

Signed: .....

Name: .....

Date: .....

## APPENDIX B



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Palmerston North

20th May 1996

Hello, my name is Lucy Watson and I'm a Post Graduate student at Massey. As part of my Masterate Degree in Psychology I am required to undertake a one year long research study. I am looking for young women aged 18 years and over to participate in my study. The focus of my research is contraception. I am interested in young women's attitudes, concerns, views and experiences in choosing and using contraception. The idea for the research stemmed from my own experiences, and from talk with friends. An information sheet is attached which tells you some more about the study. If you are interested in participating, or would like to find out more, could you please fill out your name and phone number on the slip below and post it in the freepost envelope provided. I will then contact you via the phone to answer any queries you might have, and to see if you would like to participate. Please understand that you will be under no obligation to participate, and you are welcome to refuse participation at any point.

Yours sincerely,

Lucy Watson.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_



## APPENDIX C



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**FACULTY OF  
SOCIAL SCIENCES**

**DEPARTMENT OF  
PSYCHOLOGY**

### Young Women's Discourses on Contraception

#### INFORMATION SHEET

**What is the study about?** The aim of the study is to explore the issues involved in contraceptive use and decision making amongst young women who are sexually active. The research is being done as a requirement for a Masterate thesis by Lucy Watson, a Masterate student at Massey University, and by her two supervisors; Kerry Chamberlain, Senior Lecturer, and Christine Stephens, Assistant Lecturer. The study has been approved by the Massey Human Ethics Committee.

**What would I have to do?** If you are willing to take part, all you need to do is participate in an interview. You will be asked to talk about your attitudes, concerns, views, and experiences of contraception. The interview should take between 45 minutes to 1 hour. If you agree to take part, the interview will be audio taped.

**What can I expect from the researchers?** If you agree to take part in the study, you have the right to:

- \* decline to participate at any time.
- \* refuse to answer any particular question, and to withdraw from the study at any time.
- \* ask for the audio tape to be turned off at any time during the interview.
- \* ask any questions about the study at any time during participation.
- \* provide all information on the understanding that it is completely confidential to the researchers. The interview tapes will be transcribed by Lucy Watson, and will not be heard by anybody else. All records will be identified only by code, and the relation between your name and code number will be known only to the researchers. Brief quotes may be used in reports that are prepared about the study but it will not be possible for you to be identified. The interview tapes will be disposed of at the completion of the study.
- \* consider carefully whether you wish to participate and discuss this with the researchers or anyone else you choose.
- \* be given a summary of the findings from the study when it is concluded.

You are welcome to contact any of the following people for further information or to clarify any questions you may have about the study:

Lucy Watson, Palmerston North, messages to Psychology Department, 3504117  
Kerry Chamberlain, Massey University, 3504123  
Christine Stephens, Massey University, 3504146

## APPENDIX D

### Young Women's Discourses on Contraception "Interview Schedule"

#### Introduction

- Explain nature of interview; open, not looking at 'facts and figures', no right or wrong answers. Just interested in your experience and what you've got to say. I'd be grateful if you can just tell me as much as you can about your experience of and feelings about the different topics.
- It's really important that you don't talk about anything you don't want to. If you don't want to answer any particular question or you don't feel like talking about something then don't. That's okay.
- If you want to ask me anything at any point, feel free. Is there anything you want to ask about now?

#### Background Information

- age?
- how long a user of contraceptives?
- different contraceptives used?

#### Experience/Choosing

Can you tell me about how you first found out about contraceptives?

Can you tell me about your experience of acquiring contraception for the first time?

Can you tell me about your experiences with the first contraception you used?

Have you used other forms of contraception apart from ....., Can you tell me about your experiences with these, and why you changed to them?

How do you decide what sort of contraception to use?

What has influenced your choice of contraception?

What do you prefer to use at the moment, and why?

Have you ever experienced any side effects from contraceptives? If so, how do you feel about that?

### **Information**

Who have you gone to for advice on contraception? Why them?

How much do you feel you know about the effects of the pill?

Do you know how it works?

How much do you think women should know about how their contraception works and the effects it has?

Do you think contraception should be taught at school? Why? How?

### **Male Role**

How do you see the male's role in contraceptive decision making and practice?

Can you tell me about the role males have played in your contraceptive decisions and practice?

Have you talked to your boyfriend/partner about options?

How does he react? What is his opinion?

Do you take him into account when making a decision?

What do you think about the idea of a "male pill"?

Whose responsibility do you think contraception is?

### **Non-Use**

Have there ever been times when you haven't used any contraception? Or think you might not have been protected? If so, can you tell me about those/those time(s)? Why did it happen?

If so, did you ever use the morning after pill? How did you find that?

Why do you think some people have unprotected sex?

What do you think about people who have unplanned pregnancies?

What do you think might help prevent this from happening?

Has anyone you know had an unplanned child or pregnancy? Can you tell me about that?

What do you think your chances are of getting pregnant?

### **Availability**

What do you think about the idea of the morning after pill becoming available at chemists?

What do you think about the pill becoming free?

How available do you think contraception should be?

### **Range/Satisfaction**

How do you feel about the range of contraceptives available?

Have you ever considered using a different kind of contraceptive?

If you could design your ideal contraceptive, what would it be like?

How do you see your contraceptive use in 10 years time?

### **Religion**

Do you have any religious or moral beliefs that might affect your contraceptive behaviour?

### **Extras**

How do you see your contraceptive use compared to other women?

Do you think you're a 'responsible' user of contraception?

Do you have any concerns about contraception that we haven't talked about?

Are there any other experiences or thoughts you've had about contraception that we haven't talked about?

Is there anything you'd like to comment on about the interview?

Do you think there's anything that I could have asked about that I didn't?

**End**

- Thanks heaps
- Any other questions about the study?