Embodied Exclusion: Young Mothers' Experiences of Exclusion from Formal and Informal Sexual Health Education

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Abstract
Pregnant teenagers and young mothers experience embodied exclusion due to the range of attempts aimed at controlling their sexual behaviour. Embodied exclusion in this context is the result of having the sexual health needs and experiences of pregnant teenagers and young mothers excluded from formal and informal sexual health education.

Résumé
Les adolescentes enceintes et les jeunes mères vivent une exclusion incorporée due à l'étendues des tentsatives visées à controller leur comportement sexuel. L'exclusion incorporéedans ce contexte est le résultat d'avoir exclu les besoins de la santé sexuelles et les experiences des adolescentes enceintes et des jeunes mères, de l'éducation sexuelle formelle et informelle.

> I feel that most young parents get judged really badly. I mean, one of the lassies has been married for god knows how many years and she planned her second baby and they think, "what a shame," you know?
>
> (Lorna, age 16)

Formal and informal educational systems tend to exclude students from marginalized communities from the usual benefits they afford to mainstream students (Packham 2000). Young women from socially and economically disadvantaged communities experience a range of discriminatory educational practices (Greene 2003/04; Osler 2002; Pearce and Hillman 1998). Exclusion from sexual health education is a compelling example.

Historically, one purpose of sexual health education has been to regulate and control the sexual behaviour of young women. Young women from racialized and economically deprived communities in particular are often characterized as either sexually deviant or problematic, demonstrating how social, racial and cultural differences are used to further marginalize them (Greene 2003/04; Walkerdine *et al.* 2001). More recently, the New Labour government in the United Kingdom (UK) has focused on and publicized what they view to be the problems associated with sexually active young women, teenage pregnancy and young motherhood (Scottish Office 1999; SEU 1999). These concerns are highlighted in social inclusion and sexual health policies that reflect a moral view of motherhood whereby teenage pregnancy and young motherhood are promoted as social problems.

This paper argues that the current focus of sexual health education is mainly

aimed at preventing teenage pregnancy through attempts at containing undisciplined or deviant bodies. This is influenced by macro and mezzo factors such as social policies and government driven sexual health education agendas that fail to reflect the embodied experiences of young women from marginalized communities. Consequently, other aspects of a young mother's sexual health, such as the prevention of sexually transmitted infections and HIV, violence in relationships and self-esteem, are often absent from the sexual health education curriculum. Moreover, because approaches to sexual health education rarely consider class, race, gender, and sexual orientation, the differences that shape young women's experiences and choices are also ignored. This suggests that there is a need to include the voices of these young women in the development of sexual health education in order to provide a more relevant and effective sexual health education curriculum.

Drawing on the experiences of working-class and poor young mothers living in a socially and economically deprived community in Edinburgh, Scotland, this paper illustrates how young women are excluded from sexual health education before, during, and after they give birth. The concept of "embodied exclusion" is useful in framing young mothers' experiences with the various educational attempts aimed at controlling their sexual behaviour. This is because although the young mothers viewed themselves as embodying the various responsibilities they associated with pregnancy and motherhood, the educators and health and social service professionals that the young mothers came into contact with did not. Rather, the young mothers were often viewed only as bodies; bodies that went out of control and that demonstrated sexually deviant behaviour. Hence, embodied exclusion in this context is the result of having one's sexual health needs and experiences excluded from sexual health education; this is also evident through the misrepresentation of their embodied selves within sexual health education discourses, services and policies. This paper will argue that the ultimate result of this is the young women's experience of "embodied exclusion."

Method

Ethics approval for this study was granted through the Edinburgh City Council, Department of Health and Social Care and twenty young mothers living in Greater Pilton participated. Greater Pilton is a large housing estate that was built as a "slum clearance area" in Edinburgh, Scotland, and is associated with a number of social problems including high rates of unemployment, crime, violence, and teenage pregnancy (Greene 2003/04; Hastings and Dean 2000). In 1993 Greater Pilton became a designated regeneration area and while this has resulted in an increase in economic, social and environmental developments, Greater Pilton continues to remain one of the few areas of deprivation in Edinburgh (Hastings and Dean 2000).

Two methods of research were used: participant observation and interviews. Over a period of fifteen months I spent two to three days a week at Stepping Stones. Stepping Stones is a voluntary organization that provides support services to young mothers up to the age of twenty-six. The parents are referred to the project by health visitors, the social work department, community groups, community midwives, and self or peer referral. I also conducted in-depth, semi-structured interviews approximately one and half hours in length with twenty young mothers. Fifteen of the participants were recruited through Stepping Stones and five were recruited through the local statutory children's centre. The young mothers attended the centre as part of their social work supervision requirement as a result of suspected neglect or concerns regarding an abusive partner. At the time of the interviews the participants ranged in age from fifteen to twenty-two years old, having given birth to their first child between the ages of fifteen and twenty. Of the twenty young mothers, seventeen were white, one identified as black, one identified as part white and part South East Asian, and one identified as

Scottish-Muslim.

The interviews were taped and transcribed and then analyzed thematically using NUDIST, a qualitative data analysis software program. NUDIST helped to organize data emerging from the interviews into themes. Following this process I engaged in reflexive analysis of the interviews and participant observation notes through engaging in numerous readings and re-readings of the data. The analysis process also demanded that I engage in my own process of self-reflection. Being pregnant whilst in the midst of engaging in my field work demanded that I juxtapose my own experiences as a pregnant white, middle-class and educated woman with those of the young mothers I interviewed for this study. This process highlighted the privilege that I carried as a white, middle-class, "older" mother in addition to the marginalization, exclusion and barriers to appropriate health and social care that the young mothers experienced throughout their pregnancies. However, unlike Reich (2003), I did not carry any feelings of trepidation regarding my growing belly. Perhaps this was due to my experiences of having worked with young mothers in this community prior to engaging in this research and the knowledge I acquired regarding the highly valued role of motherhood amongst these young women. I often thought that being pregnant enabled me to receive richer and more authentic data; other times I wondered if being pregnant hindered my ability to access certain truths about the young women's lives. I continue to explore the question of how my own embodied experience influenced my interpretation of the young women's stories in addition to my interpretation of how the young women experienced being interviewed by me.

Embodied Exclusion

Both feminist and postmodern feminist theoretical perspectives have contributed to my understanding of the relationship between the embodied experiences of pregnant teenagers, young mothers and the state. Indeed, feminist theorists such as Young have already identified how pregnant women experience a feeling of alienation from their bodies as a result of their encounters with the medical profession. Although Young focuses primarily on the pregnant woman's experience of the medical system, she also draws attention to the subordinate relationship that exists between the pregnant woman and medical professionals (Young 1990). This analysis provides the theoretical framework from which to address young mothers' experiences of embodied exclusion from and within the sexual health education curriculum.

The young mothers who participated in this study identified examples and shared their feelings of exclusion from sexual health education long before they became pregnant. This is not surprising given the content of formalized sexual health education in Scotland. In the UK the New Labour government's view of sexual health education is reflected in the Social Exclusion Unit's *Report on Unplanned Pregnancy* (1999) and it suggests that the main purpose of sexual health education is to decrease so-called unwanted or unplanned pregnancies. As such, one main component of sexual health education is focused on educating young people about ways to avoid pregnancy by either upholding a view of abstinence and/or through teaching about the use of birth control and other safer sexual practices.

Yet, as studies have shown, this approach fails to address other aspects of sexual health that are just as, if not more relevant to working-class young women (Epstein and Johnson 1998; Walkerdine *et al* 2001). One of the twenty young women interviewed in this study did demonstrate limited knowledge about birth control. However, what appeared to be more relevant to these women were opportunities to discuss issues of self-esteem, power and violence in relationships. Dionne's account of the circumstances surrounding her pregnancy is a poignant example:

> I started to get slapped across the face, you know, started getting beat

> up and then there was a court case due for him hitting me...in a way I was scared of him...and then in April I found out that I was pregnant. But it was a stupid mistake. I went to his house and ended up staying the night and then I got pregnant after that. (Dionne, age nineteen, mother of a three year old daughter)

Dionne's account illustrates her difficulty making safer decisions for herself to deal with her ex-partner's violence and intimidation, suggesting that young women require a range of settings in which to discuss the issue of violence in relationships. However, Dionne also stated that these discussions occurred "rarely if ever" in her formal health education classes; rather, such discussions became increasingly available to her and to many of the other young mothers that participated in this study only after they became pregnant, mainly in conversation with a social worker or in community support group.

Inclusion Experienced as Exclusion

Research has shown that issues such as power and violence in relationships must be an integral part of the sexual health education curriculum. This is because knowledge of birth control will have little impact on preventing pregnancy in instances where a young woman does not have the power to negotiate the safer sexual practices or abstinence (Greene 2003/04; Holland *et al.* 1992). On the surface it appears that embodying teenage pregnancy and young motherhood resulted in the young women's inclusion in efforts to raise these kinds of issues and concerns. However, discussions regarding power and violence became increasingly available through the increased surveillance of pregnant teenagers and young mothers by educators, social workers and health providers only after they became pregnant. The timing suggests that this very important aspect of sexual health education is offered partially as one way to prevent further pregnancies (Greene 2003/04; Walkerdine *et al.* 2001). It also supports the argument that one way in which embodied exclusion occurs is through the increased surveillance of the bodies of pregnant teenagers and young mothers.

In addition, young mothers experienced exclusion mainly as a result of their decision to leave school at some point during their pregnancy. Their decision to leave school may be regarded as self-exclusion and is generally associated with a young woman's discomfort or unhappiness in the education setting, most often as a result of some form of bullying (Osler 2002). However, another explanation for self-exclusion is the lack of educational support available to the young women throughout their pregnancy. For example, Nicki, who became pregnant at age sixteen, was due to give birth at the end of the summer and had initially decided to stay on until the end of grade eleven in order to take her final exams. When she made her intentions clear to both her sexual health education teacher and her homeroom teacher, Nicki received mixed messages about her decision. According to Nicki, her sexual health education teacher "didn't have a problem with it" but her homeroom teacher acted embarrassed and dismissive. He continually expressed concerns about Nicki's standard of school work since becoming pregnant whilst at the same time insisted that her pregnancy was "none of [his] business" when she attempted to respond to his comments regarding her academic progress. These comments influenced Nicki's decision to leave school three months before the end of term due to increasing anxiety that her pregnant self would not be able to cope with the pressures of working toward her final exams. In retrospect, Nicki stated that "if I had known I was gonna be the size that I was at seven months, I would have been able to go in and do it, no problem!" Hence, although Nicki embodies the very thing that is valued by society, in this context a desire to receive and succeed in education, she was ultimately

excluded from education because she also embodied teenage pregnancy and the life of a young mother. The circumstances surrounding Nicki's decision to leave school prior to completing the year strongly resonates with my earlier argument that viewing a pregnant young woman as merely a body and in many cases, a deviant body, may ultimately result in her experience of embodied exclusion.

The young mothers who participated in this study provided numerous accounts of exclusion from sexual health education in formal, school-based settings and informal, community-based settings. From the young mothers' perspective, this ranged from being subjected to a sexual health education curriculum based on a biased and negative view of the reasons why young women become pregnant, to a narrow view of the context and experiences surrounding teenage pregnancy and young motherhood. A particularly powerful example concerned their involvement in the launch of a city-wide sexual health education campaign called Healthy Respect.

The Healthy Respect campaign was a government initiative aimed at decreasing teenage pregnancy by increasing sexual health education within the formal and informal sexual health education sectors in and around the city of Edinburgh. The initial request for the young mothers' involvement at the campaign launch led them to believe that they were being asked to participate as peer educators. They expected they would be sharing their experiences with other young people in Edinburgh. However, what transpired was the exploitation of the young mothers' experiences through using them to produce a live example of the negative costs of having unprotected teenage sex. This is most clearly reflected through Veronica's experience of being invited to speak to young people about being a young mother at the launch:

> There was a guy that came in (to Stepping Stones) from the Healthy Respect Campaign, and he was like asking us our opinions on sex, teenage pregnancy, on how they should have more awareness about the Brook (sexual health clinic) and condoms, that sorta thing...so we went there to launch it but after that it was, they really just used us for the publicity...he says that he could get us into the schools and things like that to talk to the girls and boys to like give them our views sorta thing and they never actually got back to us at all.

Although Veronica believed she was participating in a potentially empowering experience, in reality she was left feeling angry and used. Moreover, the young mothers were portrayed as embodied examples of failure. This occurred through exemplifying them as the consequences of deviant sexual behaviour through which their entire embodied experience as pregnant teenagers and young mothers was misrepresented.

The above examples suggest that young women, pregnant teenagers and young mothers are continually being subjected to educational surveillance and control of inappropriate sexual, ante-natal and parenting behaviour. Furthermore, the policing of the sexual behaviour of working-class young women appears to be a continual process that begins from the time she is viewed as possessing a sexual body and continues throughout her pregnancy and maternity (Greene 2003/04; O'Brien 1999; Walkerdine *et al.* 2001). This is not surprising given the stigma associated with teenage pregnancy and young motherhood in society more generally (Morris 1994; Murray 1990; Williams 1998). It appears that these young women were rarely viewed in their entirety, as whole persons capable of asserting their agency in ways consistent with their social circumstance. Rather, young women's bodies are more often viewed as needing containment (Longhurst 2001; Young 1990).

Another important observation emerging from young mothers' narratives has been the multiple and varying ways that young

mothers have been excluded from the dominant educational discourses on teenage pregnancy and young motherhood. As I have argued elsewhere, the complexity surrounding the social, political and emotional context in which working-class and poor young women become pregnant appears to be missing and/or misrepresented in dominant sexual health education discourse (Greene 2003/04). The result has been a biased view regarding the varied circumstances through which working-class and poor young women become pregnant, experience teenage pregnancy and young motherhood, and what they view as being their educational/sexual health education needs.

One explanation for the ways in which the participants experienced embodied exclusion is as a consequence of government driven and/or controlled sexual health strategies and programmes such as those outlined in the Scottish Executive's report on "Social Justice - a Scotland Where Everyone Matters" (2001). Similarly, Canadian sexual health reports such as the Sex Information and Education Council of Canada's (SIECCAN) article "Adolescent Sexual and Reproductive Health in Canada: A Report Card" (2004), support the view that teenage pregnancy is a condition resulting from the young woman's lack of knowledge about or lack of control over her body. Moreover, the belief that unintended pregnancies "can be a fairly direct indicator of a young woman's opportunities and capacity to control their sexual and reproductive health" (SIECCAN 2004) also prevails. In fact, a discourse of control in relation to the sexual and sexual health behaviour of young women is used time and time again throughout adolescent sexual and reproductive health policy and research documents in both Scotland and Canada (SEU 1999; Scottish Executive 2000; SIECCAN 2004).

One reason for this may be that formal and informal sexual health programs are intended to decrease so-called unwanted or unplanned pregnancies (Health Canada 2000; Scottish Executive 2000; SIECCAN 2004; SEU 1999). In turn, many (but certainly not all) sexual health education programmes in the United Kingdom and Canada continue to be aimed at repressing, regulating and controlling the sexuality, sexual behaviour and decision making regarding the use of contraception of working-class and poor young women.

Young Mothers' Resistance to Embodied Exclusion

The exclusion of young mothers from sexual health education in both formal and informal settings - while a form of embodied exclusion - has also resulted in the engendering of sites for resisting the dominant discourse on teenage pregnancy and young motherhood (Greene 2006). A powerful example of this resistance occurred as a result of the young mothers' experience at the Healthy Respect launch.

The young mothers requested support from me and the staff at Stepping Stones in developing a peer education program that would include issues that they felt were missing from sexual health education. The proposed curriculum would also include topics related to teenage pregnancy and young motherhood. I facilitated discussions that assisted young mothers in identifying what they wanted to include in the program and the rationale for their choices. The staff at Stepping Stones carefully honed the curriculum and trained the young women in peer education and facilitation. The young mothers then took the initiative in meeting with the local schools and community organizations in order to gain access to sexual health education classes and youth groups. The end result was an opportunity for the young mothers to provide peer based sexual health education to students in the local secondary schools and young people attending the local community centres. My analysis of the young mothers' acts of resistance corresponds with Weedon who argues, "although the subject… is socially constructed in discursive practices, she none the less exists as a thinking, feeling and social subject and agent, capable of resistance and innovations produced out of the clash

between contradictory subject positions and practices" (1997, 121).

This notion confirms my thinking about the need to recognize and support a young mother's personal agency. This view is substantiated by Tangenberg and Kemp, who point to the importance of attending to agency in order to address the dialectical nature of the relationship between power and the body; that is, "although bodies are clearly acted on, inscribed, and controlled, people also exert considerable agency and choice within these sets of power relations" (2002, 14). This was highlighted by the young mothers' decision to use the disempowering reactions they experienced at the Healthy Respect launch as motivation to develop their own sexual health peer education program. Consequently, their experiences of embodied exclusion and their subsequent actions draw attention to the possibility of simultaneously demonstrating the power inherent in dominant discourses about teenage pregnancy and young motherhood, whilst recognising the way that agency is used to engage in subjective acts of resistance.

Theorizing the Body: Insights for Bodily Inclusion in Education Practice and Policy

Feminist philosophical and sociological perspectives on women's sexuality and embodied experience have provided a platform from which to debate the usefulness of Foucault's theories of power and resistance (Holland and Ramazanoglu 1993; Young 1990). McKie and Watson argue that "the dynamic relationship between private and public embodied activities and thoughts is crucial to any exploration of social action" (2000, xvi). These postmodern feminist perspectives contribute to a theoretical framework from which educators can both consider and resist the exclusion of the embodied experiences of pregnant teenagers and young mothers from formal and informal sexual health education.

Foucault's (1977) notion of biopower is particularly interesting for reflecting on the relationship between the young mothers' experiences of embodied exclusion. Biopower is a form of social control that takes two primary forms: through attempts to discipline the body and through regulatory power that takes the form of social policies (Sawicki 1991). As I have already suggested, attempts to discipline the bodies of young women, pregnant teenagers and young mothers are considered to be most effective through the development of regulatory powers that are implicated in "establishing norms against which individual behaviours and bodies are judged" (Sawicki 1991, 68).

Contributing to this analysis, Grosz distinguishes between the "lived body" and the "inscribed body." The "lived body" is how the body is physically and subjectively experienced whereas the "inscribed body" is "a surface on which social law, morality, and values are inscribed" (1994, 196). This and corresponding research (Davies *et al.* 2001; Furstenberg *et al.* 1987; Greene 2003/4 and 2006; Phoenix 1991) illustrate how the "lived body" experiences of pregnant teenagers and young mothers have been excluded within dominant discourses about pregnancy and motherhood.

Furthermore, the exclusion of the lived body experiences of pregnant teenagers and young mothers are maintained by dominant education and sexual health education discourses that are aimed at policing working-class young women's sexuality (Hudson and Ineichen 1991; Kiernan 1995), decreasing teenage pregnancy (Burghes and Brown 1995; SEU 1999) and monitoring young mothers' parenting practices (Rutman *et al.* 2002). Consequently, bodily containment, when connected to the notion of biopower and lived bodily experience, appears to result in a dis(embodied) view of working-class and poor young women which justifies their treatment as no more than a container with little or no agency.

Theories of the body are an effective way of connecting bodily experiences of teenage pregnancy to exclusion. These theories are also useful tools for addressing the embodied exclusion of young women both

before they become pregnant and after they give birth. Young women from socially deprived communities are very often defined by their sexuality and are treated as sexual deviants even before they become pregnant (Greene 2003/04; Walkerdine *et al.* 2001). This became evident through discussions with the young mothers about their experience of sexual health education.

Young mothers reported that the sexual health education they received before they became pregnant emphasized the prevention of pregnancy by encouraging them to engage in safer sex practices. The young mothers' experiences of sexual health education suggest that readings on the body are central to developing a more inclusive view of a young woman's sexuality in light of the "perceived threats to social order and moral panics" surrounding issues such as teenage pregnancy and young motherhood (Woollett and Marshall 1997, 27). As discussed earlier, participants were upheld in the Healthy Respect launch as examples of what can happen when young women lose control over their sexuality and their bodies. This suggests that sexual health education may be directed toward highlighting the consequences of sexual activity such as teenage pregnancy and the potential for some young women to become young mothers, rather than with sexual health more generally. The consequence of this focus is the exclusion of other meaningful aspects of sexual, gender, and social relations from sexual health programmes aimed at young women regardless of their economic background.

I have argued that theorizing the body can contribute to an understanding of how the embodied experiences of working class and poor young women, pregnant teenagers and young mothers are controlled and regulated through cultural discourses and societal institutions such as the education, social work and health service sectors (Davis 1997). It therefore follows that the theoretical issues put forth here are also useful in considering experiences related to the embodied exclusion of maternal bodies. Of particular relevance are arguments that suggest that a large part of a young mother's experience of social exclusion is related to her race, class and age (Phoenix 1991; Walkerdine *et al.* 2001). Furthermore, the young mothers' experiences of social exclusion are exacerbated as a result of their stigmatised relationship with the state through the education, health and social service system (Greene 2003/04 and 2006). However, understanding the ways young mothers resist the dominant discourses that have resulted in the exclusion of their embodied experiences is also important when developing educational practices aimed at working-class and poor young women, pregnant teenagers and young mothers.

The discussion above provides an interesting position from which to consider how young mothers have also attempted to resist the normalisation of their bodies which deceives women into believing that if they control or attempt to contain their bodies they will obtain power (Bordo 1993). And yet, perhaps because the bodies of pregnant teenagers and the physical presence of young mothers represent a transgression from being controlled or contained by those that view them as a threat to social order, there is a strong emphasis on developing modes of control and surveillance through educational and social policies and practices.

This notion corresponds with the view that social policy constructs subordinated representations of bodies in order to develop and legitimate certain welfare practices (Lewis *et al.* 2000). Lewis *et al.* further argue that policy documents construct the relationship between the bodies of young people and the welfare agencies advancing a need to educate them, not only about sex *per se*, but also about appropriate forms of sexual expression. They therefore suggest that in order to actively contest this notion one must "resist the 'needs' that are assumed to derive from particular bodies whilst simultaneously offering counter representations of their subordinated bodies" (2000, 18). Hence, developing an understanding of the social, economic and political context under which

teenage pregnancy and young motherhood occurs will provide important direction for how sexual health education is carried out in formal and informal educational systems. Moreover, it will also provide valuable information regarding the ways that race, class and gender determine what should be integrated into the sexual health education curriculum in order to include the embodied experiences of young women from marginalized communities.

Conclusion

Formal and informal educational systems and the sexual health curriculum that is offered to working-class and poor young women within these settings view the bodies of young mothers as examples of undisciplined bodies, bodies that at some point in time went out of control and bodies that ultimately resisted the pervasive message that young women should not become pregnant and should certainly not mother. However, the persistence of teenage pregnancy and young motherhood demonstrates the ineffectiveness of sexual health educational policy and practices controlling undisciplined behaviour and containing bodies. Moreover, the mere fact that the young women in this study made the choice to become young mothers, even if they did not choose to become pregnant, demonstrates their resistance to the view that young women should not become young mothers. This corresponds with Foucault's assertion that "the body is a site where the large scale organisation of power…is connected to the most minute and local practices" (Holland *et al.* 1992). In other words, the body is a site from which to look for experiences of disciplinary power and exclusion. This provides a useful location from which to consider the ways in which working-class young mothers experience embodied exclusion.

I also argue that the view of teenage pregnancy and young motherhood as a social problem is influenced by mezzo level systems such as government initiatives and social policies that in turn create mechanisms of surveillance and control. In turn, the education sector which acts as one mechanism through which the surveillance of working-class and poor young women, pregnant teenagers and young mothers is carried out reproduces the power it has in maintaining these connections on the ground. Moreover, mainstream responses to teenage pregnancy and young motherhood can also be viewed as attempts at tackling a social disease. In fact, teenage pregnancy and young motherhood is responded to with "dis-ease" within government initiatives and educational practices. However, as Saleeby argues, "if the body becomes a firmer part of the person in environment equation...social workers can not only encourage bodily energy, but help raise consciousness about the individual body and how it is and can be experienced" (1992, 116).

Saleeby's assertion also provides useful suggestions for educators in both formal and informal settings by indicating a need for developing a mechanism of mediation from which to appropriately balance both personal and professional experience whilst recognising human agency. It may be that through such a mechanism, dominant sexual health education policy and human professional discourses will provide both the space and positioning from which alternative discourses can be included. Thus educators, not unlike social workers and other allied health professionals, are in a position to consider the ways to maximize the potential for educational policies and practices that work toward the embodied inclusion of marginalized young women, pregnant teenagers and young mothers.

As highlighted by the young mothers themselves, it may be that what is needed most is a commitment on the part of formal and informal health educators to include the voices of young mothers in the development of the sexual health education curriculum. In turn, this would result in the provision of a more accessible, appropriate and effective sexual health strategy that will ultimately reflect the sexual health needs of young women more generally.

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