

**“You will get pregnant”: stylistic
constructions of responsibility in secondary
school contraception education**

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*For Nan and Uncle Paul, who came up with the most
convincing excuses for not reading this thesis*

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Abstract

School sex education is some of the earliest formal contraception education adolescents receive, yet young people report that school sex education reinforces heteronormative ideas of gendered responsibilities for pregnancy prevention (see Lewis et al. 2021a; Winters et al. 2024). This thesis explores the language of contraception in the secondary school sex education classroom with a focus on how stylistic choices made by teachers attribute responsibility for pregnancy prevention. Ethnographic fieldwork was conducted over the summer of 2022 in three Sheffield schools where I observed, recorded and transcribed contraception lessons. I present the results of a quantitative and qualitative corpus-assisted cognitive-stylistic analysis using corpus software Sketch Engine (Sketch Engine n.d.). I use the stylistic analysis framework Text World Theory (Werth 1999; Gavins 2007) to support the qualitative aspects of the work. I argue that the teachers' linguistic choices (including personal pronoun use, modality, and verb choice) predominantly implicate people with wombs as responsible for contraception (and their bodies as sites of risk for conception), and thereby reinforce hegemonic attitudes to contraception responsibility. This has implications for adolescent sexual and mental health, and I suggest that a shift away from contraception and towards 'safe sex' teaching more broadly could have positive implications for young women and girls.

Abbreviations and definitions

AFAB	Assigned female at birth
AMAB	Assigned male at birth
Cis	Cisgender, identifies with gender assigned at birth
Cishet	Cisgender and heterosexual
Cisheteronormativity	Privileging cisgender heterosexuality as the norm
Heteronormativity	Privileging heterosexuality as the norm
IUS or IUD	Intrauterine system (hormonal contraceptive coil) or intrauterine device (non-hormonal contraceptive coil)
LARC	Long-acting reversible contraceptive
RSE or RSHE	Relationships and Sex Education or Relationships, Sex and Health Education
STI	Sexually transmitted infection
Trans	Transgender, does not identify with gender assigned at birth

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Notes on language

It should be clear that the focus on inclusive language is particularly important to this project since the overriding argument of the work is that language is fundamentally interconnected to our attitudes and beliefs, and has the capacity to evoke damaging and violent consequences. Some clarifications on terminology are made below.

Women

Not all women can get pregnant, and not everyone who can get pregnant is a woman. Where the words ‘woman’ or ‘women’ are used, I am referring to all people who self-identify as women and the lived experience of being perceived as female by others. ‘People with wombs’ will be used where I am directly discussing issues related to having what is medically understood to be a ‘female’ reproductive system. On some occasions, language is used to mirror cited work and historical events, where ‘women’ is used to mean exclusively cisgender women, however where this is the case it will be made apparent by the context.

What is sex?

Due to our prevailing cultural understanding of sex (the activity, not the biological characteristic) as referring primarily to heterosexual relationships (Lister 2020: 82), sex is often reductively defined and misrepresented as exclusively penis-in-vagina (PIV). There are many different ways to have sex, beyond PIV, and a broader definition of sex is essential, particularly in terms of LGBTQ+ and disability inclusion. This thesis focuses on the secondary school sex education classroom in the context of lessons on contraception. Accordingly, where I refer to ‘sex’ I am usually referring to the type of sex where pregnancy is a possibility, which is typically PIV sex. This is reiterated throughout the thesis in order to avoid the implication that PIV is synonymous with ‘sex’.

Ejaculation and conception

Where I talk about the type of sex where pregnancy is a possibility, usually penetrative penis-in-vagina sex, I sometimes use the word ‘conception’ when talking about the possible outcomes of this sex. It is worth noting that while conception is not instantaneous upon ejaculation, this term has been chosen in preference to ‘ejaculation’ due to its specificity and brevity (as opposed to, for example, ‘ejaculation with the potential to cause pregnancy’).

1. Introduction

1.1 Young people, culture and contraception

Inclusive, accessible, safe and reliable Relationships and Sex Education (RSE) is critical to young people's healthy development (see Haberland and Rogow 2015; Skinner and Marino 2016; UNESCO 2018; SEF 2022b; YEF 2022). Contraception is accessed and used widely in the UK, and yet lack of information, social stigma around the topic, alongside misinformation and censorship on social media platforms, make it difficult for young people to navigate this area of their lives (see UNESCO 2020; Schneider-Kamp and Takhar 2023; NHS 2024; Winters et al. 2024; Rotman et al. 2025). This privileges schools with the unique position of providing a formal formative education on the topic. However, school sex education in the UK has become increasingly politically charged over recent years and is regularly framed by politicians and the media as a contentious topic (see **Section 2.5**).

Alongside this, there is a growing gender divide amongst young people. Girlguiding's annual Girls' Attitudes Survey reveals that young women and girls are feeling the pressures of being a girl more intensely and at a younger age today than they did ten years ago, with 3 in 4 girls aged 11-16 seeing or experiencing sexism and 47% of those aged 11 to 21 feeling less safe as a result of sexism (Girlguiding 2024). According to research by Plan International, 93% of girls and young women do not feel completely safe in public places, and 56% of girls specified the importance of education to change how boys and young men behave towards women and girls in helping them feel safer (Plan International 2024). In the same report, only 51% of girls and young women aged 12 to 21 said they had positive relationships with boys and men outside of their family (Plan International 2024). A report by Ofsted explored the prevalence of sexual harassment in schools and found that for some children these incidents were 'so commonplace [young people] see no point in reporting them' (Ofsted 2021). As per the same report, boys were more likely to be perpetrators of sexual violence, while girls and young women were more likely to be victims (Ofsted 2021). Most recently, a report by the BBC of over 6,000 secondary school teachers in England found that when asked about the problem of misogyny in the classroom, 39% of secondary school teachers said they were aware of at least one incident of misogynistic behaviour by a pupil in the past week, yet were not aware of the current government guidance on tackling misogyny (McGough and Dunkley 2025).

There are also unique challenges for boys and young men growing up today, ranging from poor health outcomes to involvement in crime and physical violence (CSJ 2025).

Boys and young men are under pressure to conform to the societal expectations and norms of masculinity, particularly in the context of heterosexual relationships (Flood 2008; Setty 2019; Setty 2022). Part of this is a pressure related to sex, where boys and young men are framed as the ‘initiators responsible for obtaining consent’ yet do not always feel confident in their skills and ability to negotiate consent (Setty 2022: 524). Setty (2022) has noted that the way in which classroom teaching attributes responsibility to boys and young men for ensuring sex is consensual, focusing on the legal requirements of consent (as opposed to instead focusing on pleasurable sex), can create anxieties in young men around ‘protecting’ themselves from accusations (Setty 2022: 524). Despite their ‘desire to distance themselves from those they deemed responsible for intentionally perpetrating’ sexual violence, abuse and harassment, boys are anxious about getting consent ‘right’ (Setty 2022: 531; 524). The pressure on boys and young men may also be exacerbated as they become one of the first generations to grow up in the digital age (Marcus and Koester 2024). Young men are targeted by online misogyny influencers who provide solutions to young men’s anxieties and insecurities by positioning progressive feminist politics as the problem (see Setty 2023; Doiciar and Crețan 2025). Research has found that 76% of secondary school teachers report concerns about the effects of online misogyny in schools, describing male pupils performing misogynistic behaviour towards female pupils and staff (Over et al. 2025). Furthermore, boys and young men are also more vulnerable to certain online harms. According to data from Childline, in 2024 almost two-thirds of counselling sessions relating to sextortion (a form of online blackmail where victims are coerced to do something against their will, such as pay a sum of money, by the threat of sharing nude images or videos) were delivered to boys and young men (NSPCC 2025). In March 2025, the National Crime Agency, the UK’s lead agency against serious and organised crime including cybercrime, launched a campaign to tackle financially motivated sextortion, following research that showed 74% of boys did not know the warning signs of sextortion (NCA 2025).

Meanwhile, rights for trans and non-binary young people are receding (see DfE 2023; Carrell 2025). Young people are in crisis, and are growing up in a climate that challenges and obfuscates their rights and development. This is important and relevant to the context of contraception and sexual health, as focusing on gender equality and encouraging young women and girls to see themselves and their partners as equal members of their relationships has a greater likelihood of improving sexual health outcomes by reducing STI transmission and unintended pregnancy (Haberland and Rogow 2015). In 2024, there were 364,750 new STI diagnoses in England (UKHSA 2025). Of these, there were 168,889 diagnoses of chlamydia, 71,802 diagnoses of gonorrhoea, 27,867 diagnoses of first episode genital herpes, 25,056 diagnoses of first episode genital warts, 9,535 diagnoses of infectious syphilis (UKHSA 2025). Moreover,

young people aged 15-24 are one of the demographics that see the highest STI diagnoses rates (UKHSA 2025). In terms of pregnancy, according to statistics recorded in 2018, 45% of pregnancies in England were unplanned (Public Health England 2018). Research in 2013 found that pregnancies in women aged 16–19 years were most commonly unplanned, with first sexual intercourse before the age of 16 cited as one of the factors strongly associated with unplanned pregnancy (Wellings et al. 2013). More recently, a UK-wide prospective cohort study found that unintended pregnancies nearly doubled during the first COVID-19 pandemic lockdown (Balachandren et al. 2022), a statistic that is not entirely surprising given the barriers young people faced in accessing contraception in the pandemic (Lewis et al. 2021b). Formal school sex education has the opportunity to shape young people's attitudes and sexual behaviours during this fraught and formative period of their lives, and is therefore an important site for research on contraception responsibility.

Who is responsible for pregnancy prevention?

It is worth making a distinction between individuals taking responsibility for their own sexual health (for example, seeking help for a gynaecological condition that impacts their sexual well-being), and taking responsibility for healthy and safe sex with a partner (for example, negotiating pregnancy prevention methods), then subsequently questioning who is responsible for the latter. It is not possible to separate how sexual responsibility functions in relationships where pregnancy is a possibility (which for the purposes of this thesis is predominantly in heterosexual relationships) from the prevailing societal expectations that women and girls will carry out care-giving and emotional support roles for the people in their lives. When someone who is socialised as female is in a relationship with a person with a penis, it is likely that these societal expectations are amplified, and may have an impact on how responsibility is constructed, attributed and negotiated.

A large number of women and people with wombs in the UK use contraception (see **Section 2.3**). For the year 2023-24, the NHS recorded 1.06 million contacts with Sexual and Reproductive Health Services in England for reasons of contraception (NHS 2024). Of these, there were 519,942 women for whom a method of contraception was recorded (NHS 2024). This does not include patients who accessed contraception from a GP or pharmacy, so the overall population of people with wombs using contraception will be higher than this figure. Of these, 54% were using long-acting reversible contraceptives (LARCs), and 46% were using a user-dependent method of contraception. For people with penises, 97% of contraception services provided were the external condom, with the other 3% were spermicides and natural family planning (NHS 2024). Overall, 74% of all contacts with Sexual and Reproductive Health Services were by women (of which 64% related to contraception), while just 20% of all contacts

with these services were by men (of which 5% related to contraception) (NHS 2024). Contraceptive counselling is more frequently accessed by people with wombs and women, and this same demographic also feel responsible for using contraception and preventing pregnancy. A survey by sexual health charity Brook found a general trend that young people assigned female at birth (AFAB) were perceived as responsible for understanding contraception and taking a more active role in discussions about pregnancy prevention with healthcare professionals, while young people assigned male at birth (AMAB) were perceived as responsible for condoms (Winters et al. 2024). The following quote from a 17-year old respondent to the survey on young people's attitudes to condoms and contraception exemplifies the challenges young women face when it comes to managing their reproductive health:

Just wish the responsibility wasn't all on me [...] so I have to have take hormones that would affect my body and my mood and my wellbeing preventing normal bodily processes like period increasing chances of blood clots and cancer [...] all I see from contraceptives is 'women it's your responsibility to not get pregnant and no one else's' and get shunned for taking it, or more for not taking it :(

(Winters et al. 2024: 16)

While feeling this pressure to take responsibility for contraception, women and people with wombs are struggling with the options available to them. In 2025, the BBC reported that young women were willing to 'risk' pregnancy in order to avoid the side-effects that come with some hormonal contraceptives, such as the pill, and LARCs, such as the coil (Roberts and Sini 2025). The availability and choice of different contraceptive options also has implications for young people's well-being. Brook, for example, reports that the ability to choose impacted positively on young women's sense of bodily autonomy and empowerment (Brook 2024).

Young people's perceptions that women and people with wombs are responsible for contraception extends beyond contraceptives designed for people with wombs, and to contraceptive methods that are designed for, and used exclusively on, the bodies of people with penises. Over half of all respondents to the same survey by Brook referenced above agreed that men and women were equally responsible for carrying condoms (Winters et al. 2024: 17). This sense of responsibility also comes through in young people's knowledge around accessing free condoms. Respondents assigned male at birth (AMAB) were more likely than respondents assigned female at birth (AFAB) to say that they knew where to access free condoms through condom distribution schemes (57%), yet the number of AFAB respondents who said they knew where to access free condoms in this way was still relatively high, at 46% (Winters et

al. 2024: 17). That a large number of AFAB young people knew where to access free condoms, despite not being the ones for whom these contraceptives are designed, points to the mental labour and responsibility people with wombs and women experience in relation to contraception that will be discussed throughout this thesis. This mental labour is further illustrated by the finding that 55% of AMAB respondents also reported using their sexual partners as a source of contraception information (Winters et al. 2024: 17).

As mentioned above, and discussed in more detail in the following chapter, it is predominantly women and people with wombs who are perceived as responsible for preventing pregnancy (see **Section 2.1**). In her book *Ejaculate Responsibly*, Gabrielle Blair presents an alternative to this, arguing that men and people with penises are responsible for all unintended pregnancies (Blair 2023). Presenting over 20 arguments to support her case, including ‘men are 50 times more fertile than women’, ‘ovulation is involuntary, ejaculation is not’ and ‘a woman can’t walk out on a pregnancy’, the author encourages readers to shift their perception of who should take responsibility for contraception (Blair 2023). According to Blair, and in contrast even to the progressive stance that pregnancy prevention should be shared equally between all participants involved in a sexual relationship where pregnancy is a possibility, people with penises and men should assume entire responsibility for preventing unintended pregnancy. Societal institutions, such as medicine and education, have the power to shape, reinforce or change these narratives. The secondary school classroom in particular is a formative site for young people who are likely in the process of understanding their changing bodies, understanding how they fit in society, and beginning to have sexual relationships.

This thesis does not necessarily seek to make value judgements about who *should* or *ought to* be positioned as responsible for pregnancy prevention. Rather, it will uncover who *is* positioned as responsible for contraception in the Sheffield secondary school sex education classrooms included in the dataset, which is representative more widely of this key source of contraceptive information for young people. I will explore how responsibility is attributed through the language used by teachers delivering information about contraception in the classroom context. The focus on language is pertinent here because this is the predominant way in which information is exchanged between human beings, and has the power to shape attitudes and influence perceptions. Thelathia “Nikki” Young describes language as having the ability to ‘dismantle the dynamics of power and privilege’ (Young 2012: 127). Linguistic choices made by teachers have an impact on how young people understand gendered responsibility. Studying the language used by teachers in the classroom allows a detailed examination of how this responsibility is constructed, by investigating the

mechanisms of language that attribute responsibility. The thesis is focused on the following research questions:

- How, and to whom, does the language used by secondary school teachers in the sex education classroom attribute responsibility for pregnancy prevention?
- What are the potential effects of this language?

This thesis builds upon existing sociocultural and discourse-analytic work, and extends the application of the cognitive-stylistic framework Text World Theory in non-literary discourse to the context of the secondary school sex education classroom (see **Section 3.3**). In the following section I give a brief overview of each chapter in the thesis. I describe the main points of discussion covered in each chapter in order to outline the motivations, structure and methodologies used in the research.

1.2 Chapter overview

Chapter 2

I begin the thesis by introducing in more detail the context, background and motivations of the research. I briefly address the field of reproductive health more broadly, including an acknowledgment of the culture of sexism in medicine in the UK and how this impacts people with wombs accessing healthcare spaces more generally (**Section 2.1**), before explaining why contraception specifically is an interesting area of study (**Section 2.2**). I explain the importance of increasing the body of research on contraception in general, before exploring why linguistic research is particularly important in this field. I then give a brief overview of the history of contraception, focusing on the ways in which intersecting inequalities are present, and in some ways fundamental, to the development of the contraceptive technologies that exist today (**Section 2.3**). Contraceptive users or those accessing contraception are not one homogenous group who all face the same barriers. Many factors may affect the way in which a person interacts with contraception, for example, but not limited to, sex, gender identity, sexual orientation, race, religion, socio-economic background, upbringing and age. Beyond this, every individual will bring their own unique experience to the narrative around contraception. These intersecting inequalities are discussed in **Section 2.3**. I then detail the importance of a linguistic approach to healthcare, and argue that language has important implications for this field, specifically in the context of reproductive and gynaecological health. I also discuss the existing literature on contraception language (**Section 2.4**). I finish this chapter by explaining in detail the situation facing schools in the UK in terms of relationships and sex education (**Section 2.5**). I argue the importance of safe, accessible and timely sex

education in improving health outcomes for young people and explain how this need is not currently being met. This final section of **Chapter 2** outlines why a focus on secondary school education is an interesting site of study for contraception language.

Chapter 3

The third chapter of the thesis details my methodology. I explain my methods of data collection, first describing how I recruited three participating secondary schools through outreach emails, social media advertising and network connections (**Section 3.1**). I then explain how I collected audio and ethnographic data from each of these schools and detail the equipment used in audio collection as well as the methods of audio transcription. I worked with three schools in this research (pseudonymised as Victoria High School, Spring Hill Academy and Nelson Park School), and in this chapter I include detailed information and profiles of each of these schools (**Section 3.2**). I set the background context for each school by describing in detail my experiences and observations of each data collection visit to each school in turn. I then move on to describe the methods of data analysis used to investigate the collected data (**Section 3.3**). I took a corpus stylistic approach to analysing the data, using corpus software Sketch Engine (Sketch Engine n.d), and in this chapter I explain my motivations for this approach as well as how I practically applied these methods to my dataset. I also outline the linguistic framework, Text World Theory (Werth 1999; Gavins 2007), used in the thesis, defining some core terminology used in this framework, and arguing why this framework is particularly useful and illuminating for examining classroom discourse.

Chapter 4

In **Chapter 4**, I present a quantitative analysis of the dataset. In this chapter, I describe the initial phase of analysis which used corpus analysis to draw out the most interesting linguistic features in the dataset. I begin by presenting a frequency list of tokens from the dataset in order to identify the most frequent keywords in the corpus (**Section 4.1**). From this, I specify the relevance of personal pronouns to classroom discourse (**Section 4.2**), then present the results of a frequency analysis of first-, second-, and third-person pronouns (**Section 4.3**). In the second half of this chapter, I introduce the concept of ‘genital-coding’, whereby I identify the referent of each of the second-person pronouns in the dataset (**Section 4.4**). I explain why it is important to the aims of the thesis to quantify the referents of each second-person pronoun. I introduce the terms ‘womb-coded’ and ‘penis-coded’ in reference to the second-person pronoun referents and explain how the distribution of each code has implications for how responsibility for pregnancy prevention is represented to pupils in the classroom. This chapter sets the foundation for **Chapters 5, 7 and 8**, where I go on to

look at instances of both womb- and penis-coded pronouns in context, and stylistically explore their linguistic function in the teachers' speech.

Chapter 5

In the first qualitative analysis chapter in the thesis, I explore the first of two contexts in which instances of second-person pronouns that can only refer to people with wombs and girls ('womb-coded') occur. This context is characterised by narratives around conception. I discuss examples from each of the three schools in the dataset and thematically group instances of womb-coded second-person pronouns in order to draw out themes within each school. I first explain how the verb process 'get pregnant', which occurs frequently with womb-coded second-person pronouns, is inherently passive and elides any other party involved with the process of conception. Then, taking each school in turn, I discuss the themes within instances of womb-coded 'you' in the dataset of each school. In relation to Spring Hill Academy school, I discuss how the concept of responsibility is linked to fertility by the school nurse, who delivers the first of two lessons on contraception at this school (**Section 5.1**). In the dataset of Nelson Park School, I explore how instances of womb-coded second-person pronouns work to elide people with penises from the discourse (**Section 5.2**). Finally, in the dataset for Victoria High School, I illustrate further ways in which people with penises are missing from the discourse, and therefore the responsibility for pregnancy prevention is attributed to people with wombs (**Section 5.3**). I also discuss how responsibility for condom usage is constructed and attributed in the teacher's speech in the sub-corpus for this school. I end the chapter by drawing together the themes discussed across the three sub-corpora (**Section 5.4**).

Chapter 6

Following the discussion in **Chapter 5** of the verb process 'get pregnant' in combination with the second-person pronoun, in **Chapter 6** I move away from personal pronouns to a discussion of the verbs that collocate with the noun 'pregnancy' and the adjective 'pregnant'. The first half of **Chapter 6** explores verb collocations with the adjective 'pregnant' (**Section 6.1**). I focus on the most common three collocations, the verbs 'get', 'be' and 'become', and illustrate that each of these specify people with wombs as their agent. I use examples from each of the three schools in the dataset to discuss how these verbs function to situate people with wombs as responsible for pregnancy prevention. I also include a section in the first half of this chapter that examines the verb processes related to conception that specify people with penises as the agent in this process. I discuss the comparative frequency of each of these verbs and argue the implications of their use in the classroom context. In the second half of **Chapter 6**, I explore instances of verbs with the noun 'pregnancy'

as their object (**Section 6.2**). I focus the first part of my analysis on the most common verb with ‘pregnancy’ as its object: ‘prevent’. I discuss the relative frequency of this verb in comparison with other verbs in the corpus that took ‘pregnancy’ as their object, and explore examples from the dataset to illustrate how, in context, this verb phrase works to characterise people with wombs as responsible for contraception. I finish this second half of the chapter with an analysis of the verb ‘cause’, which also took ‘pregnancy’ as its object. I illustrate that although this verb appears at a much lower frequency in the dataset than the verb ‘prevent’, there are interesting comparisons to be drawn in terms of how agency is attributed by this verb. I finish the chapter by summarising the discussion across the two halves of the chapter and drawing together conclusions and implications for this use of language (**Section 6.3**).

Chapter 7

In **Chapter 7**, I return to womb-coded second-person pronouns and explore the second context in which these types of pronouns occur. In this chapter, I provide a detailed analysis of womb-coded second-person pronouns in the context of narratives around contraception. I begin by explaining that womb-coded second-person pronouns are likely in the context of contraception since the majority of contraceptives currently available are designed to be used exclusively by people with wombs. I then detail examples across each of the three schools in the dataset and explore the themes that emerge within these examples. In the sub-corpus for Nelson Park School, I discuss how womb-coded second-person pronouns in the context of contraception occur predominantly when the teacher describes how to use and administer different contraceptive methods in this school (**Section 7.1**). In the dataset for Spring Hill Academy, I explore how the main themes in which this type of womb-coded second-person pronoun occur are around autonomy, choice, medical intervention and responsibility (**Section 7.2**). Finally, the main themes discussed in relation to womb-coded second-person pronouns in the context of contraception in Victoria High School are around the pill, as well as a focus on health risks when taking oral contraceptives (**Section 7.3**). I conclude this chapter by summarising the themes discussed in relation to each school (**Section 7.4**).

Chapter 8

In the final analysis chapter of the thesis, I shift my focus from womb-coded second-person pronouns to look at those instances of second-person pronouns that can only refer to people with penises (‘penis-coded’). I begin by highlighting the relative frequency of womb- and penis-coded second-person pronouns in the corpus, before exploring instances of penis-coded ‘you’ in context and examining the implications the use of this type of personal pronoun has for pupils in the classroom.

In the dataset for Victoria High School, I discuss how penis-coded second-person pronouns occur in the context of instructions on how to apply a condom, as well as in the context of supporting a partner with their use of the oral contraceptive pill (**Section 8.1**). In relation to the Spring Hill Academy sub-corpus, I illustrate that condoms are also a predominant theme in the use of penis-coded second-person pronouns, and discuss how some of these instances could be perceived as ambiguous (**Section 8.2**). For Nelson Park School, the themes identified in relation to penis-coded second-person pronouns are more varied, and include condoms, consent, pleasure, and vasectomy (**Section 8.3**). I analyse instances of penis-coded ‘you’ from this sub-corpus and illustrate the contrast in use of penis-coded pronouns between this school and the other two in the dataset. I end the chapter with a summary of the findings detailed in each subsection, and identify areas for further research (**Section 8.4**).

Chapter 9

In the final chapter of the thesis, I draw together the discussion across each of the five analysis chapters (**Chapters 4-8**). I summarise the conclusions made in each chapter and state how the language in the classes I observed represents people with wombs as primarily responsible for pregnancy prevention, while people with penises are rarely explicitly attributed responsibility for contraception (**Section 9.1**). I also argue the implications of my findings for how young people may perceive their own responsibilities in terms of their sexual health, and explore potential applications of my findings for the teaching of relationships and sex education in the secondary school context (**Section 9.2**). Finally, I discuss the limitations of the research and point to a number of potential areas for further research (**Section 9.3**).

2. Context: framing sex education and reproductive health

2.1 Why study reproductive health?

The World Health Organisation (WHO) defines reproductive health as follows: ‘Sexual and reproductive health is a state of physical, emotional, mental and social well-being in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction, or infirmity’ (WHO n.d.; see also WHO 2006). That is to say, sexuality and desire are just as integral to reproductive health as more medicalised aspects (pregnancy and childbirth, or sexually transmitted infections, for example). While this definition appears inclusive of the human sexual experience, it is not necessarily reflective of the reality in Western society, where people with wombs may not experience their sexual health being prioritised by medical professionals in this way (see Jackson 2019: 144-6 for example). Reproductive health research is an interesting area for study due to the simple fact that there is not an awful lot of it; medical research specifically centred around people with wombs, is particularly limited (see Dusenbery 2018; Jackson 2019: 158-212; Young et al. 2019). Linguistic research specifically is particularly important in relation to reproductive health, as will be discussed in more detail later in this chapter (see **Section 2.4**). This thesis will argue that evidence from linguistic research is essential to the process of dismantling imbalanced systemic power structures in order to better serve marginalised and oppressed people and work towards reproductive justice, defined by Ross and Solinger as ‘the application of the concept of intersectionality to reproductive politics in order to achieve human rights’ (2017: 79).

Public vs private

From contraception to abortion and baby weight to childlessness, the common misconception that women’s bodies are public property is never stronger than when the subject is reproduction.

(Bates 2014: 247)

It may be logical to assume that reproduction is a private matter, where individuals choose whether or not, when, and how, they want to have children. However, the reality is strikingly different (see for example Solinger 2013: 2-3). In considering that many of the processes that occur in the bodies of people with wombs are regularly the content of political debate and legislation (for example abortion legislation, tampon

tax, emergency contraceptive access), it becomes increasingly clear that in the UK, and elsewhere, society treats these bodies as public property. Bates (2014) describes the transcending of boundaries that pregnant people experience of unwanted hands reaching for their bumps as an everyday manifestation of this cultural belief (Bates 2014: 248-9). In a similar vein, in her discussion of women's experiences in public spaces, Bates (2014) defines the offended (and often aggressive) reactions of male perpetrators of harassment whose sexual advances have been refused as a sign that these men feel entitled to harass women and cannot comprehend why this behaviour is unacceptable (Bates 2014: 163-6). While these transgressions, such as the unsolicited touching of a baby bump, may seem relatively minor in comparison with more violent offences committed against women and gender non-conforming people, they are indicative of a wider misogynistic culture, and, as Bates (2014) argues, together cultivate an environment in which more severe forms of oppression and violence can take place.

Meanwhile, other areas of reproductive health are stigmatised into silence despite a desire from many people to make them more public. In the UK, this becomes apparent in how society treats menstruation, where a natural bodily function is stigmatised and characterised as inappropriate or embarrassing to mention in conversation (see Tomlinson 2021). What this means, and why this is problematic for many activists working for more openness around menstruation, is that if the issue is not spoken about, it is simply ignored (see Radnor 2017; Hill 2019: 5-8). And indeed it has been ignored, with periods being represented by blue liquid on television adverts and, until recently, period products being branded a 'luxury' product and thereby taxed as such (see BBC 2017; HM Treasury 2021). Again, this fits a much larger misogynistic narrative that has real emotional, financial and health impacts on people with wombs and reads as yet another example of the way in which Western society is set up primarily for the needs of men (see Criado-Perez 2019: 1-25).

Medical culture

Of course healthcare is sexist - society is sexist. It would be a miracle if one of Western civilisation's most exclusive institutions - medicine - were not.

(Jackson 2019: 162)

Contraception is healthcare, and so it is important to set this thesis in the context of how women and people with wombs are treated by the medical profession, and the role gender bias can play in medical diagnosis (see Leonard 2021). In her book, *Pain and Prejudice*, Australian author and journalist Gabrielle Jackson (2019) discusses extensively the ways in which women across the globe have suffered due to the institutionalised oppressive culture of medicine (see also Freeman and Stewart 2018

for a discussion of microaggressions in clinical medicine). Focusing primarily on chronic pain conditions, which are more likely to affect women than men (see Tsang et al. 2008; Skuladottir and Halldorsdottir 2011), Jackson (2019) outlines the ways in which the culture in medicine can be seen as responsible for the inequalities patients face (see particularly Jackson 2019: 158-212). The author describes how the Western cultural perception of doctors as all-knowing in relation to health, alongside the expectation and pressure to quickly find a cure or course of treatment creates a climate in which arrogance and bullying thrive. Women patients, specifically women of colour (see for example Jackson 2019: 206-12; Sowemimo 2023: 83-106), are less likely to be believed when reporting health concerns than their male counterparts due in part to the lack of medical knowledge of the female body as compared with the male body (see Dusenbery 2018). In her book, *Divided*, which explores the impact of racism on the history and development of medicine and healthcare, NHS doctor and author Annabel Sowemimo also explains how the metrics used in medicine disadvantage women and people of colour: 'building our medical research with white, male bodies as the benchmark continues to serve the same category and place everyone outside it at a significant disadvantage' (2023: 290). Furthermore, medical trials do not always disaggregate their results based on sex or gender (see for example Astin-Chamberlain et al. 2025), leaving potential gaps in medical knowledge. In conjunction with an internalised sexist medical narrative that sets doctors up to disbelieve women, and dismiss concerns because their pain would likely take more time and resources to resolve, anything that cannot be easily explained becomes a problem for doctors. In these cases, the blame may be shifted to the patients and hysteria narratives or accusations of drug and alcohol abuse begin to emerge (see Tasca et al. 2012; Dusenbery 2018; Jackson 2019; Sowemimo 2023). This sets up a vicious cycle whereby there is less medical understanding of the female body, so women are frequently not believed when presenting their symptoms, which in turn ignores the opportunity to grow medical knowledge on women's health (Dusenbery 2018: 12) and may lead to women disengaging with the diagnostic process (see for example McGowan et al. 2007). For example, it takes an average of eight years to receive a diagnosis for endometriosis in the UK (APPG on Endometriosis 2020), a condition experienced by 1 in 10 people with wombs (Endometriosis UK 2024).

This oppressive culture comes through in doctor-patient interactions, where the relevance of the type of language used by patients is also highlighted. For example, an Australian study found that women used more graphic language to describe their pain, while men tended to use fewer words and less descriptive language (Strong et al. 2009). Citing this study, Jackson (2019) argues that this could result in female patients being perceived by clinicians as more dramatic and emotional in descriptions of their pain (Jackson 2019: 173). Not only does this highlight the inequalities faced by women

in healthcare settings, it also underlines the fundamentally institutionalised nature of the problem and the importance of language in facilitating and maintaining inequality. A study of a UK-based online forum found similar patterns whereby women used a wider variety of terms than men in relation to pain (Collins and Semino 2024). The role and importance of language will be discussed in more detail in later sections (see **Section 2.4**), but for now it should be apparent that there is significant work to be done in understanding, revealing and dismantling the oppressive structures at play at the very root of healthcare systems.

Sites of risk and responsibility

In medicine, and societally, women's bodies are constructed as sites of inherent risk (see Geampana 2016; Bertotti et al. 2021). The bodies of people with wombs are statistically more complex and risky in certain areas of medicine, such as gynaecology, yet this medical reality has been overemphasised and can have negative social impacts for women and people with wombs. Other demographic factors interact with this construction of risk, for example for fat women, who are constructed as a risk to their (unborn) children's health but also as a risk to the State (McPhail et al. 2016). Counterintuitively, there are also some areas of medicine and health where women are perceived as lower risk, such as heart disease, despite evidence to the contrary, with potentially fatal results (see Shaw et al. 2006; Wu et al. 2018). Alongside, and in line with, the perception of women's bodies as sites of risk, health-focused social marketing can also render women's bodies as sites of control. For example, a study that examined three adverts from the UK, US and Australia on breastfeeding, weight management and physical activity, respectively, argued that government-led efforts to encourage healthy lifestyles inadvertently act to control and manage women's bodies, and stigmatise women who do not conform to advice from dominant health messaging (Gurrieri et al. 2012).

Women themselves perceive risk to their bodies in different ways and studies have argued for the importance of exploring women's own constructions of risk, for example around childbirth (Chadwick and Foster 2013) and in public spaces (Green and Singleton 2006). There are two types of risk to women's bodies: the internal biological threats (for example, unintended pregnancy, or gynaecological disease), and the external risk and danger of publicly existing in a patriarchal society as a woman (a stereotypical example being the image of a young woman at night in a dark alley). Women are aware of the external risks and dangers they might encounter in public, and manage perceived risks of their own bodies in spaces perceived as 'risky' (Green and Singleton 2006). Specifically in the context of sexual relationships, Emily Setty describes how dominant heteronormative representations of consent frame cisgender heterosexual sex as inherently risky in terms of the possibility of sexual

assault (Setty 2022: 533). Also in sexual relationships, women negotiate the ‘risk’ of unintended pregnancy, and research into the use of fertility awareness apps as a method of contraception in the UK underlines the importance of understanding how people with wombs interact with and negotiate these risks (Dudouet 2022). Similar to the study conducted around risk in public spaces, research on decision-making around unprotected sex found that young women *do* consider the risks, making calculated decisions that often privilege their male partners, yet these women present arguments of spontaneity and absent-mindedness to explain and excuse their contraceptive ‘risk-taking’ behaviour (James-Hawkins 2015; James-Hawkins and Jozkowski 2023). From the perspective of men, there are two competing norms that impact how contraceptive responsibility plays out in practice for cishet couples: men largely believe that contraceptive responsibility should be shared, yet they also agree that women should have power and control over their own bodies (James-Hawkins et al. 2019). In a similar study, researchers found that due to the belief that women will take control of the couple’s contraception, men attending a US university reported remaining silent about condom and contraceptive use during sexual encounters, which in turn perpetuates and upholds the norm that women are responsible for pregnancy prevention (Dalessandro et al. 2019).

2.2 Why study contraception?

Contraception has, and continues to be, similarly affected by a public vs private struggle, having been debated, interrogated, criticised and legislated for in the public sphere (Drucker 2020: 64). Despite political and religious interest in the topic, problems around inequalities in access to contraception remain. In discussing the most commonly used forms of contraception in the United States, Solinger (2013) states: ‘Women’s decisions about which contraceptive method to use are associated in part with their race, class, marital status, and age.’ (2013: 61). Similarly, throughout the history of contraception, Drucker (2020) lists factors of use as depending on ‘religion, pain tolerance, reversibility, imprisonment, mental health, access to technology and professional care, knowledge of methods, income, correct use, effectiveness, personal motivation, and relationship status’ (Drucker 2020: 64). The reason behind these differences is largely social and reveals the deeply entrenched prejudices that persist not only within the contraceptive industry, but in the wider societal narratives of contraception too. In the UK, a report by the Advisory Group on Contraception (AGC) found that only 66% of marginalised women reported feeling confident they would be able to access contraception the next time they need it, compared to 76% of non-marginalised women (AGC 2024). Furthermore, in the same report, 30% of marginalised women and 25% of non-marginalised women said they had all

contraceptive options discussed with them before making a decision about the right method for them, in contradiction to NICE guidelines (AGC 2024).

Producing practical applications and outcomes from contraceptive research findings can address the inequalities that persist in medical, social and educational spheres of society. Academic research is a crucial way in which to reveal and eventually dismantle the oppressive structures that are in place. Medically and scientifically, there is significant work to be done on contraception. Users continue to suffer drastic side effects from birth control technologies (Murphy and Pooke 2019) and contraceptive narrative is dominated by a focus on pregnancy prevention that overshadows the importance of side effects and user quality of life (Geampana 2016: 15; Mann and Grzanka 2018: 349; Bertotti et al. 2021). What is more, implications of side effects are given more weight in male contraceptives: ‘contraceptive options developed and tested on men have consistently had a lower acceptable risk threshold [than that for women]’ (Geampana 2016: 15; see also Van Kammen and Oudshoorn 2002: 440; Oudshoorn 2003). A study of contraceptive counselling visits in the US also found that male-body based methods of contraception were devalued by clinicians, and in turn clinicians assigned responsibility for pregnancy prevention to women and people with wombs (Kimport 2018). There is also limited consideration for contraception users who do *not* identify as cisgender or heterosexual, and limited understanding of the potential interaction between hormonal contraceptives and gender-affirming hormonal therapy, thereby resulting in a lower standard of treatment for trans and non-binary people (Bonnington et al. 2020). It should be clear that the inequalities entrenched in contraception, its surrounding narratives and the impacts they can have, are reason enough to warrant further investigation, understanding and awareness. An additional (more capitalist) benefit, however, is the possibility for gender equality to actually save public money (see Criado-Perez 2019: 66). Specific to contraception, Varney and Guest (2004) argue that offering an effective choice of contraceptive options maximises savings for the NHS in the UK.

This thesis will investigate how inequalities in contraception are reproduced in the secondary school classroom (see **Section 1.1**) and highlight the potential damaging effects and implications this can have on young adults. In order to achieve this, the following sections will first outline a brief history of contraception, before exploring the importance of language and a linguistic approach in researching reproductive health, then finally addressing the relevance of teaching and educational contexts to these issues.

2.3 A history of contraception

According to the World Health Organisation (WHO), 842 million women of reproductive age were using a method of contraception in 2019 (WHO 2020). In 2019, 44% of women attending Sexual and Reproductive Health services in England were using long acting reversible contraceptives (LARCs), and the contraceptive pill was the most popular method (NHS 2019). Most contraceptive methods are freely available in the UK through the NHS via General Practitioners (GPs), community contraceptive clinics, genitourinary medicine (GUM) clinics or sexual health clinics. Charities such as Brook also offer sexual health advice for young people. The most commonly available contraceptives today are outlined on the NHS webpages, which also detail their respective effectiveness, advantages and disadvantages (NHS 2025). One of the earliest forms of contraception, dating back to the sixteenth century, was condoms made from animal gut sewn together that would be washed out and reused (Lister 2020: 278; Drucker 2020: 38). Industrial advancements greatly benefitted contraceptive technologies, for example, the vulcanization of rubber in 1844, the discovery of noncombustible latex (1920) and the uniform condom ring machine (1926) sped up the production of condoms (a process that had originally involved hand rolling) and made them more effective (Drucker 2020: 38-45). The vulcanization of rubber also benefited 'female' contraceptives, making the Mesinga diaphragm one of the earliest dependable female contraceptives in 1882 (Drucker 2020: 17-8). The Mesinga diaphragm was available at Dutch physician Aletta Jacobs' birth control clinic in Amsterdam, which first opened in the same year. The founding of Jacobs' clinic signalled a shift in how contraception was viewed, in that it medicalised pregnancy prevention and provided a service model for British birth control clinics. From a women's history perspective, Aletta Jacobs and the Mesinga diaphragm were vitally significant as they represented one of the earliest ways in which cisgender women were able to take control of their fertility without male involvement, perhaps even without their husbands' knowledge. Activism in the early 20th century led to birth control and family planning clinics being set up in Western countries (Gordon 2002; Grossmann 1995; Pavard 2012; Rusterholz 2020).

Since the early 1900s, contraceptive technologies have developed significantly, and understanding the history of their development, and how this history is relevant in the present day, requires an interdisciplinary approach, as Drucker (2020) summarises:

The history of contraception involves the synthesizing of diverse histories, including the history of technology, women's and gender history, the history of sex and reproduction, population control studies, legal history, and political

history. It requires a broad understanding of individual behaviour and identity formation; nonprofit advocacy groups and independently wealthy individual advocates; religious organizations; governmental policies at various levels and the execution thereof; and technological development, manufacturing, and distribution, among other factors.

(Drucker 2020: 3-4)

Covering every aspect of contraceptive history would merit an investigation in its own right. Rather than attempt a chronological review of the development of contraceptive technologies, attitudes, and politics, this section will primarily focus on the historical inequalities that have plagued the advancement and use of contraceptives (see for example Hartmann 1995). This will include the influence of the Catholic Church, the influence of the eugenics movement on the development of birth control (see Soloway 1995), and the interaction between contraceptives, race and socio-economic class. The focus is primarily on contraceptive development and impact in the United Kingdom, but discussion of the global use and misuse of contraception is essential here in order to fully understand the international context and background of modern day contraceptives.

On the surface, it may appear that sexism is the primary form of prejudice bound up with the development of contraceptive technologies, and clearly sexism does play a role. For example, the prevalence of the historically widely held belief that if women were to avoid orgasm during sex this would reduce their chance of pregnancy (Drucker 2020: 55), an idea that is not only scientifically disproven, but is now understood in feminist scholarship to be highly damaging, showing the disregard and neglect for the importance of female pleasure (see Nagoski 2021). However, while sexism is evidently a core topic in relation to reproductive health more broadly, this section will focus in more detail on the ways in which other forms of oppression have impacted on the history of contraception (see Crane 1994; Bracke 2022), highlighting the fundamentally intersectional manifestations of discrimination experienced by women and people with wombs.

Feminism and the pill

The first birth control clinic in the UK opened in 1921 (see for example Soloway 1995). In 1961, the contraceptive pill was made available to older women in the UK who already had children, but it was not until 1974 that family planning clinics began prescribing the pill to single women and all contraceptive advice and devices were available on the NHS free of charge. The impact of the contraceptive pill should not be understated. Not only did it allow women reproductive freedom and choice of when to have children, but the ramifications of this meant that women achieved greater

economic independence through being able to participate more in the workforce. It also helped reduce the need for dangerous abortions that were frequently sought as a solution to unintended pregnancies. Although other contraceptive options were available at the time, an advantage of the pill, as compared with condoms for example, was that it did not require male involvement and could be used in secret from the user's sexual partner. In these ways the pill has become a symbol of women's independence and a landmark in the feminist quest for equal rights (see Marks 2001 for further discussion of the development of the contraceptive pill).

However, the freedoms celebrated as a result of the pill were not equally enjoyed by *all* women, and the liberation the pill brought to white Western women came at the sacrifice of poor, working-class women of colour (see Sowemimo 2023: 73-5). The prejudices prevalent in the contraceptive industry are fundamentally intersectional and, as is historically the case with many feminist landmarks, what is consistently not acknowledged is the selective focus at the time on liberating only particular types of women: cisgender, white, middle-class women. Moreover, not only can a history of contraception run the risk of ignoring the complex prejudices that facilitated its growth, but there is also a naivety in failing to acknowledge that fundamentally, contraceptives were originally developed as a solution for population control, with arguments for its development rarely focusing on sexual freedoms for women and female pleasure (Drucker 2020: 16). There is no denying that the production and availability of hormonal contraception *was* empowering for some women, but it was not the case for all women, and the process by which many contraceptive technologies were developed, tested and used were certainly not liberating, as will be discussed below. The aim of this overview is to demystify the perceived feminist progress of contraceptive technologies, and highlight that although mass availability of contraception can be seen as a turning point in feminist history, there is a much deeper context to be explored, which is crucial for our understanding of how contraception inequality persists in the modern day.

Contraception and class

Contraceptive history is entangled with the notions of social hierarchy and economic stability. Historically, and in the present, poorer women have been less able to access contraception due to the cost associated with the contraceptive devices themselves, the relative accessibility of travelling to clinics, or even just finding the time to attend to their personal health (Jackson 2019: 251; see also Criado-Perez 2019: 29-46). In purely practical terms, some of the earliest contraceptive devices were harder to use for poorer populations. For example, diaphragms and cervical caps were popular in the early to mid-1900s but tended to be used only by middle- and upper-class Western women who had greater access to health care (Drucker 2020: 27). These devices were

expensive, and practically inaccessible to women who did not have access to running water to clean them (Drucker 2020: 23-5, 37). Meanwhile, homemade, often dangerous and ineffective, alternatives, usually in the form of vaginal douches, were promoted to poorer populations (Drucker 2020: 29-30; see also Lister 2020: 256, 259-61). In the Global South, poorer communities also suffered as hot climates affected the quality and safety of the imported contraceptives, and the contraceptive technologies sent from colonial powers to colonies were often out of date or poor quality (Drucker 2020: 37). The idea of poorer populations being dismissed as not as worthy of effective, accessible contraception is echoed in the actions of prominent English birth control campaigner and eugenicist Marie Stopes, who promoted ineffective birth control methods to poorer and uneducated communities in developing countries despite believing these same methods to be unreliable (see Ahluwalia 2008: 68-9; Bourbonnais 2016: 132). Arguably the most prominent advocate in the UK for contraceptive use as eugenics, Stopes is often hailed as a campaigner for women's rights (see for example BBC 2021 - it is notable that this teaching resource on birth control does not once mention Stopes' eugenicist motivations). However, eugenics was a motivating factor behind her work on birth control, leading the abortion provider founded in her name to rebrand from Marie Stopes International to MSI Reproductive Choices, in order to 'break ties with Marie Stopes, the controversial birth control pioneer who believed in the creation of a super race' (BBC 2020).

Class-based inequalities have persisted over time and across different contraceptive devices and technologies. On an international level, poorer populations have been consistently more affected by the misuse of contraception, typically fitting government categories outlining those 'unfit' to reproduce (this will be discussed in greater detail in the section on sterilization). Solinger (2013) summarises the critiques of long-acting contraception in the US in the 1990s:

Controversy arose when some politicians, policy makers, and judges suggested or imposed the use of these drugs as a way of reducing welfare expenditures or required minority women appearing before the court to take a long-acting contraceptive in exchange for judicial leniency.

(Solinger 2013: 62)

Solinger (2013) also notes that women were encouraged to use long-acting forms of contraception (such as the implant or the contraceptive injection) over other methods without sufficient consideration for whether or not they were medically appropriate, and 'some clinics and schools in largely poorer neighbourhoods made these forms of birth control, and not others, available to young women for free' (Solinger 2013: 62). Furthermore, cases have been reported in the US where women of colour who

otherwise would not choose these methods of contraception were sterilised due to economic circumstances (López 2008), or opted to have the implant inserted in order to avoid legal sanctions imposed on them by judges (Roberts 1997; see also Volscho 2011: 685). As recently as 2007, research has been published showing that low-income women of colour were more likely than middle-class white women to be discouraged by healthcare providers from having children (Downing et al. 2007). Solinger highlights the socio-economic biases entrenched in contraceptive history in her closing remarks for this section of her argument: ‘targeting certain females for long-acting contraception supports the idea that motherhood in the United States is an economic status that should be reserved for financially secure, often white, women’ (Solinger 2013: 62). In promoting access to contraceptives in poorer populations, without sufficient information, education and support, these communities become suppressed whilst allowing wealthier communities to continue to reproduce. It is worth noting that the above discussion on the misuse of long-acting methods of contraception predominantly focuses high-profile cases in the US context. This is nonetheless relevant to the present thesis focusing on the UK as it illustrates the history of contraception from an international perspective.

Long-acting contraception and women of colour

Depo-Provera is a type of contraceptive injection commonly prescribed in the UK that is typically administered every twelve weeks (see Gibbs and Danforth 2008: 255; Volscho 2011: 674). The injection was developed in the United States by company Upjohn, and the time it took to receive formal approval was not insignificant. Having originally received permission to be tested as a contraceptive in 1963, the Food and Drug Administration (FDA) did not approve the Depo-Provera injection for use as a contraceptive until 1992, in part due to activism by the National Women’s Health Network (NWHN) who were concerned about the negative side-effects of the drug (see Kline 2010: 97-125; Green 2017: 15-44). However, during this time, Depo-Provera was distributed to eighty countries outside the US by organizations including WHO and the International Planned Parenthood Federation (IPPF) (Green 2017: 45-82; Callaci 2018: 82).

The injection is often marketed as a convenient alternative to the contraceptive pill since once administered, the user is protected from pregnancy for three months, need not remember to take it, and can more easily keep it private from their sexual partner(s) (Hartmann 1995: 201, 273). However, it does carry numerous disadvantages in its extensive and widely varying side-effects (see Haider and Darney 2007). As a contraceptive, its use also varies by race and socio-economic class, with poor women and women of colour in the US using Depo-Provera at a higher rate than white women (Metoyer 2009; Volscho 2011). This variation is particularly pertinent when considered

in the context of the drug's historically problematic testing phase and coercive misuse (Hartmann 1995: 204; Metoyer 2009). In the late-20th century, Depo-Provera was disproportionately tested on women of colour and low-income women in the US (Hartmann 1995: 204). In the US, incarcerated women and women with mental illnesses, including drug addiction, were also recommended Depo-Provera, while it had not yet been proven safe for use (Hartmann 1995: 204). This contributed to the overall narrative that has shaped international contraceptive history that some demographics are deemed more worthy or culturally valued than others, and that for certain groups 'their safety is somehow more expendable' (Hartmann 1995: 204-5). While these injustices happened mostly in the United States, they are still a crucial part of contraception history in the UK as they involved a contraceptive that is commonly prescribed today by the NHS (for a more recent report on LARC provision among users with marginalised identities see APPG SRH 2020; Burgess et al. 2021).

While the early testing of the injection revealed contraceptive manufacturers deemed the safety of certain groups as less important than that of others, the injection has also been used to fulfill population control and eugenic aims that directly target the reproductive freedoms of marginalised women. Depo-Provera lends itself particularly well as a method of population control since it is a long-acting form of contraception that is easily administered and does not rely on the user for its efficacy. In addition, the contraceptive injection benefits from what Hartmann (1995) refers to as the 'injection mystique', the perception in developing countries of injections as 'safe, effective, modern medicine', making patients 'eager to receive them' (Hartmann 1995: 201). It is easy to see how this trust can be exploited, with Depo-Provera being relatively easily administered without the recipient's full knowledge or consent. An example of population control via Depo-Provera is its use in rural family planning clinics serving largely black populations in South Africa from 1973 to 1992. The contraceptive injection was offered free of charge, while other reproductive services had to be paid for, and with little information on its side effects and impacts on general health. Subsequently, South Africa was expelled from the International Planned Parenthood Federation due to campaigning from the British Anti-Apartheid Movement against its misuse of the injection to target and reduce black populations (see Law 2016; 2018).

Sterilization, eugenics and disability

The development of contraceptive technologies and eugenics are inextricably intertwined (see Soloway 1995). While the previous two sections of this chapter have focused specifically on race and class, one way in which contraception development and use has affected and oppressed an inexplicably wide variety of people, of men and women, is through sterilization-facilitated eugenics. Given that it is a long-acting form

of contraception that is irreversible or not easily reversible, and does not rely on the user for its efficacy, sterilization is easily exploited for eugenics and population control. Drucker (2020) outlines the vast demographics in the US that were deemed eligible for involuntary sterilizations performed in some cases without their knowledge or consent:

Those whom physicians, government officials, prison wardens, and other authority figures deemed “unfit” to reproduce - including un- or undereducated people, recent migrants, criminals, poor whites in rural parts of the US, physically or mentally disabled people, convicted criminals, and people of colour - were subject to sterilization beginning in the 1900s.

(Drucker 2020: 60)

What is particularly remarkable here is the variety of authority figures making decisions on others’ reproductive freedoms. Those affected were not deemed candidates for sterilization based upon any medical need but rather because an individual in a position of societal power had deemed it necessary and appropriate. The question of who decides who is ‘unfit’ to reproduce is a cyclical issue; authority figures as listed above are charged with making the decisions, yet the individuals affected by them are unlikely to have seen anyone from their intersecting demographics in such positions of power. This problem is not confined to the distant past, as demonstrated by the 2020 documentary *Belly of the Beast* that revealed the practice of forced sterilisation of incarcerated women of colour in the state of California. Considering how these inequalities persist in the present day, another concerning, present direction of eugenic thinking is in relation to environmental policy, where improving contraceptive access in Africa’s poorest countries is framed as a tool for reducing carbon emissions and tackling climate change (Sowemimo 2023: 155-7).

As discussed above, poorer and/or racialised populations have been exploited in the development and distribution of long-acting contraceptive technologies. However, marginalised identities that are often less present in this discourse, but have nonetheless been affected (and continue to be impacted) by contraception’s problematic history, also include people with disabilities and mental illnesses (Ladd-Taylor 2014; Komodromou 2019). Following the landmark decision *Buck v Bell* (1927), the US became the first country to use sterilization for eugenic purposes (see for example Roy et al 2012; McRae 2018: 275-6). Although other legislation now exists that protects the rights of people with disabilities in the US (*Skinner v. Oklahoma* (1942); Rehabilitation Act of 1973; Americans with Disabilities Act of 1990), *Buck v Bell* has never been formally overturned (Ellis 2008). To this end, by 1963, over 60,000 people

had been sterilised without consent in the US (Pham and Lerner 2001). Sterilization was commonly used for similar means in Canada (Evans 1980) and legislation that permitted the use of sterilisation of the ‘mentally defective’ remained in place until as late as 1972 (Roy et al 2012). The coerced sterilisation of Indigenous women in the Canadian province of Quebec has made headlines as recently as 2023 (see Lindeman 2023). Meanwhile, in the UK, The English Eugenics Society and the National Association for the Care of the Feeble-minded campaigned to limit the reproductive freedoms of people with learning disabilities, but were less successful in achieving statutory legislation than their counterparts in the US (Roy et al. 2012). Nonetheless, the activism by these two campaign groups points to a significant interest in Britain at the time to restrict reproduction among those deemed ‘unfit’ to reproduce, whilst promoting reproduction in groups of higher social status (MacKenzie 1975: 499).

Writer and journalist Shon Faye explores the relationship of sterilization and transgender identities in her book *The Transgender Issue*, explaining that since the 1970s a number of countries in Europe (including France, Belgium, Bulgaria, Cyprus, the Czech Republic, Finland, Greece, Latvia, Lithuania, Luxembourg, Romania, Slovakia, Slovenia and Sweden) have enforced a policy of mandatory sterilization as a prerequisite for trans people to change their legal sex (Faye 2021: 112). It was as recent as 2017 that the European Court of Human Rights ruled that coerced sterilisation violates trans people’s rights to private and family life (TGEU 2020). Faye notes that this practice has never been present in the UK, but argues that refusal by local NHS Clinical Commissioning Groups to fund trans fertility treatment is an implicit way in which the reproductive rights of gender non-conforming people are restricted (Faye 2021: 112).

The pill and the Catholic Church

Most combined oral contraceptive pills are prescribed to be taken for a 21-day period, followed by a seven-day break. This week-long break in taking the pill each month has been contested recently, with growing interest around its necessity and value, with arguments that taking a regular break may even reduce the contraceptive’s efficacy (for example McClain 2018; Walker 2019). In its conception, the seven-day break was built into the design of the pill in order to make the contraceptive more palatable to the Vatican, due to its outward effects on the user mirroring the menstrual cycle (a break from the pill would induce a withdrawal bleed, that from the external perspective looked a lot like a regular period). Ultimately, this attempt was unsuccessful (see Paul VI 1968), yet the weight put on the pill to mimic the ‘natural’ function of the body is especially important as this has had health ramifications for users up until the present day.

The Family Planning Association (FPA) states clearly and unambiguously in their information leaflet on the combined pill: ‘There are no known benefits to withdrawal bleeds and no known risks to missing them’ (FPA 2019: 11). Despite the NHS putting their name to this leaflet as a partner, the NHS website still states that a week withdrawal bleed should be included when taking the combined contraceptive pill (NHS 2020). Additionally, advice for medical professionals in resource books such as ‘Contraception Made Easy’ (Percy and Mansour 2020: 44) agrees a 7-day pill-free interval, during which a withdrawal bleed may occur, should be advised to patients. What is particularly interesting here is the question of who this method is intended to serve. It seems to be heavily focused on maintaining the appearance of having a menstrual cycle, rather than investing in the actual interests of the user.

It is worth noting that appeasement may not have been the only reason behind the seven-day withdrawal; the contraceptive pill originally contained significantly higher levels of hormones than modern oral contraceptives, so the break would offer a reprieve for the user (Marks 1999; Dhont 2010; Liao and Dollin 2012). While religious influence was only one of the contributing factors that affected the recommended method for taking the contraceptive pill, its impact can be seen in how the pill was accessed. Being the only legal contraceptive in Ireland in the 1960s and 1970s, the pill was requested and prescribed under the guise that it was to be used to help regulate the user’s menstrual cycle, rather than as a form of birth control (Kelly 2020: 199-200).

Contraceptive futures

While contraceptive technology has historically been focused on people with wombs, over the past couple of decades there has been increasing interest in ‘male’ contraceptives (Devlin 2016; Campo-Engelstein 2019; Devlin 2019; Gava and Meriggiola 2019; Gorvett 2023; Street 2023; Superdrug Online Doctor 2025). The one which seems to capture the public imagination to the greatest extent (perhaps because its ‘female’ analogue is so commonly used) is the ‘male’ contraceptive pill. There have been various trials of potential contraceptive pills for people with penises, with both hormonal (see Thirumalai et al. 2019 for example) and non-hormonal (see Jackson 2023; Shi et al. 2024; Mannowetz 2025) alternatives investigated. However, none have yet come to market, and much of the public narrative has been dominated by talk of side-effects deemed unacceptable for men, despite the same side-effects being commonly suffered by women taking contraceptives (Wersch et al. 2012). Discourse around contraceptives for men has typically focused on a concern that men would not be interested in using hormonal contraception, yet research has shown that a third of sexually active British men would consider taking a form of hormonal contraception (YouGov 2018). While questions remain over whether people with wombs would feel confident that their partner is taking their contraceptives correctly and effectively,

this is a positive development in the ongoing discussion of how responsibility for pregnancy prevention could be shared (see ChoGlueck 2022 for a discussion of how risk assessment in male contraceptive trials could shift from an individual model to a shared model for sexual partners). It is also worth noting here that the pharmaceutical industry, existing in a capitalist system, will prioritise funding drugs that are deemed profitable. As such, there would need to be a strong indication that uptake of the contraceptive would be good, and the drug would need to be cheap enough to produce in order to warrant promoting it over more established methods for people with wombs.

An interesting, perhaps less well-known, new development in contraceptive technology for people with penises comes in the form of a gel named NES/T which is applied to the chest and shoulders each day, and absorbed into the bloodstream. The gel works by delivering a combination of a progestin (a synthetic form of progesterone) and testosterone that has been proven to suppress sperm concentration (Anawalt et al. 2019). Crucially, the study trialling this gel reported no serious adverse events, and the majority of men in the trial were satisfied with the gel. In the UK, NHS Trusts in Manchester and Edinburgh recruited heterosexual men and their partners to participate in the NES/T trial, with Manchester recruiting participants as recently as September 2021 (NHS 2021). In terms of long-acting contraceptives for people with penises, there is currently only one option available: vasectomy. This could change in the next decade as Contraline, a medical device company in the US, are developing a long-acting contraceptive option for people with penises which, unlike vasectomy, is reversible. Marketed as ADAM, the contraceptive is a gel that is injected into the vas deferens to inhibit sperm travel without affecting ejaculation. The company is hoping to gain FDA approval in 2027 (Hopkins 2024).

2.4 Language, stigma and contraceptive discourse

Imagine if we all started talking about our menstrual cycles, vaginas and vulvas more: we'd understand ourselves a bit better and get treatment faster, potentially saving lives.

(Jackson 2019: 22)

Language has been an ongoing site of interest for both academics and non-specialists alike for its ability to strategically persuade, convince and oppress (see for example Marchese and Celerier 2017; Bartley 2018). Specifically in the context of inequality, the language used to identify, discriminate against, and empower oppressed groups plays an inherent role. As discussed previously, Bates (2014) charts the increasing levels of aggression towards women from minor infractions, such as verbal harassment, to

high-level violent crimes, including rape and murder, and attributes those smaller seemingly less significant events as creating a culture in which more violent and potentially fatal acts are permitted to occur. Her argument, then, is a call for individuals to call out and challenge the seemingly minor in order to prevent the major. In this model, language plays an intrinsic role in that first step: building (or dismantling) an oppressive environment. Along the same lines, Fairclough (2001) describes the aims of Critical Discourse Analysis (CDA) as follows: '[to] increase consciousness of how language contributes to the domination of some people by others because consciousness is the first step towards emancipation' (Fairclough 2001: 1). This language might be the explicit use of a derogatory word to discriminate against a particular characteristic of a person's identity, or it may be the far more subtle use of language over time that creates a certain sense or feeling around a topic. It is the latter that this thesis is interested in: how does the language we use reinforce internalised biases and perpetuate inequalities in society? Through my novel application of the cognitive-stylistic framework Text World Theory (see Werth 1999; Gavins 2007) in the sex education classroom context (see **Section 3.3**), this thesis will extend existing linguistic research on contraception by illuminating the potential effects of the linguistic structures and choices underpinning the transfer of information between teachers and pupils.

In the medical context, language has significant implications for health (Howell 1974; Jackson 2019: 197). This is particularly relevant in relation to reproductive and gynaecological health, not least because this topic is fraught with shame, stigma and embarrassment. Euphemism has been a core component of the narrative around reproductive health for centuries and features in reproductive discourse all over the world. Drucker (2020) gives a brief historical overview of the euphemistic language used around the world for withdrawal as a method of contraception. For example, in mid-twentieth-century Trinidad, Barbados and Jamaica: 'my husband is careful', suggesting contraception to be too taboo a topic to mention explicitly even in birth control clinics (Drucker 2020: 56). In terms of anatomy, the vulva, vagina and clitoris are particularly taboo. Women use myriad naming terms for their genitals, such as 'pussy', 'down there' and 'flower', opting for different terms in different contexts, with significant implications for their health and well-being (Oschatz et al. 2025). Braun and Kitzinger (2001) found that survey respondents gave a vast variety of euphemisms for female genitalia but disagreed on their precise referents; a slang term used by one participant to refer to the vagina, might be used by another to refer to pubic hair, and by another to refer to the vulva, for example. This non-specificity and ambiguity can have serious clinical implications, causing confusion in communication between patient and doctor, resulting in misdiagnosis, and putting the patient in a position of powerlessness, unable to effectively communicate about their body and self-advocate

for their health (Braun and Kitzinger 2001: 155; Rodriguez and Schonfeld 2012: 20-1; Jackson 2019: 22). According to Athena Lamnisis, CEO of the gynaecological cancer charity The Eve Appeal, ‘one doctor believed, until almost the end of a ten-minute consultation, that a patient was talking about her bladder when she was actually trying to report gynaecological problems’ (Jackson 2019: 22). Furthermore, imprecision in genital naming can have an impact on communication with sexual partners and exploring sexuality, a vital part of many people’s lives that must be given due consideration within reproductive health more broadly (WHO n.d.; see also WHO 2006).

A study carried out by PCP Market Research for The Eve Appeal found that fewer than one third of participants could correctly label six different parts of the female reproductive system (PCP n.d.). Furthermore, The Eve Appeal cites language as a contributing factor to the embarrassment the women they surveyed experience, with 65% saying they have a problem using the words ‘vagina’ or ‘vulva’ and nearly 40% of 16-25 year olds reporting a preference for euphemistic language when talking about gynaecological health (The Eve Appeal 2014; see also Richards 2014). Research by Superdrug found similar results, with 78% of women saying they’ve been using the word ‘vagina’ when they mean ‘vulva’ (Superdrug 2024). So, not only is there a knowledge gap with an alarmingly high number of people unable to correctly label a diagram of their own reproductive system, there is a greater problem in that the embarrassment around gynaecological language is creating a barrier to medical diagnosis and treatment. The Eve Appeal describes this problem as life-threatening since the combination of embarrassment and lack of knowledge mean that people with wombs may be unaware of the symptoms of gynaecological cancers, or may be simply too embarrassed to address their symptoms. In The Eve Appeal’s survey, older women were better educated about their bodies, with younger women both less knowledgeable and more embarrassed about seeing a doctor, often opting to completely avoid intervention instead (The Eve Appeal 2014; see also Eleftheriou-Smith 2014). In the same research by Superdrug cited above, 51% of respondents believed that using the correct terms for genitalia would improve society’s sexual health, and 65% believed that using these terms would reduce stigma, although 66% of young people (aged 16-24) felt these terms were ‘too medical’ and instead prefer slang words (Superdrug 2024). In research carried out by Dynata for period brand Bodyform, 40% of respondents said they wanted to be able to talk more openly about women’s intimate experiences that affect them (Dynata 2020). With the growth of online social media platforms, there are new challenges emerging around this stigmatised language, with digital content creators developing their own terms (such as ‘seggs’ for ‘sex’, or using the corn on the cob emoji to represent porn) to avoid online censorship (Hayden 2024).

Wynn et al. (2010) analysed emails sent to an emergency contraception website in the US and found terms for, and definitions of, sexual activity varied widely, suggesting a risk of serious implications in relation to sexually transmitted infections and unintended pregnancies (Wynn et al. 2010). For example, for some young people, oral or anal sex were not considered 'sex', where sex was taken to refer exclusively to penis-in-vagina sex (Wynn et al. 2010: 506). Furthermore:

Studying terminology in context reveals that a single given term for sexual intercourse can vary widely in meaning between writers, ranging from vaginal-penile sex in which ejaculation occurs to proximate contact of genitals through layers of clothing and without ejaculation.

(Wynn et al. 2010: 509)

The authors attribute this variation in part to adolescents using 'sub-cultural jargon', but also to the nature of adolescents' new and developing relationship with sex and sexual practices, resulting in a lack of knowledge, and inability to accurately communicate about reproductive health (Wynn et al. 2010: 508). Importantly, this variation can have serious clinical implications and relies on doctors decoding patients' narratives in order to provide the most appropriate and effective solutions. Furthermore, many of the emails analysed included the term 'unprotected sex' to refer to sex without a condom but with the correct use of hormonal contraceptives, which the authors argue shows a blurring of lines between risk of pregnancy and risk of disease, overall exemplifying the way in which sexuality discourse is dominated by narratives of risk (Wynn et al. 2010: 510). The authors finish with a note on the importance, and implications, of language in relation to reproductive health in varying settings, from medical to educational:

Sexual health education campaigns must take into account the range of popular expressions that can be used to express a single concept, while simultaneously keeping in mind the variability in meaning that may be attached to a single term. Clinicians need to similarly be attuned to the range of expressions that patients may use to describe their sexual lives and reproductive health. They also need to listen closely to their patients and solicit narratives of events, symptoms and patient interpretations of their health. Further, they need to pay attention not only to what patients are saying but how they are saying it and how patients present themselves in their statements. Only in dialogue will the meaning that patients attach to words and, indeed, to their health become clear.

(Wynn et al. 2010: 510)

In much the same way that Bates (2014) argues that lower grade sexist actions create a culture in which more severe violence is able to be perpetrated, the language used in relation to reproductive health, sexuality and, more broadly, in relation to the bodies of women and people with wombs, creates an environment from which contraceptive discourse cannot be separated.

A small body of work currently applies linguistic methods to contraceptive discourse and contraceptive narratives. Geampana (2016) analyses official statements, public documents and press releases by governing bodies in the US and Canada that aimed to manage the public controversy surrounding the contraceptive pills Yaz and Yasmin. A component of these pills, drospirenone, was associated with a high risk of blood clots and led to over one hundred deaths in North America and thousands of injuries worldwide. Through critical discourse analysis, the author finds medical associations overwhelmingly compare the risk associated with drospirenone with the higher risk of fatal blood clot during pregnancy and postpartum in order to present a relative safety of the contraceptive (Geampana 2016: 12-3). This sets up a binary whereby not taking Yaz/Yasmin puts the user at risk of pregnancy and therefore an even higher risk of fatal blood clot, whilst downplaying the relative risk in comparison with previous generations of contraceptive pills (Geampana 2016: 13). The author argues this reinforces the perception of women's bodies as a perpetual sight of risk (Geampana 2016: 11). Furthermore, there is a disconnect between medical professionals' attitudes to risk analysis and the personal consideration of risk by individuals taking the contraceptive pill; while medical professionals focus on the safety of the pill and its ability to prevent pregnancy, non-threatening side effects that can have ongoing effects on user's quality of life are considered negligible while appearance related benefits, such as acne treatment, are emphasised (Geampana 2016: 13-4). Similar effects in terms of situating contraceptives as 'worth the risk to protect cisgender women from their fertile bodies and to guard society against unintended pregnancy' were found in a critical discourse analysis of US gynaecology textbooks and medical recommendations (Bertotti et al. 2021; see also Hayter 2004 for a discussion of how people with wombs are constructed as 'reproductively vulnerable').

Women are expected by regulatory bodies and pharmaceutical companies to bear the risks of blood clots and other side effects such as loss of libido and migraines, but are encouraged to take control of their fertility (avoid pregnancy, abortion) and take advantage of appearance related benefits.

(Geampana 2016: 15)

Mann and Grzanka (2018) apply critical visual discourse analysis to a series of long-acting reversible contraception promotional materials in the US, including

adverts and health education campaigns. The authors find LARCs, specifically IUDs, were represented as the ‘common sense choice’ for young women (Mann and Grzanka 2018: 349). In the advertising campaigns analysed, a heteronormative view of young women is presented, and intended users are constructed as too busy working and having fun to remember their birth control (Mann and Grzanka 2018: 344). The authors draw on anti-racist scholarship to explore the idea of ‘responsibilizing’; intended users in these adverts are expected to take control of their fertility, avoiding unintended pregnancy in order to remain an economically active part of the workforce (Mann and Grzanka 2018: 344-5). Through seemingly empowering benefits (long-acting pregnancy prevention, no need to remember to take it) LARCs are represented as a tool for female sexual autonomy, the only choice for ‘responsible’ women, thereby implying other contraceptives, or the absence of contraception, is irresponsible (Mann and Grzanka 2018: 350). In this way, the authors argue LARCs are marketed as a choice, a way for users to take control of their lives, but in reality, following a critical visual discourse analysis of the texts, the narratives in fact propagate a sense of responsibility and duty amongst users to ‘do the right thing’, thereby restricting and limiting choice. Furthermore, the primary focus of the promotional materials was on LARC insertion and its associated long-acting benefits, with little attention paid to aftercare, removal, associated costs, and side-effects (Mann and Grzanka 2018: 349-50). The prominence of insertion targeted at perceived ‘at risk’ groups, with de-emphasised focus on provider-dependent removal, brings to mind striking links to historical contraceptive use as population control (Mann and Grzanka 2018: 335).

The possibility of negative side effects or the notion that some women may have a less instrumentalist approach to pregnancy in the first place are either deemphasized or not addressed at all.

(Mann and Grzanka 2018: 349)

What is worth noting about both of these studies is the lack of reference to transgender and non-binary people. The data analysed in both studies represents gender as a binary, perpetuating stereotypes about women, and expressing a complete lack of acknowledgement for contraceptive users who do not identify as either male or female (Spivack 2020).

The role of language, then, is vitally important in shaping individual sexual autonomy and empowerment, whilst also having crucial implications for medical treatment and health. The narratives throughout society shape how people perceive their bodies, sexuality and sexual health (Pigg 2001; Wynn et al. 2010: 510), so a focus on language is crucial in topics such as sexual health which are typically bound up with notions of

shame, stigma and embarrassment. For example, the simple act of accurately and unashamedly naming body parts has an immense power to improve quality of life and ensure fair medical treatment within institutions that have a tendency to dismiss women's pain as hysteria (Jackson 2019).

When women are able to say with certainty what's normal and what's unusual for them, doctors gain a clearer picture and diagnosis can happen faster.

(Jackson 2019: 22)

What is both important and interesting to interrogate is the question of *who* is writing these narratives. Contraceptive discourse is largely maintained by medical practitioners (Braun and Kitzinger 2001: 155), who cannot be separated from the institutionalised and internalised oppressive culture in medicine (Jackson 2019), and big pharmaceutical companies whose capitalist motivations centre on selling their product. While it is obviously logical for medical professionals to lead on the advancement and application of medical treatment, it is worth interrogating the cultural belief that medicine knows *everything*, specifically about the bodies of people with wombs. As discussed in **Section 2.1**, research is lacking in many areas relating to gynaecological and reproductive health, yet treatment and healing relies on the societal view of the medical profession as a symbol of fact and reliability (Harley 1999), thereby precluding its representation as something that can be questioned or challenged. However, in large part likely due to the increasing prevalence of social media (which is not without its own issues to do with misinformation, as discussed in **Section 2.5**), there is more scope for individuals and activists to re-write this narrative, allowing individuals with personal experience to define their own terminology rather than use the words bestowed upon them by institutions. For example, a prominent campaign, 'Health Not Hygiene', demands World Menstrual Hygiene Day be renamed World Menstrual *Health* Day in order to challenge the stigma and shame facilitated through language that represents periods as being 'dirty'. Through examining these narratives and the messages they convey, it is possible to assess the impact they can have, specifically on young people beginning to understand their bodies and sexualities.

2.5 The role of sex education and the classroom

For many young people in the UK, sex education lessons are the first formal introduction they will receive on topics related to reproductive health. Outside of formal education, many young people may access other sources of information, through speaking to their friends, parents, other trusted adults in their lives, via the internet or online platforms such as social media. However, even for self-defined

‘feminist’ parents it can be difficult to promote a sex-positive view of sexual empowerment while balancing this against the realities of a patriarchal society and accordingly teaching risk management strategies (Setty 2024). Young people’s experiences outside the classroom will necessarily influence their learning in school, notwithstanding the reality that many young people may not feel comfortable speaking to the adults in their lives about sex and relationships, or may not have access to the internet. School is a formal, regulated education, and for this reason is an interesting site for examining what is, for many young people, their first formal exposure to contraceptive narratives.

Following the release of statutory guidance in 2019, Relationships and Sex Education (RSE) became mandatory for secondary school pupils in 2020 (DfE 2021). The Conservative government announced a review of this guidance in 2023, which went to a public consultation in early 2024. The review of the guidance was broadly welcomed by sex education charities and organisations, citing the importance of improving clarity for teachers attempting to put this guidance into practice (e.g. SEF 2023b). However, the proposed changes in the updated guidance received criticism in a number of areas (see for example Setty and Dobson 2023). The age limits proposed by the guidance for teaching each topic were criticised for preventing the teaching of material in a timely manner, presenting young people with information too late, and preventing teachers from adapting to the needs of their pupils (King-Hill 2024; SEF 2024b). Furthermore, the Sex Education Forum criticised the updated guidance for its regression in LGBTQ+ inclusion, and failure to take a young person-centred approach (SEF 2024b). A government report (produced before the new UK Labour government took office on 5th July 2024) reviewing the implementation of this guidance found mixed results, with the guidance ‘broadly being used in schools, mostly successfully’, although there were areas in which teachers wanted more support, and pupil consultation prior to the launch of the new curriculum was limited (Adams et al. 2024). Since the 2024 General Election, which saw the Conservative Party defeated by the Labour Party, discourse around the RSE guidance update appeared to have receded. In July 2025, the Department for Education published revised guidance which is due to be introduced by September 2026 (see DfE 2025).

What’s wrong with Relationships and Sex Education?

A poll commissioned by Sex Education Forum (SEF), a charity that facilitates collaboration between organisations and professionals working in the sector to ensure high-quality RSE for young people, found that 50% of young people report their RSE provision as good or very good (SEF 2024a). While this is the highest number recorded since SEF began polling young people on their experience of RSE (see SEF 2018; SEF 2019; SEF 2022a; SEF 2023a), it nonetheless indicates that half of young people are

dissatisfied with their RSE provision. Furthermore, as per the same poll, only 43% of students reported feeling personally represented and included in the RSE they received at school (SEF 2024a). The poll also asked young people what action they believed the government should take in order to improve RSE. In response to this, 57% wanted training for teachers and 52% wanted flexibility for schools to cover topics at the age that their students need (SEF 2024a). Young people are the experts in their experience, and increasingly charities and organisations are seeking to put young people's voices at the heart of RSE development and reform. A report by the NSPCC found that young people actively want to learn about RSE topics in school, yet describe the teaching they receive as outdated, ineffective or too late, with 53.9% of young people reporting that RSE teaching in school rarely or never covers what they want to know (Renold et al. 2023). Similarly in a report co-created with young people and produced by Brook and the Family Planning Association (FPA), young people shared that as a bare minimum they want fact-based, inclusive, reactive RSE that is taught by qualified teachers (Brook and FPA 2017). Furthermore, two studies from UCL have highlighted that education at school focuses so heavily on how *not* to get pregnant, that there is rarely any teaching on how to have a healthy pregnancy (Biswakarma et al. 2024; Maslowski et al. 2024). In addition, one of these studies found that 65% of young people surveyed aged 16-18 rated the RSE they had received as adequate or below, mirroring SEF's findings in the same year (Maslowski et al. 2024). There are also concerns around how well LGBTQ+, disabled and neurodivergent pupils are included in RSE teaching (Dring-Turner 2022). In terms of preparing pupils for life beyond school, a report released in 2025 by the Higher Education Policy Institute (HEPI) found that only 47% of students feel well prepared for sex and relationships in higher education (although this is an increase on the 27% who felt well prepared in 2021), and 58% of students want PSHE to be compulsory up to the age of 18 (HEPI 2025).

More recent research by Brook similarly found that young people reported receiving inadequate RSE, and instead had to seek out information on their own (Winters et al. 2024). However, poor RSE often means that young people also do not know where to access reliable information outside the classroom (Winters et al. 2024). In 2022, the digital sex education charity Fumble co-created their Youth Manifesto with young people aged 11-25 living in the UK, finding that young people wanted to be involved in co-creating inclusive sex education content (Fumble 2022). Young people also shared that they wanted safer spaces online to access educational information without being confronted with harmful and unwanted sexually explicit content, and for their parents and carers to be educated on their experiences growing up in the digital age (Fumble 2022). With over 70% of the world's youth aged 15-24 active online (UNESCO 2020), young people today are increasingly turning online to seek out their own information on sex and relationships, yet, due to the absence of quality, inclusive sex education in

school, may not have the skills to differentiate between reliable and unreliable sources of information. The Children's Commissioner for England has expressed concerns about the variable quality of RSE, and highlighted the dangers of young people receiving sex education from online social media platform TikTok rather than formal schooling (Sylvester 2023). While social media can be a hugely positive addition and opportunity for continuing education and curiosity outside the classroom, young people must learn to navigate this content and work out which information can be trusted, and which is false and damaging. Meanwhile, tech companies suppress and censor information related to sexual and reproductive health (see Rotman et al. 2025), making it harder for safe, reliable, educational content to reach young people.

Specifically regarding the topic of contraception, social media's ability to democratise the sharing of information has had the effect of allowing young people to voice their lived experiences and share the negative effects of hormonal contraceptives that are regularly dismissed by the medical profession and society at large (see Le Guen et al. 2021; Schneider-Kamp and Takhar 2023). However, a lack of regulation allows for misinformation around hormonal contraception and their side-effects (see Pfender and Devlin 2023). It is vitally important that people with lived experience of negative side-effects from contraception are able to challenge the dominant narrative. However, there is a danger that these narratives prompt a wholesale shift away from hormonal contraception when it actually works well for some users. There is evidently an extremely difficult balance to strike between ensuring information is reliable and accurate without limiting content creation to established hegemonic sources. Furthermore, the dominance of social media platforms may delegitimise healthcare professionals, leading young people to be more likely to trust influencers over gynaecologists and GPs (Schneider-Kamp and Takhar 2023). In line with this, research from sexual health charity Brook found that trust in information sources does not always correlate with their influence on contraceptive decision-making (Winters et al. 2024). In their survey of young people's attitudes to condoms and contraception, young people voted doctors and nurses from sexual health clinics as the most trusted source of information (62%), yet when it came to choosing a method of contraception, respondents were most likely to consider information online (66%), discussions with a partner (61%), and discussions with friends (61%) (Winters et al. 2024). Specifically in terms of social media influence, 58% of respondents assigned female at birth (compared to just 33% of respondents assigned male at birth) said that they would consider the experiences of people on social media when making choices about their own use of contraception (Winters et al. 2024).

Young people are safer and healthier as a result of quality, timely RSE. Contrary to the idea that RSE encourages young people to have sex, receiving RSE actually delays first time sex, and crucially, this sex is more likely to be safe and consensual (Rogow and

Haberland 2005; UNESCO 2018; Ramírez-Villalobos et al. 2021; see SEF 2022b). The evidence shows that when young people receive RSE they are more likely to practice safe sex (using contraception and condoms), more likely to seek help, and less likely to be a victim or perpetrator of sexual violence (UNESCO 2018; see SEF 2022b). Sex education forms a crucial part of prevention measures for STIs and unintended teenage pregnancies (Haberland and Rogow 2015; Skinner and Marino 2016) and can reduce relationship violence by 17% (YEF 2022). Furthermore, comprehensive and accurate sex education is crucially important since it can have positive implications for adolescent mental health (Agtarap and Adair 2023). The importance of RSE can also be viewed in the context of tackling specific social issues over the past four decades, according to Brook's Head of Policy and Public Affairs, Lisa Hallgarten: 'Historically, support for RSE has increased in the context of a specific public health or social crisis such as HIV in the 80s, teenage pregnancy in the 2000s, sexual bullying and harassment in the 2010s. In 2023, we're responding to the radicalisation of young men by misogynist influencers and MPs are discussing the inclusion of suicide prevention in the curriculum' (Brook 2023).

The role of teachers and the classroom context

Given the importance of accurate, inclusive, timely RSE, where does this leave teachers who may not be trained to deliver this material? A joint survey from NASUWT and NSPCC found that 46% of secondary school teachers do not feel confident teaching classes on sex and relationships (NASUWT and NSPCC 2022). In the same survey, 86% of respondents said they need more resources and training (NASUWT and NSPCC 2022). This is echoed in concerns from the Children's Commissioner for England who explains the worries, uncertainties and fears teachers express as a result of the contention and delay in the RSE guidance review (Sylvester 2023). This is something that I have anecdotally recognised in my own work with schools; many teachers are motivated to deliver high-quality RSE and are aware of its importance, yet are concerned about getting it 'wrong' or saying the 'wrong' thing, owing to the lack of adequate training and resources. It is worth noting here that the aim of this thesis is not to critique individual teachers and their pedagogy. Rather, I acknowledge the wider culture in which RSE is deprioritised and teachers are not given the support they need to deliver high-quality, age-appropriate, inclusive RSE. A perceived threat to their professional reputation could be another concern teachers may have in delivering RSE material, with the view that 'only certain kinds of teacher are willing to openly engage in RSE' (Round 2023). As discussed above, there is evidence that actively working directly with young people could benefit RSE teaching practices (Pattman and Bhana 2016).

It is also worth noting that the teaching of RSE cannot be separated from the school context in which it occurs. In most schools in the UK, pupils are subject to uniform policies which police girl's bodies much more than boy's. Making girls the focus of uniform rules, and making boys aware of this focus, sexualises girls and young women very early in their lives through attaching blame and punishment to women and girls' sexual selves. In her collection of poetry and prose *Slug, and Other Things I've Been Told To Hate*, Hollie McNish describes the impact of school uniform regulations, exemplifying the context in which many young people in the UK experience the formative years of their lives at school:

Our knees were deemed controversial because other people in history had classed them as too sexy; make-up was regulated as if mascara would curb our ability to get good grades. At the same time, trousers, which were what all of us mainly wore outside school, were also deemed inappropriate in this setting. The contradictions and confusions based solely on our appearance, whilst we sat trying to study, were constant.

(McNish 2021: 96)

By the time pupils receive formal sex education in school they have likely already been subjected to many years of body policing and notions of morality and responsibility. Furthermore, harmful sexual behaviour is a problem in UK secondary schools (see Setty et al. 2024; Setty et al. 2025). In 2021, a report by Ofsted found that 9 in 10 girls say that sexist name-calling and receiving unwanted explicit pictures or videos happened 'a lot' or 'sometimes' at school in England (Ofsted 2021), and a TES investigation found that sex crimes in schools increased by 255% between 2012 and 2016 (Busby 2017). The prevalence and accessibility of pornography in young people's lives cannot be ignored in the context of discrimination in schools. Research commissioned by the British Board of Film Classification (BBFC) found that children as young as seven are coming across pornography online, and that 41% of young people who knew about pornography agreed that watching it made people less respectful of the opposite sex (BBFC 2019). This context, alongside wider societal expectations of men and women, cannot be separated from the teaching pupils receive about sex, relationships and their bodies in the mixed-gender classroom. A society that (in a highly binary way) frames men as actors, while women are framed as passive recipients, lays the already unequal foundations upon which young people learn about sexual responsibility. This has been heightened in recent years with the rise of so-called Men's Rights Activists (see Messner 1998; Haslop et al. 2024) and online misogyny influencers who reject the advancements of feminism and instead idealise 'traditional' forms of masculinity (see Setty 2023; Doiciar and Crețan 2025; Over et al. 2025).

This chapter has explored the background context and motivations for my research. I explained why reproductive health more broadly is an interesting area of study, before specifying why a focus on contraceptive discourse is particularly important. I discussed the role of language in shaping attitudes towards reproductive health, and outlined the importance of sex education in relation to reproductive health, alongside the current realities and challenges facing secondary schools in terms of delivering Relationships and Sex Education (RSE). The next chapter (**Chapter 3**) comprises my methodology. I detail the methods used for data collection and analysis, and provide an overview of my experiences and observations from each data collection visit to the three participating schools.

3. The schools: methodology and scene setting

In **Section 2.5** I situated secondary school sex education as a formative experience in shaping young people's attitudes to sexual and reproductive health. The classroom is one of the earliest sites of formal education on contraception in the UK, and is therefore an interesting and important context to investigate. As I will discuss in this chapter (see **Section 3.3**), teachers hold a position of power in these contexts and, as such, the language they use will influence the perceptions of the pupils in their classes. In order to explore the messages young people receive in their secondary school education about contraception, and to investigate how this formative information is delivered in practice, I chose to focus my analysis on the language of teachers in the classroom. In focusing on how authority figures in young people's experience of education deliver information about contraception, this thesis will contribute to a greater understanding of how language influences attitudes to responsibility in relation to contraception, particularly at this formative period in adolescents' lives.

This chapter describes the methods of data collection and analysis used in this project. In order to investigate teacher language in the sex education classroom, I audio recorded teachers at three participating schools during their lessons on contraception as part of their RSE provision, before transcribing this audio to facilitate linguistic analysis. In the first section of this chapter I begin by describing how schools were recruited and explaining my methods of data collection and transcription in more detail (see **Section 3.1**). In the second section I include a brief ethnography of the three schools I worked with in order to illustrate the background context of each school, and how they differ from each other (see **Section 3.2**). Finally, I explain my methods of data analysis (see **Section 3.3**). I define what is meant by a corpus-assisted stylistic approach and explain how and why this approach was particularly illuminating for analysing my dataset.

3.1 Methods of data collection

In the first section of this chapter, I explain the methods of data collection for this project, including how schools were contacted and recruited, as well as how data was physically collected in the classroom and prepared for analysis. The project was ethically approved via the University of Sheffield's Ethics Review Procedure, as administered by The School of English.

School recruitment

I recruited schools in Sheffield to take part in this project as this area is most physically accessible to me as a researcher based at the University of Sheffield. I contacted every secondary school in Sheffield, including private schools and faith schools, by sending an introductory email (see **Appendix I**) explaining the purpose of my project and what I would require from them should they wish to be involved. I explained that I was seeking to audio record and observe sex education lessons on contraception in order to explore the language of contraception teaching. I also described how I would endeavour to share my findings back with participating schools in the form of accessible resources for teachers. To thank schools for taking the time to engage with my data collection, I also offered to speak to the pupils about my research or about university study in general.



Figure 3.1 Screenshot of social media call out to teachers in Sheffield

I also relied on my own personal connections to teachers in Sheffield. This proved beneficial in many cases where I was able to obtain a more specific, personal email address to contact for recruitment purposes, as opposed to relying on more general school email addresses. In many cases where I did not already have a contact for the school in my network, I was able to source the name of the PSHE lead from school websites, and as such could signpost emails sent to generic school email addresses to

be passed on to these individuals. Where this was not possible, I addressed emails 'FAO Head of PSHE'. Finally, I also shared a call out on X (formerly Twitter) to teachers in Sheffield, briefly explaining my research and how to get involved.

A number of schools responded to these introductory emails, but just three agreed to participate in the project and progressed to an in-person meeting. I met in person with teachers at two of these three schools (Victoria High School and Spring Hill Academy); my teacher contact at Nelson Park School was happy to discuss over email. During these meetings I shared project information sheets and consent forms with the teachers whose lessons I would be observing, explained my research in more detail and answered any questions. I also used these initial meetings as an opportunity to note any first impressions of each school, as discussed in more detail below. Throughout the thesis I have used pseudonyms to protect the identity and privacy of each of the three participating schools. Victoria High School is a school in the south west of Sheffield, Spring Hill Academy is a school in the north east of Sheffield, and Nelson Park School is based in the west of Sheffield. All schools are co-educational.

Audio data collection and transcription

I collected data by audio recording each lesson that each of the three participating schools taught on the topic of contraception. This totalled three thirty minute lessons at Victoria High School, two sixty minute lessons at Spring Hill Academy, and two sixty minute lessons at Nelson Park School. Audio was recorded using a Tascam DR-40X Audio Recorder positioned at the front of the classroom, and a Rodelink wireless lapel microphone worn by each teacher. This allowed for audio to be recorded via two channels, creating redundancy in the event of any issue with the wireless microphone. The wireless microphone provided high-quality, clear audio, which was preferable to the room audio picked up by the Tascam DR-40X device itself. Nonetheless, the Tascam audio was a useful backup had there been any issue with the wireless microphone. At the start of each lesson I provided each teacher or facilitator with the microphone pack to wear, and asked them to clip the microphone itself to their lapel or neckline of their clothing with the battery pack attached to their waistband or in their pocket. Many of the teachers were familiar with being recorded and observed in this way, so took naturally to wearing the audio recording equipment. Once I had positioned the recorder and checked the audio levels from both the wireless microphone(s) and the recorder itself, I began the recording. I then also positioned myself in a less prominent position in the classroom in order to minimise my impact on the lesson, as discussed in more detail below (see **Section 3.2**). Since I was interested only in teacher language, I did not record pupil speech, and where this was unavoidably picked up as background noise by the audio recording equipment, I ignored and excluded it in my transcription process, only transcribing speech

produced by the teachers. I returned to the recorder to pause the audio recording during the lesson whenever the teacher signalled for the recording to be stopped, for example if the teacher was required to discuss a private matter with a pupil. I also stopped the recording while teachers took a register of the class. Otherwise, I returned to the recorder only at the end of the lesson to stop the recording. Audio was recorded and stored in .wav file format. Each audio file was assigned a numerical identifier and stored in University research data storage on the X: drive. As soon as the recordings had been transferred onto the X: drive and checked for quality and completeness, audio files were deleted from the recording device. A key linking the names of schools and numerical identifiers was stored in a separate location, on my personal University storage U: drive.

Following the data collection phase of this project, I transcribed all audio and anonymised the written transcripts. Any information pertaining to individual identities in the data was anonymised during transcription. This included removing any references to specific names of pupils or other staff members, or any reference to the name of the school. I also added line numbers to each transcript for ease of reference. I created these line-numbered, anonymised transcripts following a consistent style across the dataset (see **Appendix II**). In some instances, I transcribed in non-standard English in order to reflect a dialectal feature of the teacher's speech. I made this decision at the time of transcription in order to capture a rich representation of the spoken data, in the case that these instances of more informal language were pertinent to my analysis. It is worth noting that some sections of transcription from Victoria High School pertain to either a pupil or the teacher reading the pupils' learning booklet aloud verbatim. While this is not spontaneous teacher speech in the same way as the other language included in the transcripts, it is included for analysis since it served the same purpose of auditory transmission of information vocalised in the lesson, and made up a large proportion of the lesson time at Victoria High School. This distinction between spontaneous teacher speech and reading from the learning booklet is noted throughout the thesis where I discuss relevant examples, and learning booklet content is italicised in excerpts from the original transcripts. Anonymised transcriptions of the audio recordings were stored in University research storage and assigned numerical identifiers in line with the audio recordings to which they corresponded, and imported into corpus software Sketch Engine for analysis (see **Section 3.3**). Below is a sample transcription from the start of the first lesson at one of the three schools.

060622

1 contraceptives together (.) er this is Miss Miller who is I've- it is Miller int it
 2 yeah who's from the university who's also recording this so she's only
 3 recording me not you just to be aware recording me teaching you about

4 contraceptives so everyone smile and be really really kind to me you can ask
5 questions you are free to ask questions (.) I just hope I know the answer not

Questionnaires

It is worth briefly noting that I also conducted a written questionnaire (see **Appendix III**) with pupils at each school. Questionnaires were completed by hand on paper copies at Victoria High School and Nelson Park School at the end of each school's final lesson on contraception, while pupils at Spring Hill Academy, upon the request of their teacher, completed the questionnaire digitally via Google Forms around a month after their final lesson on contraception. The purpose of the questionnaire was to gather an insight into pupils' attitudes to their sex education lessons, and included questions such as 'Why do you think contraception is taught at school?' and 'Do you think it is important to learn about contraception at school? Why/why not?'. The questionnaire responses were shared with the respective schools in order to feed back pupil attitudes, and primarily existed to make the data collection aspect of the project mutually beneficial for my research and the participating school. As such, the questionnaire responses are not included in my analysis since my research focus is solely on teacher language. Nonetheless, the existence of the questionnaire data demonstrates pupils were engaged in the content, which supports the importance of studying the language used by teachers in presenting this content to pupils. All questionnaires were anonymous. Completed physical questionnaires were stored in a locked box, and digital questionnaires collected via Google Forms were protected by multi-factor authentication (MFA).

Ethnographic data collection

In her sociolinguistic research with high school pupils, Penelope Eckert highlighted the importance and value in using ethnographic methods within school communities (see Eckert 1989; 2000). Copland and Creese define linguistic ethnography as 'an interpretive approach which studies the local and immediate actions of actors from their point of view and considers how these interactions are embedded in wider social contexts and structures' (Copland and Creese 2015). Understanding the environment and backdrop of the schools I was working with was critical to situate the lessons I observed in their context of the wider school community. As such, alongside audio recording the teachers at each school, I carried out additional methods of data collection more familiar to ethnographic linguistics.

Concurrent to the audio recordings, I observed the lessons to capture contextual details about each school and lesson style. I observed each lesson from a seated position at the back or side of each classroom, depending on the layout and space available in the room. I made a rough seating plan of each classroom in order to

capture the layout of the classroom, including where I was positioned during each lesson (see **Appendix IV**). In Victoria High School, I was able to situate myself at the back of the classroom, and at Spring Hill Academy, I sat along the side of the classroom. However, in Nelson Park School, there was only space for me to sit at the front left hand side of the classroom, by the door. I would have preferred to position myself in a less prominent position but this was not possible due to the size and shape of the classroom. Nonetheless, in Nelson Park School, pupils sat around square desks and as a result were all facing in different directions for the majority of the lessons, rather than directly facing the front of the classroom, which helped to alleviate some of the prominence my position took in the classroom. Furthermore, as I learned from teachers across the three schools, pupils are used to observers being present in the classroom, so it is unlikely that my presence in their lessons greatly affected them. During each lesson I took notes of extralinguistic features and events that would not be captured by the audio recording. I used methods of rapid qualitative research (RREAL n.d.; see also McNall and Foster-Fishman 2007) to collect this additional contextual data, inputting my notes from each lesson into a rapid assessment procedure (RAP) sheet to compare across the schools.

Following each visit to each school for the purposes of audio data collection, I immediately wrote up the detailed notes I had taken during my visit on my overall experience and impressions of the school, including instances that occurred in each school that were not captured by the audio recording of the lesson, as per my RAP sheets. Writing up my notes immediately following school visits ensured maximum accuracy and a high level of detail from my experiences in the school. In the following section of this chapter, I include a written ethnography of each school, compiled from my observation notes recorded during school visits.

3.2 Data collection observations

Background context and environment is important in the classroom setting. Research in subject English classrooms has identified the impact of the display and arrangement of the classroom (see Jewitt 2005; Kress et al. 2005), and argued that these elements are ‘activated, or reactivated, by classroom pedagogy’ (Kress et al. 2005: 39). Additionally, situating discourse in context is a core underpinning of my chosen method of analysis, Text World Theory (Gavins 2007: 9; see also **Section 3.3**). As such, in this section I provide a detailed summary of my observation notes from my data collection visits to each school, including physical descriptions of each school and classroom, as well as observations of activities that occurred during my visits. I visited Victoria High School three times for the purpose of data collection, and Spring Hill Academy and Nelson Park School twice each.

Victoria High School

First data collection visit: 6/6/22, 1:15-1:45pm

I observed a Year 10 class, and the lesson took place during form time, between 1:15-1:45pm. This same lesson takes place across all form groups in Year 10, and I observed just one of these groups. Notably, the pupils in this year group had received some contraception teaching already when they were in Year 9, but due to disruptions from COVID-19, and a general feeling from staff that Year 9 was slightly premature for these pupils to learn about contraception, Year 10 were receiving a recap. This session was due to be taught by the group's form tutor, but unfortunately she was ill on the day, so the Deputy Headteacher, my contact at the school, filled in. The Deputy Headteacher reflected her opinion that this had an impact on the pupils as she believes they would have been more forthcoming and engaged in participation had they been with their form tutor for the lesson since they are more comfortable with her and know her better.

There were 24 pupils in the class. At the beginning of the lesson the teacher announced that I would be recording the lesson but specified that my primary focus was on her, the teacher, and not on what the pupils were saying. I was introduced as 'Miss Miller' from the University of Sheffield and pupils were informed that I would be recording their teacher today. She reassured pupils that I was not there to record them, afterwards telling me this was to put them at ease. I explained that pupils may be picked up on the recording when they answer questions or read aloud but that I would not be focusing on these contributions and would redact these sections of my transcript as my research is specifically interested in the teacher's language.

Tables were set out in rows of four in two columns down the classroom, all facing the front and with an aisle in the middle. Each table had the capacity to seat four pupils. In this first session, as it was my first lesson I was observing and recording, I took some time to choose an appropriate place to position myself in the classroom. I wanted to remain as unobtrusive as possible, so began by sitting on the left hand side of the class as there was more space here. From this position I did not have a very clear view of all the pupils, which made observation difficult. I then moved to the back left corner but found there was no space for me to sit without sitting uncomfortably close to pupils and potentially distracting them. I then moved to the middle back of the class but again I was very close to pupils and as the tables were pushed far back towards the wall it was difficult for me to see the pupils directly either side of me whilst also observing the rest of the class. I then finally moved to the back right corner of the classroom where the rightmost seat on the back table was unoccupied so I was able to drag this seat away from the table so I was not intruding on the pupils and was

able to see most of the class. The only pupils I had difficulty observing were those on the back left table as the pupils on the back right table obscured my view. This moving around lasted approximately three to four minutes at the start of the lesson.

The format of the lesson involved the teacher talking through the content of a booklet, of which the pupils all also had their own copies, on a visualiser. The teacher asked pupils to read passages from the booklet and would stop them to draw their attention to particularly important information. She would also direct them to highlight certain sentences or sections, or to write specific notes or comments in the booklet. Interspersed with this reading aloud activity were questions from the teacher, such as 'how effective are condoms?', where the answer could be found in the booklet. Sometimes the teacher would ask for volunteers, other times she would pick on someone to answer. In the last five minutes or so, the teacher asked a series of questions recapping the lesson, and then invited pupils to ask her any questions they might have. No questions about the content of the lesson were asked. The only question asked came from one student enquiring if their form tutor would be returning tomorrow. As mentioned above, the Deputy Headteacher who was standing in for this form's tutor suggested that pupils may have been more forthcoming had the lesson been carried out by their form tutor, with whom they are more familiar.

Throughout, all pupils were engaged in the content, attentive and looking at the teacher when she spoke, and writing notes where directed throughout. No student looked significantly distracted at any point during the lesson. There was little to no awkward laughter or giggles. The only stifled laughter occurred when the teacher was actively inviting it, through making light of the potential awkwardness of learning about condoms, for example. Pupils were engaged with writing, and listening to the teacher and their peers. They were attentive and rarely looked away from their work booklets. There were some instances of nodding and hand raising but this was mostly when pupils were invited to do so by the teacher. Even when asked specifically to nod to signify their understanding, very few pupils did and of those, it tended to be male pupils. According to Victoria High School's website, they are a highly disciplined school that implements a didactic approach to teaching and learning. The teacher is positioned as the expert source of knowledge for the pupils, who are expected to maintain their attention on the teacher at all times. The school website also shares that pupils are expected to read aloud in lessons and will be 'cold called' to answer questions. I observed all of this in action in the classroom on my first visit to this school.

Second data collection visit: 7/6/22, 1:15 -1:45pm

On each visit to Victoria High School, I arrived at 12:15pm and had lunch with the pupils. On my second visit in as many days I was a lot more confident about choosing

somewhere to sit and striking up conversation with the pupils and teachers. Most of the teachers were interested to chat and find out why I was visiting the school. I ended up speaking to two English teachers who were particularly interested when they found out my background was in linguistics. The pupils told me they often have visitors at the school. One pupil told me this in a more reserved manner while another exaggerated a response of 'all the time!' when I asked if they often have visitors. Pupils at this school are quite used to sitting with teachers or other adults at lunch time as teachers sit on the ends of each table with pupils in the canteen. On each visit, I was invited to find an empty chair and sit with the pupils too.

For today's contraception education lesson (the second of three lessons), the Deputy Headteacher once again filled in for the form tutor as she was still off work ill. In preparing for the session, before the pupils arrived, the teacher was more visibly nervous than yesterday, and was uncertain about how to do the condom demonstration. Ahead of the lesson, she asked my advice, and also enlisted another member of staff to support the lesson. I was asked repeatedly for my opinion on how she should run the session and which content she should cover. I was cautious to remain impartial so I was reserved in my responses and limited what I said to phrases such as 'whatever you think is best'. I was interested that the teacher sought my advice in this way and appeared to view me as an authority on the topic. The second member of staff remained in the classroom for the condom demonstration as 'moral support'. She observed from the left hand middle side of the class, where I had initially sat on my first observation, then left after the condom demonstration.

At the start of the lesson the teacher asked pupils to close the blinds in order for some privacy as she intended to do a condom demonstration during the lesson. It is worth noting that this classroom has windows along either side: on the left they look into the corridor and end about halfway down the classroom; on the right side they stretch the entire length of the classroom, interrupted at several points by pillars. The classroom looks out onto a reasonably private road; mostly only cars turning into the school car park would pass it. There is also what looks like the entrance to a small housing estate which would have access via this road. The school is set back from the main road which runs perpendicular to the road visible from the classroom window. Pupils were asked to close the blinds on the windows to the road side and, since the windows on the other side of the classroom did not have blinds, pupils were told that if they saw another pupil in the corridor they were to motion to them to look away. It was not clear to me as an outsider to the school community whether this was meant in jest or whether it was a serious instruction. Having got to know this teacher since meeting with her multiple times prior to data collection, I took it to be a sincere instruction.

During the lesson, as in the previous lesson, pupils were once again attentive throughout, listening to the teacher and writing in their booklets when told to do so. I noticed during this visit that there is one pupil who sits at the front of the class with whom the teacher, although she is not their regular form tutor, has a rapport. The teacher appears to be aware of this pupil's reputation as a 'joker'. There was some back and forth between the teacher and this pupil where the teacher announced her expectation of a cheeky question or remark from this pupil. Something else I noticed in this second session, which may have also been present in the first session, was the focus, whether intentional or otherwise, by the teacher on appearing somewhat fallible, perhaps in order to make herself more relatable to the pupils. For example, she would comment on certain facts read out from the booklet as though she was finding this information out for the first time or had never thought about it before. It was unclear whether this was a purposeful tactic to create the illusion of common experience, as though teacher and pupils alike were all learning this information together, or purely a reflection of her insecurity or lack of experience on the subject. Additionally, she made an effort to labour the point about being very honest and realistic about the topics discussed.

At the end of today's session it was decided that the content would be finished in an additional session tomorrow at the same time, in form time, followed by an opportunity for pupils to complete my research questionnaire.

Third data collection visit: 8/6/22, 1:15-1:45pm

As on the two previous days, the Deputy Headteacher led this final lesson on contraception, as opposed to the group's form tutor who had been off work ill. However, on this visit, I did actually meet the teacher who regularly teaches this class but has been off work from lunchtime each day for the past couple of days. She was interested to know how the pupils were finding the lessons, and wondered if the audio recording and my presence would make them less likely to ask questions. I said this was a possible risk, but explained that the Deputy Headteacher also thought this may be due to the fact that she was not their regular teacher. This teacher also wanted to know how I was introduced to the pupils. I explained that the Deputy Headteacher had emphasised that I was not interested in what the pupils were saying, I was more interested in the teacher's language.

Similarly to the previous two lessons, pupils were attentive throughout the lesson, writing both when instructed to do so, and without explicit instruction, instead taking the cue to write in their booklets from when the teacher wrote on the booklet that was shown on the visualiser. I also considered during this lesson how pupils are often advised by the teacher to look specifically at their booklet rather than the teacher. I wondered if this was a strategy to encourage pupils to feel more at ease with

potentially uncomfortable or awkward topics, than having to look their teacher in the eye. There felt like a more serious tone to today's lesson, although this may be due to the topic: pupils were learning about the disadvantages and risks of the contraceptive pill. I positioned myself slightly further forward in the classroom during this lesson as I realised I would have a better view of the class from this position. Possibly due to the more serious tone of the lesson, pupils did not make any noticeably significant movements or reactions to the lesson content. Throughout all three lessons, pupils did not really engage with me at all, and were not particularly interested in my presence in the classroom. For example, they did not look around when the teacher referred to me, and no pupils asked me any questions, or asked the teacher questions about me. The lesson was also a lot shorter than the two previous ones, around twelve minutes. The remainder of the half hour session was used up completing the questionnaire component of my research. The teacher talked pupils through the information sheet and respective consent form and then gave them time to complete the questionnaire. When completing the questionnaire, pupils were engaged with the task with little disruption, other than a couple of pupils asking questions. On reading the responses, I realised that the questionnaire may have been taken as a comprehension exercise based on what pupils had learned in the lesson rather than an opportunity to express their own personal feelings. I reflected that the teacher did in fact mention that pupils could refer to their learning booklets when filling it in, so perhaps this influenced how some pupils wrote their answers and what they thought was expected of them. I also wondered if this was a more general reflection of the ethos at this school, and demonstrated how pupils believe they are expected to behave when presented with a set of questions to answer, i.e. by reproducing information they have been introduced to during a lesson, rather than sharing their personal opinions.

At the end of this lesson, after the pupils had completed the questionnaire, I shared the results immediately with the teacher by allowing her to produce photocopies of the questionnaires. She was upset to read that a couple of pupils had highlighted the absence of LGBTQ+ representation in the lessons. While observing these three lessons, I had noticed that most of the teaching excluded LGBTQ+ relationships and instead exclusively referred to cisgender, heterosexual sexual relationships. This put me in an uncomfortable position as I had not wanted to alert the teacher to this omission and influence the data, but also felt uncomfortable ethically by remaining silent. I was therefore pleased that this feedback had come from the pupils themselves, and equally pleased that the teacher was keen to take action. While photocopying the questionnaires, myself and the Deputy Headteacher discussed the pupils' feedback with a number of administrative staff in the school reception. The Deputy Headteacher suggested she could run a school assembly specifically on LGBTQ+ relationships in order to make up for this omission, so I offered some suggestions of

resources she could use to support this teaching. I made the decision to share information and suggestions that could shape future sex education teaching since I had now completed my data collection at this school. Also, the form group I observed across these three lessons were the first to receive the content and as such the teacher was in a position to make changes ahead of teaching the next groups in the coming weeks. I recommended Fumble (fumble.org.uk) as an online resource aimed at young people but suggested it might also be a useful resource for teachers to explore themselves. The school was also already in contact with an external speaker who had come forward to offer their support with sex education. It was rewarding to see my data collection as research as activism.

In discussing the pupils' feedback with the Deputy Headteacher and administrative staff, I was struck by the administrative staff's fascination with LGBTQ+ relationships and sex. The Deputy Headteacher and administrative staff attributed their lack of knowledge and understanding of LGBTQ+ sex and relationships to the fact that they were all cisgender heterosexual women, and as such could not draw on any personal experience. They were fascinated to learn and seemed genuinely excited to hear my responses. I was also amazed by how remarkably candid they were in their questions, for example about lesbian sex, and I recognised this was a highly unusual opportunity for them to be able to ask these questions.

Spring Hill Academy

First data collection visit: 16/6/22, 8:40-9:40am

The class I observed at Spring Hill Academy was a Year 9 class, and the lessons took the format of two one hour timetabled PSHE lessons. On first impressions, Spring Hill Academy was very different to Victoria High School. While I had visited this school once prior to data collection for a meeting with my staff contact at the school, I had not previously interacted with any pupils or other staff, so I had a limited first impression of the school when I arrived for my first data collection visit. While Victoria High School had seemed strictly regimented, and by their own admission are highly focused on discipline and order, there was a much more vibrant, busy energy in this school; pupils ran, talked and shouted in the corridors. It seemed more frantic and chaotic than Victoria High School, but in a loosely organised way. Reception was also very busy, with pupils, parents and teachers all coming and going. This was a direct contrast to the almost serene atmosphere in the first school I visited. On their school website, Spring Hill Academy describes their commitment to making learning fun and joyous, maintaining high standards, whilst developing well rounded pupils. The mention of 'fun' in the context of learning rang true to my experiences within the

school, both through observing the atmosphere in the corridors and witnessing the relationship between teachers and pupils.

The classroom itself was big, much bigger than that of Victoria High School, but looked older, while the classroom at Victoria High School looked very modern and new. The back of the classroom had windows stretching along the length of it that looked out onto the playground. Pupils sat in rows with their backs to the windows, facing the board and the teacher's desk in the front right of the classroom. I sat in the back right of the room. The door to the classroom was at the front left. Lots of equipment was stored in the classroom, including what I assumed to be equipment used for Design and Technology classes such as a bandsaw. On the walls I noticed one of period activist Chella Quint's period positive posters, as well as an Amnesty International poster. There were a lot of posters on the walls, where I had not really noticed any in Victoria High School. The posters were generally around healthy living, including the effects of drugs and smoking, as well as posters about mental health, and motivational messages around the teacher's desk.

This first lesson on contraception at Spring Hill Academy was to be primarily led by the school nurse. I met the school nurse briefly before the lesson began in order to attach wireless lapel microphones to both her, and the class' teacher, the Associate Assistant Principal, who was also my main point of contact at the school. While the pupils were waiting outside the classroom, before the lesson began, I overheard one of the pupils announce how excited they were for this lesson. Once the pupils had entered the classroom and taken their seats, prior to the main content of the lesson, the class' teacher began by introducing the school nurse, explaining that she would be leading the lesson. She also invited me to explain who I was, and why I was in the classroom today. In introducing the topic of the lesson, the teacher also specified what is meant by the words 'male' and 'female' in the context of reproductive health education. Her conscious effort to move towards more trans-inclusive language was a marked contrast to the teaching at Victoria High School, where feedback from pupils indicated that their contraception education failed to consider LGBTQ+ experiences.

The school nurse led most of the class, and pupils were attentive listening to her, although there was some chatter. As the school nurse spoke, explaining different types of contraception, the class teacher moved around the classroom answering questions and having small discussions with individuals or pairs of pupils. Pupils chatted and joked with each other throughout. This was a big contrast to Victoria High School, where pupils did not speak unless answering a question from the teacher. In Spring Hill Academy, there was almost constant chatter throughout the lesson. As a main focus of the lesson, the school nurse invited volunteers to pick types of contraception out of a bag and would then discuss whichever had been chosen. Pupils seemed very

keen to volunteer themselves to pick out of the bag and encouraged each other to get involved, laughing and joking. At the end of the lesson, pupils started getting up to leave around five minutes before the end. Some started actually leaving the room and were called back in. There seemed to be less focus on an organised departure from the classroom and less intervention over behaviour from the teacher than I had experienced at the first school I visited.

Second data collection visit: 22/6/22, 2-3pm

When I arrived at the school for my second data collection visit, one pupil was waiting with a parent in reception. When my contact at the school came to pick me up from reception, she first had a quick private meeting with the parent and pupil, before the parent left, then myself, my contact and the pupil walked through the school together to the classroom. It had been requested that this pupil not participate in the contraception lesson, so the teacher had to find somewhere alternative for this pupil to spend the duration of the lesson. The first room they tried was also teaching contraception that period so was not suitable. While the teacher and pupil continued to look for a room, I was left in the usual classroom to set up the audio recording equipment. In addition to this pupil, another three pupils had declined to be involved in this lesson. My teacher contact at the school speculated that this could have been an effect of the information sheets and consent forms related to my research that she had circulated with pupils and parents prior to the lesson.

In this lesson, following on from the first lesson where the school nurse explained the different types of contraception available, pupils were invited to take part in a more interactive activity. For this lesson, the tables were rearranged into squares, allowing pupils to sit facing each other in groups. Pupils were given an A3 handout detailing different forms of contraception and asked to fill in the blanks with information gained by rotating around the tables. Additional handouts were available on each table, as well as coasters with mental health resources. In groups, pupils each started at a different table and were to engage with the activity there, before being asked to rotate to the next table and complete the next activity. As the pupils were completing the activities, the teacher would move between tables to discuss the topics with pupils. While pupils were working independently during this lesson, I had more time to look at the material on the walls of the classroom. I noticed a poster about safeguarding, and around the teacher's desk there were a number of motivational messages printed in a vibrant graphic design, such as 'yes you can' and 'you are enough'. There were also pictures of who I assumed to be the teacher's young children, and a sports team photo including the teacher. I also noticed a thank you postcard from the digital sex education charity Fumble, and a Charlie Mackesy illustrated print out reading "What do you want to be when you grow up?" "Kind" said the boy'.

There was lots of chatter and back and forth across the whole group, and lots of engagement, raising hands, joking and laughing, especially at the start of the lesson before the class settled into getting on with group work. The class seemed to have a good relationship with their teacher; they did not always immediately do as she asked but mostly they seemed to respect her authority. There was something about the vibrant atmosphere of the school that compelled me to get involved in the pupils' discussions. When pupils were working in their groups I considered moving around to join their discussions, but I felt it would be too intrusive so stayed at the side of the room observing. They seemed unphased by my presence. There was one group who seemed the most distracted and disruptive, but even they still seemed engaged with the content of the lesson. As the lesson progressed, I started and stopped recording the teacher's speech whenever she signalled for me to do so. Although I was not interested in pupils' speech, some of this may have been picked up on the teacher's wireless lapel microphone during these more interactive sessions. For this reason, the teacher would signal to me when I was to stop the recording in order to ensure all pupils felt comfortable to engage in discussion with the teacher throughout the lesson. Each time the teacher moved to a new group, she checked whether they were comfortable with the recording device being left on. If not, I would stop recording.

Towards the end of the lesson, an external visitor joined the class to do some surveys with the pupils ahead of running a session on menstruation in the next period. The teacher introduced this visitor and asked the pupils to complete her survey when they were on the relevant table. Throughout this later portion of the lesson, the external visitor moved around the groups discussing the contraception content with them in the same way as the teacher. At the end of the lesson, as pupils packed away, I collected blank learning resources from each of the tables. The teacher agreed to also send me all the print outs digitally, but specified that not all of them had been used today. I also asked if I could have copies of the slides used in the previous lesson and she also agreed to send me these. I collected these resources in order to ensure I had as complete a picture of the lessons as possible when it came to my analysis, however, due to the constraints of the thesis, these resources were not included in my final analysis. Throughout both lessons at this school, the teacher and school nurse seemed entirely unphased by being audio recorded.

Nelson Park School

First data collection visit: 30/6/22, 11:20-12:20pm

The school is set amidst large playing fields, accessible by the public, which I walked through to find reception. As with all school visits, I dressed reasonably smartly, in business casual trousers and top, and lace up shoes. It was consistent with the clothing

I had chosen for my visits to other schools, and I probably looked like a teacher. I signed in and waited in reception as I was slightly early. It was big and airy, with two seats and a small coffee table. One pupil was sitting down when I arrived and a person who I assumed to be a parent was speaking to staff at reception. There is a quote above the reception desk about the involvement and importance of parents in learning. There was also a certificate I noticed on the wall indicating the school's involvement with some eco school scheme. Reception staff were very friendly, and I'd barely been seated for a few minutes before the same receptionist who had signed me in reappeared from behind the door into the school and invited me in. The corridors were quite closed in compared with reception, and there were few, if any, windows. I realised that in all the schools I have visited it has not been a long walk from reception to the classroom I'm visiting. The receptionist took me to my contact's classroom where the previous lesson was still in progress. On arriving at the classroom, I took a seat and quickly sat down at the front of the classroom to one side by the teacher's desk. The ongoing lesson seemed to centre around abortion and the teacher was discussing the recent reversing of the Roe v Wade ruling in the US, and asking pupils if they thought this was fair and whether it's a privilege to have the rights around reproductive freedoms that exist in the UK. The classroom was loud and pupils were lively and chatty, keen to engage me in conversation even though they were supposed to be paying attention to the teacher. According to Nelson Park School's website, the school aims to create a culture of enjoyment in learning, celebrating achievements of all pupils and creating an environment that encourages pupils to develop their own autonomy and personal responsibility. This was evident in the classroom as pupils were given a lot of time to work independently and in groups.

When the lesson changed over to the class I would be observing, I managed to have a quick chat with the teacher to give her a mic pack to wear and set up the recording. She seemed entirely unfazed about wearing a mic pack but she also appeared distracted throughout our conversation. I commented that the class that had just left was a lively group and she replied "they're all lively". The teacher, thinking out loud, spoke about what order the class was going to run in. It was not so obviously a question to me in the way that the teacher at Victoria High School had outright asked me for my opinion on how they should deliver content, but there was a subtle tone of questioning in her voice. The class I observed was a Year 9 class, and the teacher was the PSHE lead. From what I gathered she was teaching three back to back PSHE lessons broadly on sex ed. She told me she teaches lots of these classes. Pupils did not wear a uniform, which I initially found surprising. The teacher used tiny hand cymbals to silence the class, which I found whimsical, but it seemed to work and the pupils appeared familiar with this technique.

Before the lesson started, pupils were already commenting on my presence and asking if there was a recording happening. They seemed to want to know why I was there but also did not seem too bothered about my presence. Pupils were sat around square tables, rather than rows facing forwards, in a similar style to that of the second lesson from Spring Hill Academy. The teacher put a seating plan on the board and organised pupils into the correct seats at the start. It was implied that the seating plan had changed since the last lesson. Along one side of the classroom was a long window. Other pupils were regularly passing this window, and on certain occasions attempting to disrupt the lesson. The teacher made a verbal comment on this at one point, implying that this is a regular occurrence from a repeat offender. Along the other side wall of the classroom, as well as on the back wall, were large notice boards typical of UK secondary school classrooms. I noticed a poster by illustrator Hazel Mead of people at a bus stop, each with thought bubbles describing their interior experiences, intended to show that no one truly knows what anyone else is going through. There was also a large homemade poster reading 'what can you do today to create a better tomorrow' in large rainbow text, and a display of pupil work, including writing and drawing, also in rainbow colours. There was also a sign reading 'think before you post' in rainbow letters, relating to social media safety. There was also a poster on tips for 'marvellous manners'. Everything on the walls was displayed in rainbow colours. Along this wall, at the front left of the classroom was the door to the corridor. I sat near to this door, which was incidentally also near the teacher's desk. I noted this position meant that pupils could see me throughout the lesson, making my presence rather prominent. I was also concerned it may implicitly align me with the teacher. I found the latter less important as I am already aligned with staff. For example, pupils will call me Miss before I've even been introduced, presumably based on my perceived age and style of dress. Furthermore, the classroom was quite cramped, so it was difficult to sit anywhere else without being more obtrusive on pupils' personal space, so I decided this was the best position overall. Interestingly, when I offered to introduce myself to the class at the start of the lesson or suggested the teacher introduce me to explain why I was in the classroom, the teacher said "I was just going to get on with it". She did in fact briefly introduce me as pupils were asking questions about why I was there, but I inferred from this interaction that the teacher did not consider the pupils to be overly concerned at the prospect of having an additional adult in the classroom.

During the lesson, pupils were mostly focused, listening to, and watching, the teacher, occasionally breaking out into noise which the teacher would allow for a few moments before silencing them. There was laughter and snorting in response to some of the things that the teacher said. Sometimes pupils overstepped and were given warnings but mostly the teacher and pupils had a good relationship and there was a lot of back

and forth. There were certain groups where pupils were more noisy and disruptive. One pupil in particular seemed keen to show off and imply their own sexual prowess, constantly making comments alluding to this. The main activity of the lesson was a condom demonstration, which the teacher performed before inviting pupils to each practice applying a condom to the demonstrators on their tables. The teacher used Durex condoms for the demonstration, of which she had a large bag under her desk. When a pupil commented that using condoms in this way was a 'waste', the teacher explained that they were out of date, so could no longer be used as a reliable form of contraception. The demonstrator the teacher used was slightly different to those used by the pupils. The teacher's demonstrator was more realistic to a human penis (although it was entirely dark blue in colour). She also had another demonstrator in a pale skin tone on her desk. Meanwhile, pupils used smooth white demonstrators with a large flat circular base that looked more flimsy. The teacher's demonstrator also had suction cups on the bottom of it. When beginning the first condom demonstration, she theatrically slapped the demonstrator down on the table to allow the suction cups to adhere. The pupils laughed at this. When performing the condom demonstration, the teacher explained that there might not always be sufficient lighting when applying a condom in a real scenario. To mimic a low-visibility context, the teacher closed her eyes to complete the condom demo and also put hand sanitiser on her hands to mimic bodily fluids or lube. I found this to be an unusual teaching technique, and not something I had seen before. The teacher also demonstrated how the condom might move during penetrative sex by rolling the condom up the demonstrator. Overall, this condom demonstration illustrated to me that this teacher was very comfortable with the lesson content, and had her own unique way of teaching. She also took a highly inclusive approach to the lesson content, for example using specific phrasing such as 'penetrative sex', and making explicit to pupils both that vaginal penetration is not the only type of sex that could involve the use of condoms, and that it is not only cisgender heterosexual men and women who could use condoms.

After an initial demonstration from the teacher, the demonstrators described above were passed around the classroom so every pupil had a demonstrator and condom to practise on. The teacher also sent blue roll around the classroom for pupils to wipe their hands afterwards. Once pupils had had time to practise putting condoms on the demonstrators, two pupils, one boy and one girl were asked to come up and repeat it in front of the class with their eyes closed. The female pupil did it successfully but the male pupil was having more challenges. I struggled to gather the pupils' specific responses to this activity as there was a lot of cheering and jeering overall, with jokes being shouted across the classroom.

Second data collection visit: 14/7/22, 12:20-1:20pm

I arrived at the school at 11:20am for the second part of the contraception lesson with the same class group. However, the teacher informed me she had a visitor in for that period and they were teaching different content but the contraception lesson would be in an hour's time, with a different group of pupils. I waited just past reception in the entrance to the school. Whilst I was waiting, I watched reception staff run around after pupils either because they were in trouble or because they had not done what they were supposed to. For example, one pupil had not returned a locker key when they were meant to.

This lesson was part two of two on contraception, but with a different group to those I had observed last time. The teacher confirmed the class had done the condom demonstration last time, just as the first group I had observed. The teacher has multiple groups for PSHE learning the same content. As I am primarily focused on the teacher's language, it was not particularly significant for my data collection that I would be observing a different group of pupils for the second part of this set of two lessons. While the first lesson focused on condoms, this second lesson was more focused on the other types of contraceptives commonly available. The teacher used BISH (an organisation creating sex education resources) Top Trump-style cards for a learning activity, and handed packs round to the pupils who were sitting in the same layout as described in the previous lesson, around square tables in groups facing each other, in the same classroom. She asked if I had seen the cards before and handed me a pack to look at as well. No slides were used in this lesson, although the teacher did search for an image of an IUD and for an image of an internal condom and showed these on the board so pupils could see what they looked like. She originally clicked on the link to the NHS website but then went to google images instead to find a picture. After pupils had played the Top Trumps-style game to learn about different types of contraception, they completed my questionnaire, which I had handed around during the game.

While the pupils were working independently, I had more time to chat with the teacher. I offered to photocopy both the questionnaires and consent forms for her records, and so she can see the pupils' feedback on the lesson, but she did not want either. She told me this lesson is her last lesson of the week. She also told me that she is training to be a psychosexual therapist so works three days a week at school and spends one day training. I wondered how much this informed her teaching. She appeared very surprised when I shared that in the other schools I have visited it has been the pupils' form teachers who delivered RSE. She remarked that they would not have the knowledge or training needed to teach these lessons and speculated about how comfortable they may or may not feel about it. Towards the end of the lesson, the

teacher asked the class who learned something new about contraception from the card game. I only saw about one hand go up but the teacher said that she saw three.

3.3 Methods of data analysis

Following the data collection and transcription stages of the project, I began the analysis phase of my research. I took a corpus-assisted cognitive-stylistic approach to my data and analysis using the software Sketch Engine. In the following sections I first discuss corpus methods, before moving on to a discussion of cognitive stylistics. In order to explore which linguistic features would be most significant in terms of an analytic focus on responsibility, I began by compiling my collected data into a small corpus as discussed below. This section details the corpus methods used to explore the dataset, as well as the stylistic frameworks employed to interrogate the linguistic features identified as prominent and pertinent to analysis.

Corpus methods

A corpus is a collection of texts that has been collected and compiled according to specific and strict corpus design criteria (see McIntyre and Walker 2019: 3). Corpus methods make use of computer programs to facilitate the analysis of language across a large collection of data. In its broadest terms, corpus linguistics ‘uses large-scale text corpora for a better empirical understanding of different aspects of ‘real’ language patterning and use’ (Wales 2014: 91). Corpus-linguistic research has been used to make observations about the way language is typically used, and to identify changes in patterns of language use over time. Corpus methods facilitate this type of research by allowing researchers to more easily draw conclusions from an otherwise unwieldy number of texts. Texts can also be compared against large corpora in order to identify features that occur with particular comparative significance. My research does not seek to identify the norms of everyday language use, but rather to investigate the patterns of language used in a specific context, the Sheffield secondary school sex education classroom.

Accordingly, a more specific term to describe the type of corpus methods used in this thesis is corpus stylistics (e.g. Simpson 2014: 46-50), which is defined by Wales as a method of identifying patterns in the language of a particular genre or collection of texts (Wales 2014: 92). The patterns identified through the quantitative methods employed in corpus stylistics can then be developed and interpreted through qualitative analysis. Furthermore, inversely, stylistic ‘hunches’ (see Simpson 2014: 77) can be rigorously and systematically tested against the data through the use of corpus methods. McIntyre (2015) defines corpus stylistics as ‘the application of theories, models and frameworks from stylistics in corpus analysis’ (2015: 61) and argues that

complementing corpus techniques with stylistic methods is crucial for a comprehensive analysis of any text. According to McIntyre (2015), it is this ‘integration of corpus techniques with non-corpus derived stylistic theories, models and frameworks that distinguishes corpus stylistics from general corpus linguistics’ (2015: 66).

Corpus methods are useful in the pursuit of stylistic analysis as they allow intuitive judgments to be quantitatively tested on the dataset. One of the main ways in which corpus methods add objective analytical integrity to stylistic observations is by quantitatively supporting which linguistic features are foregrounded in a text (Mahlberg 2013: 8-11; McIntyre and Walker 2019: 13). This also demonstrates the importance of an integrated approach of corpus methods and stylistic techniques, as stipulated by McIntyre (2015). Crucially, as explained by Mahlberg (2013: 8), what constitutes ‘foregrounding’ in a corpus is not the same as what is perceived as prominent by the reader or listener. Corpus analysis can tell the researcher which linguistic features occur with unusual frequency in the text, or deviate from the norms of general language, where foregrounding as a psychological phenomenon refers to those features that are perceived as prominent by the reader or listener (Mahlberg 2013: 8; see also Simpson 2014: 52). This is why the application of stylistic techniques, in combination with corpus methods, is crucial for understanding the effects of a text on its recipients. Corpus stylistic methods have been applied to a variety of different literary texts (see for example Ho 2011; McIntyre 2010; Stockwell and Mahlberg 2015; Montoro and McIntyre 2019; Giovanelli 2022) as well as non-literary discourse (see for example Semino and Short 2004; Demmen et al 2015; Potts and Semino 2017).

Creating the corpus and refining my analytic focus

In order to more easily and effectively investigate the patterns of language across the linguistic data I had obtained during the data collection phase of this project, I created a small corpus from my data, made up of three sub-corpora. Each sub-corpus corresponded to one of the three schools and was compiled of the transcripts that were associated with the data collection at that school. This allowed me to easily search for linguistic features within individual schools, as well as looking for patterns across the entire corpus. To create my corpus, I used Sketch Engine (Sketch Engine n.d.), a corpus manager and text analysis software. I chose Sketch Engine due to its prominence as a leading corpus tool in linguistics (see Kilgarriff et al. 2014) and accessible user-friendly interface. In Sketch Engine, the smallest unit in a corpus is called a ‘token’, and could refer to a word or non-word, such as punctuation or numbers (Sketch Engine 2025). The two types of tokens are ‘words’, characterised as any token that begins with a letter of the alphabet (such as ‘condom’ or ‘IUD’), and

‘non-words’, referring to any token that does not begin with a letter of the alphabet (such as numbers and punctuation). The entire corpus (consisting of the three sub-corpora) contained 46,454 tokens, of which 35,034 were words. The sub-corpus for Victoria High School consisted of three thirty minute lessons and contained 12,988 tokens, with around 9,795 words. The Spring Hill Academy sub-corpus consisted of two sixty minute lessons, with a total of 16,329 tokens and around 12,314 words. The Nelson Park School sub-corpus contained 17,137 tokens, around 12,924 words, and consisted of two sixty minute lessons. The three sub-corpora are suitably comparable in size, with each containing a similar number of words. This is particularly the case for Spring Hill Academy and Nelson Park School, while by comparison, there is a slightly reduced number of words in the sub-corpus for Victoria High School, most likely due to the shorter total lesson time recorded at this school.

School	Tokens	Words
Victoria High School	12,988	~9,795
Spring Hill Academy	16,329	~12,314
Nelson Park School	17,137	~12,924

Figure 3.2 *Tokens and words per school sub-corpus*

Following the creation of my corpus, I first produced a frequency wordlist and n-gram (multi-word expression) list from my dataset, alongside a keyword list using the British National Corpus 2014 (BNC2014, spoken part) as a reference corpus. While the keyword list unsurprisingly revealed that topic specific words such as ‘condom’ and ‘STIs’ occur more frequently in comparison with the reference corpus, the frequency wordlist and n-gram lists revealed that the second-person pronoun ‘you’ was the most common word in the corpus (see **Section 4.1**). This supported my intuitions from my fieldwork observations that personal pronouns were important in the dataset. Since pronouns can be used to attribute agency to individuals, examining this linguistic feature proved fruitful in terms of my aim to understand how contraceptive responsibility is constructed in the sex education classroom. Accordingly, I focused the majority of my qualitative analysis on this linguistic feature (see **Chapters 5, 7 and 8**). Sketch Engine facilitates both a quantitative and qualitative analysis of the corpus through ‘concordance’ analysis. Concordance analysis allows the researcher to search for a specific item, referred to as ‘keywords in context’ or ‘KWIC’, and view all occurrences of this item in their original surrounding context (see Evison 2010: 122; Simpson 2014: 49). Using the concordance analysis function in Sketch Engine, I searched for all instances of the second- (and later, first- and third-) person pronouns

across the entire dataset in order to obtain the quantity of each type of pronoun (see **Section 4.3**), before examining the possible effects of these pronouns in context (see **Chapters 5, 7 and 8**). Following the prevalence of second-person pronouns revealed by my quantitative analysis, I was also driven to explore in more detail the verb processes the teachers used when discussing conception (see **Chapter 6**). For this part of my analysis, I used the ‘word sketch’ function in Sketch Engine, which allows the researcher to view the contexts in which a word typically occurs and the words with which it commonly collocates, to quantitatively identify all verbs that collocate with the adjective ‘pregnant’ and the noun ‘pregnancy’ in the corpus, before using the concordance function to view these collocations in context and facilitate a qualitative analysis (see **Chapter 6**).

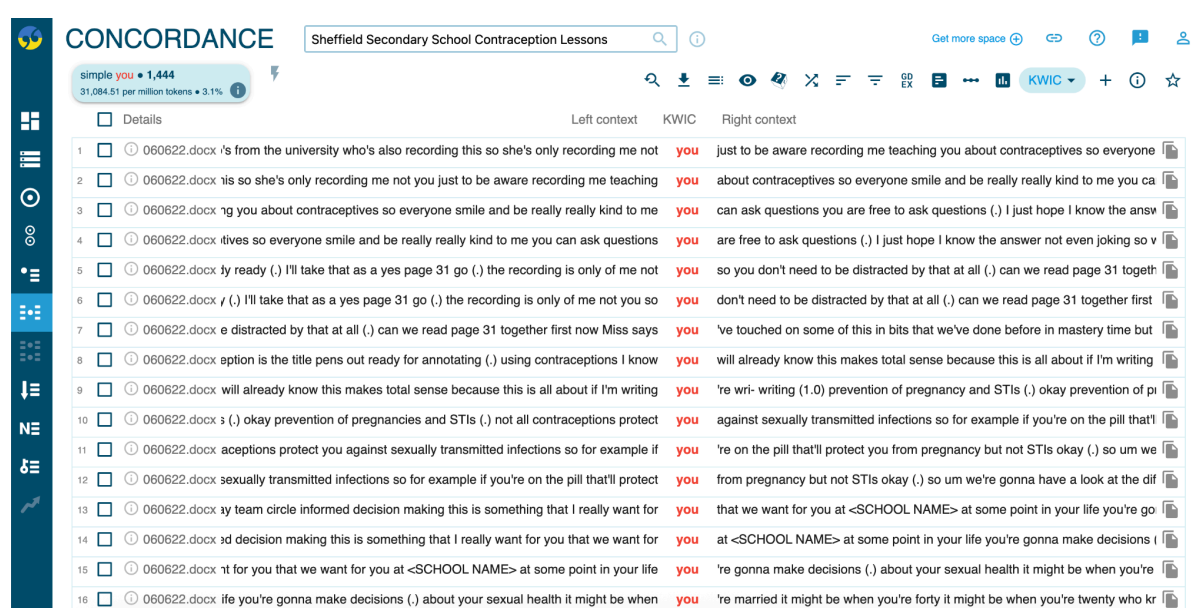


Figure 3.3 Example of the concordance function interface in Sketch Engine

Having identified second-person pronouns as a core linguistic feature for analysis, I was interested in identifying the referent of each pronoun in order to explore how agency and responsibility is constructed in the discourse around contraception, which could only be performed by manually coding each pronoun. In the following sections, I first detail this process of manual coding and subsequent thematic analysis, before moving on to discuss the cognitive stylistic framework employed for the qualitative analysis of the dataset.

Genital-coding and thematic analysis

I manually coded for the referent of each second-person pronoun, based on the context in which they occurred. Due to my focus on gender and responsibility, I focused on two main referents of the second-person pronouns: people with wombs

and people with penises. Throughout the thesis I describe pronouns that specify either of these two referents as ‘womb-coded’ and ‘penis-coded’ respectively. There was also a third category of referent where instances of second-person pronouns did not specify sex characteristics. In this section I briefly detail the decision-making criteria employed in this coding process, exemplify some of the more obvious cases of womb- and penis-coded second-person pronouns, and discuss the decision-making process behind some of the more ambiguous cases.

For the purposes of my analysis I was interested in how the second-person pronoun operated in classroom discourse, and how the use of this pronoun functioned to attribute responsibility. This meant exploring the context of each instance of second-person pronoun in the corpus, and identifying the referent of each of these pronouns. In order to investigate the referents of every instance of second-person pronouns, I required a more advanced type of categorisation than purely grammatical categories. In a lesson focused on contraception, this broadly meant identifying whether the teacher’s use of second-person pronouns referred generally to all pupils in the class, or to one specific group based on sex characteristics. Since this thesis focuses on the interaction between gender and responsibility for pregnancy prevention, the primary focus of this process of categorisation was to identify instances of second-person pronouns that exclusively referred to either ‘people with wombs and girls’ or ‘people with penises and boys’. I use the category names ‘people with wombs and girls’ and ‘people with penises and boys’ in place of simply ‘girls’ and ‘boys’ or, more biologically, ‘people with wombs’ and ‘people with penises’. This is in order to articulate that not all girls/women or boys/men have wombs or penises respectively, and not everyone with a womb or penis is a girl/woman or boy/man respectively. The inclusion of ‘and girls’ and ‘and boys’ in these definitions acknowledges that despite the biological terms (people with wombs; people with penises) presenting an accurate definition, the notion of biological sex is still often conflated with gender, and it cannot always be determined whether the speakers in my dataset are speaking from an entirely transgender inclusive perspective. It is also unclear how the pupils in the classroom perceive sex and gender, and since this thesis is interested in the impact of language on young people, the terms ‘girls’ and ‘boys’ respectively are included in the category names for this reason too. The term ‘people with wombs’ is used in preference to other commonly used inclusive phrases such as ‘people with vulvas’ or even ‘people with periods’ due to its specificity in relation to pregnancy. Similarly, ‘people with penises’ is used due to the specific role of the penis in conceiving a pregnancy in cisgender heterosexual penetrative sex.

Unlike many other personal pronouns, the second-person singular and plural pronouns share the same graphological form, ‘you’, meaning the same second-person pronoun form can be used to address either an individual or a group. Referents of the

second-person pronoun may be specified or unspecified. As a result, use of the second-person pronoun 'you' can have varying effects and even create ambiguity of meaning. Herman (2002: 345, see also 1994) outlines five categories of 'you': generalised 'you', fictional reference, fictionalised (or 'horizontal') address, apostrophic (or 'vertical') address, and doubly deictic 'you'. The latter four of these types of 'you' are predominantly useful for analysing the literary effects of fictional texts. Although, apostrophic address, which Herman (2002) defines as 'address that exceeds the frame (or ontological threshold) of a fiction to reach the audience' (Herman 2002: 341) could be reasonably extended to this non-literary context in order to describe the mechanisms by which pupils in the classroom are drawn into the teachers' narratives. In this context, to use Herman's terms, the address would 'exceed the frame' of a teacher's narrative to reach the pupils. In this sense, second-person address 'reaches' specific pupils and designates only pupils who can relate to the phenomenon being described (Herman 2002: 342). For example, in the dataset discussed in this thesis, second-person pronouns used in the context of discussing how a user might interact with the contraceptive pill, designates only people who could conceivably use this type of contraception (people with wombs) (see **Section 7.1**). Additionally, using Herman's (2002) generalised 'you' in analysing the dataset of this thesis helped to define a category of instances of 'you' that were not relevant to a discussion of sex and gender, and could subsequently be discounted, as will be discussed below. These varying definitions of 'you' cannot be separated or defined by the grammatical structure of the word itself, but instead rely on context for their meaning. In English, there is no signifier of gender coded into the graphological form of the word. As such, it is not possible to categorise second-person pronouns based on who they refer to using computer software alone. Instead, each instance required manually coding by the researcher.

To begin manually coding for the referents of each instance of second-person pronoun, I exported the search result data for all instances of second-person pronoun in each sub-corpora from Sketch Engine into Excel. Exporting to Excel from Sketch Engine retained the keyword in context (KWIC) with a specified number of characters either side for context. In this case, the KWIC was each form of the second-person pronoun as outlined in more detail in **Section 4.3** ('you'; 'your'; 'yourself'; and so on). I downloaded the Sketch Engine data with 100 characters either side of the KWIC to ensure I had enough context to inform my decision making, but not so much that it became overwhelming and challenging to interact with. On the occasion where 100 characters was insufficient to make a decision, I referred back to Sketch Engine and expanded the context. Before manually coding the dataset, I established category terminology for categorising each instance of second-person pronoun. I then adjusted

and refined these categories based on coding a sample of the data. The four categories are as follows:

- People with wombs and girls, or ‘womb-coded’
- People with penises and boys, or ‘penis-coded’
- Neutral class
- Generic

‘People with wombs and girls’, or ‘womb-coded ‘you’’, refers to instances of the second-person pronoun that can only possibly logically refer to people with wombs. ‘People with penises and boys’, or ‘penis-coded ‘you’’, refers to instances of the second-person pronoun that can only possibly logically refer to people with penises. ‘Neutral class’ and ‘generic’ both refer to instances of second-person pronouns that do not specify sex based on their context. ‘Neutral class’ is used where the referent of the second-person pronoun is a pupil, or group of pupils, in the class. In practical terms, it is an instance of the second-person pronoun that could be substituted for the word ‘pupils’ or a pupil’s name. ‘Generic’ refers to instances of generalised ‘you’ (Herman 2002). As per Anderson and Keenan, these types of ‘second-person pronouns are impersonal: non-deictic in that their interpretation does not depend directly on any feature of the non-linguistic context of the utterance’ (1985: 260). ‘Generic’ is used to categorise instances of second-person pronouns whose referent is an entity for whom we have no knowledge of their sex characteristics (whether they have a penis or a womb). In these instances, ‘you’ may be either singular or plural, and could be replaced with ‘people’ or ‘one’.

The two neutral categories are grouped together in the presentation of the results of this analysis (see **Section 4.3**) since they were not the primary focus of my analysis. Nonetheless, coding these instances with this level of nuance (neutral class and generic) did not add significant time to the manual coding process and was therefore deemed a useful addition to the womb-coded and penis-coded categories, particularly since it was unclear at the time whether these subcategories would prove relevant in later stages of analysis. Finally, a number of instances of second-person pronouns were discounted. There are a few isolated instances of my voice in the transcripts where the teacher has either asked me to introduce myself to the class, or invited me into the discussion. Since this thesis focuses on the language of teachers in the classroom, any instances of second-person pronouns produced by the researcher were excluded from the analysis.

Category decision-making examples

In the mixed-gender classroom, the teacher's use of second-person pronouns often did not specify their referent in terms of sex characteristics. In many cases, second-person pronouns were used to refer specifically to the pupils in the classroom, without excluding any pupils based on sex characteristics. In the following opening section of speech from Victoria High School, the teacher's use of the second-person pronoun refers neutrally to all pupils.

060622

3 recording me not **you** just to be aware recording me teaching **you** about
4 contraceptives so everyone smile and be really really kind to me **you** can ask
5 questions **you** are free to ask questions (.) I just hope I know the answer not

The teacher is addressing a mixed-gender classroom and opens by informing pupils of the recording taking place for this project: 'recording me teaching you' (060622 line 3). She is giving this information to the entire class to ensure that they are aware of what is happening, so in this instance it is not unreasonable to suggest that this use of 'you' does not discriminate for genitals. Similarly, when inviting contributions from the class, 'you can ask questions' (060622 line 4-5), the second-person pronoun refers specifically and generally to all pupils as there is no contextual information to suggest otherwise. This neutral use of second-person pronouns also occurs regularly as an instructional tool. For example, in the phrase 'you can keep your eyes down on your booklet' (060622 lines 292-3), the second-person pronoun as the subject of a deontic modal verb ('you can') paired with the second-person possessive pronoun ('your eyes'; 'your booklet') instructs pupils where to direct their attention. As with the example discussed above, this instructional language addresses all pupils in the classroom and informs them of the action they are required to take.

By contrast, in the following excerpt, all instances of the second-person pronoun can only logically refer to people with wombs.

160622

138 their body (1.0) **your** bodies (1.0) most of them at this age are wanting to get
139 pregnant (1.0) tsk they're w- they're very fertile (.) and they're ready to get
140 pregnant so (1.0) it's an important thing (.) to think about in terms of **your**
141 health that (1.0) **your** bodies are being are preparing (.) for (.) being pregnant
142 if **you**'re a girl (.) and for boys as well being able to get a girl pregnant so it is

The repeated assertion that the bodies of people with wombs are 'wanting to get pregnant' makes evident that the second-person pronouns in the subject position of these sentences must refer to people with wombs. In both of the following phrases

‘your bodies (1.0) most of them at this age are wanting to get pregnant’ (160622 line 138-9) and ‘your bodies are being are preparing (.) for (.) being pregnant’ (160622 line 141), the second-person pronouns occur in the possessive as part of the determiner phrase ‘your bodies’. In these two examples, ‘your bodies’ is the entity responsible for experiencing the cognition process ‘wanting’ and for the material verb process ‘preparing’ with the goal of each of these verb processes being ‘get pregnant’ and ‘be pregnant’ respectively. Since only people with wombs have ‘bodies’ that are capable of ‘getting’ or ‘being’ pregnant, these pronouns can therefore only logically refer to people with wombs. This is further reinforced by the speaker’s conflation of a person with a womb and a ‘girl’ in the final line of this excerpt ‘if you’re a girl’ (160622 line 142). As a result, all of these instances described were labelled ‘womb-coded’ during the coding process.

In a similar way, there were penis-coded instances of second-person pronouns that were obvious and straightforward to code. In the following excerpt, all instances of second-person pronouns can only logically refer to people with penises.

300622

282 will start to soften within about a minute (.) yeah **you** don’t need to withdraw
 283 immediately but when **you** start to feel **your** penis soften **you** need to like
 284 hold the base of the condom as **you** p- withdrawing just feel for the base of it
 285 (.) and hold it as **you** pull the penis out because when the when it softens it
 286 also shrinks (.) right taking the condom off one of these demonstrators would

Taking the phrase ‘when you start to feel your penis soften’ (300622 line 283), it is immediately apparent that both second-person pronouns must refer exclusively to people with penises. The possessive pronoun ‘your’ in the determiner phrase ‘your penis’ self-evidently exclusively refers to people with penises since the second-person pronoun ‘your’ has a possessive relationship with the noun ‘penis’. Similarly, owing to the possessive pronoun in the determiner phrase ‘your penis’, the second-person subject pronoun ‘you’ earlier in this same phrase must also exclusively refer to people with penises. Only people with penises would be able to ‘feel’ their own ‘penis soften’. Later instances of second-person pronouns in this extract likewise refer exclusively to people with penises. For example, the second-person subject pronoun ‘you’ in the instruction ‘you need to like hold the base of the condom’ (300622 line 283-4), must refer to people with penises due to its grammatical relationship with the subordinate clause described above: ‘when you start to feel your penis soften’ (300622 line 283). As argued above, the second-person pronouns in this subordinate clause exclusively refer to people with penises. Therefore the main clauses ‘you need to like hold the base of the condom’ (300622 line 283-4) and ‘hold it as you pull the penis out’ (300622 line 285)

must take the same referent for the second-person pronouns. All instances of second-person pronouns described in this extract were coded as penis-coded.

In many cases, coding for the categories of penis- and womb-coded was relatively self-evident. For example, only people with wombs can get pregnant, so where a second-person pronoun appears as the subject of the verb process ‘get pregnant’, the second-person pronoun must be womb-coded, as in the following example: ‘you can get pregnant in any position’ (140722 line 159-60). This was equally the case where the second-person possessive pronoun was used in connection to a body part, as in the following example where it is evident that the pronoun ‘your’ can only refer to people with penises: ‘pull your foreskin back before placing the condom on the tip of your penis’ (060622 line 251-2). The sentence grammar was also useful in coding some instances of second-person pronouns as either womb- or penis-coded. As in the example included below (300622 line 223-4), the syntactic parallel of the clauses ‘if you can feel’ and ‘if a boy can feel’ reveals that ‘you’ and ‘a boy’ are synonyms. This example also demonstrates an earlier point that the identities ‘people with penises’ and ‘boys/men’ are sometimes conflated by the teachers in the dataset.

300622

223 condom was right near the gl- end of the penis right (.) if **you** can feel if a boy
224 can feel that they need to pull it out and re roll it down to the bottom so it

It was also straightforward to code instances of second-person pronouns where the pronoun was the subject of specific activities that can only be carried out by people with certain anatomical characteristics. For example, instances where the second-person pronoun was the subject of a verb process involving the combined contraceptive pill were manually coded as womb-coded since only people with wombs would be taking the pill as a contraceptive. For example, ‘this is a pill that you would take daily’ (060622 line 93). Likewise, to take an example from penis-coded ‘you’, instances of second-person pronouns in the context of having a vasectomy were coded as ‘people with penises’: ‘a vasectomy you don’t even have to go into hospital’ (300622 line 94-5). However, some instances of second-person pronouns took more consideration. For example, the use of the second-person pronoun in relation to condom use was sometimes ambiguous. While only people with penises can wear an external condom, *anyone* (regardless of genitals) could be involved in the application of the condom, as described during one lesson in the dataset: ‘for many people condoms are a natural part of foreplay having your partner roll on the condom or applying lube etcetera etcetera could be part of the fun’ (070622 line 158-60). As a result, some instances of second-person pronouns in the context of condoms were ambiguous, the effects of which will be discussed in the following chapters. By contrast, contraceptives designed for people with wombs, such as hormonal

contraceptives and/or long-acting reversible contraceptives (see Ruddick 2009; Bahamondes et al. 2020; Boog and Cooper 2021) can only be used by people with wombs themselves, precluding any ambiguity. For example, people with penises cannot take the oral contraceptive pill or have the IUD fitted on behalf of their sexual partner.

060622

134 [If you use condoms perfectly every single time you have sex, they're 98%
 135 effective at preventing pregnancy. But people aren't perfect, so in real life
 136 condoms are about 85% effective — that means about 15 out of 100 people
 137 who use condoms as their only birth control method will get pregnant each
 138 year. The better you are about using condoms correctly every time you have
 139 sex, the better they'll work. But there's a small chance that you will get
 140 pregnant even if you always use them the right way.]

It is also worth noting that since there is no graphological distinction between the singular and plural form of second-person subject/object pronoun 'you' in standard English, there were some ambiguous instances in the dataset. Some instances of second-person plural pronouns were made straightforwardly apparent by their context. For example, the inclusion of the words 'both' and 'together' makes evident that the second-person pronoun here refers to more than one person: 'if you're both relaxed you can just enjoy yourselves together' (300622 line 274). Other instances were less straightforward. For example, taking the extract included above, 'you' (060622 line 134) may refer to people with penises, since they would be the person wearing the condom, in other words the 'user' of the condom. However, it could be argued that the two instances of second-person pronouns in this line of transcript are plural and refer to all parties involved in a sexual interaction, since anyone having sex where there is a possibility of pregnancy is conceptually 'using' the condom to reduce this possibility. This is further problematised in the following lines that state: 'about 15 out of 100 people who use condoms as their only birth control method will get pregnant each year' (060622 line 136-8), suggesting that the 'people who use condoms' must be people with wombs since only they can 'get pregnant'. This example, and other similar instances, are discussed in more detail in the following chapters (see **Chapter 5**).

Furthermore, it is not uncommon for couples to speak about pregnancy in the plural sense despite only one of them physically carrying the pregnancy. This might occur in the first-person plural form, such as 'we're pregnant!'. Taking a section from the same excerpt included above discussing condom use, 'there's a small chance that you will get pregnant even if you always use [condoms] the right way' (060622 line 139-40), there is a possibility that the second-person pronouns here refer in the plural sense to both people involved in the sexual interaction (this specific example is discussed in

more detail in **Chapter 5**). However, the context in which the language occurs plays an important role. It is unlikely that pupils in a classroom would perceive an instance of second-person pronoun in the context of pregnancy as referring to a couple, as in ‘you [both as a couple] will get pregnant’. Since the discourse takes place in a school, specifically in the context of a contraception lesson (with an inherent focus on how to *avoid* pregnancy), rather than, for example, in the context of fertility counselling, there is a likelihood that these instances of second-person pronouns in the context of pregnancy are singular and refer solely to people with wombs. Furthermore, this way of thinking of pregnancy as a shared and deliberate pursuit is perhaps more familiar to adults who are actively trying for a baby, or even having fertility struggles, than school pupils who are being advised on how to avoid a pregnancy. This in turn, would affect how pupils perceive the teacher’s language.

Having manually genital-coded all instances of second-person pronouns in the dataset, and in order to examine how responsibility is attributed based on sex-characteristics, I then investigated in more detail the contexts in which womb-coded and penis-coded ‘you’ occurred. To do this, I carried out a brief thematic analysis (see Braun and Clarke 2006) of womb- and penis-coded second-person pronouns in order to organise the quantitative data and draw out the main contexts in which each pronoun referent occurred. In this manual process, I first identified emerging themes by reading and interpreting the context surrounding each instance of womb- and penis-coded second-person pronouns, before categorising each instance into the relevant theme. Thematic analysis was carried out in this project for the purpose of refining a larger number of linguistic features into more easily digestible units for stylistic analysis, and as such was necessarily brief. Just two main themes were identified for womb-coded second-person pronouns, and thematic analysis of penis-coded second-person pronouns was more limited due to the lower frequency of pronouns with this referent. The themes and results of this analysis are discussed throughout **Chapters 5, 7 and 8**.

Stylistic analysis

I predominantly use the Text World Theory (see Werth 1999; Gavins 2007) framework in my qualitative analysis. In stylistic analysis, Text World Theory provides a discourse framework for exploring how language is conceptualised in the mind of the reader or listener. Text World Theory was originally developed by Paul Werth in the 1980s and 1990s as a framework for analysing discourse from a cognitive linguistic perspective (see Werth 1999; Gavins 2007). Since its conception, Text World Theory has predominantly been used in analysis of literary texts (see for example Hidalgo-Downing 2000, 2002, 2003; Gavins 2003, 2005, 2007; Stockwell 2009; Gavins and Stockwell 2012; Giovanelli 2013; Nuttall 2014, 2015, 2017; Gibbons and Whiteley 2021),

but is increasingly being used to study non-literary language, including economic and political discourse (Browse 2016, 2018; Gavins 2007: 109-23), legal and forensic language (Gavins and Simpson 2015; Canning 2018; Canning et al. 2021), and ecology discourse (Franklin et al. 2022), as well as to investigate the experience of reading with 'real readers' (Whiteley 2011; Canning 2017). It is now a well-established methodological framework for stylistic analysis and is also beginning to be investigated and applied in the secondary school subject English classroom as a teaching framework (see Giovanelli 2010; Ahmed 2019; Cushing 2019; Mason and Giovanelli 2021; Pager-McClymont and Papathanasiou 2023). However, the framework has not previously been applied to the analysis of language in the Relationships and Sex Education (RSE) classroom. This thesis addresses this gap and pioneers the use of Text World Theory in the sex education classroom. As a framework, Text World Theory is particularly fruitful in its application to non-literary discourse due to its ability to facilitate a comprehensive analysis of the discourse that takes into account the way in which the knowledge of readers and listeners shapes the understanding of the discourse. This is particularly relevant to the classroom context, as the primary purpose of the secondary school lesson is the transfer of information and learning. In the following sections I will give a brief overview of the core components of Text World Theory before explaining why this framework is particularly suited to classroom discourse. These key concepts will be explained in more detail as they become relevant where I use them throughout the analysis chapters of this thesis (see **Chapters 5-8**).

Defining Text World Theory: core components

A core concept in Text World Theory is the 'discourse-world' (Werth 1999; Gavins 2007). The discourse-world refers to the 'immediate situation' of the discourse (Werth 1999: 17), that is, everyone and everything that exists in the context of a particular language event. At minimum, the discourse-world contains one speaker or writer, and one reader or listener, as well as all the personal and cultural background knowledge the participants in the discourse-world possess (Gavins 2007: 9-10). Context is understood by Text World Theory as essential to the analysis of any type of discourse, and the potential vastness of context is managed in this framework through the principle of 'text-drivenness' (Werth 1999: 103), the proposition that the specific context surrounding the text and necessary for its comprehension is made relevant by the text itself. Importantly, each recipient of a text will bring with them their own specific experience and knowledge of the world. So, while the language of the text is responsible for invoking specific knowledge areas, the background knowledge of any individual recipient of the text is entirely specific to them, and is dependent on their personal and socio-cultural experience (Gavins 2007: 20-5). Within groups, these

knowledge areas will have a large overlap. For example, pupils at each school will all have the shared experience of attending that school: they will be familiar with the buildings, classrooms and the structure of each school day, as well as the specific quirks and eccentricities of each teacher. They will know which lessons they can mess around in, and which teachers are most likely to discipline them. Pupils will all each have their own specific and diverse knowledge areas too, for example, and perhaps most prominently, their family background.

As they communicate, be that through speech or writing, discourse-world participants construct ‘text-worlds’, which are populated by representations of people or characters who exist at the text-world level, referred to in Text World Theory terms as ‘enactors’. A text-world is defined by Werth (1999) as ‘a conceptual domain of understanding, jointly constructed by the producer and recipient(s)’ (1999: 17), and essentially refers to the mental representations of language constructed in the minds of readers and listeners. As participants in the discourse-world, the teachers in this dataset establish what is referred to in Text World Theory terms as participant-accessible text-worlds, which, as a result, are perceived with a high degree of reliability and truth (Gavins 2007: 77). Since participant-accessible text-worlds are created by participants in the discourse-world, they can more readily be evaluated for truth by co-participants in the discourse world. Meanwhile, where text-worlds are created by text-world enactors, those entities who are not conceptually present in the discourse-world, it is more challenging for discourse-world participants to verify the reliability of these text-worlds (Gavins 2007: 77-8). For example, the teacher at Nelson Park School describes a scenario where a pupil is concerned about having potentially caused a pregnancy.

300622

115 the guy’s in control of (.) yeah so I was talking to my class my last class about
116 this Y11 kid that had come to me (.) terrified that he’d got a girl pregnant
117 right she’d said that she was on the pill but he didn’t know her very well and
118 he didn’t know whether he could trust that she’d be taking the pill reliably or

In this example, as a result of the teacher’s use of indirect speech representation, a text-world is created by an enactor, the ‘Y11 kid’ (300622 line 116), where he describes having had potentially unprotected sex. The text-world is enactor-accessible since the Y11 kid is not present in the discourse-world. At the time of this interaction with this particular pupil, the teacher could have verified the information for truth and reliability, but now, on recounting this story to the class, her co-participants in the discourse-world are not afforded the same opportunity. This type of text-world is perceived at a greater conceptual distance from the discourse-world participants and it is much more difficult for co-participants to verify for reliability (Gavins 2007: 78).

However, all of this communication is filtered through the teacher, who, as discussed more in the following section, holds a significant amount of power in the discourse-world. As such, the greater conceptual distance created by the enactor-accessible text-world may be mitigated to some degree by the teacher's authority as perceived by the pupils.

As the discourse progresses, and new text-worlds are produced through, for example, a deictic shift to different spatial or temporal parameters, discourse-world participants will experience a perceptual shift between these text-worlds, referred to as a 'world-switch' (Gavins 2007: 48). Discourse-world participants can also establish different types of text-worlds, which trigger a world-switch. For example, the use of negation in discourse initiates a world-switch into a different text-world, emanating from the matrix text-world (see Werth 1999: 252; Hidalgo-Downing 2000: 222; see also Gavins 2007, 2013; Nahajec 2009; Gavins and Stockwell 2012). In the case of negation, the proposition must first be conceptualised in the mind of the reader or listener, before being re-conceptualised as negated (see Givón 1979; Werth 1999: 249-57; Gavins 2007: 102). This process of reconceptualisation gives the negative text-world prominence in the mind of the reader or listener and has a foregrounding effect (for further discussion of other types of prominence see Stockwell 2009: 25).

A type of text-world discussed in detail throughout this thesis is that established by the use of modality, namely modal verbs. Modality is defined by Gavins (2007) as 'those aspects of language which express a speaker or writer's attitude to a particular subject' (2007: 91). Three main types of modality are discussed in this thesis: epistemic, boulomaic and deontic modality, of which each initiates the creation of a modal-world and a subsequent world-switch from the current text-world. Instances of boulomaic modality express wants and desires, using verbs such as 'want', and create a boulomaic modal-world (Gavins 2007: 94; see also Giovanelli 2013 for a Text World Theory discussion of boulomaic modality). Deontic modality expresses degrees of duty and obligation, using modal auxiliaries such as 'must', 'may' and 'should', and produces deontic modal-worlds (Gavins 2007: 98-9). Epistemic modality expresses knowledge or belief, and establishes epistemic modal-worlds (Gavins 2007: 110). The modal-worlds produced by all three of these types of modality are more conceptually remote from the reality of the discourse-world participants than the originating text-world (Gavins 2007: 96). Modality is particularly interesting in the context of this thesis in terms of exploring the ways in which teachers express their attitudes to the sensitive information they are delivering.

Another connected type of construction that is discussed in the analysis included in this thesis is hypotheticality (see Gavins 2007: 118-23). The type of hypotheticality discussed in this thesis is predominantly centred around if-clauses in conditional

constructions. Conditionals can be described in terms of two constituent parts: protasis and apodosis. The protasis element establishes an epistemic modal-world in which a theoretical situation has been realised, while the apodosis realises the consequences of the protasis. To take an example from the dataset, the teacher at Nelson Park School explains of the contraceptive pill: ‘if you don’t take it every day then you can’t rely on it being effective’ (300622 line 79-80). In this case, ‘if you don’t take it every day’ is the protasis that establishes an epistemic modal world (Gavins 2007:120) where the enactor specified by the second-person pronoun ‘you’ has failed to take the contraceptive pill in a regular manner. Connected by the conditional conjunction ‘then’, the subordinate clause ‘you can’t rely on it being effective’, forms the apodosis element of the conditional, which describes the consequences of taking (or not taking) the action described in the protasis.

Text World Theory and classroom discourse

Text World Theory is specifically useful for analysing the data in this project due to its handling of the discourse-world, which allows for a discussion of how the context of the school classroom and the relationship between teacher and pupils affects how language is produced and received. Additionally, the theoretical underpinnings of the text-world as ‘a conceptual domain of understanding, jointly constructed by the producer and recipient(s)’ (Werth 1999: 17) mirror research in the classroom context that argues for education as a site of negotiation and joint exchange of knowledge between teacher and pupils (Edwards and Mercer 1987). Teachers have both authority and agency in the classroom. Emirbayer and Mische define agency as ‘a temporally embedded process of social engagement, informed by the past, but also oriented toward the future and toward the present’ (1998: 963). While there has been some debate over the extent to which teachers should exert their agency in the classroom, it is clear that the attitudes, beliefs and values a teacher brings with them to each lesson will inform their teaching (Biesta et al. 2015, see also Martin 2004). All of this feeds into the discourse-world.

Across all schools participating in the project, the types of people involved in the lesson were typically as follows: an instructor (teacher, school nurse or both) and a class of adolescent school pupils. That is to say, the participants in the discourse-world are the teacher, the pupils, and to an extent, myself as the researcher. Whilst I have very little physical involvement in the majority of the lessons, the pupils are aware of my presence and have been introduced to me and told why I am there. All participants are present physically in the classroom at the same time, and as such share the same spatial and temporal parameters. As co-participants in the same discourse-world as their teacher, the pupils can make an assessment on the reliability of the information the teacher is providing (Gavins 2007: 78). Furthermore, since the discourse analysed

in this thesis is comprised exclusively of face-to-face communication, where discourse-world participants share the same spatial and temporal parameters, reliability is further facilitated by the fact that discourse-world co-participants are able to ask questions to verify the information presented to them (Gavins 2007: 76), and, in this case, are in fact often encouraged to do so by their teachers.

The effectiveness of any teaching is dependent on pupils believing the information presented to them by their teachers. Therefore, the authority of the teacher, and perceived reliability of the text-worlds they produce, is crucial in the classroom context. Fairclough (2014: 73-100) describes the classroom as a site of unequal encounter, where teachers are immediately encoded with a degree of authority over their pupils. Teachers impose the structure of the lesson, and select and organise the material that will be covered, also steering the attentional salience of the lesson. Giovanelli and Mason (2015) argue the power the teacher holds in the classroom over pupils' attention by taking concepts from gestalt psychology of figure and ground and relating this to the classroom context:

We argue that the teacher is *pre-figuring* the students' attention. In such lessons, what is relevant to the lesson tasks and objectives forms the *figure*; other potential avenues of interest remain in the *ground*.

(Giovanelli and Mason 2015: 46)

Consequently, teachers hold a significant level of power over pupils in this specific context. In the same work, the authors highlight the unequal power dynamic in the English literature classroom where teachers who are highly familiar with a piece of literature share their knowledge with pupils who may have never before interacted with the text, or as they put it 're-readers guid[ing] first-time readers' (Giovanelli and Mason 2015: 46). While the classroom context investigated in this thesis is different to the subject English classroom, there are a number of similarities. For example, in Victoria High School the teacher directs pupils through the reading of an exercise booklet in much the same way as one might expect to see in the teaching of English literature. Furthermore, regardless of the specific topic content of the lesson (be that Shakespeare or STIs), the point remains that teachers hold a great degree of authority over what pupils pay attention to in their lessons.

Taking an example from the dataset, it is clear to see how this authority plays out in practice. In Victoria High School, for example, the Deputy Headteacher takes all three of the lessons on contraception. Viewing this teacher as, firstly, an adult, will likely encode a level of respect and expectation that this person knows more about any topic than themselves as pupils. This is exaggerated by her occupation as a teacher, and even further by her specific role as the Deputy Headteacher, placing her in an

extremely powerful position within the school hierarchy and in relation to her pupils. In more specifically Text World Theory terms, then, the contextual knowledge of their co-participant in the discourse-world as a figure of authority, alongside the fundamentally wilful nature of communication and pathologization of lying (Gavins 2007: 76-7), likely leads pupils to accept that any information presented to them is true and reliable. Pupils have no reason to believe that the information the teacher presents is anything other than truthful and accurate.

In the following five chapters I present and discuss the results of the data analysis described in this chapter. In the first of these five results and analysis chapters, I present a quantitative analysis of the pronouns in the dataset, using corpus methods facilitated by Sketch Engine (**Chapter 4**). Informed by the results of this quantitative analysis, in **Chapters 5 and 7** I begin my qualitative analysis of the dataset, exploring the two contexts in which womb-coded second-person pronouns occur. In **Chapter 6**, I present a quantitative and qualitative analysis and discussion of the verbs that collocate with the noun ‘pregnancy’ and the adjective ‘pregnant’. In **Chapter 8**, I return to second-person pronouns and explore the contexts in which penis-coded second-person pronouns occur.

4. Counting ‘you’: quantitative results

As discussed in **Section 3.3**, I used corpus-assisted stylistic research methods to aid both the quantitative and qualitative aspects of this study, first completing a quantitative analysis of my corpus in order to refine my analytic focus, followed by a qualitative analysis of the dataset, applying the Text World Theory framework (see **Section 3.3**) to relevant examples drawn out from the quantitative analysis. This chapter focuses on the first stage of this analytical process, and presents the findings of a quantitative analysis of the dataset. I first present a frequency list of words and n-grams in the corpus, before discussing how this shaped my focus on personal pronoun frequency and subsequent investigation of the frequencies of second-person pronouns that refer exclusively to people with wombs and people with penises.

4.1 Frequency word lists

Below is a table of the top 20 keywords in the corpus, when compared with the British National Corpus 2014 (BNC2014, spoken part) as a reference corpus. The majority of the keywords in the list below are part of the lexical field of contraception and sexual health, including nouns ‘condom’, ‘STIs’, ‘contraception’, ‘vasectomy’, ‘sperm’, ‘teat’, ‘pregnancy’, ‘pill’ and ‘demonstrator’, as well as the verbs ‘ejaculate’ and ‘transmit’, the adjective ‘contraceptive’, and adverb ‘sexually’. These findings are unsurprising in the context of a lesson focused on contraception. Other words that appear in the list, such as ‘Nico’ (the name of a fictional character in an exercise at Spring Hill Academy), and the noun ‘pupil’ can similarly be attributed to the classroom context in which the data was collected. The fragment ‘tsk’ refers to a filler used by some of the teachers in the dataset.

Lemma		Lemma	
1	pupil	11	vasectomy
2	tsk	12	sperm
3	condom	13	teat
4	response	14	pregnancy
5	stis	15	semen
6	contraceptive	16	transmit

7	contraception	17	sexually
8	km	18	pill
9	ejaculate	19	demonstrator
10	nico	20	kerry

Figure 4.1 *Keyword list*

In order to further explore the specificities of my dataset, I produced a frequency wordlist from my corpus. Below is a table of the 20 most frequent words in the corpus, excluding the following transcript notation that was not present in actual speech: ‘PUPIL’; ‘TEACHER’; ‘NURSE’; ‘NAME’; ‘QUESTION’; ‘RESPONSE’. Using Sketch Engine’s wordlist function, I was able to identify the second-person pronoun ‘you’ as the most common word in my corpus, occurring 1,444 times across the entire dataset. Conducting the same wordlist search in each sub-corpus confirmed that ‘you’ is also the most frequent word in each individual sub-corpus. The second most frequent word is the definite article ‘the’, occurring 1,123 times in the corpus, and the third most frequent word in the corpus is the third-person pronoun ‘it’, occurring 1,080 times.

Word	Frequency
1 you	1,444
2 the	1,123
3 it	1,080
4 that	831
5 a	803
6 to	734
7 and	649
8 i	636
9 so	517
10 of	516
11 is	404
12 we	383

13	do	366
14	in	358
15	n't	317
16	can	303
17	if	300
18	not	298
19	on	296
20	be	293

Figure 4.2 *Frequency wordlist*

In addition to producing a frequency wordlist from the corpus, I also produced a frequency list of n-grams (or multi-word expressions). Setting n-gram length to 3-4, the table below shows the 20 most frequent n-grams, excluding the following phrases that were used as notation in the transcripts: 'PUPIL NAME'; 'SCHOOL NAME'; 'TEACHER NAME'; 'NURSE NAME'; 'MEDICAL CENTRE NAME'; 'EXTERNAL GUEST NAME'; 'PUPIL QUESTION'; 'PUPIL RESPONSE'; 'TEACHER QUESTION'; 'TEACHER RESPONSE'; 'EXTERNAL GUEST QUESTION'; 'EXTERNAL GUEST RESPONSE'. In the top five most frequent n-grams, the second-person pronoun is prominent, occurring in the subject position of the following verb phrases: 'you don't' (most frequent), 'you need to' (third most frequent), 'you want to' (fifth most frequent). The collocation of the second-person pronoun with the verbs 'need' and 'want', in 'you need to' and 'you want to' respectively, also points to modality as an interesting and relevant concept to discuss in relation to this dataset (modality will be discussed in more detail throughout **Chapters 5-8**). Additionally, other personal pronouns occur in these high frequency n-grams too. For example, the fourth most frequent n-gram includes the first-person singular pronoun 'I' in the verb phrase 'i don't', and the sixth most frequent n-gram, 'it might be', includes the third-person pronoun 'it'. The occurrence of n-grams such as 'ha ha ha' (second most frequent) and 'ha ha ha ha' (tenth most frequent) represent the notation used for laughter in the transcripts.

	N-gram	Frequency
1	you do n't	46
2	ha ha ha	35

3	you need to	31
4	i do n't	28
5	you want to	19
6	it might be	19
7	do n't want	18
8	a lot of	18
9	do n't wanna	17
10	ha ha ha ha	17
11	need to be	17
12	want you to	16
13	if you want	16
14	you can get	15
15	taking the pill	15
16	the right way	14
17	be able to	14
18	do n't know	13
19	i ca n't	13
20	on the outside	13

Figure 4.3 *N-gram frequency list*

The finding that the second-person pronoun ‘you’ is the most common word in the corpus, and a prominent word within a number of high frequency n-grams, alongside the prevalence of other personal pronouns in both high frequency words and n-grams, shaped my focus in further quantitative analysis towards personal pronouns. The prominence of modal verbs in high frequency n-grams also shaped my focus on modality in my qualitative analysis (see **Chapters 5-8**). In the following sections, I will detail the results of a quantitative analysis of the corpus examining the frequency of personal pronouns across the sub-corpora for each of the three schools included in the dataset, before moving on to explore the referents of the second-person pronouns in the corpus. The following chapters will then provide a qualitative analysis of these

pronouns in context (see **Chapters 5, 7 and 8**). The constraints of this thesis meant that my analytic focus was predominantly refined to the second-person pronoun, but other high-frequency words and n-grams not discussed in detail here could be an interesting area for further research.

4.2 Introducing pronouns

In the most basic terms, a pronoun is a word that can stand in for a noun or noun phrase. Personal pronouns are words that can substitute for a person or group, often to avoid repetition when a person has already been referenced in a sentence. In this section, I discuss the impacts of second-person pronoun use, before detailing the quantitative results of a frequency search for personal pronouns in my dataset of contraception teaching in the classroom (see **Section 4.3**) and results of coding for the referents of second-person pronouns in the corpus (see **Section 4.4**).

Second-person reference has been shown to have important cognitive effects in a variety of contexts. In fictional narratives, readers experience greater immersion in the text when directly addressed with the second-person pronoun as opposed to first-person narration (see Brunyé et al. 2009; Brunyé et al. 2011; Brunyé et al. 2016). According to Brunyé et al. (2009), the second-person pronoun creates a more embodied experience of the text, and when addressed as the protagonist of the story, readers develop ‘a greater internalisation of emotional events’ (Brunyé et al. 2011). As discussed (see **Section 3.3**), the type of second-person reference and the extent to which a reader or listener relates to the phenomenon being described also has an impact on how they engage with the language (see Herman 2002: 342; Gavins 2007: 86). Furthermore, in real-life scenarios, namely in the context of endurance sports, Hardy et al. (2019) found that athletes who used second-person self-talk, as opposed to first-person, performed faster in time-trials and with no perceived extra physical effort. In marketing, pronoun use significantly affects consumer involvement, engagement and brand attitude, with second-person reference positively impacting brand attitude (Cruz et al. 2017; Labrecque, Swani and Stephen 2020). Research into correspondence between authors and reviewers in the academic paper review process has found that second-person pronoun use creates a more personal and engaging conversation, and results in more positive feedback (Sun et al. 2024), and research in charity discourse has shown that second-person pronouns can be effective in engaging a potential donor, but this engaging quality relies on the context in which the pronouns are used (Macrae 2015).

Specifically in the teaching and learning context, research in the university mathematics classroom in the US finds that teachers avoid third-person pronouns in favour of first- and second-person pronouns, and argues that classroom discourse is

distinct from everyday language (Rounds 1987). Research has investigated comparative pronoun use across academic disciplines at university level (e.g. Akoto et al. 2021), and in the secondary school context analysis of a corpus of English lessons in Malaysian schools found ‘you’ to be the most common personal pronoun used by teachers (Ting et al. 2022). Furthermore, second-person reference has been shown to positively impact students’ ability to retain information (Kartal 2010; Moreno and Mayer 2000, 2004). Students addressed with a less formal, more personalised mode of language, characterised by the direct address of first and second-person pronouns, perform better in computer-based learning than students who receive instructional messages in the third-person (Moreno and Mayer 2000, 2004; Reichelt et al. 2014). Furthermore, learners find educational content delivered in the first- and second-person more interesting, more appealing and less difficult than that delivered in a more impersonal style, i.e. using third-person pronouns (Kartal 2010; Zander et al. 2015). What is clear, then, is that pronoun use has a significant impact on learning, with the first and second-person pronouns proven to produce better outcomes in terms of understanding, accessibility and enjoyment. This is particularly relevant to the sex education classroom, where engagement with the content of the lessons is crucial to adolescents’ sexual health outcomes. In a lesson on contraception, accurate understanding of the content has implications for young peoples’ attitudes towards, and decisions about, their own sexual health and that of others. In the following section, I present the results of identifying every instance of all types of personal pronouns in the dataset.

4.3 Investigating pronoun frequency

In this section, I outline the quantitative findings of my corpus search for first-, second- and third-person pronouns. I first break down the findings for each form of personal pronoun individually, before drawing the results together and comparing overall pronoun frequencies across the dataset and between schools. Across the entire corpus, there were 4,548 instances of personal pronoun use, with reasonably similar total quantities in each sub-corpus: the Victoria High School sub-corpus contained 1,337 instances of personal pronouns, the Spring Hill Academy sub-corpus contained 1,625 instances of personal pronouns, and for Nelson Park School this number was 1,586. The quantities of individual person pronouns (first-, second- and third-person) in each sub-corpus are discussed in the following sections.

A number of instances were discounted, and not included in the final totals discussed below, since they occurred in my speech, as opposed to that of the teachers. I retained this speech in the transcription process since it was relatively infrequent and allowed me to preserve any additional context that may later become relevant in the

qualitative analysis process. I manually removed these instances from the total count by first searching for all instances of my speech in my corpus. My speech was always noted as 'KM', so through a simple search for this term I was able to identify all instances to be discounted. Since my speech was comparatively infrequent, I was able to manually count each instance of person pronouns, and remove these from the totals. The results are outlined below.

Second-person pronoun frequency

The second-person subject/object pronoun 'you' is the most common word in the corpus (see **Section 4.1**), and the second-person possessive pronoun 'your' is the 23rd most common word. The categories for the distinct forms of second-person pronouns are as follows: subject/object pronouns ('you'), possessive pronouns ('your'; 'yours') and reflexive pronouns ('yourself', 'yourselves'). In addition to the standard forms of second-person pronouns ('you', 'your', 'yours' etc), there were also several non-'you'-containing words within the transcripts that also pointed to second-person pronoun reference. This was primarily due to the style of my transcription attempting to capture the most realistic stylisation of these words as they were produced by the speaker, rather than prescriptively adjusting them to standard grammar. As such, colloquial forms, including 'y'know', 'yuh' and 'ya' were not captured by searching for grammatically standard second-person pronoun forms, so additional searches were required for these. In hindsight, these colloquial forms would have been standardised in the transcription phase in order to avoid this additional step in the quantitative analysis process. The categories of second-person pronouns are outlined as follows:

- subject/object: 'you' (including contracted forms 'you're'; 'you've'; 'you'd'; 'you'll'; 'd'you'; and non-standard forms 'y'know'; 'yuh'; 'ya')
- possessive: 'your'; 'yours'
- reflexive: 'yourself'; 'yourselves'

Non-standard forms are included in the count of subject/object 'you' as they perform the same grammatical function. Additionally, the quantity of non-standard forms was small compared with the larger count of grammatically standard 'you'. For example, Victoria High School has eight instances of 'y'know', only two instances of 'yuh' and just one instance of 'ya'. Similarly, quantities of non-standard 'you' in Spring Hill Academy equal 25 ('y'know': 25; 'yuh': 0; 'ya': 0), and Nelson Park School has a total of 33 instances of non-standard 'you' ('y'know': 11; 'yuh': 3; 'ya': 19).

Second-person pronoun frequency per school

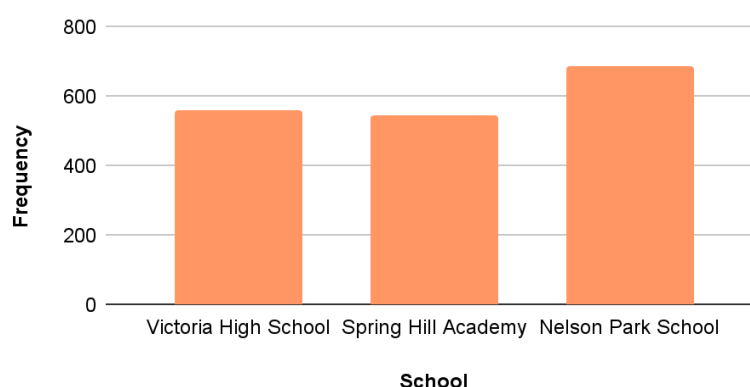


Figure 4.4 *Second-person pronoun frequency per school*

Across the entire dataset, the second-person pronoun is used 1,792 times. Of these, the Victoria High School sub-corpus contributes a total of 559 instances, the Spring Hill Academy sub-corpus has a total of 544 instances, and in the sub-corpus of Nelson Park School the second-person pronoun is used a total of 689 times.

Frequency of second-person pronouns by type per school

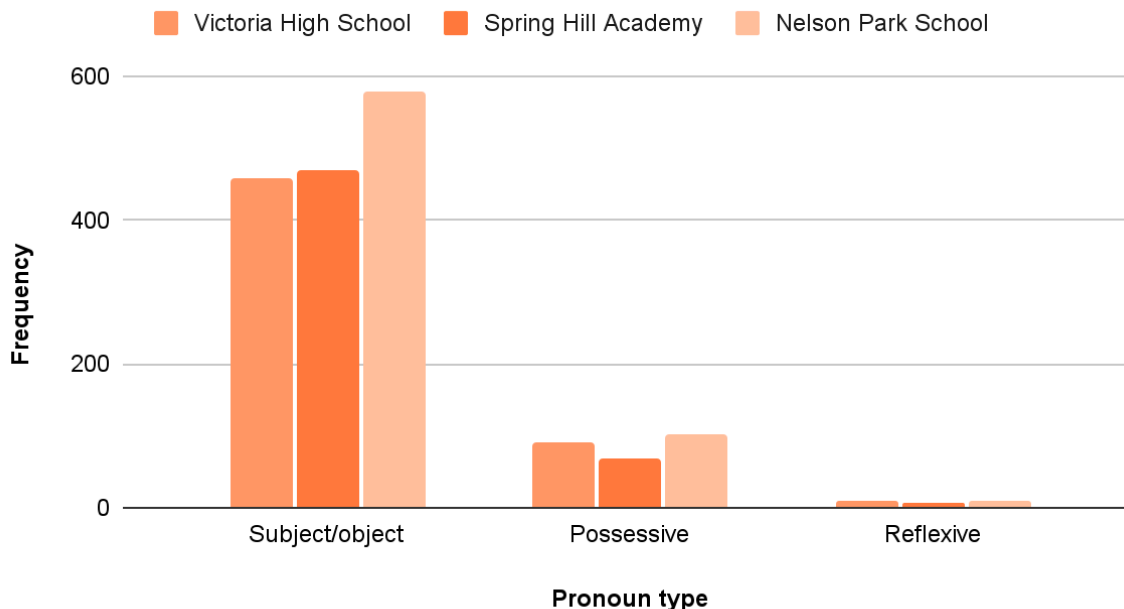


Figure 4.5 *Frequency of second-person pronouns by type per school*

Of the total 559 instances of second-person pronouns in the Victoria High School sub-corpus, there are 458 instances of subject/object ‘you’ (including contracted verb forms and non-standard forms), 92 instances of possessive second-person pronouns

‘your’ and ‘yours’, and 9 instances of reflexive second-person pronouns ‘yourself’ and ‘yourselves’. In the Spring Hill Academy sub-corpus, there are 470 instances of subject/object ‘you’, 68 instances of possessive second-person pronouns, and 6 instances of reflexive second-person pronouns. The Nelson Park School sub-corpus has the highest overall number of second-person pronouns at 689, with subject/object ‘you’ making up 578 of these instances, followed by 103 instances of second-person possessive pronouns, and 8 instances of reflexive second-person pronouns. Across all three schools, the most frequent form of the second-person pronoun is subject/object ‘you’, occurring more frequently than both possessive and reflexive second-person pronouns in each sub-corpus. A total of 10 instances were not included due to being produced by the researcher (zero from Victoria High School; four from Spring Hill Academy; six from Nelson Park School).

Third-person pronoun frequency

The third-person pronoun ‘it’ is the third most frequent word in the dataset (see **Section 4.1**). Variations of third-person pronouns are numerous, including the singular form ‘it’, alongside the gender neutral/plural ‘they’ and gendered third-person singular pronouns ‘he’ and ‘she’. The third-person subject pronoun ‘they’ is the 27th most common word in the corpus, the third-person object pronoun ‘them’ is the 60th most common, the third-person subject pronoun ‘he’ is the 108th most common, the third-person possessive pronoun ‘their’ is the 162nd most common, and the third-person subject pronoun ‘she’ is the 204th most common word. In the following results, contracted variations have been grouped together for the same reasons as discussed in the section above. The count of ‘it’ therefore includes ‘it’s’, ‘it’d’ and ‘it’ll’; ‘they’ includes ‘they’re’, ‘they’ve’, ‘they’d’ and ‘they’ll’; ‘she’ includes ‘she’s’, ‘she’d’ and ‘she’ll’; and ‘he’ includes ‘he’s’, ‘he’d’, ‘he’ll’. Additionally, since the third-person feminine object and possessive pronouns take the same form (‘her’), these instances were manually coded from their surrounding context in the transcripts in order to clarify the function of the pronoun. Variations for the third-person pronoun are outlined below:

- subject/object singular: ‘it’ (including ‘it’s’, ‘it’d’, ‘it’ll’)
- possessive singular: ‘its’
- reflexive singular: ‘itself’
- subject/object neutral/plural: ‘they’ (including ‘they’re’, ‘they’ve’, ‘they’d’, ‘they’ll’); ‘them’
- possessive neutral/plural: ‘their’; ‘theirs’
- reflexive neutral/plural: ‘themselves’; ‘themselves’

- subject/object feminine: ‘she’ (including ‘she’s’; ‘she’d’; ‘she’ll’); ‘her’
- possessive feminine: ‘her’; ‘hers’
- reflexive feminine: ‘herself’
- subject/object masculine: ‘he’ (including ‘he’s’; ‘he’d’; ‘he’ll’); ‘him’
- possessive masculine: ‘his’
- reflexive masculine: ‘himself’

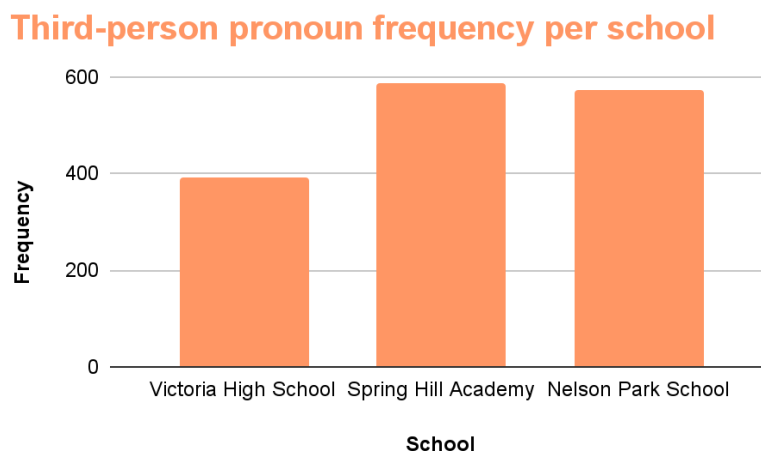


Figure 4.6 *Third-person pronoun frequency per school*

Including all forms of the third-person pronoun, overall third-person pronouns are used slightly less frequently than second-person pronouns the corpus, occurring 1,547 times across the entire dataset. Victoria High School has a total of 391 instances of the third-person pronoun, with 309 of these being the third-person singular form. There are 307 instances of subject/object singular pronouns, two instances of possessive singular pronouns and zero instances of reflexive singular pronouns. 76 of the total third-person pronouns used in this sub-corpus are the gender neutral or plural form. Of these, subject/object neutral/plural third-person pronouns account for 69 instances (‘they’ (49); ‘them’ (20)). There are also seven instances of possessive neutral/plural pronouns and zero instances of reflexive neutral/plural pronouns. There are a total of three instances of third-person feminine pronouns: subject/object third-person pronouns accounted for two of these instances, possessive pronouns made up one of these instances, and there were zero instances of reflexive third-person feminine pronouns. There are also a total of three instances of third-person masculine pronouns. There are two instances of subject/object masculine third-person pronouns, zero instances of possessive pronouns, and one instance of reflexive pronouns. Zero instances of third-person pronouns were discounted from the Victoria High School sub-corpus.

Spring Hill Academy has a total of 585 instances of the third-person pronoun, with 376 of these being the singular form. There are 374 instances of subject/object singular pronouns, two instances of possessive singular pronouns and zero instances of reflexive singular pronouns. There are a total of 177 instances of the gender neutral or plural form. Of these, there are 163 instances of subject/object neutral/plural third-person pronouns ('they' (110); 'them' (53)), 12 instances of possessive neutral/plural third-person pronouns, and two instances of reflexive neutral/plural third-person pronouns. Of the third-person feminine pronouns (five in total), there are four instances of subject/object pronouns, zero instances of possessive pronouns, and one instance of reflexive pronouns. There are 27 instances of third-person masculine pronouns. Of these, there are 25 instances of subject/object pronouns, two instances of possessive pronouns, and zero instances of reflexive pronouns. Three instances of third-person pronouns were discounted from the Spring Hill Academy sub-corpus.

Frequency of third-person pronouns by type per school

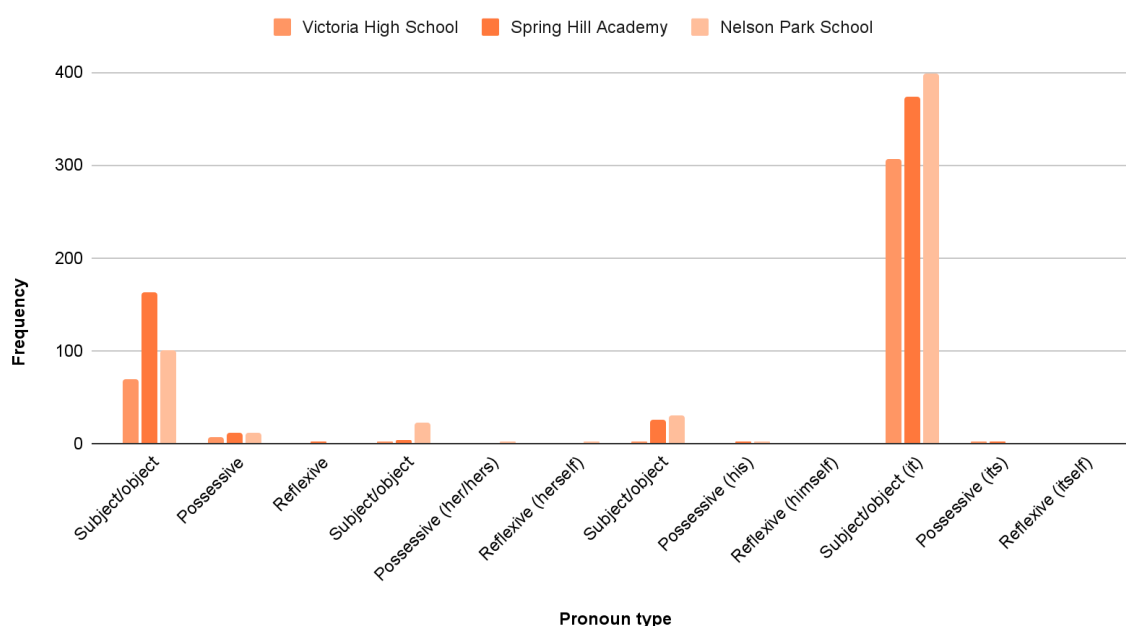


Figure 4.7 Frequency of third-person pronouns by type per school

Nelson Park School has a total of 571 instances of the third-person pronoun, with 400 of these being the singular form. There are 399 instances of singular subject/object pronouns, one instance of singular possessive pronouns and zero instances of reflexive singular pronouns. There are a total of 111 instances of the gender neutral or plural form. Of these, there are 100 instances of subject/object neutral/plural third-person pronouns ('they' (73); 'them' (27)), 11 instances of possessive

neutral/plural third-person pronouns, and zero instances of reflexive neutral/plural third-person pronouns. There are a total of 27 instances of feminine third-person pronouns. Of these, there are 22 instances of subject/object pronouns, three instances of possessive pronouns, and two instances of reflexive pronouns. Finally, there are a total of 33 masculine third-person pronouns. Of these, 30 are subject/object pronouns, three are possessive pronouns, and there are zero instances of reflexive pronouns. Four instances of third-person pronouns were discounted from the Nelson Park School sub-corpus.

First-person pronoun frequency

The first-person subject singular pronoun ‘I’ is the eighth most common word in the dataset (see **Section 4.1**), the first-person subject plural pronoun ‘we’ is the 12th most common, the first-person object singular ‘me’ is the 51st most common, the first-person possessive singular ‘my’ is the 128th most common, and the first-person possessive plural ‘our’ is the 174th most common word. The first-person pronoun singular form is graphologically distinct from the plural form, for example in the subject pronoun ‘I’ and ‘we’. Furthermore, first-person pronouns show graphological distinctions between subject and object pronouns, for example in the first-person singular: ‘I’ (subject pronoun), ‘me’ (object pronoun). Variations of contracted subject pronouns (‘I’ and ‘we’) + verb forms (‘I’m’, ‘I’ve’, ‘we’re’ etc) are included in the category of subject pronouns. Variations in form for first-person pronouns are outlined below:

- subject/object singular: ‘I’ (including ‘I’m’, ‘I’ve’, ‘I’d’, ‘I’ll’); ‘me’
- possessive singular: ‘my’, ‘mine’
- reflexive singular: ‘myself’

- subject/object plural: ‘we’ (including ‘we’re’, ‘we’ve’, ‘we’d’, ‘we’ll’); ‘us’
- possessive plural: ‘our’, ‘ours’
- reflexive plural: ‘ourselves’

The first-person pronoun occurs a total of 1,209 times across the entire dataset. The Victoria High School sub-corpus makes up a total of 387 of these instances, the Spring Hill Academy sub-corpus has a total of 496 instances, and the Nelson Park School sub-corpus has a total 326 instances of first-person pronoun use. Of the 387 instances in the Victoria High School sub-corpus, 224 of these instances are of the singular form, while 163 are in the plural form of the first-person pronoun. First-person singular subject/object pronouns occur 218 times, first-person singular possessive pronouns occur 5 times and first-person singular reflexive pronouns occur once. Of the plural first-person pronouns in the Victoria High School sub-corpus, first-person plural

subject/object pronouns occur 146 times, first-person plural possessive pronouns occur a total of 17 times and there are zero instances of first-person plural reflexive pronouns. Zero instances were discounted.

First-person pronoun frequency per school

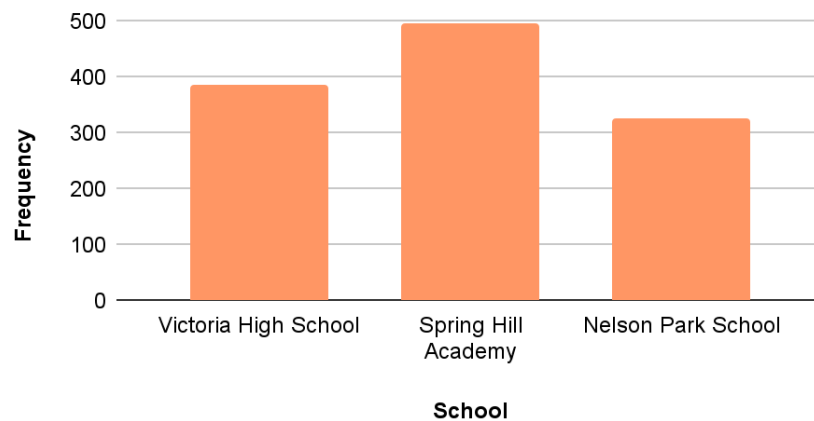


Figure 4.8 *First-person pronoun frequency per school*

Of the 496 instances of first-person pronouns in the Spring Hill Academy sub-corpus, 290 are first-person singular. Of these, first-person singular subject/object pronouns occur 278 times, first-person singular possessive pronouns ‘my’ and ‘mine’ occur a total of 12 times, and there are zero occurrences of first-person singular reflexive pronouns. There are 206 instances of first-person plural pronouns in the Spring Hill Academy sub-corpus. Of these, subject/object plural pronouns occur 196 times, plural possessive pronouns occur a total of 10 times, and there are zero instances of first-person plural reflexive pronouns. Eight instances of first-person pronouns were discounted from the Spring Hill Academy sub-corpus. Of the 326 instances of first-person pronouns in the Nelson Park School sub-corpus, there are 271 instances of first-person singular pronouns, and 55 instances of first-person plural pronouns. Of the first-person singular pronouns, there are 243 instances of subject/object pronouns, 28 instances of possessive pronouns, and zero instances of reflexive pronouns. Of the first-person plural pronouns in the Nelson Park School sub-corpus, subject/object pronouns occur 53 times, possessive pronouns occur once, and reflexive pronouns also occur once. Seven instances of first-person pronouns were discounted from the Nelson Park School sub-corpus.

Frequency of first-person pronouns by type per school

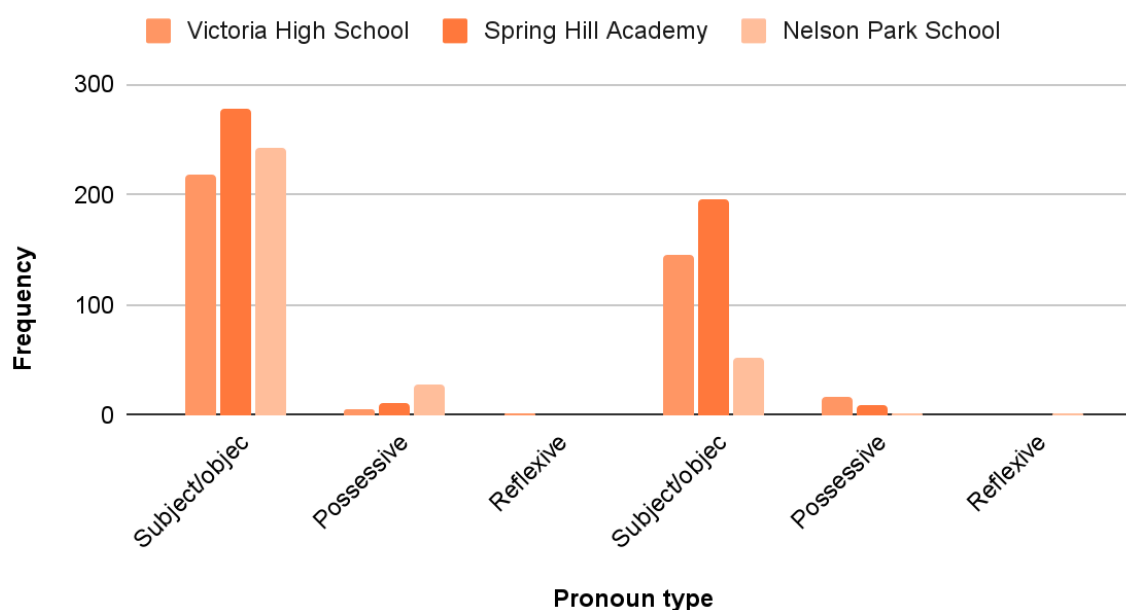


Figure 4.9 *Frequency of first-person pronouns by type per school*

All pronoun variations in context

Across the entire dataset, there are 4,548 instances of personal pronoun use. Total instances of personal pronouns did not vary greatly between each school. The Victoria High School sub-corpus has the lowest total of personal pronouns at 1,337, and the Spring Hill Academy sub-corpus has the highest total of personal pronouns at 1,625. Considering that the Nelson Park School sub-corpus contains a similar number of personal pronouns to the Spring Hill Academy sub-corpus (totalling 1,586), the slightly lower count in the Victoria High School sub-corpus may be accounted for by the fact that this sub-corpus is fractionally smaller than the other two. As discussed above (see **Section 3.3**), the Victoria High School sub-corpus contains a total of 90 minutes lesson time, while the other two sub-corpora each contain 120 minutes of lesson time, resulting in less tokens occurring in the Victoria High School sub-corpus when compared with the other two sub-corpora.

Looking at the corpus as a whole, there are 1,209 instances of first-person pronouns, 1,792 instances of second-person pronouns and 1,547 instances of third-person pronouns. These overall frequencies show a prominence of second-person pronouns in the corpus as a whole. In terms of personal pronoun frequency in each school, second-person pronouns occurred at the greatest frequency, followed by third-person pronouns, then first-person pronouns at the lowest frequency in the sub-corpus for both Victoria High School and Nelson Park School. In the sub-corpus for Spring Hill

Academy, third-person pronouns are the most frequent, and occur at a slightly higher frequency than second-person pronouns, while first-person pronouns are the least frequent. Comparing between the school sub-corpora in more detail, Victoria High School has a total of 1,337 instances of personal pronoun use, with 387 of these being first-person pronouns, 559 being second-person pronouns, and 391 being third-person pronouns. Spring Hill Academy has a total of 1,625 instances of personal pronoun use. Of these, there are 496 occurrences of first-person pronouns, 544 instances of second-person pronouns, and 585 instances of third-person pronouns. Of the total 1,586 instances of pronoun use in Nelson Park School, there are 326 instances of first-person pronouns, 689 instances of second-person pronouns, and 571 instances of third-person pronouns.

Frequency of personal pronouns per school

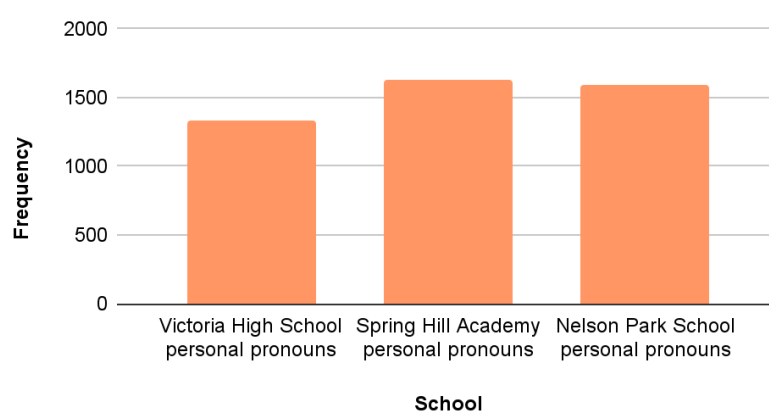


Figure 4.10 *Frequency of personal pronouns per school*

Frequency of personal pronouns by type

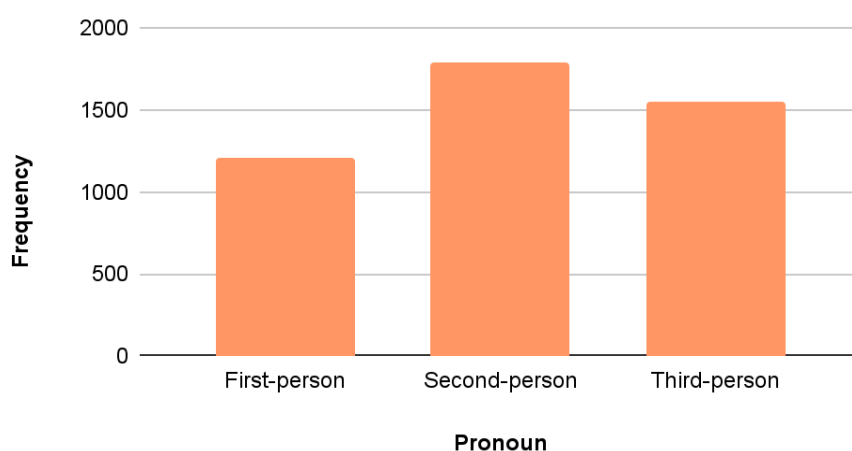


Figure 4.11 *Frequency of personal pronouns by type*

The relative quantities of pronoun usage across each school shows the prominence of second-person pronouns in the corpus as a whole, and in two of the three school sub-corpora. It is worth noting that where second-person pronouns are not the most frequent type of personal pronoun (Spring Hill Academy), they are only marginally less frequent than the most common type of personal pronouns in this sub-corpus. Furthermore, the finding that second-person pronouns were the most frequent type of personal pronouns in the corpus complements findings in the literature that second and first-person pronouns can be a useful teaching tool (e.g. Moreno and Mayer 2000, 2004; Kartal 2010; Ginns et al. 2013; Zander et al. 2015). Given the relative frequency of first and second-person pronouns in each sub-corpora, it can be argued that pupils in these lessons are more engaged in the lesson content, and find it easier to understand (Kartal 2010; Zander et al. 2015). This is crucial in a highly practical classroom context such as contraception teaching. In order to further investigate these pronouns and explore what function the second-person pronouns in the dataset are serving, the following section in this chapter further breaks down the second-person pronouns into categories based on their referent: people with wombs and people with penises.

Frequency of personal pronouns by type per school

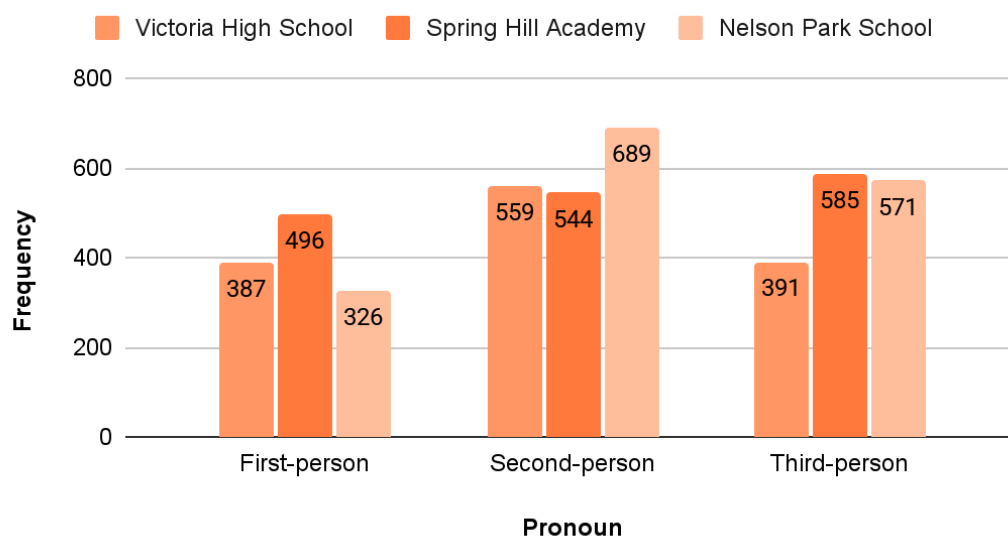


Figure 4.12 *Frequency of personal pronouns by type per school*

4.4 Second-person reference and genitals

The quantitative results above show the relative prominence of the second-person pronoun in my corpus of secondary school contraception lessons. In order to investigate the effect of these pronouns, and consider the implications they might have for narratives of responsibility around contraceptive use, it was necessary to

further categorise each instance of second-person pronoun use in terms of their referent. In Text World Theory terms, the use of second-person reference invites listeners of the discourse, in this case pupils in the classroom, to shift their temporal and/or spatial perspective from their present surroundings and inhabit a different deictic centre in the text-world (Gavins 2007: 40, 73-87; see also Gavins 2013; 2020). In other words, discourse-world participants are invited to ‘project’ a version of themselves into the text-world (Gavins 2007: 40, 73-87). Across all three schools in the dataset, each teacher’s use of second-person pronouns projects an enactor of the pupils into the text-world. In the following example from the first lesson at Victoria High School, the second-person subject and possessive pronouns, ‘you’ and ‘your’ respectively, invite pupils to shift their deictic centre and inhabit the persona of ‘you’: ‘don’t worry if you lose your erection (your penis gets soft) while wearing a condom – this is very common. If this happens you should change condoms’ (060622 line 280-1). In this example, the enactor ‘you’ is advised not to worry if they lose an erection whilst wearing a condom, and subsequently informed that they must remove the condom and replace it with a new one. Evidently, the enactor specified in this example must be a person who can experience having an erection and using an external condom, a group I refer to throughout this and following chapters as ‘people with penises’. In instructive discourse such as these contraception lessons, where the discourse-world participants are known to each other and share the same temporal and spatial parameters, it is not particularly difficult for pupils to conceptualise themselves within the text-worlds created by their teacher (Gavins 2007: 84). This is especially true for a classroom dynamic where the teacher typically holds a greater level of authority over the pupils. Where the teacher is perceived as an authority figure, there is an increased likelihood that pupils will accept the contents of the teacher’s text-worlds as reliable and true (Gavins 2007: 77). However, the extent to which pupils in the discourse-world accept this invitation to project themselves into the text-world depends on how much the projected persona resembles pupils’ characteristics in the real world (Gavins 2007: 86). To return to the example above, people who do not have a penis may find it more difficult to deictically position themselves as a person who may worry about losing an erection.

In a different discourse context, whether or not a participant’s genitals match that of the text-world enactor onto whom they are being projected may not be significantly important, or even relevant. However, in the context of a sex education lesson focused on contraception, a pupil’s assessment of their own anatomy is vitally important to the understanding of the lesson content. Where discourse-world participants are comfortable projecting themselves onto an enactor in the text-world, they can more easily ‘implicate’ themselves in the text-world (Gavins 2007: 86). Returning to the example above, people with penises may find it easier to implicate themselves in the

text-world due to their biological characteristics of having a penis. Meanwhile, people who do not have a penis will not be able to implicate themselves in this text-world where the enactor is specified by the second-person subject pronoun ‘you’ and second-person possessive pronoun ‘your’ in ‘lose your erection (your penis gets soft)’ (060622 line 280) because they are excluded from the address. As I argue throughout the following chapters, where instances of the second-person pronoun refer specifically and exclusively to people with certain anatomical characteristics, pupils who do not possess these characteristics may face difficulty implicating themselves in the discourse (for further exploration of how self-implication occurs in the reading of discourse see Seilman and Larsen 1989; Barnes and Thagard 1997, Oatley and Gholamain 1997; Gerrig and Rapp 2004; Kuiken et al. 2004a; Kuiken et al. 2004b). Furthermore, I argue that where certain pupils are implicated in the text-worlds created throughout the lessons at each of the schools in the dataset, the use of second-person pronouns to reference people with specific genitals has an effect on pupils’ perceptions of responsibility for contraception (see **Chapters 5, 7 and 8**). In the following section, I outline the quantitative results of coding each second-person pronoun for its referent.

Genital-coding results

In Victoria High School, 121 instances of second-person reference could only apply to people with wombs and girls, while 63 instances could only apply to people with penises and boys. There are 232 generic second-person references and 143 instances of second-person pronouns referring gender-neutrally to pupils in the class. This gives a total of 375 genital-neutral instances of second-person pronouns. Zero instances were excluded due to occurring in my own speech.

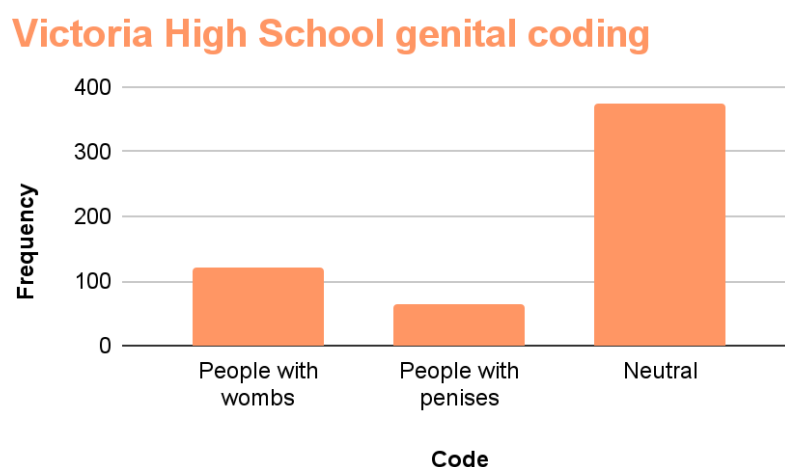


Figure 4.13 *Victoria High School genital coding*

In Spring Hill Academy, four instances of second-person pronouns were excluded as they were contained in my speech, not the teacher's. Of the included pronouns, 68 instances of second-person pronouns could only apply to people with wombs and girls, while 8 instances could only apply to people with penises and boys. There are 358 instances referring genital-neutrally to class pupils, and 110 generic second-person references. This gives a total of 468 genital-neutral instances of second-person pronouns.

Spring Hill Academy genital coding

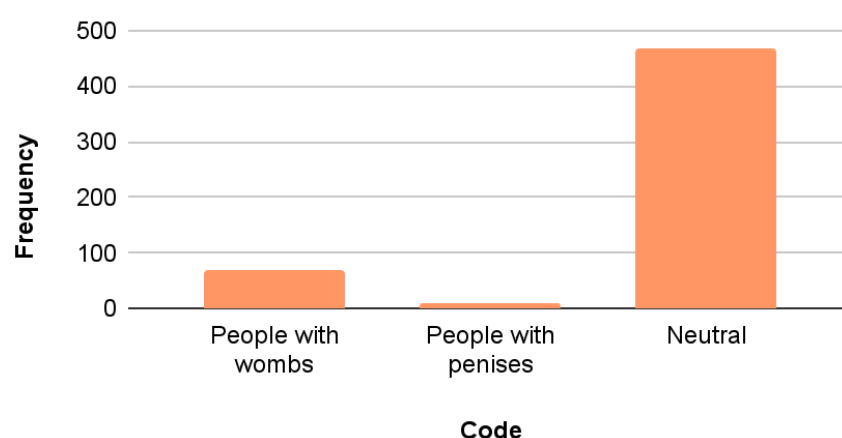


Figure 4.14 *Spring Hill Academy genital coding*

Nelson Park School genital coding

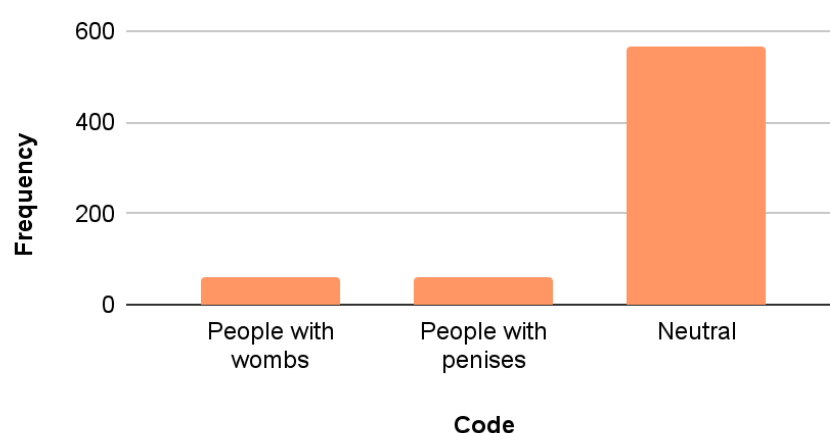


Figure 4.15 *Nelson Park School genital coding*

In the Nelson Park School sub-corpus, six instances of second-person pronouns were excluded as they were produced by me. Of the included pronouns, 62 instances of second-person pronouns could only refer to people with wombs and girls, with 60

instances of second-person pronouns referring only to people with penises and boys. There are 360 genital-neutral references to class pupils, and 207 generic second-person references. This gives a combined total of 567 instances of genital-neutral second-person pronouns.

Frequency of genital-coded second-person pronouns per school

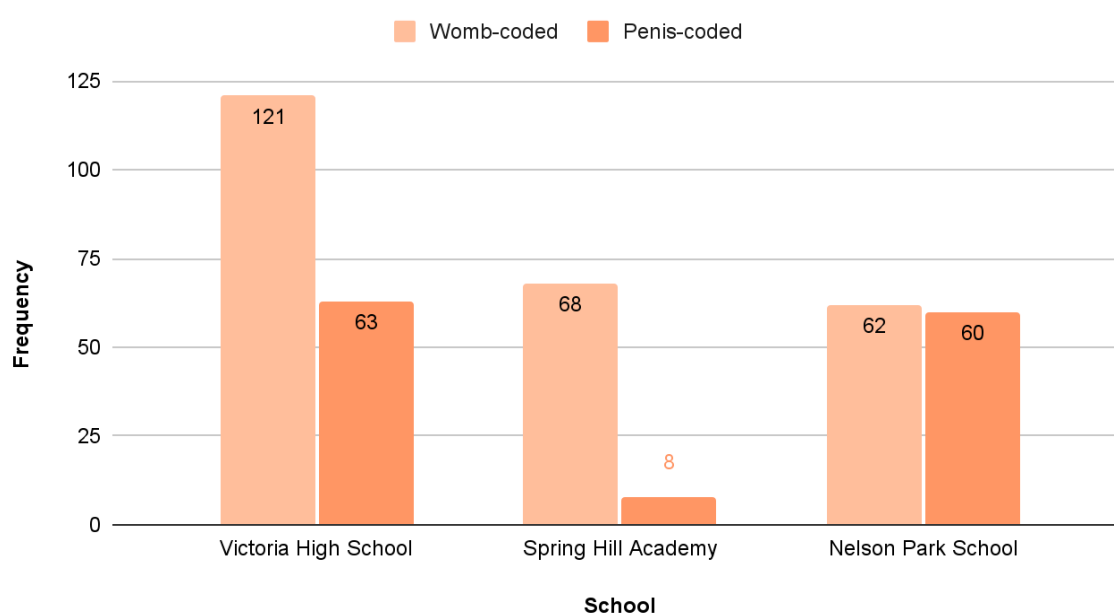


Figure 4.16 *Frequency of genital-coded second-person pronouns per school*

Considering the womb- and penis-coded results in isolation from the neutral-coded second-person pronouns shows with greater clarity the different frequencies of the two types of genital-coded pronouns. The graph above shows the frequencies of just the womb- and penis-coded second-person pronouns across all three schools. While neutral-coded second-person pronouns greatly outnumbered genital-coded second-person pronouns in each school, it is the genital-coded instances that are of most interest to this project. What this quantitative analysis makes clear is that in Victoria High School and Spring Hill Academy, of the pronouns that are womb- or penis-coded, the second-person pronoun can only refer to people with wombs and girls much more frequently than it can only refer to people with penises and boys. The increased quantity of womb-coded second-person reference points to two things: either contraceptives specifically for people with wombs are discussed at greater length than contraceptives for people with penises, and/or, people with wombs are more frequently the direct recipient of information and advice about contraceptives. For Nelson Park School, the quantities of womb- and penis-coded second-person pronouns were more similar, with womb-coded pronouns occurring only slightly

more frequently than penis-coded pronouns. Notably, the teacher at Nelson Park School was training as a sex therapist at the time of data collection, which may have impacted her choice of language and the way in which she framed the concept of sexual responsibility. However, a qualitative analysis is essential in order to further explore this hypothesis (see **Chapter 8**). In order to shed light on this, and explore the context of these genital-coded pronouns in more detail, the following chapters investigate the effects of these pronouns in more detail.

4.5 Conclusions

The quantitative analysis included in this chapter shows the relative frequency of second-person pronouns in my corpus of secondary school contraception lessons. According to Ginns et al. (2013), instructional content that uses the second-person pronoun and direct address is perceived by the student as more engaging, and tends to foster better learning outcomes, so it is perhaps unsurprising to find a high frequency of second-person pronouns in teacher language in the classroom, as observed in this dataset. From a Text World Theory perspective, second-person pronouns, depending on their context and how much the reader or listener is able to identify with the text in which they occur, may enable the listener to more easily project a version of themselves into the text-world (Gavins 2007: 73-87), becoming more involved and immersed in the discourse. However, the ease with which listeners inhabit this projection into the text-world depends greatly on how much the projected persona resembles their real self (Gavins 2007: 86). For example, whether a person's gender matches that of the text-world enactor onto whom they are being invited to project themselves, will affect how comfortable a reader or listener feels inhabiting this projection (Gavins 2007: 86-7). This will be crucial in the coming chapters where I demonstrate further that, while some second-person pronouns neutrally address all or most pupils in the classroom, some second-person pronouns can only refer exclusively to certain pupils, based on sex characteristics. I will argue that the presence, frequency and addressivity of second-person reference in the sex education classroom has implications for pupil learning, and for the development of their attitudes to contraception and sexual health. Looking ahead to the following chapters that present a qualitative analysis of instances of genital-coded second-person pronouns in context, the results of this quantitative analysis lay an important foundation, demonstrating that womb-coding is more frequent than penis-coding in every school. The qualitative analysis in the following chapters is shaped by these results, as I further develop my analysis of womb- and penis-coded pronouns, and discuss each type in turn. Across two following chapters (see **Chapters 5 and 7**) I qualitatively explore the womb-coded pronouns in the corpus, and in the final results and analysis chapter I look at instances of penis-coding (see **Chapter 8**).

5. “You will get pregnant”: womb-coded ‘you’ and conception

The present chapter and **Chapter 7** both investigate the contexts in which second-person pronouns that exclusively refer to people with wombs (which I refer to as ‘womb-coded’) occur. Examining all 251 instances of womb-coded ‘you’ across the dataset, two main themes emerge: conception and contraception. I will firstly discuss instances of womb-coded second-person pronouns in the context of potential pregnancy, which occur 61 times in the dataset (15 in Victoria High School; 24 in Spring Hill Academy; 22 in Nelson Park School). This predominantly includes instances where the second-person pronoun ‘you’ is the subject of the verb process ‘get pregnant’, but also includes other grammatical structures that reference pregnancy, for example ‘you do get bleeding in pregnancy’ (160622 line 208) and ‘it’s harder to get pregnant on your period’ (140722 line 90-1). Many instances refer to the risk of conception, for example, ‘you’re not risking getting pregnant’ (140722 line 173). That pregnancy occurs as one of the two major themes within womb-coded second-person pronouns is perhaps unsurprising considering the fact that only people with wombs can physically conceive a pregnancy. Nonetheless, a closer examination of these instances of womb-coded ‘you’ reveals the nuances of these narratives, identifies further sub-themes and considers the impacts of how these narratives might be conceptualised in the minds of the pupils in each class. Since these examples illustrate womb-coded second-person pronouns that occur in the context of a narrative about conception, most commonly as the subject of the verb process ‘get pregnant’ (e.g. ‘you can get pregnant in any position’ (140722 line 159-60)), they are referred to using the terminology ‘womb-coded ‘you’ + ‘get pregnant’’. The second major theme identified within all instances of womb-coded ‘you’ is the use and functioning of contraceptive devices, which will be discussed in detail in **Chapter 7**.

The grammatical structure of ‘you’ + ‘get pregnant’ is inherently passive, and elides any other party involved in conception (namely, people with penises). While it is possible to ‘get pregnant’ on one’s own, with minimal involvement or interaction with people with penises (through using a sperm donor, for example), this is not the discussion that takes place in these classrooms. Using a sperm donor suggests a purposeful decision to take action to conceive a pregnancy. Instead, the focus in these classes is on unintended pregnancies, with the assumption being that these young people do not want to get pregnant. This is evident as the topic of the lessons is *contraception*, or put simply, how to avoid conception. Furthermore, in the examples discussed, narratives around pregnancy prevention all refer to relationships where

pregnancy is a possibility. As such, the omission of people with penises in the grammatically passive phrase 'get pregnant' is significant. While there are, at minimum, two people necessarily involved in a sexual relationship that carries the possibility of pregnancy, people with penises are elided from the grammatical structure of the verb process, despite being essential to this potential 'risk'. This omission may therefore reproduce the narrative that people with wombs and women alone are responsible for managing the possibility or 'risk' of pregnancy.

The following sections discuss examples from the schools in the dataset, taking each school in turn, before drawing out similarities and conclusions across all three. Due to volume, in some instances it was not possible to include discussion of every example in the respective sub-corpus. Where it was not possible to discuss every instance of womb-coded 'you' + 'get pregnant', the examples given are indicative of the themes present in that sub-corpus, and a full list of tokens can be viewed in **Appendix V**. In Spring Hill Academy, the school nurse discusses pregnancy prevention in terms of fertility and menstrual cycle tracking (**Section 5.1**). Fertility is represented as an inevitable biological process for people with wombs to manage. In the sections on Nelson Park School and Victoria High School, I consider the way in which people with penises are backgrounded in the context of pregnancy risk and prevention, discussing what this means for responsibility (**Sections 5.2 and 5.3**). In the context of the Victoria High School sub-corpus, I also focus on specific examples related to condom usage and responsibility. In this chapter, the discussion is focused on womb-coded 'you', and as such all instances of second-person pronouns discussed can be assumed to refer to people with wombs and girls, unless stated otherwise. In the transcript excerpts included in this chapter, all instances of womb-coded 'you' are emboldened and underlined to distinguish them from other second-person pronouns with other referents.

5.1 Spring Hill Academy: fertility as inevitable

At Spring Hill Academy, a vibrant and lively school (see **Section 3.2**), all instances of womb-coded second-person pronouns occur during the first of two lessons on contraception. This lesson is led by the school nurse, with an introduction and various brief interjections from the pupils' teacher. This section will discuss instances of womb-coded 'you' + 'get pregnant' during this lesson, which occur predominantly in the context of descriptions of the biology of conception, that is, how the body works in order to prepare for and conceive a pregnancy. I discuss the way in which fertility is represented as inevitable for people with wombs, and as such becomes something which must be mitigated and controlled.

In the example below, the possessive second-person pronoun 'your' is used repeatedly to draw focus to the notion that youth correlates positively with fertility: 'your bodies (1.0) most of them at this age are wanting to get pregnant' (160622 line 138-9). One's own fertility is described as 'an important thing (.) to think about' (160622 line 140), with the epistemic modal verb 'think' describing a mental process attributed to people with wombs and producing an epistemic modal-world (see **Section 3.3**). The 'thing' they are being advised to consider is their potential fertility, with the adjective 'important' emphasising the necessity of this mental process. Notably, this advice is directed solely towards people with wombs since this fragment is couched within a wider clause in which the second-person pronoun is exclusively womb-coded: 'it's an important thing (.) to think about in terms of your health that (1.0) your bodies are being are preparing (.) for (.) being pregnant if you're a girl' (160622 lines 140-2). That these second-person pronouns are womb-coded is confirmed by the school nurse's gender reductive clarification 'if you're a girl' (160622 line 142), and further reinforced by the contrastive warning 'and for boys as well being able to get a girl pregnant' (160622 line 142). This contrastive variation, 'and for boys', occurs as a brief addition following an extensive description of how people with wombs' bodies work to prepare for conception, thereby backgrounding its importance. Furthermore, the verb process 'be able' encodes the concept of ability; while pregnancy for people with wombs is framed as a risk, for people with penises it is a competence. In creating an epistemic modal-world (initiated by the verb 'think') with which only people with wombs can engage (due to the womb-coding of the second-person pronoun), the teacher positions people with penises at a greater epistemic distance (Gavins 2007: 87) and places this cognitive load exclusively on people with wombs.

160622

138 their body (1.0) **your** bodies (1.0) most of them at this age are wanting to get
 139 pregnant (1.0) tsk they're w- they're very fertile (.) and they're ready to get
 140 pregnant so (1.0) it's an important thing (.) to think about in terms of **your**
 141 health that (1.0) **your** bodies are being are preparing (.) for (.) being pregnant
 142 if **you**'re a girl (.) and for boys as well being able to get a girl pregnant so it is

Furthermore, the nurse's use of the present continuous tense ('your bodies [...] are wanting' (160622 line 138) and 'your bodies are [...] preparing' (160622 line 141)) frames pregnancy risk as an inevitable consequence of human biology. This is supported by the immediateness of the present tense in the following clauses ('they're very fertile (.) and they're ready to get pregnant' (160622 line 139-40)) where the adjective 'ready' also implies an inclination and preparedness for pregnancy. What is more, the third-person reference ('they') to describe young people with wombs' bodies serves to distance the body from the person (Gavins 2007: 75), and the attribution of a

boulomaic mental state to the body ('wanting') creates an identity for the body that is separate to the person that inhabits it. Despite being contained within one human being, the body is represented as separate to the mind, with a mind of its own. As such, the implication is that these young people's bodies are going through the process of preparing for possible conception in a detached fashion from the individual's wants and desires (the body has its own wants and desires), and this process cannot be paused or reversed. Fertility is, as framed here, a powerful force and an inevitable consequence of going through puberty.

Fertility and responsibility

In framing fertility as presumed, preventing pregnancy becomes an active process, an action that must be carried out to actively combat one's fertility. Furthermore, focusing on the fertility of people with wombs neglects the necessity of people with penises in conceiving a pregnancy and reinforces the stereotyping of women's bodies as a site of risk. In turn, this implies that it is people with wombs who are responsible for mitigating the risk to their bodies, and thereby preventing pregnancy. Embedded within this implication is the notion that people with wombs are also responsible for mitigating the risk not only to their own bodies, but also the risk to people with penises of becoming a father.

There are four main extracts of transcript from Spring Hill Academy that include instances of womb-coded 'you' + 'get pregnant'. The first is included above and the latter three will be discussed below (for a full list of examples of womb-coded 'you' + 'get pregnant' see **Appendix V**). These further instances of womb-coded 'you' + 'get pregnant' in Spring Hill Academy likewise centre around the biological mechanics conception. In the following examples, as above, the primary focus of the narrative is on the way in which fertility is experienced by people with wombs. The need for these individuals to understand their fertility is emphasised through the same adjective as used above, 'important', this time further stressed by the modifier 'really': 'being aware of your periods and when you have your periods is really important for fertility' (160622 line 212-3). The exclusively womb-coded second-person reference is made explicit here by the possessive pronouns pointing to a bodily process only possible for people with wombs: 'your periods'. As such, it is people with wombs who are required to carry out the epistemic task and be 'aware of' their menstrual cycle. The reinforced focus on the importance of understanding one's fertility implies a level of responsibility for one's body, specifically for people with wombs. It is perhaps not unreasonable to suggest an individual take responsibility for the biological processes occurring in their own body. However, in the context of pregnancy prevention, focusing on people with wombs (there are 68 instances of womb-coded second-person pronouns in the sub-corpus for this school, in comparison with just eight instances of

penis-coded second-person pronouns) denies the reality that people with penises are equally essential to the process of conception in the type of sexual relationship that carries the possibility of pregnancy.

160622

207 having periods means that (.) generally speaking **you**'re not pregnant got a bit
208 of a y'know sometimes **you** do get bleeding in pregnancy but they're not pre-

160622

211 understanding (.) what we say is **your** fertility **your** ability to have babies
212 because (1.0) being aware of **your** periods and when **you** have **your** periods is
213 really important for fertility (.) tsk because (2.0) does anyone know when **you**
214 are most likely in **your** menstrual cycle which is **your** period cycle to get
215 pregnant (1.0) yeah [PUPIL RESPONSE] which is when [PUPIL RESPONSE]

160622

217 good it's actually the middle of **your** cycle (.) **you** only get pregnant from day
218 fourteen of **your** cycle and that's really important in terms of **your** fertility
219 because again (.) if we're thinking about (.) erm **your** sexual health it's
220 important **you** know about contraception but it's also important that **you**
221 know about fertility (1.0) all of this is about understanding your bodies to

In the examples above, the discussion of where in the menstrual cycle conceiving a pregnancy is most likely further implies that people with wombs are responsible for monitoring their risk of conception. The school nurse asks pupils 'does anyone know when you are most likely in your menstrual cycle [...] to get pregnant' (160622 line 213-5). As above, the second-person pronouns here are explicitly womb-coded due to their grammatical connection with 'menstrual cycle' so it is clear that the second-person address here is exclusively directed towards people with wombs. An emphasis on fertility responsibility is reinforced by the school nurse's confirmation of the answer to the question she has posed, 'you only get pregnant from day fourteen of your cycle and that's really important in terms of your fertility' (160622 line 217-8), of which all instances of second-person pronouns are also womb-coded. In the latter example, the adjective 'important' emphasises the significance to fertility of understanding one's menstrual cycle. Additionally, in both of these examples, the speaker uses the passive construction 'get pregnant', omitting the actor in this material process. People with wombs are the only enactor explicitly present in the text-world (see **Section 3.3**), while the agent of this material process, people with penises, is omitted from the process of conception. This omission of people with penises from the discourse backgrounds their responsibility in terms of fertility, while portraying fertility as something primarily within the remit of people with wombs. In

turn, this risks reinforcing the cultural stereotype that people with wombs are responsible for controlling conception risk, i.e. through using contraception.

These womb-centred fertility narratives speak to the cultural assumption that people with wombs are primarily responsible for conception and contraception, as opposed to people with penises. Furthermore, the focus on the mechanics of conception and menstruation using second-person pronouns may alienate those who cannot relate. Second-person address facilitates reader or listeners' projection into the text-world, but this is moderated by how much an individual can relate to their projected enactor (Gavins 2007: 86). It would be arguably less likely that people with penises would connect with womb-coded narratives than would people with wombs, and due to their exclusion from the address could therefore not immerse themselves in this section of discourse. This could mean people with penises are less interested in the discourse, less likely to understand and retain the information, and less explicitly aware of their role in fertility management. In arguing the importance of people with wombs being in control of their fertility, this discourse risks both omitting and alienating people with penises.

5.2 Nelson Park School: invisible penises

In Nelson Park School, there were 22 instances of womb-coded 'you' + 'get pregnant'. Having introduced different contraceptive methods in the first lesson at this school, the second lesson was predominantly focused on pupils learning independently. In this lesson, pupils were presented with a pack of Top Trump style cards displaying various forms of contraceptive methods or sexual activity, and invited to play the game in groups while learning about different contraceptives. Each card showed either a contraceptive device, such as the contraceptive pill, or a type of sexual activity, such as 'anal sex' or 'sex standing up'. On each card, as is standard in a game of Top Trumps, the method or activity was ranked for various relevant properties, including reliability and effectiveness at preventing pregnancy. Before inviting pupils to play the game, the teacher ran through each card with the entire group and elicited responses as to whether the class believed the method or activity shown on the card to be a reliable strategy for preventing pregnancy. As such, the format of this introductory section of the lesson involved the teacher naming the method shown on the card and asking pupils if it is possible to 'get pregnant' when doing certain activities, for example 'can you get pregnant from anal sex' (140722 line 142). Notably, the questions are not framed in a way to ask whether these methods would prevent pregnancy (which could be a shared pursuit), but rather, using the passive voice, ask if they would stop an individual '*getting pregnant*' (which is a significantly more individual pursuit). The teacher runs through each card with the class and discusses

the corresponding method or activity's merits when it comes to preventing pregnancy, before handing round packs of cards to groups of pupils.

140722

156 think that helps (.) d'you think that stops **you** getting pregnant sex standing
157 up ha ha ha ha ha ha I should have handed these out I should have got you all

140722

159 wanna play the game (.) okay (.) so there's sex standing up **you** can get
160 pregnant in any position you can catch STIs in any position (.) oh no this is my

As above, prompted by a card entitled 'sex standing up', the teacher explains that a pregnancy can be conceived in any sexual position. The teacher asks 'd'you think that stops you getting pregnant sex standing up' (140722 line 156-7). Here, the first instance of the second-person pronoun, 'd'you' refers gender neutrally to all pupils in the class as they are asked a direct question to elicit a response: 'd'you think'. The second instance, 'stops you getting pregnant', can only refer to people with wombs since they are the only people capable of getting pregnant (whether standing up or not). As discussed (see **Section 3.3**), there is a possibility that since there is no grammatical distinction between the singular and plural second-person pronoun in English, the 'you' here could be inclusive of both people with wombs and people with penises. However, this interpretation is unlikely, as argued previously, since the discourse is taking place in a secondary school classroom context, during a lesson focused on contraception. As a follow up, the teacher tells pupils 'you can get pregnant in any position' (140722 line 159-60). Again, the second-person subject pronoun here refers exclusively to people with wombs. As such, in Text World Theory terms, there is just one enactor (see **Section 3.3**) explicitly present in the text-world: the person who can get pregnant. Logically, we know that there both must be another party involved in the sexual activity ('sex standing up'), and that this party must be a person with a penis if there is to be a risk of conception in the situation described ('you can get pregnant'). However, this person is elided by the passive construction 'getting pregnant' and as a result the explicitly present enactor (people with wombs) is foregrounded in the minds of the listeners of this discourse. The passive construction 'get pregnant' frames the material process of conception as something that happens to a person, rather than something another person does to them, or is done together, all the while omitting the agent of this process: people with penises.

A notable exception to this observation exists in the following example: 'can you get pregnant from self pleasure' (140722 line 178). Similar to the example above, this excludes any involvement of people with penises in conceiving an unintended pregnancy. However, in this text-world, no other party necessarily *needs* to exist for it

to make logical sense. Whilst masturbation might be something one does in the presence of another person, or during sex with another person, this is not essential to its definition. Unlike most other types of sex, it can be done alone.

140722

177 entrance to the cervix so sperm can't get in (2.0) masturbation is that a kind

178 of safe sex (.) can **you** get pregnant from self pleasure (1.0) [PUPIL RESPONSE]

In this text-world, as in the example discussed above, only one enactor exists. Since this example discusses masturbation, and relies on the stereotypical assumption that masturbation is a solitary pursuit, pregnancy is not even a hypothetical possibility here. The enactor, 'you', in this text world has absolutely no risk of getting pregnant because there is no other actor necessary to the sexual act described.

Conception risk and responsibility

In further examples from this section of the lesson, the possibility of conceiving a pregnancy is likewise represented as a passive process, with the agent elided. Furthermore, in the examples discussed below, conception is explicitly referred to as a 'risk': 'then you're not risking getting pregnant' (140722 line 173). In this example, the teacher discusses the merits of non-penetrative sex in terms of pregnancy prevention. Again, the second-person pronoun here must refer to people with wombs and women as only they are capable of 'getting pregnant'. That the possibility of conceiving a pregnancy is described as a 'risk' necessitates a corresponding level of responsibility that must be taken to manage that risk. Here, 'you' (people with wombs) are presented as the taker (or, in this case, the non-taker due to the negation 'not') of that risk. While the agent of the passive construction 'getting pregnant' (people with penises) is omitted here, the agent of the material process 'risking' (people with wombs) is explicitly represented by the second-person subject pronoun 'you'. Meanwhile, people with penises are notably backgrounded in the text-world having been given no explicit referent.

140722

172 can bring and receive pleasure in so many different ways (.) that are not

173 penetrative yeah so then **you**'re not risking getting pregnant (1.0) tsk internal

In another example, the teacher entertains the idea that while anal sex is not zero risk in terms of pregnancy due to the nature of how bodily fluids move around, it is 'low risk' for unintended pregnancy. In this instance, risk appears as a noun in the phrase 'so you could [get pregnant] but it's low risk' (140722 line 145). The preceding second-person pronoun 'you' ahead of the deontic modal verb 'could' reinforces that

pregnancy from anal sex is a possibility, but it is a significantly small possibility. The repeated use of womb-coded second-person pronouns throughout this section of speech (140722 line 142-5), while people with penises are notably absent from the discourse reinforces the focus on people with wombs, implying that this 'risk' is theirs to mitigate.

140722

142 fertility awareness anal sex can **you** get pregnant from anal sex [PUPIL
143 RESPONSE] if the sperm dribbles out **your** bumhole and then goes around
144 **your** vagina then h- h- it's could be possible you're making me laugh <PUPIL
145 NAME> don't look at me and laugh um (.) tsk so **you** could but it's low risk but

140722

275 STIs unless they are cheating (1.0) but pregnancy is a risk and **you** wanna be
276 in control of when **you** wanna have kids and not have kids (1.0) and there's

Later in the same lesson, 'risk' occurs as a noun in the clause 'but pregnancy is a risk and you wanna be in control' (140722 line 275-6). It could be read that in this instance the teacher is implying that *being* pregnant itself is risky, but the wider context of this clause clarifies that the teacher is implying there is a risk of conception, rather than stating that being pregnant is a risk in itself. The repeated boulomaic modal verb 'wanna' in 'you wanna be in control of when you wanna have kids' (140722 line 275-6) models what the enactor 'you' desires. As in the examples discussed above, the enactor 'you' is womb-coded and in combining the second-person pronoun with the boulomaic modal verb 'wanna', the teacher extends a projection of what people with wombs ought to want or desire, creating a boulomaic modal-world. The teacher models the minds of her pupils, projecting a presumption of what their desires are, that they want to 'be in control of when [they] have kids'. It is worth noting that this is a projection by the teacher and may not actually reflect the pupils' desires (they may not have any interest in maintaining control of this type). Nonetheless, the teacher's authority in the classroom context adds weight to this projection and works to enforce what pupils *should* (in her opinion) desire. Combined with her authority and relative power as the pupils' teacher, this modal-world can be perceived as an instruction to the pupils in the class. This is reinforced by the use of the second-person pronoun as the subject of the clause which directly addresses people with wombs. As such, people with wombs are framed as both the recipients of the 'risk' of conception, and as those who must be responsible, or 'wanna be in control', of their fertility, i.e. pregnancy prevention. All of this suggests a level of responsibility on the part of people with wombs, meanwhile people with penises are not implicated.

The apportioning of risk and responsibility also occurs in less explicit terms in the context of womb-coded 'you' + 'get pregnant'. In the example below, pregnancy is framed as a risk more implicitly through the euphemistic verb phrase 'you get caught out' (140722 line 94) and the noun phrase 'big old gamble' (140722 line 94). As above, the instances of second-person pronouns here are explicitly womb-coded due to their grammatical relationship with body parts and functions: 'your period' (140722 90-1); 'your egg' (140722 92). In the penultimate lines of the extract below, 'it could be that the egg gets released early and you get caught out so it's a big old gamble that one' (140722 line 93-4), the euphemistic material verb process 'get caught out' mirrors the passive construction of earlier 'get pregnant' examples. As with the examples discussed above, the recipient of the verb process is the enactor represented by womb-coded 'you', and no other enactor is present in this process. It could be argued that the second-person pronoun here is plural, as in it is the couple who is 'caught out'. However, the modifying clause 'though it is less likely to get pregnant on your period' (140722 line 94-5) confirms that 'you' is womb-coded due to the relationship of the second-person possessive pronoun with a bodily process only experienced by people with wombs, 'your period'. Furthermore, the imperative verb phrase only possible for people with wombs, 'to get pregnant', sits in syntactic parallel with the earlier 'get caught out', reaffirming that the second-person address in both this clause, and the clause it is modifying, are womb-coded. As a result, 'getting caught out', and taking 'a big old gamble' are framed as a primary concern for people with wombs. In turn, since these people become the site of risk, they are subsequently implicitly presented as responsible for mitigating that risk.

140722

90 why's that in there [PUPIL RESPONSE] it's harder to get pregnant on **your**
 91 period but not impossible because not everybody (1.0) ovulates releases an
 92 egg at regular intervals so if **your** egg is released early and sperm can live for
 93 five days inside the body (.) it could be that the egg gets released early and
 94 **you** get caught out so it's a big old gamble that one tsk though it is less likely
 95 to get pregnant on **your** period particularly early on **your** period ermmm (.)

In the examples discussed in this section, people with penises are backgrounded or not at all present in the text-worlds created by the teacher's speech through use of the passive constructions. The result is a primary focus on the bodies of people with wombs as a site of risk for unintended pregnancy. The repeated passive construction 'get pregnant' in combination with womb-coded 'you' foregrounds people with wombs and neglects the relevance of people with penises. The explicit and euphemistic references to unintended pregnancy as a 'risk' or 'big old gamble' reinforces the representation of conception as a threat, with people with wombs burdened with mitigating this risk. This language reinforces the assumption that people with wombs

are responsible for pregnancy prevention, neglecting the crucial involvement of people with penises in the process of conception. This has the potential to reinforce the assumption that people with wombs and women are responsible for pregnancy prevention.

In terms of risk, pregnancy and caring for a child is a much greater physical, emotional and financial burden and 'risk' to the person physically carrying the pregnancy. However, the risk described here is purely focused on the initial conception of a pregnancy. While the physical, emotional and financial burdens that follow will likely fall disproportionately on the pregnant person, the initial specific risk of conception is its own risk factor that is created equally by both parties involved. Representing this risk as something primarily experienced by people with wombs belies the fact that there is necessarily (in the context of sex education lessons on contraception) more than one person involved in creating a pregnancy. Nonetheless, the repercussions of an unintended pregnancy is not entirely risk-free for people with penises. While there is less physical risk to health, there is a financial and emotional burden at play, albeit easier for people with penises to abscond from this responsibility.

The use of second-person address makes the content more relatable and easier to engage with for pupils. In Text World Theory terms, the use of second-person pronouns allows pupils to more easily project an enactor of themselves into the text-world, but only if they align with the attributes of this projected enactor, i.e. have a womb (see **Sections 3.3 and 4.4**). As such, when this second-person address can only logically refer to people with wombs, it is easier for these pupils to engage with the discourse. On the contrary, people with penises and boys may find it harder to project themselves into the text-world since they are not specified by womb-coded second-person address. Where people with penises are given no explicit text-world referent, these pupils in the class have no enactor onto which they can anchor themselves. When people with penises do not relate to the enactors presented in the text-world, they may not receive the benefits of second-person address in making lesson content more engaging and memorable.

140722

347 that's it [PUPIL RESPONSE] (3.0) contraception is so that **you** can have sex
 348 without getting pregnant [PUPIL RESPONSE] so it's not like [PUPILRESPONSE]
 349 yeah so **you** can just enjoy it so not to have children (1.0) but for pleasure
 350 without getting pregnant (6.0) [PUPIL RESPONSE] noo (3.0) how are you and

There is one additional example from this sub-corpus that is worth noting here. While reproducing many of the same effects discussed in this section, the example included

above makes an explicit reference to pleasure in the context of sex and pregnancy prevention. There is limited scope to discuss this here, but the theme of pleasure in line with contraceptive use will be discussed further in **Section 8.3**, and could also point to an interesting area for further research on the representation of contraception in the secondary school sex education classroom.

5.3 Victoria High School: condoms, and more invisible penises

There are similar patterns in Victoria High School as identified in Nelson Park School in terms of risk and responsibility in womb-coded 'you' + 'get pregnant' although there is an interesting additional focus on condoms that occurs in Victoria High School. The instances discussed below all occur in the first of three lessons on contraception at Victoria High School. All instances of womb-coded 'you' + 'get pregnant' occurred in this first of three lessons, except for one instance in the third lesson, which will be discussed in **Chapter 7** as it occurs amongst a number of instances that were coded as 'contraception'.

In the following example, the teacher describes the ineffectiveness of the withdrawal method (or 'pulling out') by modelling a hypothetical partners' speech: 'they say well technically then you're not gonna get pregnant [...] I've not actually erm y'know put sperm inside you so you're not actually gonna get pregnant' (060622 line 162-5). This reported speech serves to mimic what a person might hear from a partner in regards to pregnancy prevention techniques, before the teacher then goes on to explain why this is incorrect. The teacher explains this in the most firm, simple and explicit terms: 'team track me this is an appalling method this is literally appalling' (060622 line 165-6). The teacher reinforces the pupils' attention on the message by preceding it with the collective noun this teacher frequently uses to refer to the pupils, 'team', followed by an imperative phrase used commonly by this school to attract and focus pupils' attention, 'track me'. The call to action, or lesson for pupils to take away, comes at the end of this section: 'don't put anything near anything cos you could get pregnant' (060622 line 166-7). Here, the negated imperative 'don't put' instructs pupils how to conduct themselves in a sexual situation in order to avoid pregnancy. However, the womb-coded second-person pronoun in 'you could get pregnant' contained within the subordinate clause of this sentence, 'cos you could get pregnant', suggests that this advice applies only to people with wombs.

060622

162 withdraws before the sperm comes out and they say well technically then
163 **you**'re not gonna get pregnant nodding if that makes sense to yuh so the idea

164 there is that people are saying ah well I've not actually erm y'know put sperm
 165 inside **you** so **you**'re not actually gonna get pregnant team track me this is an
 166 appalling method this is literally appalling don't put anything near anything
 167 cos **you** could get pregnant (.) does that make sense so this idea of

As in the examples in the sections above, people with penises are elided by the passive construction 'get pregnant'. However, this is particularly significant in the present example since the instruction to not 'put anything near anything' logically must refer, at least in part, to people with penises. Breaking this down, one 'anything' in the highly euphemistic imperative phrase 'don't put anything near anything' (060622 line 166) must refer to a part on a person's body or an object (such as a sex toy, although this is less likely given the context of the lesson) that has sperm on it and could potentially come into contact with the genitals of a person with a womb. The other 'anything', for there to be a possibility of pregnancy in this sexual interaction, must refer to some part of the genitals of a person with a womb. It is ambiguous here which of the 'anythings' refers to people with penises and which refers to people with wombs, so it is unclear which of these entities is the actor of the transitive verb 'put'. Nonetheless, while there is evidently both a person with a penis and a person with a womb required for this scenario to carry the possibility of conception, by qualifying this imperative with the womb-coded phrase 'cos you could get pregnant' (060622 line 167), and euphemistically referring to sperm as 'anything', people with penises are obscured and backgrounded. Arguably, the imperative 'don't put' could refer to the whole class as specified by the teacher's neutral address 'team', although this likewise becomes less clear as a result of the subordinate clause 'cos you could get pregnant' (060622 line 167). Since this clause is necessarily womb-coded (only people with wombs can 'get pregnant') and modifies the prior instruction 'don't put anything near anything', whether this prior imperative is actually addressed neutrally to all pupils becomes a lot less clear. The instruction discussed here ('don't put anything near anything cos you could get pregnant') sets up a conditional construction where the imperative phrase 'don't put anything near anything' produces a theoretical situation, or 'protasis' (see **Section 3.3**), foregrounded in the form of a negated text-world initiated by the negative verb construction 'don't'. The apodosis (see **Section 3.3**) of this conditional, 'you could get pregnant', realises the consequences of the actions described in the protasis. Therefore, the imperative ('don't put anything near anything') must refer to people with wombs since it is they who are implicated in the apodosis of this hypothetical scenario: 'you could get pregnant'. The use of imperatives as an instructive device underscores the importance of responsibility in the act of preventing pregnancy. Furthermore, the use of womb-coded language in this conditional construction excludes people with penises from the consequences of the actions described in the protasis element of the conditional construction, despite

the necessary presence of their body parts constituting one of the 'anythings' discussed above. In this example, despite people with penises being the risk factor for the withdrawal method, people with wombs are represented as the primary source of this responsibility for pregnancy prevention.

Condoms and agency

Several instances of womb-coded 'you' + 'get pregnant' in Victoria High School occurred in the context of condoms. Condoms of the variety discussed in this class (external condoms) are exclusively used by people with penises. As in the example below, condoms are described in terms of both their benefits as a contraceptive and as a method to prevent STIs: 'a condom is a barrier will stop you getting STIs and stop you getting pregnant' (060622 line 72-3). The second instance of the second-person pronoun ('stop you getting pregnant') clearly refers exclusively to people with wombs as they are the only people capable of pregnancy. However, the first instance of the second-person pronoun ('stop you getting STIs') is arguably also womb-coded since it is joined to the following clause by the conjunction 'and'. While condoms protect both parties from STIs, the grammatical framing of this section of the teacher's speech suggests that the benefits of external condom use are experienced only by the non-wearer of the condom, and obscures the fact that condom use protects the wearer from STIs too.

060622

72 it'll stop it so it so so a condom is a barrier will stop **you** getting STIs and stop
73 **you** getting pregnant will the pill stop **you** getting pregnant (2.0) yeah will it
74 stop **you** getting STIs (3.0) I mean I'm getting nods and shakes but I'd like it

The second-person object pronoun 'you' projects an enactor of the listener into the text world based on the shared attributes an individual has with this text-world referent. In this case, the second-person pronoun refers exclusively to people with wombs, and people with penises are notably absent from the text-world, despite being an active party in the use of this particular contraceptive. Even more, it is the *condom itself* that is presented as preventing pregnancy, rather than the action of a person wearing a condom: 'a condom is a barrier will stop you getting [...] pregnant' (060622 72-3). Remarkably, the inanimate condom becomes an active enactor in the text-world, all while people with penises are backgrounded (see **Section 6.2** for further discussion of the ways in which inanimate objects are attributed agency in the processes of conception and contraception). In terms of agency, it is the condom that is actively preventing pregnancy, rather than a person deciding to wear a condom.

A particularly interesting instance of womb-coded 'you' + 'get pregnant' in the context of condoms occurs in a section of the pupil's learning booklets, which is read aloud by a pupil during the lesson. In the following example consisting of an excerpt from the pupils' learning booklets, read aloud verbatim, the first two instances of 'you', 'if you use condoms [...] you have sex' (060622 line 134), suggest gender neutrality. These two instances of the second-person pronoun could be referring to people of any sex, or even collaboratively to both people involved in a sexual interaction where pregnancy is a possibility. This is supported by the generic, non-specific 'people' in 'people aren't perfect' (060622 line 135). So far, there are no cues that this 'you' is either penis- or womb-coded. However, in a repetition of the generic noun 'people' in 'about 15 out of 100 people who use condoms as their only birth control method will get pregnant each year' (060622 line 136-7) there is a sudden shift in who this extract of text is addressing. In this fragment, 'people' can only logically refer exclusively to people with the capacity for pregnancy. In this scenario, strangely, the people who 'use condoms' and 'will get pregnant' are the same, i.e. people with wombs.

060622

134 *[If you use condoms perfectly every single time you have sex, they're 98%*
 135 *effective at preventing pregnancy. But people aren't perfect, so in real life*
 136 *condoms are about 85% effective – that means about 15 out of 100 people*
 137 *who use condoms as their only birth control method will get pregnant each*
 138 *year. The better you are about using condoms correctly every time you have*
 139 *sex, the better they'll work. But there's a small chance that **you** will get*
 140 *pregnant even if **you** always use them the right way.]*

The final two second-person pronouns in this short extract are undeniably referring to people with wombs: 'there's a small chance you will get pregnant even if you always use them the right way' (060622 line 139-40). This second instance 'even if you always use them the right way' (060622 line 140) is particularly interesting. As with the example described above, the second-person pronoun refers to the person who would physically carry the pregnancy even though this person and the person using the condom are mutually exclusive. It is not typically possible for a person to both become pregnant and use an external condom on their own body. This contradiction is supported further by the prior two instances of 'you' in this extract: 'the better you are about using condoms correctly every time you have sex, the better they'll work' (060622 line 138-9). In isolation, the intended recipient of these second-person pronouns is ambiguous in the sense that they could either be taken to refer in the plural sense to all parties involved in a sexual interaction where pregnancy is a possibility, or, exclusively to people with penises as they are the primary users of this type of contraceptive method. However, this sentence is sandwiched between two implicitly womb-coded statements, as discussed above. Therefore, there is a

possibility that these pronouns could also be perceived as referring exclusively to people with wombs. In this excerpt, both the user and the beneficiary of the external condom is represented as a person with a womb.

060622

142 we've gotta be realistic it is a small chance circle it team it is a small chance (.)

143 but whatever **you** do if **you're** [h]aving sex there's a chance **you** could get

144 pregnant let's be realistic yeah but still **you** have to have confidence that this

This final example included above echoes the sentiment of the first example discussed in this section. While not quite so evocative as that earlier example ('don't put anything near anything cos you could get pregnant' (060622 line 166-7)), this instance of the second-person pronoun nonetheless explicitly states that penis-in-vagina sex has an inherent possibility of pregnancy attached to it: 'if you're [h]aving sex there's a chance you could get pregnant' (060622 line 143-4). Occurring immediately after the previous excerpt from the pupils learning booklet, this extract represents the teacher's response to the section that has just been read aloud. In this reinforcement of the paragraph that has just been read aloud verbatim, the teacher instructs pupils to highlight a section of that paragraph in their learning booklets: 'circle it team' (060622 line 142). The teacher then goes on to expand on the prior statements by reminding pupils that sex carries the possibility of pregnancy. This is a rather broad brush approach to sex, and denies the reality that many types of sex (such as oral sex or anal sex) or sexual relationships (such as same-sex relationships) do *not* carry any possibility of pregnancy. Nonetheless, for the purposes of this discussion it can be assumed that what is meant by 'sex' here is specifically penis-in-vagina sex as this *does* carry the possibility of pregnancy and is commonly misrepresented as the only type of sex available. Still within a discussion of condom usage, the second-person pronouns remain womb-coded through this example and analysis of their effects echoes earlier discussions of the passive construction 'get pregnant'. Furthermore, the mitigated implication of risk in 'a chance you could get pregnant' (060622 line 143-4) represents the bodies of people with wombs as sites of risk. In centring people with wombs in this narrative, and framing pregnancy risk in terms of their bodies, the discourse puts the onus and responsibility for preventing pregnancy onto the person with a womb, rather than onto the person with a penis who is the only one who could possibly be wearing the external condom. In this way, unprotected sex is framed as risky only for people with wombs.

There is a possibility that some instances of second-person pronouns here could apply to both people with wombs *and* people with penises. For example, in the sentence 'there's a small chance you will get pregnant even if you always use them the right way' (060622 line 139-40), it is possible that while the first instance of 'you' must be

womb-coded, the second could be plural. Further investigation would be required to assess whether pupils perceived the pronouns this way or not. Nonetheless, the inclusion of explicitly womb-coded second-person pronouns may sway pupils in favour of womb-coded over plural. This use of womb-coded 'you' is particularly interesting here since it occurs in the context of condoms. As will be discussed in **Chapter 7**, it seems logical (if not always appropriate) that people with wombs are centred in discussions of contraceptives that are made specifically for them, such as the contraceptive pill or the implant. However, it seems surprising that people with wombs should be represented as responsible for one of the very few contraceptive options available for people with penises too.

5.4 Conclusions

This chapter has outlined the ways in which womb-coded second-person pronouns occur in the context of conception, predominantly as the subject of the verb process 'get pregnant'. Examples across all three schools were investigated and explored for how they represent risk and responsibility. All three schools demonstrate various ways in which people with wombs are portrayed as both at risk of pregnancy, and responsible for contraception. In Spring Hill Academy, the bodies of people with wombs are represented as a site of risk due to their inevitable fertility, and as a result people with wombs are portrayed as the actors responsible for mitigating this risk. In my analysis of examples from Nelson Park School, the discussion centred on the backgrounding of people with penises in the text-world. By contrast, people with wombs are persistently foregrounded and risk is both explicitly and euphemistically discussed by the teacher. Excerpts from Victoria High School likewise focus on the absence of people with penises from the text-world, this time specifically in relation to condoms, creating the strange implication that people with wombs are the primary users of external condoms. Overall, these examples reflect cultural attitudes to responsibility for pregnancy prevention and illustrate the ways in which people with wombs are regularly framed as the party responsible for contraception, while people with penises are omitted from the discourse. Furthermore, if second-person pronouns make lesson content more engaging and easier to understand, these findings raise questions about whether all pupils would benefit equally from this use of pronouns. While people with wombs may find it easier to immerse themselves in the teacher's discourse, people with penises may struggle to do this to the same degree and as such may not benefit as greatly from this vital educational content.

Following the finding that conception is one of the main contexts in which womb-coded second-person pronouns occur, particularly in the context of the verb phrase 'get pregnant', the next chapter explores the noun 'pregnancy' and adjective

'pregnant' in the dataset, investigating the verb collocates for each. **Chapter 7** then returns to womb-coded second-person pronouns and explores the second theme identified amongst these pronouns: contraception use and function. Finally, **Chapter 8** explores penis-coded second-person pronouns.

6. Pregnancy verbs and their agents

The focus of the lessons in this dataset is contraception, which by its definition is the prevention of pregnancy. In order to further explore how pregnancy (and its prevention) are represented in terms of risk and responsibility, this chapter examines the verb processes that occur in combination with the adjective ‘pregnant’ and the noun ‘pregnancy’. Agency is particularly relevant in the context of a discussion of responsibility distribution since different types of verb processes can have varying effects on the discourse, as will be discussed below. Furthermore, the previous two chapters illustrated the prominence of the second-person pronoun ‘you’ in the corpus. The previous chapter identified conception and pregnancy as one of the key contexts in which womb-coded second-person pronouns occur in the dataset. Many instances of the noun ‘pregnancy’ and adjective ‘pregnant’ occur in combination with a womb-coded second-person pronoun, and as such are captured in the preceding analysis. However, not all do, so in this chapter I isolate all instances of ‘pregnant’ and ‘pregnancy’ in the corpus to further explore the verbs that collocate with them.

In order to investigate the verb processes around pregnancy and conception, I searched for the adjective ‘pregnant’ and noun ‘pregnancy’ in my corpus, and used the word sketch function in Sketch Engine to identify all verbs that collocated with these words. Of the most frequent nouns in the dataset, ‘pregnancy’ actually ranks relatively low, as the 25th most frequently used noun, with just 48 instances across the corpus. The adjective ‘pregnant’, however, ranks third in terms of adjective frequency occurring 50 times across the entire dataset, and preceded only by ‘okay’ (116 instances) and ‘good’ (113 instances) which both function as discourse markers in the classroom context rather than saying something about the lesson content. When searching for verb collocates, Sketch Engine did not capture every instance of each collocation automatically (see Bhalla and Klimčíková 2019). Consequently, I manually coded for the missing verbs since the dataset was relatively small (48 instances for ‘pregnancy’ and 50 instances for ‘pregnant’). Nonetheless, the prominence of ‘pregnant’ as the third most common adjective, alongside the focus of this thesis on contraception responsibility, makes relevant an investigation of these two words. Furthermore, focusing an analysis on the verb processes around words that point to conception is made relevant by the lesson focus on sex education and pregnancy prevention. For example, when compared against the British National Corpus 2014 (BNC2014, spoken part), ‘pregnancy’ is the 14th most overused word (see **Section 4.1**). Evidently, this is unsurprising given that the focus of the lesson is on pregnancy prevention, but nonetheless it illustrates the prominence of this word in my corpus when compared with normal language use. Additionally, ‘risk of pregnancy’ and

‘preventing pregnancy’ are overused multi-word terms in comparison with this corpus.

In the following sections, the quantitative results of ‘pregnant’ and ‘pregnancy’ verb collocations are briefly discussed ahead of a more detailed analysis of the function and stylistic effects of these verbs. I focus predominantly on agency and how this impacts representation of responsibility for pregnancy prevention. I first address the verb collocations with the adjective ‘pregnant’ (**Section 6.1**) before presenting the results of my analysis of verb collocations with the noun ‘pregnancy’ (**Section 6.2**).

6.1 Getting pregnant and getting people pregnant: verb collocations with adjective ‘pregnant’

The most common verb to precede the adjective ‘pregnant’ was ‘get’, as in ‘get pregnant’ or ‘getting pregnant’, occurring 40 times across the dataset, with representation in every sub-corpus. The verb ‘be’ preceded ‘pregnant’ five times in total, twice in Victoria High School and three times in Spring Hill Academy. Finally, the verb ‘become’ preceded ‘pregnant’ just twice, with both of these instances occurring in the learning booklet text read verbatim by the teacher and pupils in Victoria High School.

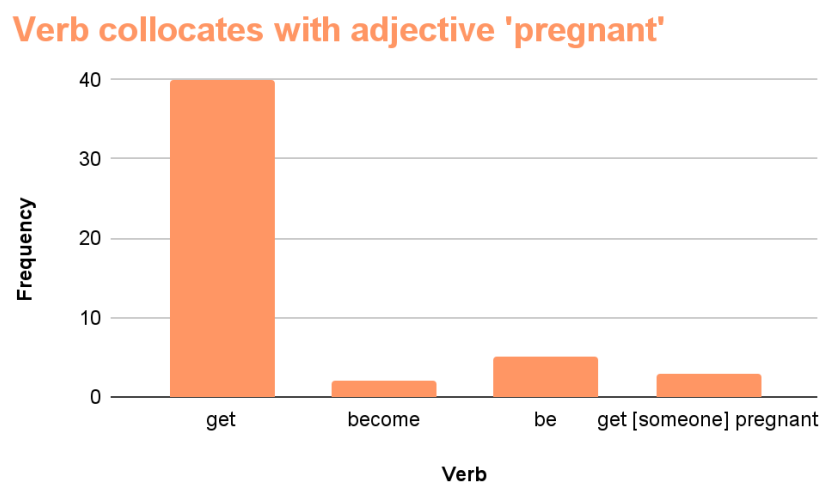


Figure 6.1 *Verb collocates with adjective ‘pregnant’*

The following sections will briefly discuss each of these verb phrases and their implications for distribution of responsibility for pregnancy prevention. Following this, a final section will also discuss the very few instances where the collocating verb of the adjective ‘pregnant’ has the potential to attribute agency and responsibility for conceiving a pregnancy to people with penises. There were just three instances of the

adjective ‘pregnant’ collocating with a verb in such a way that people with penises were defined as the agent in the material process of conception.

Getting pregnant

It is worth noting here that people with penises and people with wombs do not necessarily need to be involved in every pregnancy in the same way. For example, a sperm donor could be used by a cis lesbian couple to conceive a pregnancy, where the sperm donor may not be foregrounded as part of this couple’s framing of their pregnancy. Any pregnancy necessarily requires two participant roles (a person with a penis who provides sperm, and a person with a womb who carries the pregnancy), but both of these roles do not necessarily need to be present at the same time (in the case of sperm donation, for example). Furthermore, the person with a penis does not necessarily have agency in the same way in all cases. However, in the context of the sex education classroom, in lessons on contraception, a cisheteronormative perception of conception is foregrounded, and throughout the lessons included in my corpus teachers refer to conception through this lens, with a view to directing pupils on the available methods of contraception to avoid pregnancy conception. The following analysis is based on the implication that in the contraception classroom context, in discussions of conception, teachers refer exclusively to sexual relationships where pregnancy is a possibility between a person with a penis and a person with a womb. Other ways of conceiving a pregnancy are consequently less relevant in this context.

Taken in the classroom context, there is an immediately apparent sex-based inequality in the grammar of the verb phrase ‘get pregnant’. This verb phrase describes a material process (see Halliday 1985) that, despite necessarily (in this context) requiring the involvement of an additional entity (a person with a penis), only explicitly involves one actor, who is also the agent of the verb process. In other words, only people with wombs can ‘get pregnant’, so any agent of this verb process must be a person with a womb. However, conception of a pregnancy cannot occur without a person with a penis (in the types of relationships described in the contraception classroom), yet people with penises are grammatically absent in this verb process. It’s worth noting that there is a verb for people with penises actively initiating a pregnancy: ‘impregnate’. The verb ‘impregnate’ is transitive implying that the verb process must have an object. This can be expressed in the active voice or in the passive voice with the subject either present or elided, as demonstrated below.

Active voice:	[subject] impregnates [object]
	The man impregnates the woman
	The sperm impregnates the egg

Passive voice: [object] is impregnated by [subject]
The woman is impregnated by the man
The egg is impregnated by the sperm

Elided passive: [object] is impregnated
The woman is impregnated
The egg is impregnated

Meanwhile, there is an inherent passivity in the verb phrase ‘get pregnant’ since it elides the agent of the impregnating process discussed above. To include the elided ‘impregnator’ would mean adding a prepositional phrase to the end of this verb phrase, creating an unusual and awkward outcome. To take an example from this dataset, the phrase ‘you can get pregnant in any position’ (140722 line 159-60) would need to become ‘you can get pregnant [by people with penises] in any position’. There is a verb available to describe the process from the perspective of a person with a penis (‘impregnate’), but the verb phrase ‘get pregnant’ is used in preference. Notably, there are zero occurrences of the verb ‘impregnate’ across the entire corpus. Further, the verb ‘get’ in the verb phrase ‘get pregnant’ is a conceptual metaphor since in literal terms this verb refers to physically obtaining something. In this metaphorical sense, pregnancy is framed as an object, and only people with wombs can obtain that object. Therefore, ‘get pregnant’ as a linguistic choice elides the other person who must necessarily be involved in the sexual interaction and responsible for the impregnation that takes place. In its literal sense, the verb ‘get’ is a material intention process which is inherently deliberate. However, in the verb phrase ‘get pregnant’, the process described is experienced passively by the subject of the verb. To speak about ‘getting pregnant’ in literal terms would mean using verbs such as ‘impregnate’ or phrases such as ‘conceiving a child’. Grammatically, through either the construction of ‘get pregnant’, or through being elided by the verb ‘impregnate’ in the passive voice, there are multiple ways in which people with penises are recused of responsibility for their part in creating a pregnancy. In this framing, pregnancy is a material process that happens passively to a person with a womb in isolation, without the involvement of anyone else. This has implications for how agency and responsibility is attributed to individuals in sexual relationships where conceiving a pregnancy is a possibility.

The following examples are selected to illustrate the effect of the verb collocate ‘get’ and the adjective ‘pregnant’. A full list of all instances of ‘get pregnant’ can be found in **Appendix VI**. There were relatively few instances of the verb phrase ‘get pregnant’ in the sub-corpus of Spring Hill Academy (just six instances), compared with the sub-corpora of Victoria High School (10 instances) and Nelson Park School (24

instances), with all six instances occurring in the first of two lessons on contraception, which was led by the school nurse. Nonetheless, the example included below exemplifies the way in which the verb phrase ‘get pregnant’ connects with the notion of contraception and illustrates the sex-based distinction in agency described above: ‘the word gives [...] the secret away really contra against conception getting pregnant’ (160622 line 99-100). This excerpt occurs early on in the lesson, following a brief introduction from the school nurse who has posed the question ‘what is contraception’ (160622 line 90-1). Having given pupils an opportunity to offer their own definition of contraception, the school nurse identifies that the meaning of the word can be drawn out from its component parts: ‘the word gives [...] the secret away really’ (160622 line 99-100). The syntactic parallel in what follows (‘contra against conception getting pregnant’ (160622 line 100)) makes clear that the prefix ‘contra’ can be defined as ‘against’, and suggests a synonym for the noun ‘conception’ is the verb process ‘getting pregnant’. Altogether, by breaking down the word ‘contraception’, the school nurse infers its meaning as ‘against getting pregnant’.

160622

99 prevent pregnancy an- and sexually transmitted infasi- infections the word
 100 gives gives the secret away really contra against conception **getting pregnant**
 101 (.) so we would say that y’know a lot of you when you become mature adults

The verb phrase ‘getting pregnant’ describes a material process that can only be experienced by people with wombs. People with penises, who are essential to the process of conception in the types of sexual relationships described in these lessons, are not given any explicit agency in this framing. Simultaneously, people with wombs are the only possible agent of this material verb process, yet the process appears to be happening to them passively by an unnamed actor. That ‘conception’ is defined passively as ‘getting pregnant’ is meaningful in terms of the lesson’s focus on contraception. By defining contraception itself as the tool ‘against getting pregnant’, the school nurse foregrounds and reaffirms that it is the bodies of people with wombs that are a site of risk. As such, it is people with wombs who must take action (by taking contraception) should they want to mitigate the ‘risk’ of unintended pregnancy. In defining contraception in these terms at the top of the lesson, the school nurse reflects the reality that most contraceptive devices are designed for use exclusively by people with wombs, and as such reaffirms that the following lesson content will be primarily relevant for people with wombs. A similar point is made by the teacher in Nelson Park School where she explains: ‘contraception is methods [...] that stop people getting pregnant’ (300622 line 26-7). That the agent of the verb process ‘getting pregnant’ is the sex neutral ‘people’ has little significance since the agent must be a person with a womb as they are the only people who can carry a pregnancy. The same teacher

repeats this sentiment later in the second of Nelson Park School's two lessons on contraception, this time addressing an individual pupil: 'contraception is so that you can have sex without getting pregnant' (140722 line 347-8).

This verb process 'get pregnant' occurs in all three schools. In the following example from Victoria High School, the teacher invites pupils to imagine a hypothetical scenario in which the enactor, focalised by the first-person pronoun 'I', is managing their sexual health through using oral contraceptives: 'so I'm on the pill so I'm not gonna get pregnant but what might happen to me' (060622 line 83-4). The teacher first explains that the contraceptive pill prevents pregnancy through the causal relationship between the declarative 'I'm on the pill' and its dependent clause 'so I'm not gonna get pregnant' (060622 line 84). The material verb process 'get pregnant' is negated here, describing a scenario where pregnancy will be avoided due to contraceptive use. Notably, the only actor present in this process is the agent of the verb process, the hypothetical persona 'I'; there is no mention of the sperm that is essential to the process of conception. In Text World Theory terms (see **Section 3.3**), a person with a womb, specified by the first-person pronoun 'I', is the only enactor present in the text-world. Conceptually, this enactor need not worry about using contraception to prevent pregnancy because the sperm (produced by a person with a penis) needed to cause that pregnancy is not even present! The verb phrase 'get pregnant' focuses on conception as experienced by people with wombs, with no explicit mention of a person with a penis who is essential to this process in this context. In other words, the 'impregnator' is absent.

060622

83 but if I had multiple partners or new partners why would that be risky (1.0) so
 84 I'm on the pill so I'm not gonna **get pregnant** but what might happen to me
 85 <PUPIL NAME> [PUPIL RESPONSE] good (.) so you've got to think carefully

To make the point that oral contraceptives are effective at preventing pregnancy but do not prevent STI transmission, the teacher follows up this statement with an interrogative 'but what might happen to me' (060622 line 84), the preferred response to this question being 'I might catch an STI'. That the first-person object pronoun 'me' who the risk of STI transmission applies to is the same enactor represented earlier by the first-person subject pronoun 'I' implies that it is solely people with wombs to whom the risk of catching an STI applies. The modal verb phrase 'might happen' describes the potential risk of catching an STI, but, as above, neglects to identify the other entity who must necessarily be present in order for there to be an STI transmission risk at all. Consequently, only people with wombs are invited to project themselves into the modal-world (see **Section 3.3**) initiated by this verb phrase, and positioned as the recipients of the hypothetical scenario (catching an STI). This follow

up interrogative reinforces in explicit terms the framing of not just conception, but more broadly sexual health, as something that people with wombs experience passively, something that ‘might happen’ to them. In framing the ‘risks’ associated with sex (STIs, unintended pregnancies) primarily from the perspective of people with wombs, there is little opportunity for discussion of how these ‘risks’ affect people with penises. This is both detrimental for people with penises in terms of their sexual health, but also for people with wombs since the distorted focus on their bodies attributes a greater weight of responsibility to them for preventing these risks. Another example occurs in the lines immediately preceding the section discussed above: ‘if I had multiple partners or new partners why would that be risky’ (060622 line 83). In this if-clause, the enactor ‘I’ is the same hypothetical persona described above, who must be a person with a womb. Immediately, this enactor’s behaviour is described by the adjective ‘risky’ in the teacher’s interrogative ‘why would that be risky’ (060622 line 83). The implication here is that the individual is responsible for managing their own risk; they can avoid the risks of STIs and unintended pregnancy by having just one consistent monogamous sexual partner. The teacher proceeds to describe the events that may befall this individual should they fail to effectively manage this personal risk, as discussed above.

Finally, the passive representation of both conception and STI transmission from the perspective of people with wombs is echoed in Nelson Park School. Similar to the excerpt discussed above, the teacher uses first-person narration to inhabit a hypothetical person with a womb: ‘oh my god back of your mind I’m gonna catch something and get pregnant potentially big worries big risks’ (300622 line 266-7). Again, the ‘big risks’ of STIs, euphemistically described here as ‘catch something’, and conception are connected and represented as two things for people with wombs to worry about. Logically, while anyone can catch an STI, only people with wombs can ‘get pregnant’. However, in this example, the two processes ‘I’m gonna catch something’ and ‘get pregnant’ are joined by the additive conjunction ‘and’, implying that the agent described by the first-person pronoun ‘I’ in the main clause is the same agent who may ‘get pregnant’ in the subordinate clause. The only agent present in this process is that defined by the first-person subject pronoun ‘I’. Due to the verb process ‘get pregnant’, people with penises and their vital role in conception in this context are omitted from the discourse. As a result, both STIs and conception are framed as concerns exclusively for people with wombs.

300622

266 right not like oh my god back of your mind I’m gonna catch something and
267 **get pregnant** potentially big worries big risks (.) yeah and like without using a

As evidenced by the previous chapter on womb-coded second-person pronouns, there is a large overlap in instances of the verb phrase ‘get pregnant’ and the second-person pronoun ‘you’. In the previous chapter (see **Chapter 5**) I argued that these second-person pronouns must refer to people with wombs since only these people can physically carry a pregnancy. In terms of the discussion here, many instances of ‘get pregnant’ have already been discussed in the previous chapter in terms of their stylistic effect on pupils in the classroom. However, what is clear from the discussion above is that it is the grammatical structure of the verb phrase ‘get pregnant’ itself that implies the agent must be womb-coded, regardless of how this agent is specified (whether through second-person pronouns, first-person pronouns, proper nouns, etc). Indeed, the use of second-person pronouns amplifies the effect of this verb phrase by extending address to specific pupils in the classroom (see **Sections 3.3 and 4.2**). In the following example from the Nelson Park School sub-corpus, the teacher positions the non-specific noun ‘somebody’ as the agent of the verb process ‘get pregnant’: ‘it won’t stop w- somebody getting pregnant’ (140722 line 78). While the vagueness of the noun ‘somebody’ may work to promote a more inclusive attitude to pregnancy in terms of sex and gender, it does little to define a more inclusive attitude to the process of conception since people with penises are still omitted from the discourse. The grammatical structure of the verb process is the same as any examples including the second-person pronoun as the subject and agent, meaning that conception is represented as something that happens passively to people with wombs, and people with penises are elided.

140722

77 well the dental dam is not a type of contraception it's to protect you from
 78 STIs (.) it won't stop w- somebody **getting pregnant** (.) cos it'd only (.) it might
 79 be used by a man giving or- anybody giving oral sex to a woman could use a
 80 dental dam tsk (1.0) now what I've got here is some top trump card have you

Similar instances occur throughout the speech of the teacher leading the contraception lessons at Nelson Park School. For example, the instance mentioned previously, ‘contraception is methods [...] that stop people getting pregnant’ (300622 line 26-7), as well as a further instance from the same lesson ‘if you’re worried that somebody actually wants to get pregnant’ (300622 line 496-7), and one example where the noun ‘everybody’ is chosen in preference over, for example, the binary ‘all women’ or ‘all people with wombs’, ‘it’s harder to get pregnant on your period but not impossible because not everybody (1.0) ovulates releases an egg at regular intervals’ (140722 line 90-2). While this inclusive wording around the verb phrase ‘get pregnant’ does not occur to the same extent in the sub-corpora of Victoria High School and Spring Hill Academy, the point made here is that the effect is not dramatically

different since the sex-based attribution of agency is part of the grammar of the verb phrase itself. By contrast, returning to the effect of second-person pronouns, what the high proportion of the verb phrase ‘get pregnant’ in combination with the second-person pronoun ‘you’ does do, however, is reinforce and reaffirm the individualised nature of conception. While the grammatical structure of the verb phrase dictates the agent must be a person with a womb, the second-person pronoun personalises the process and further places the responsibility for preventing pregnancy on the individual.

In the context of the contraception lesson, a focus on ‘getting pregnant’ rather than ‘impregnating’ reveals an inherent focus on stopping conception taking place in the bodies of people with wombs, as opposed to preventing pregnancy from the perspective of people with penises (through condoms or vasectomy, for example). The repetitive questioning strategy employed by the teacher at Nelson Park School (see **Section 5.2**) makes this particularly apparent. In the early part of the second of two lessons on contraception at this school, the teacher introduces the class to Top Trump style cards which each show either a contraceptive method or a type of sexual activity which is ranked against a number of criteria. In showing each card, before the pupils use the cards to play the game themselves, the teacher asks a string of questions all taking roughly the same format: ‘is there a risk of getting pregnant s- from oral sex’ (140722 line 116-7); ‘can you get pregnant from anal sex’ (140722 line 142); ‘d’you think that stops you getting pregnant sex standing up’ (140722 line 156-7); ‘can you get pregnant from self pleasure’ (140722 line 178). This raises a question of why the teacher chooses to ask ‘can you get pregnant from [xyz]?’ as opposed to ‘can you impregnate someone doing [xyz]?’. As a result, pregnancy is further represented as a process that happens to people with wombs, with people with penises notably absent. The fact that most contraceptives are designed for use exclusively by people with wombs may explain why in the context of a lesson on contraception, the focus of pregnancy is how to prevent it *within* the bodies of people with wombs, rather than how to prevent any possibility of pregnancy before sperm comes into contact with people with wombs. However, many of the Top Trump cards describe sexual acts that reduce the likelihood of conception, as opposed to formal contraceptive methods. Even when the teacher describes sex acts such as ‘oral sex’ as a type of activity that does not carry the possibility of pregnancy, it is framed in terms of people with wombs ‘getting pregnant’ as opposed to the possibility of a person with a penis impregnating someone. This is particularly interesting given that, through a cisheteronormative lens, men are typically represented as the actor in penis-in-vagina sex, while women are commonly represented as passive recipients. However, for the type of sex in this example, there are also cultural expectations around who typically gives and receives oral sex. It could be argued that there is an assumption that people

with wombs give oral sex and people with penises receive it, and so people with wombs are the more active agent in this process, hence why the teacher's language is framed in this way.

Being pregnant

While much less frequently occurring than the verb 'get', the verb 'be' also occurs before the adjective 'pregnant' in this dataset. Occurring only five times across the entire corpus, the stative verb phrase 'be pregnant' describes a physical state. While this verb phrase does not describe a fluid, active process, people with penises are nonetheless omitted from the discourse, in this case due to their inability to obtain the physical state of 'pregnant'. Two of these five instances occur in the sub-corpus for Victoria High School, with one instance occurring in the second of three contraception lessons, and one occurring in the third and final lesson on the topic. The remaining three instances occur in the sub-corpus of Spring Hill Academy, all in the first of two lessons on contraception, which was led by the school nurse. There were zero instances of the verb phrase 'be pregnant' in the Nelson Park School sub-corpus.

In the first example from Victoria High School below, the teacher reports the indirect speech of a person who has been taking oral contraceptives: 'sometimes people say well I've been taking it correctly and I'm still pregnant' (070622 line 287). In this example, the apparently neutral noun 'people' can only refer to people with wombs. Further, the person who has been taking the contraceptive pill, specified by the first-person singular pronoun 'I', who must also necessarily be a person with a womb, describes the state of experiencing pregnancy despite protective measures: 'I'm still pregnant' (070622 line 287). Notably, the focus on this imagined person's physical state omits any description of how this state came to be. In this way, people with penises are more subtly elided from the discourse.

070622

286 wouldn't know that unless you read all the inlay that explains that so then
287 sometimes people say well I've been taking it correctly and **I'm still pregnant**
288 does that make sense but there are things that can happen to interfere like

080622

43 *higher risk are listed in the section 'Who cannot take the pill?', below. The risk*
44 *of a blood clot from taking the pill is considerably smaller than the risk of a*
45 *blood clot **if you were pregnant.***

The second and final example from the Victoria High School sub-corpus occurs within the language of the pupils' learning booklet being read aloud verbatim. This excerpt describes the risk of blood clots when taking the contraceptive pill, and seeks to

minimise the perception of this risk by comparing it to pregnancy as a comparatively higher risk factor for blood clots: ‘The risk of a blood clot from taking the pill is considerably smaller than the risk of a blood clot if you were pregnant’ (080622 line 43-5). This example makes use of the stative verb phrase ‘be pregnant’ in the hypothetical clause ‘if you were pregnant’ to compare the state of pregnancy with the state of taking the contraceptive pill and evaluate their comparative risk factors for blood clots. In the epistemic modal-world (see **Section 3.3**) created here, the risk of a blood clot from pregnancy only becomes a reality for certain pupils: people with wombs.

There are three instances of the verb phrase ‘be pregnant’ in the sub-corpus of Spring Hill Academy, all within the first of two lessons on contraception. The first occurs during the school nurse’s description of the impact of puberty on fertility: ‘your bodies [...] are preparing (.) for (.) being pregnant if you’re a girl’ (160622 line 141-2). In this example, ‘being pregnant’ is described in biological terms as something the body is developing to accommodate (see **Section 5.1**). Similarly, in the second example included below, the state of being pregnant is defined by its relationship to other biological processes: ‘having periods means that (.) generally speaking you’re not pregnant’ (160622 line 207).

160622

141 health that (1.0) your bodies are being are preparing (.) for (.) **being pregnant**
142 if you’re a girl (.) and for boys as well being able to get a girl pregnant so it is

160622

206 uterus [PUPIL RESPONSE] yes (.) it does (.) and that’s the period so actually
207 having periods means that (.) generally speaking **you’re not pregnant** got a bit
208 of a y’know sometimes you do get bleeding in pregnancy but they’re not pre
209 periods though so when the egg is fertilised that (.) stops the lining of the

160622

427 responsibility (2.0) if you did have sex without using condom you didn’t want
428 to **be pregnant** and you you needed to get this you are taking responsibility

The final example included above (discussed in detail in **Section 7.2**) likewise bypasses the active process of conception, instead describing the resulting state of pregnancy, omitting the essential role of people with penises. In this example, people with wombs are advised what to do if they may be liable to conceive an unintended pregnancy following unprotected sex: ‘if you did have sex without using condom you didn’t want to be pregnant and you you needed to get [the morning after pill] you are taking responsibility’ (160622 line 427-8). This statement simultaneously advises

people with wombs what to do should they find themselves in this position, while also offering a value judgement of these actions: ‘you are taking responsibility’. Notably, it is only an enactor of people with wombs who are present in the text-world and therefore they become the only people to whom responsibility for taking action is attributed. Further, this responsibility is explicitly referenced and reinforced in the value judgement ‘you are taking responsibility’. Unlike the first example discussed from the sub-corpus of Victoria High School, the stative verb phrase ‘be pregnant’ in this example is in fact given some context for the events that led up to this state: ‘if you did have sex without using condom’ (160622 line 427). This initial instance of the second-person pronoun ‘you’ in ‘if you did have sex’ could refer in the plural sense to everyone involved in this sexual interaction where pregnancy is a possibility. However, the second-person pronoun ‘you’ may only refer to people with wombs due to its syntactic parallel in the coordinate clause ‘you didn’t want to be pregnant’ (160622 line 427-8), therefore people with penises are nonetheless omitted from the discourse (see **Section 7.2**).

Becoming pregnant

There are just two instances of the verb phrase ‘become pregnant’ in the entire corpus, and both of these occur in the sub-corpus of Victoria High School. Both instances occur within the same section of the pupils’ learning booklet being read aloud verbatim by pupils in the classroom during their second of three lessons on contraception. In the excerpt included below, the pupils’ learning booklet details the effectiveness of the contraceptive pill with perfect and normal use (in the context of contraception, the term ‘perfect use’ refers to the effectiveness of the device when used consistently as directed, while ‘normal use’ takes into account factors such as human error).

070622

270 *[About 3 women in 1,000 using the pill correctly will **become pregnant** each*
 271 *year. Correct use means not missing any pills, re-starting the pill on time after*
 272 *the pill-free week and taking extra contraceptive]*
 273
 274 *precautions*
 275
 276 *[precautions when necessary - see below. Closer to 90 women per 1,000 will*
 277 ***become pregnant** with normal (not perfect) usage.]*

The verb ‘become’ changes the process of conception from a material action to a supervision process, whereby the person with a penis - who is essential to conception - is elided from the discourse. Furthermore, the future tense and epistemic

certainly indicated by the verb ‘will’ in both instances above creates an authoritative, assertive tone, expressing strongly what is to happen to the person with a womb (‘become pregnant’), in this case described in gender binary terms as ‘women’. Both instances of this verb construction appear within the language of the pupils’ learning booklets, rather than the teacher’s spontaneous discourse, and do not occur anywhere else in the corpus.

Getting someone pregnant: where is the sperm?

Of the 50 instances of the adjective ‘pregnant’ in the dataset, only three attribute any sense of agency to people with penises. These were identified using the ‘verbs complemented by’ function in Sketch Engine. In all of these instances, the verb complemented by the adjective ‘pregnant’ is ‘get’. One of these instances occurs at Spring Hill Academy, and two at Nelson Park School. Zero instances occur at Victoria High School. That the construction ‘get [someone] pregnant’ appears only three times across the entire dataset, compared to the total 47 instances of ‘get/be/become pregnant’ is marked, and supports the discussion earlier in the chapter regarding the limited presence of people with penises in terms of conception.

In the following example from Spring Hill Academy, the notion of phallic involvement in conception is framed as something of an afterthought. The school nurse first explains, at length, the ways in which the bodies of people with wombs are preparing for pregnancy ‘your bodies [...] are wanting to get pregnant [...] they’re very fertile [...] they’re ready to get pregnant [...] your bodies are being are preparing (.) for (.) being pregnant if you’re a girl’ (160622 line 138-42). It is only after this repetitive description (as discussed in **Section 5.1**) that the school nurse offers one statement to the opposite side of the gender binary, in the following subordinate clause: ‘and for boys as well being able to get a girl pregnant’ (160622 line 142). Gender is here conflated with sex, and framed in binary terms, using nouns specifying gender identity (‘girls’ and ‘boys’) as opposed to language describing sex characteristics, such as ‘people with wombs’ and ‘people with penises’. As discussed in the previous chapter, conception is presented as an almost inevitable consequence for people with wombs (‘your bodies [...] are wanting to get pregnant’ (160622 line 138-9)), while the role of people with penises in conception is only briefly mentioned. Both the grammatical structure of the clause and the adverbial phrase ‘as well’ (160622 line 142) make this hierarchy explicit. That the message directed at people with penises occurs in the subordinate clause, introduced by the additive conjunction ‘and’, makes clear its grammatically inferior status to the main clause directed at people with wombs. This is reinforced by the adverbial phrase ‘as well’ (160622 line 142), which underscores the supplementary nature of the subordinate clause.

160622

138 their body (1.0) your bodies (1.0) most of them at this age are wanting to get
 139 pregnant (1.0) tsk they're w- they're very fertile (.) and they're ready to get
 140 pregnant so (1.0) it's an important thing (.) to think about in terms of your
 141 health that (1.0) your bodies are being are preparing (.) for (.) being pregnant
 142 if you're a girl (.) and for boys as well being able to **get a girl pregnant** so it is
 143 really crucial this (.) it's not something that (.) is so far removed from your
 144 lives that y- d- you shouldn't be thinking about it and (1.0) for me it's about

In the two instances where the verb complemented by the adjective 'pregnant' attributes agency to people with penises in Nelson Park School, one occurs in a one-to-one conversation between the teacher and a pupil, and the other occurs where the teacher is describing a previous pupil. The one-to-one instance occurs during an interaction between the teacher and a specific pupil while the class is working independently. The teacher asks the pupil 'will you use condoms in the future in relationships' (140722 line 258), following up with a reason for why condom use is advised: 'cos you don't wanna get people randomly pregnant right' (140722 line 258-9). The enactor 'you', a specific pupil in the class, is the agent of the material process 'get people randomly pregnant'. It is apparent that the teacher has coded the pupil as a person with a penis due to their perceived ability to 'get people randomly pregnant'. The adverb 'randomly' in combination with the non-specific plural noun 'people' suggests a multiplicity of sexual partners, as though the enactor is having condomless sex indiscriminately with many people. At the end of this phrase, the adjunct 'right' formulates this phrase as a rhetorical question, implying that this pupil agrees that they 'don't wanna get people randomly pregnant' (140722 line 259). This instance is directed solely towards one pupil, potentially overheard by another two or three pupils sharing the same table. It is worth considering here that this positioning of people with penises as the agents of conception may only occur here because the teacher is directing her language in response specifically to a person with a penis. The second-person pronoun 'you' does not stand in for all people with penises, but rather is addressing one specific person whom the teacher has perceived to have the ability to 'get people [...] pregnant' (140722 line 259). Nonetheless, whether this remark is heard by one pupil, or more broadly by the whole class, it is still indicative of the teacher's linguistic choices in the classroom.

140722

258 RESPONSE] will you use condoms in the future in relationships (2.0) cos you
 259 don't wanna **get people randomly pregnant** right (5.0) give him some and

300622

115 the guy's in control of (.) yeah so I was talking to my class my last class about
 116 this Y11 kid that had come to me (.) terrified that he'd **got a girl pregnant**
 117 right she'd said that she was on the pill but he didn't know her very well and
 118 he didn't know whether he could trust that she'd be taking the pill reliably or

In the second and final instance where the verb complemented by the adjective 'pregnant' attributes agency to people with penises, the teacher at Nelson Park School describes an unnamed pupil who confided in her his concerns about a potential pregnancy: 'this Y11 kid that had come to me (.) terrified that he'd got a girl pregnant' (300622 line 116). In this example, the teacher attributes agency for causing conception to one specific individual, the 'Y11 kid'. This pupil is represented by the third-person singular pronoun 'he', who is positioned as the agent of the past tense material verb process 'got a girl pregnant'. In this instance, the pupil in question experiences fear ('terrified') due to his prior actions. However, while in this example the person with a penis is grammatically positioned as the agent of conception, when the teacher goes on to describe the source of this pupils' fear and concern, the responsibility attributed to the other person involved in the sexual interaction begins to emerge. The teacher explains: 'she'd said that she was on the pill but he didn't know her very well and he didn't know whether he could trust that she'd be taking the pill reliably' (300622 line 117-8). In this subsequent phrase, the object of the previous verb process, 'a girl', is identified as someone who is not known particularly well to the original enactor. Furthermore, due to his lack of knowledge of this person, the enactor finds it difficult to trust her when she states that she is using an oral contraceptive to prevent pregnancy. This points to the responsibility of the person with a womb in the sexual interaction to ensure that they are correctly using contraceptives. The teacher uses this anecdote to reinforce condoms as one of the few contraceptives that can be used by people with penises: 'the guy's in control of' (300622 line 115). It underscores the importance of condom use because the unnamed 'terrified' 'Y11 kid' need not have found himself in this position of worry had he used a condom regardless of whether his sexual partner has declared they are using oral contraceptives or not. Furthermore, that the potentially pregnant 'girl' may also be 'terrified' by the prospect of an unintended pregnancy is absent from the discourse.

In the corpus, few instances of the adjective 'pregnant' occur with a verb in a way that attributes agency and responsibility for pregnancy conception and prevention to people with penises. All of the examples discussed above make use of the verb 'get' in conjunction with the adjective 'pregnant' to assign agency in terms of conception. Furthermore, of the three examples discussed above, one occurs as a supplement to advice for people with wombs (Spring Hill Academy), one is directed solely at only one pupil, which may explain its penis-coding (Nelson Park School), and one underscores

the importance of condom use and partner trust (Nelson Park School). The limited agency for people with penises perhaps points to a societal perception of pregnancy and conception as something within the realm of women and people with wombs. The absence of people with penises is striking, even though, in this context, they are essential to the process of conception. There are zero instances of the verb ‘impregnate’ in the dataset. While there are other types of constructions that could attribute agency to people with penises, such as ‘cause a pregnancy’ (discussed in **Section 6.2**), ‘have a child’ (160622 line 230), ‘have a kid’ (300622 line 249), ‘be a dad’ (300622 lines 123 and 279) and ‘become a dad’ (300622 lines 122 and 123) these are likewise infrequent and there is not scope to explore them all in this thesis, although these more euphemistic expressions would be an interesting area for further research. It would also be interesting to expand this investigation by exploring how these effects are mirrored in instances of the verb ‘fertilise’ in terms of how agency is metonymically attributed to bodily fluids as opposed to human beings (e.g. ‘how many sperm does it take to fertilise an egg’ (160622 line 587-8)) and the ways in which this construction can be passive and the agent of this process likewise elided (e.g. ‘a fertilised egg’ (070622 line 252)).

This section has explored how people with wombs are represented as responsible for stopping pregnancy happening to them, rather than people with penises being represented as responsible for not carrying out the action of impregnating. As per this dataset, syntactically, pregnancy is overwhelmingly a passive process that happens to people with wombs. It is described as a state someone obtains (‘get pregnant’; ‘be pregnant’; ‘become pregnant’), rather than an active process they carry out themselves, and one of the entities essential to conception in the contraception education classroom context (people with penises) is notably absent. In the following section I will explore the different verbs that take the noun ‘pregnancy’ as its object.

6.2 Causing and preventing pregnancy: verbs with ‘pregnancy’ as its object

As a second part to the verb concordance investigation described in **Section 6.1**, I conducted a search in Sketch Engine for every instance of the noun ‘pregnancy’. The following discussion focuses on verbs with pregnancy as their object, in order to explore who, or what, is positioned as the subject of these verb processes. Examining the subject of these transitive verb processes permits an investigation of agency and responsibility for pregnancy conception, and in the context of the contraception lesson, preventing pregnancy. There were a total of 21 instances of verbs with pregnancy as their object. ‘Prevent’ is the most common verb with pregnancy as its object (14 instances), followed by ‘cause’ and ‘get’ (two instances each).

Verbs with 'pregnancy' as their object

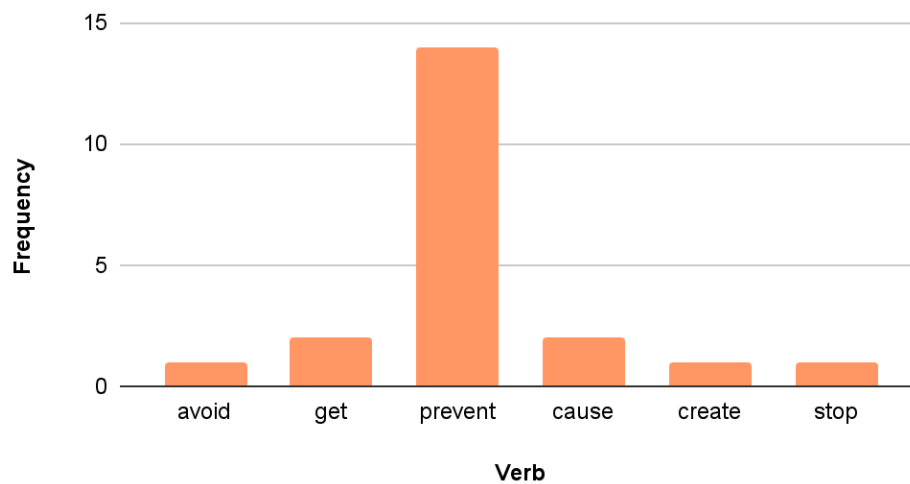


Figure 6.2 Verbs with 'pregnancy' as their object

All other verb collocations ('avoid', 'create', 'stop') had just one instance in the dataset. While a comparatively small dataset, examples of 'prevent' as the most common verb with 'pregnancy' as its object, and 'cause' as the second most common are discussed in turn below. The process of 'preventing' pregnancy was attributed to oral contraceptives (in some cases to the individuals responsible for taking the contraceptives) and condoms, while the process of 'causing' pregnancy, although much less common, was entirely attributed to sperm and 'condom accidents', as opposed to human beings.

Preventing pregnancy

The most common verb with 'pregnancy' as its object was 'prevent', with 14 instances across the corpus as a whole. The comparative prominence of the verb 'prevent' is perhaps unsurprising due to the lesson focus on contraception, since, as defined by the school nurse at Spring Hill Academy, pregnancy prevention is inherent in the very meaning of the word 'contraception': 'the word [...] gives the secret away really contra against conception getting pregnant' (160622 line 99-100). This speaks to a wider context in which any lesson centred on teaching about contraception (as opposed to 'safe sex' more broadly) has an inherent focus on pregnancy prevention, which directs the focus towards the bodies of people with wombs. Of the 14 instances of 'prevent', most occurred in the sub-corpus of Victoria High School (nine instances), with five instances in the sub-corpus of Spring Hill Academy and none in the sub-corpus of Nelson Park School. Two distinct subjects for the verb 'prevent' emerged when its object was 'pregnancy': oral contraceptives (including the contraceptive pill and the

emergency contraceptive pill) and condoms. Examples, effects and implications of each are discussed in the following two sections.

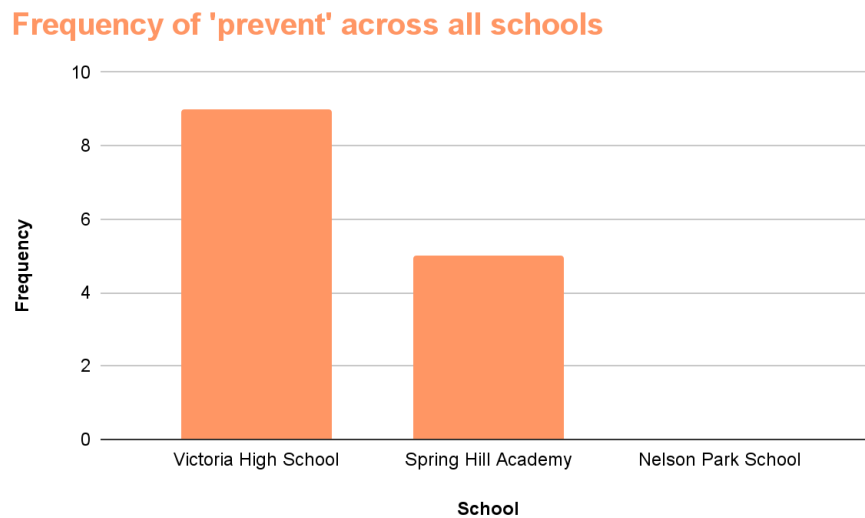


Figure 6.3 *Frequency of 'prevent' across all schools*

Oral contraceptives prevent pregnancy

Instances where oral contraceptives are positioned as the subject of the verb process 'prevent pregnancy' occur predominantly in the sub-corpus of Victoria High School, with just one instance occurring in the sub-corpus of Spring Hill Academy and zero instances in the sub-corpus of Nelson Park School. Of the instances in the Victoria High School sub-corpus, the oral contraceptive mentioned is always the combined contraceptive pill, and examples of this occur across all three lessons on contraception, while in the excerpt from the Spring Hill Academy sub-corpus, the oral contraceptive described is the emergency contraceptive pill, otherwise known as the 'morning-after pill'. In the first example included below, reading from their learning booklet, pupils are informed that 'Oral contraceptives, for example, not only prevent pregnancy, but they also reduce the risk of endometrial and ovarian cancer' (060622 line 45-6). Here, oral contraceptives are described as preventing pregnancy, amongst other medical benefits such as cancers that affect the reproductive system. In this statement, 'oral contraceptives' are the subject and agent of the verb 'prevent' and, as such, are attributed the ability to reduce both unintended pregnancies and the risk of endometrial and ovarian cancers.

060622

45 [Oral contraceptives, for example, not only **prevent** pregnancy, but they also
 46 reduce the risk of endometrial and ovarian cancer and protect against acute
 47 pelvic inflammatory disease and ectopic pregnancies.]

060622

93 contraceptive this is a pill that you would take daily is often easier to use than
 94 a barrier form it can be more effective in **preventing** pregnancy however
 95 hormonal contraception offers no protection against sexually transmitted
 96 diseases such a herpes gonorrhoea and syphilis (.) what's more some women

070622

289 they can with any medication so it's just good to be aware of (.) why would
 290 we choose the pill then well obviously it's effective at **preventing** pregnancy
 291 (.) doesn't interfere with sex periods are regular and possibly less painful so
 292 that's the medical side (1.0) you know a lot of (.) people might be on it just a

A similar instance occurs soon after in that same lesson, where the teacher, reading from the pupils' learning booklets, describes the limitations of the contraceptive pill in comparison with condoms. Namely, that it does not reduce STI transmission: 'it can be more effective in preventing pregnancy however hormonal contraception offers no protection against sexually transmitted diseases' (060622 line 94-6). In this example, the third-person subject pronoun 'it' anaphorically references the indefinite determiner phrase 'a pill' (060622 line 93), which is positioned as the subject and agent of the verb process 'preventing pregnancy', and the comparative adjective 'more' specifies the pill's greater effectiveness than condoms at completing this verb process. Similar anaphoric reference for the subject of this verb process occurs in an example from the second lesson at Victoria High School, where the teacher describes the fact that 'it's effective at preventing pregnancy' (070622 line 290) as a reason for taking the pill. In the three examples discussed here, the oral contraceptive pill is positioned as the subject and agent of the verb 'prevent', implying that it is the pill itself, as opposed to the actions of the person taking it that will reduce the possibility of an unintended pregnancy. This may not be an unreasonable implication to make since it is the action of the medicine working inside the user's body that reduces the possibility of conceiving a pregnancy, unlike condoms (as discussed below) where their physical application and use is the entirety of their effectiveness. However, the pill still needs to be taken promptly and regularly for it to be effective, and likewise, the quality of the condom and how well it has been made will impact its effectiveness regardless of whether the human being using it is perfectly careful or not. By attributing agency to the pill in these examples, the speaker downplays the role of the actual human in facilitating the accurate use of the medicine. This minimises the mental labour required by the user to maintain the effectiveness of their oral contraceptive.

160622

409 been called the morning after you can only go the next day actually you've
 410 got five days to get this and this is effective in about ninety five percent of

411 cases (.) and you mentioned that the earlier you get it the better but actually
 412 I will give it right up to the end of that five days because it **prevents**
 413 pregnancy so imagine this okay and it is just imaginary (.) think about that
 414 you had gotten i- into a position where you needed this and (1.0) y'know it

There is just one instance where the emergency contraceptive pill is positioned as the subject of the verb 'prevent' with 'pregnancy' as its object. The excerpt below is taken from the Spring Hill Academy sub-corpus, during the first of two contraception lessons at this school, where the school nurse explains the effectiveness of, and the timeframes concerned with, the emergency contraceptive pill. In the verb process 'it prevents pregnancy' (160622 line 412-3), the third-person pronoun 'it' anaphorically references the 'morning after [pill]' (160622 line 409). While the examples discussed above position the contraceptive pill (which is taken daily as a preventative measure) as the subject of the verb 'prevent', this example illustrates the only instance where a different type of oral contraceptive is positioned as the subject and agent of the verb 'prevent' when its object is 'pregnancy'.

While oral contraceptives are represented as the entity responsible for preventing pregnancy, not all examples show a complete omission of people with wombs themselves. In the following two examples from the sub-corpus of Victoria High School it is the actions of people with wombs that prevent pregnancy, rather than the contraceptive pill itself. In the first example, from the first of three lessons on contraception, the teacher attempts to tease out ideas from the pupils of reasons other than pregnancy prevention that one might take the pill: 'so you might take it to prevent pregnancy but why else might you take the contraceptive pill' (060622 line 295-6). The verb 'prevent' appears in the imperative form in the following example where the teacher offers 'you might take it to prevent pregnancy' (060622 line 295-6). This verb process is hedged by the epistemic modal 'might', which modifies the verb 'take', whose agent is the second-person pronoun 'you'. The epistemic modality here reduces the strength of the assertion represented by the verb 'take', but does not modify the strength of the imperative verb 'prevent'. The actor 'you' must be a person with a womb since only they would be taking contraceptives as a method of pregnancy prevention, as discussed in more detail in **Chapter 7**. In the second example, taken from the second lesson at the same school, the teacher encourages people with penises who are in a sexual relationship where there is a possibility of pregnancy to be involved with their partner's contraceptive choices: 'boys I'm advising you to be proactive in that if you've got a partner who's taking the pill to prevent a pregnancy [h]ave a stake in that' (070622 line 346-7). In this example, the verb 'prevent' sits within the determiner phrase 'a partner who's taking the pill to prevent a pregnancy'. Taken on its own, the subject of the infinitive verb process 'to prevent a pregnancy', which itself is an adjunct to the determiner phrase 'a partner who's taking

the pill', is the indefinite determiner phrase 'a partner'. As above, this 'partner' must be a person with a womb since only they could take oral contraceptives as a method of pregnancy prevention.

060622

295 another reason why you might take the pill so you might take it to **prevent**
296 pregnancy but why else might you take the contraceptive pill <PUPIL NAME>

070622

346 happen and again boys I'm advising you to be proactive in that if you've got a
347 partner who's taking the pill to **prevent** a pregnancy [h]ave a stake in that I think
348 it's only right it benefits the two of you doesn't it (.) okay we're gonna come

While this dataset is small, it highlights that of all instances in this corpus where 'pregnancy' is the object of the verb 'prevent', for just under half the subject is either oral contraceptives or the people taking oral contraceptives. This has implications for the representation of responsibility as both of these agents are associated with people with wombs. As discussed in the following section, the other half of these instances where 'pregnancy' is the object of the verb 'prevent' take condoms as their subject. Notably, while the examples discussed above vary between implicating the person with a womb as well as the (emergency) contraceptive pill itself for preventing pregnancy, all instances where condoms are the subject of this verb process omit the presence of the actual human being required to wear the condom.

Condoms prevent pregnancy

Just under half of all instances of the verb 'prevent' with 'pregnancy' as its object took condoms as their subject and agent (five instances). Three of these occurred in the first of three lessons at Victoria High School, and the other two instances both occurred in the school nurse's speech during the first of two contraception lessons at Spring Hill Academy. There is also an additional instance in the Spring Hill Academy sub-corpus, in the second lesson, where the subject of the verb 'prevent' is 'vasectomy', which will be discussed in line with the examples on condoms below.

All three occurrences in the Victoria High School sub-corpus appear close together in the text, as shown in the excerpt below. In this section of speech, the teacher asks pupils to think about the percentage effectiveness of condoms: 'how effective are condoms can anyone give me a percent' (060622 line 117-8). She then goes on to confirm the answer offered by a pupil is correct by drawing pupils' attention to the figure stated in their learning booklets: '98 percent is somewhere er uh in the right area you can see the figure there circle it now' (060622 line 119-20). In the following sentence fragment the teacher reiterates the percentage effectiveness of condoms, this

time explicitly stating what condoms are ‘98 percent effective’ at doing: ‘98 percent effective at preventing pregnancy you can’t get much better than that team’ (060622 line 120-1). In the phrase ‘98 percent effective at preventing pregnancy’, the implied agent of the verb ‘preventing’ is condoms, which has been elided to create an emphatic reiteration of the previous statement. Considering this phrase in the context of its elided component, ‘[condoms are] 98 percent effective at preventing pregnancy’, it is clear that the agent responsible for the verb process ‘preventing pregnancy’ is ‘condoms’.

060622

117 NAME> appreciate your support how effective are condoms can anyone give
 118 me a percent (.) how effective they are can anyone give me a percent just
 119 have a guess (.) <PUPIL NAME> [PUPIL RESPONSE] 98 percent is somewhere
 120 er uh in the right area you can see the figure there circle it now 98 percent
 121 effective at **preventing** pregnancy you can’t get much better than that team
 122 but we have to be clear from the onset why this is really really important
 123 they’re only gonna be 98 percent effective (1.0) if **you** use them correctly
 124 (1.0) and that’s something that I really want to get across in this session
 125 they’re great at **preventing** pregnancy and STDs if **you** follow the instructions
 126 and use them there’s very little chance of any risk or harm coming **your** way
 127 but we have to be clear a lot of this is about how **you** actually use them
 128 because they’re quite delicate they’re called a sheath if you wanna write that
 129 down which is a protective (.) layer as such they’re they’re quite thin and that
 130 can be difficult when applying but we’re gonna read about that so that **you**’re
 131 feeling aware of that so how effective are condoms against pregnancy <PUPIL
 132 NAME> reading please
 133
 134 *[If **you** use condoms perfectly every single time you have sex, they’re 98%*
 135 *effective at **preventing** pregnancy. But people aren’t perfect, so in real life*
 136 *condoms are about 85% effective — that means about 15 out of 100 people*

Similarly, the following two examples in this excerpt likewise position condoms as the subject of the verb ‘prevent’. In the evaluative statement ‘they’re great at preventing pregnancy and STDs’ (060622 line 125) the third-person pronoun ‘they’ anaphorically references condoms as the subject of this clause. This is repeated again when the section of the pupils’ learning booklet the teacher references at the beginning of this excerpt is read aloud by a pupil: ‘they’re 98% effective at preventing pregnancy’ (060622 line 134-5). Likewise, the third-person pronoun here anaphorically references ‘condoms’ as the subject of the verb ‘prevent’. In these examples, it is condoms themselves that prevent pregnancy, rather than the person using them, or the process itself of using them correctly. In turn, this removes agency from the actual human being and instead attributes responsibility for pregnancy prevention to an inanimate

object which must be operated by a human being. However, the teacher heavily mitigates this in her assertions that the effectiveness of condoms is reliant on their application and handling (e.g. ‘they’re only gonna be 98 percent effective (1.0) if you use them correctly’ (060622 line 123). The pronouns in these assertions (emboldened and underlined in the excerpt above) are not explicitly genital-coded since condoms can be ‘used’ by anyone, regardless of genitals (a person with a penis could apply the condom to their own penis, or it could be applied by someone else). Therefore, the assertion that condoms themselves prevent pregnancy is greatly weakened by the teacher’s repetition that this efficacy is mediated by the person using them correctly or otherwise. Together, this points to ambiguity in terms of responsibility. Where it might be expected that, as with the examples discussed above in relation to the contraceptive pill, the primary user of the contraceptive device in question (in this instance, people with penises) will be positioned as responsible for its use, this is not the case here. Instead it is ambiguous who is the referent of the second-person pronouns (the entity responsible for using condoms correctly). Particularly in the final instance of the second-person pronoun in this excerpt (‘If you use condoms perfectly every single time you have sex’ (060622 line 134) it could even possibly be argued that the pronoun errs towards being womb-coded (see **Section 5.3**).

160622

193 up the fallopian tube so much that the egg can’t travel down here so that’s
194 why we’re saying (.) condoms (.) **prevent** pregnancy but they also prevent se-
195 sexually transmitted diseases and that’s a very good answer and so we would

160622

97 had a sign yes [PUPIL RESPONSE] yeah condoms (.) condoms prevent [PUPIL
98 RESPONSE] yes and (2.0) [PUPIL RESPONSE] good good answer yeah so
99 **prevent** pregnancy an- and sexually transmitted infasi- infections the word
100 gives gives the secret away really contra against conception getting pregnant

Condoms as the agent of the verb ‘prevent’ is explicitly stated in the Spring Hill Academy sub-corpus where the school nurse explains: ‘condoms (.) prevent pregnancy’ (160622 line 194). In the first example above, ‘condoms’ is explicitly the agent of the verb process ‘prevent pregnancy’. In the second example, condoms are likewise positioned as the subject of the same verb process, in this instance as a fragmented sentence interrupted by pupil speech: ‘condoms prevent [PUPIL RESPONSE] yes and (2.0) [PUPIL RESPONSE] good good answer yeah so prevent pregnancy’ (160622 line 97-9). Considering that external condoms are one of the extremely few contraceptive options available to people with penises, it is particularly interesting that on the occasions where they are positioned as the agent of the verb process ‘prevent pregnancy’, the responsibility of the actual human being to use the

condom correctly is either absent from the subject position of this verb process (as in the two examples from Spring Hill Academy), or ambiguous, and therefore not explicitly implicating people with penises as responsible (as in the examples discussed from the Victoria High School sub-corpus).

220622

148 sexuality do we know [PUPIL RESPONSE] we don't know that's a really good
149 thing so (.) so a vasectomy's just gonna **prevent** from (1.0) pregnancy [PUPIL
150 RESPONSE] okay [PUPIL RESPONSE] mhmm [PUPIL RESPONSE] [EXTERNAL

Finally, one instance ascribes vasectomy as the subject of the verb process 'prevent pregnancy': 'so a vasectomy's just gonna prevent from (1.0) pregnancy' (220622 line 149). This example occurs in the context of a group discussion during the second of two lessons on contraception at Spring Hill Academy where pupils are tasked with advising a hypothetical male character with the most appropriate contraceptive option for him. Similar to the examples discussed in relation to the positioning of condoms as the agent of pregnancy prevention, the vasectomy itself stands in for the actions of a real human agent carrying out the action of getting a vasectomy.

Causing pregnancy

The verb 'cause' with 'pregnancy' as its object was much less common than instances of the verb 'prevent' as discussed above, with just two instances in the entire dataset. Nonetheless, these two instances will be discussed below as a comparison to the findings above in terms of attribution of agency, and point to some preliminary implications for representation of responsibility for both conceiving and preventing pregnancy. While 'cause' may intuitively appear to implicate people with penises as the actor, both of the instances described below show an absence of the real human being in this material verb process, who is instead represented by their bodily fluids or actions. Zero instances of the verb 'cause' with 'pregnancy' as its object explicitly identify people with penises as the subject and agent of the verb process. In line with the discussions above on verb collocates with the adjective 'pregnant' (see **Section 6.1**) and the previous section where I explore how condoms are the agents of pregnancy prevention, this has implications for distribution of responsibility for contraception.

Sperm causes pregnancy

In the following excerpt from the pupils' learning booklet read aloud by pupils during the first of three thirty-minute lessons on contraception at Victoria High School, 'sperm' is specified as the agent of the verb 'cause'. The passage describes how to use condoms effectively and safely, advising for example 'wear it the whole time you're having sex' (060622 line 194). It then goes on to explain why these behaviours help to

make sex safer in terms of prevention of sexually transmitted infections: ‘This helps protect you from STDs’ (060622 line 194-5). Finally, as an additional benefit, signalled by the adverb ‘also’, condoms are described as a barrier to pre-ejaculate: ‘It also prevents contact with pre-ejaculate (pre-cum), which can have STD germs and may rarely contain sperm that can cause pregnancy’ (060622 line 195-7). In this sentence, the main clause ‘It also prevents contact with pre-ejaculate’ sets up an additional benefit of condom use. Pupils are advised that contact with pre-ejaculate, or ‘pre-cum’, can be a risk factor since the noun phrase ‘contact with pre-ejaculate’ is framed as something to be avoided due to its position as the object of the verb ‘prevent’, a verb which typically defines something negative to be avoided. The specific reasons for preventing contact with pre-ejaculate are defined in the subordinate clause: ‘which can have STD germs and may rarely contain sperm that can cause pregnancy’ (060622 line 196-7). In the noun phrase ‘sperm that can cause pregnancy’, it is sperm that is metonymically specified as the agent for the verb ‘cause’, as opposed to the entire human being themselves. In Text World Theory terms (see **Section 3.3**), ‘sperm’ is represented as an enactor in the text-world, as opposed to people with penises. Since this noun phrase is embedded within the subordinate clause that modifies the original statement ‘It also prevents contact with pre-ejaculate’, it is also pre-ejaculate (which contains the sperm) that is positioned as the risk factor for unintended pregnancies.

060622

192 *[Roll the condom on when your penis is erect (hard), but BEFORE it touches*
 193 *your partner’s mouth or genital area (vulva, vagina, anus, buttocks, and*
 194 *upper thighs) — and wear it the whole time you’re having sex. This helps*
 195 *protect you from STDs that are transmitted through skin-to-skin touching. It*
 196 *also prevents contact with pre-ejaculate (pre-cum), which can have STD*
 197 *germs and may rarely contain sperm that can **cause** pregnancy.*

It is notable that at no point is the individual who created this pre-ejaculate specified. The actual human being who has produced the sperm is represented metonymically by both ‘pre-ejaculate’, and more specifically ‘sperm’, as the agents for the material transitive verb process ‘cause pregnancy’. The actual human beings that produce the sperm are backgrounded in the discourse and replaced by their bodily fluids. This has implications for responsibility and aligns with previous discussion in this chapter and **Chapter 5** on the invisibility of people with penises in the discourse. While people with penises are whole human beings with their own agency, free will and responsibilities, sperm on the other hand is merely a senseless reproductive cell that takes its direction from, and can be controlled by, people with penises. Yet by this definition, it is pre-ejaculate that is responsible for causing an unintended pregnancy, as opposed to the person themselves. In shifting agency and responsibility from people with penises themselves to a substance produced by their bodies (which,

crucially, they can control and choose what to do with), people with penises become less prominent in the discourse and are more easily absolved of the consequences of their actions, i.e. ‘caus[ing] a pregnancy’. This, alongside other discussion of the ways in which people with penises are omitted from the discourse in both this chapter and **Chapter 5**, has implications for how pupils may perceive responsibility for pregnancy prevention.

Condom accidents cause pregnancy

A similar phenomenon occurs in the second and final instance of the verb ‘cause’ taking ‘pregnancy’ as its object. In the following excerpt from the first of two lessons on contraception at Spring Hill Academy, as part of the condom demonstration, the school nurse stresses the importance of correct condom technique in order to avoid STIs and unintended pregnancies. She explains ‘condom accidents (1.0) which are accidents that might cause a pregnancy or an STD are caused by poor technique’ (160622 line 567-8) and emphasises that it is therefore ‘important to practise using them and to use the correct technique’ (160622 line 568-9). ‘Condom accidents’ are defined by this nurse as ‘accidents that might cause a pregnancy or an STD’ (160622 line 567-8) in the subordinate clause introduced by the preposition ‘which’. Since this subordinate clause is embedded within the main clause that explains the causation of condom accidents, ‘condom accidents [...] are caused by poor technique’ (160622 line 567-8), and exists to provide an explicit definition of the aforementioned ‘condom accidents’, it follows that ‘condom accidents’ are the agent of the verb process ‘cause a pregnancy’ (160622 line 567-8). By this definition, both pregnancy and STIs are caused by condom accidents, rather than by the human beings whose ‘technique’ may not be good enough, or the bodily fluid people with penises produce (pre-ejaculate and sperm, as discussed above). As in the example above, rather than people with penises, ‘condom accidents’ are represented as an enactor in the text-world. While there must be a human being present to produce this ‘accident’, they are not foregrounded in this grammatical construction and instead replaced by the noun phrase ‘condom accidents’.

160622

567 NURSE: okay so condom accidents (1.0) which are accidents that might **cause** a
568 pregnancy or an STD are caused by poor technique (.) so it’s important to
569 practise using them and to use the correct technique so h- how would you

As discussed above, it is significant that people with penises are likewise elided from the discourse, and responsibility for the ‘cause’ of a pregnancy is instead attributed to the noun phrase ‘condom accidents’. This echoes the above discussion of the ways in which people with penises are absent from the discourse and absolved of

responsibility. Furthermore, external condoms can be applied by any person during a sexual encounter, not just a person with a penis, as expressed by the teacher at Victoria High School reading from the pupils' learning booklet: 'having your partner roll on the condom or applying lube etcetera etcetera could be part of the fun' (070622 line 159-60). In this way, the responsibility for getting condom application right in a sexual encounter where pregnancy is a possibility is split between both people with penises and people with wombs. There is therefore an implicit notion that a 'condom accident' that risks an unintended pregnancy may be the fault of a person with a womb in the same way that it could be perceived to be the fault of a person with a penis. Again, where there could be explicit responsibility placed on people with penises (for using one of the very few contraceptive options available to them), the attribution of responsibility is in fact ambiguous.

6.3 Conclusions

This chapter has explored the verbs that collocate with the adjective 'pregnant' and noun 'pregnancy'. The first half of this chapter investigated the verbs that collocate with the adjective 'pregnant' and demonstrated how people with wombs and women are represented as grammatically passive in terms of conception (pregnancy is something that happens to them), while people with penises are backgrounded, or even omitted from the discourse (**Section 6.1**). The second half of the chapter explored the verbs in the corpus that took the noun 'pregnancy' as their object (**Section 6.2**). I explored the subjects and agents of these verb processes and illustrated how the efforts of people with wombs to manage their fertility is minimised (i.e. oral contraceptives prevent pregnancy, not human beings) and responsibility for impregnating people with wombs is attributed to bodily fluids and contraceptive mishaps rather than actual human beings. As in **Chapter 5**, the focus on the bodies of people with wombs and women reinforces the idea of these bodies as sites of risk, and downplays the role of people with penises in the process of conception. In turn, this places people with wombs as responsible for pregnancy prevention, since their bodies are foregrounded in the process of conception. This raises questions around how this repeated representation of people with wombs and people with penises may affect pupils' attitudes to their own bodies, sexual health, and contraception. While the present chapter and **Chapter 5** have focused on conception, **Chapter 7** turns to exploring contraception as the second context in which womb-coded 'you' occurs. Following this, **Chapter 8** explores penis-coded second-person pronouns.

7. “You’re taking responsibility”: womb-coded ‘you’ and contraception

Of all instances of womb-coded second-person pronouns, two main themes emerged. The first, womb-coded ‘you’ + ‘get pregnant’, was discussed in **Chapter 5**. The present chapter explores the second theme identified in relation to womb-coded second-person pronouns: ‘you’ + ‘contraception’. Instances of penis-coded second-person pronouns will be discussed in **Chapter 8**. The descriptor ‘you’ + ‘contraception’ refers to instances of second-person pronouns that exclusively reference people with wombs, and occur in the context of discourse about contraceptive methods. This includes instructions for how to use and access various contraceptive methods (e.g. ‘this is a ring that you stick up your vagina’ (140722 152-3)), as well as descriptions of how they work and the effect different devices can have on the user’s body (e.g. ‘the pill changes the body’s hormone balance so that your ovaries do not produce an egg’ (070622 line 246-7)). While **Chapter 5** on womb-coded ‘you’ + ‘get pregnant’ discussed the ways in which the bodies of people with wombs are susceptible to pregnancy, the themes discussed in this chapter consider how to prevent the process of conception. As with the category of ‘you’ + ‘get pregnant’, there are examples from this category across all three schools. Instances from Nelson Park School are primarily focused around how to practically use a wide variety of different contraceptive methods designed for people with wombs. Spring Hill Academy highlights the involvement of medical professionals in the obtaining and managing of certain contraceptive options and invites discussion about the attribution of responsibility in long-acting reversible contraceptives (LARCs). Instances from Victoria High School focus heavily on the contraceptive pill and the importance of monitoring one’s own health when taking oral contraception.

Second-person pronouns have proven an effective teaching strategy, enabling students to more easily understand and engage with lesson content (Kartal 2010; Zander et al. 2015), something which is essential for a topic so vital to health outcomes as relationships and sex education (RSE). In the context of discussing the use of contraceptive methods that are specifically designed for people with wombs, it is self-evident that second-person pronouns must be womb-coded. I argue throughout that the choice of womb-coded second-person pronouns when describing contraception is wholly unsurprising given that almost all contraceptive options available are for use exclusively by people with wombs. I consider how teachers are placed in a difficult position when it comes to describing contraception neutrally since the medical and societal biases for contraception responsibility are so heavily

weighted towards people with wombs. Nonetheless, I argue that this language risks reproducing these narratives for young people in the classroom and reinforcing the attitude that people with wombs are primarily responsible for pregnancy prevention in sexual relationships where pregnancy is a possibility. Furthermore, I argue that the use of the second-person pronoun in this context may allow people with wombs and girls to better engage in the discourse, while excluding people with penises and boys. The following sections discuss examples from each school in turn, drawing comparisons and contrasts between each throughout and suggesting implications for the use of the second-person pronoun in these contexts. I focus specifically on the way in which womb-coded second-person pronouns work to assign responsibility for pregnancy prevention.

7.1 Nelson Park School: contraception instructions

In Nelson Park School, there were 43 instances of womb-coded 'you' + 'contraception', and these occurred predominantly in the context of how to use various contraceptive devices. In this section, I describe and discuss instances of womb-coded 'you' in the context of contraception, specifically in instructional content on how to use different contraceptive methods. I argue that the teacher's language reinforces the notion that people with wombs are responsible for protecting themselves from pregnancy, whilst ignoring the prominence of people with penises in this process. This type of language in most cases is unavoidable since the majority of contraceptives available are designed to be used exclusively by people with wombs. However, the responsibility attributed to people with wombs for using contraception is not confined solely to contraceptives designed for them, but extends to condoms too, as discussed in the final example in this section.

Using and administering contraceptive devices

In Nelson Park School, instances of womb-coded 'you' + 'contraception' are predominantly centred around instructions for how to physically use each contraceptive discussed. In the three examples below, the teacher describes the physical mechanics of using a contraceptive ring and an internal condom. Using present tense verb phrases, such as 'squeeze' (300622 line 103), 'stick up' (140722 line 152), and 'squeeze together' (140722 line 283), the teacher situates the text-world temporally in the present, creating a sense of immediacy (Gavins 2007: 39) and framing these phrases as a form of instruction. The directionality of the prepositions 'up', 'into' in phrases such as 'stick it up your vagina' (300622 line 103) and 'shove that ring into your vagina' (140722 line 284) also contribute to this instructional style by informing users where to place the contraceptive devices. In each of these material action processes, the enactor 'you' must specify a person with a vagina and vulva, as

signified by the second-person possessive pronoun 'your' in the following determiner phrases: 'your vagina' (300622 line 103), 'your upper vagina' (140722 line 153), 'your vulva' (140722 line 286-7). The graphic verb choices 'stick' and 'shove' describe the process of inserting these devices and perhaps serve to create an informality and familiarity between the teacher and pupils. In reality, these devices would need to be inserted with care and a level of delicacy towards sensitive body parts. Considering that any interaction with one's own vagina is typically shrouded in shame and stigma, these verb choices may be read as a strategy by the teacher to remove formality and casualise the process. Given that these contraceptives would actually need to be inserted gently and carefully, these more graphic verb choices by contrast informalise and add humour to the process of internal condom and contraceptive ring insertion. Again, this can perhaps be attributed to the teacher's desire to create familiarity with the pupils and create the impression that interacting with one's own vagina to use these contraceptives is not a big deal.

300622

102 kind of very thin (.) erm bit like a co- normal condom but bigger and **you**
 103 squeeze the ring and stick it up **your** vagina and it pops open so then and
 104 there's a bigger like soft ring on the outside which sits on the vulva (.) so **yuh**
 105 (.) **you** could still experience full sensation but that's a barrier method that a

140722

152 pregnant or catch anything (.) tsk the ring so this is a ring that **you** stick up
 153 **your** vagina and it releases hormones into **your** upper vagina so it's
 154 spermicidal (.) I'm actually not sure how that works I think it's so

140722

282 a minute (.) look that is a female condom so it's got this like squeezy ring (.)
 283 it's got like a very thin (.) and it's got a ring that **you** squeeze together so **you**
 284 can shove that ring into **your** vagina right to the top it pops open and it's very
 285 very thin plastic (.) so it's a barrier method [PUPIL QUESTION] tsk so **you**
 286 would pull it from the bottom there's a ring at the bottom sits against **your**
 287 vulva **you** pull it down [PUPIL QUESTION] no cos it's all very soft (2.0) it's very

In another example of womb-coded 'you' appearing within instructional content around using contraceptives, the contraceptive in question is a form of medication (the pill) rather than a physical device that the user operates. Similarly to the examples discussed above, the present tense verb process 'you take it every day' (300622 line 78) situates the text-world temporally in the present moment. In this instance, a sense of responsibility also emerges, similar to many of the examples discussed in relation to womb-coded 'you' + 'get pregnant'. In a follow up instruction, 'you have to remember to do it' (300622 line 79) the deontic modal verb 'have to'

initiates the creation of a deontic modal-world and expresses a strong degree of obligation, which is supported by the evidencing of the consequences if one does not take these actions: 'if you don't take it every day then you can't rely on it being effective' (300622 line 79-80). The protasis of the conditional here, 'if you don't take it every day', repeats the point made immediately prior, before resolving with the apodosis 'you can't rely on it being effective'. This consequence is further reinforced by the immediately following statement 'you can still get pregnant' (300622 line 80-1), which is effectively a synonym for the prior statement contained in the apodosis of the conditional. The second-person pronouns here must be womb-coded since only people with wombs could take an oral contraceptive or have an implant inserted for pregnancy prevention. The protasis establishes an epistemic modal-world into which only people with wombs are invited to project themselves (see **Section 3.3**). Accordingly, the consequences realised by the apodosis of this conditional are only experienced by this specific group. Notably, the obligation and responsibility denoted by the deontic modal verbs in this example is also attributed entirely to people with wombs. Furthermore, the implant is briefly highlighted as a convenient alternative to oral contraceptives that removes some of the metaphorical weight of this responsibility: 'the implant you don't have to remember' (300622 line 78-9). While this is framed as a positive attribute of the implant, it ignores the potentially negative health implications and side effects of LARCs (see Geampana 2016; Mann and Grzanka 2018), and does nothing to address the wider question of why this responsibility for pregnancy prevention is weighted so unequally towards people with wombs.

300622

78 pill (1.0) erm so the pill **you** take it every day (.) the implant **you** don't have
 79 to remember yeah because the pill **you** have to remember to do it if **you**
 80 don't take it every day then **you** can't rely on it being effective you can still
 81 get pregnant erm (.) any other hormonal methods that you know about (2.0)

In all these instances discussed above, the use of second-person pronouns makes logical sense: it is people with wombs who will physically use these contraceptive devices, so it is unsurprising that the instructional advice is directed solely at them. Nonetheless, the focus on people with wombs, rather than people with penises, using contraceptive devices to prevent pregnancy reinforces the narrative that it is they who are responsible for avoiding unintended pregnancy. Furthermore, the womb-coding of the second-person pronoun here risks excluding people with penises by making it more challenging for these pupils to self-implicate, which in turn could mean those pupils in the discourse-world may be less inclined to engage with the lesson content. The combination of womb-coded 'you' alongside specific directions of how and where to interact with one's body, which boys and people with penises in the class will likely

have significantly less knowledge about, may make it more difficult for these pupils to emotionally connect with and implicate themselves in the discourse. As a result, this may perpetuate and reinforce the attitude that contraception is a concern primarily for people with wombs and girls, belying the reality that the avoidance of unintended pregnancy can be beneficial for everyone involved. However, this teacher's language simply reflects the current contraceptives available. Almost all contraceptives are designed for people with wombs, rather than people with penises, so it is unreasonable to expect teachers to give a balanced account when the content they are delivering is inherently unbalanced.

In Nelson Park School, instances of womb-coded 'you' + 'contraception' were primarily focused on contraceptives that users would administer themselves, such as internal condoms or the combined pill (e.g. 'this is a ring that you stick up your vagina' (140722 152-3) and 'the pill you take it every day' (300622 line 78)) as opposed to methods that are administered by medical professionals such as the implant or IUD. However, as mentioned briefly above, there is some mention of contraceptive devices that a user cannot insert or use themselves, and instead require medical intervention (delivery of the contraceptive injection and IUS/IUD insertion). In the two examples below, rather than discussing how to physically use these devices, womb-coded second-person pronouns are used when describing the types of contraceptives available as well as how they work in the body: 'you can get a hormone one' (140722 line 115-6) and 'the injection so erm that gives you a dose of er sex hormone' (300622 line 82-3). In both examples, the second-person pronoun 'you' addresses specifically people who could interact in this way with these types of contraceptive devices: people with wombs. In the first example, the second-person pronoun is the subject of the verb process 'can get', informing the people specified by the pronoun about contraceptive options available and accessible to them. In the latter example, the second-person pronoun is the object of the verb 'gives', referring to how the contraceptive injection works.

140722

115 are like spermicidal they s- kill sperm the copper ions (.) erm or **you** can get a
116 hormone one that's the IUS oral sex is that a kind of contraception (.) is there

300622

82 nope (1.0) so there's this as well where is it the injection so erm that gives
83 **you** a dose of er sex hormone (.) oestrogen or progesterone which blocks the

In both examples, the second-person pronoun 'you' represents an enactor of people with wombs in the text-world, constituting, in Herman's (2002: 341-5) terms, apostrophic (or 'vertical') address by bringing the recipient of the discourse (pupils with wombs) into the narrative due to their designation as people who may

conceivably interact with hormonal contraceptives (see Herman 2002: 342). People with wombs are necessarily foregrounded since the actions described are happening exclusively to their bodies, rather than to the bodies of people with penises. Again, as discussed above, this is highly unsurprising since these are contraceptive devices designed solely for people with wombs. However, it does speak to the wider medical and societal realities that there are very few contraceptive options designed specifically for people with penises and men. As a result, teachers are left to describe the contraceptive options available (which are predominantly for people with wombs) and as a result reinforce the narrative that it is the responsibility of people with wombs to prevent pregnancy.

Fertility awareness and condom responsibility

In one final instance of womb-coded 'you' + 'contraception' in the dataset from this school, the teacher describes how to use a different type of contraception altogether: fertility awareness. In the following example, the second-person pronoun 'you' is repeatedly used in reference to people with wombs using fertility awareness as a method of contraception. Womb-coded 'you' is used to describe the actions, or material processes, a person would take to use this method of pregnancy prevention and how they would be informed as to whether they were fertile or not: 'you wee onto this stick everyday' (140722 line 123); 'you learn how your month works in terms of when you're fertile so it gives you a green day or a red day' (140722 line 125-6). In this example, the second-person pronoun facilitates the presence of an enactor of the pupils in the text-world (Gavins 2007: 84; see also **Section 3.3**). As in the other examples discussed in this chapter, this text-world enactor represents only people with wombs, since they are the only people who could carry out these specific actions in order to prevent pregnancy. The events take place in a non-specific time-zone, signalled by present tense verb processes 'you wee', 'you learn', giving the discourse the tone of an instruction manual, much like the examples discussed above. People with wombs are the direct recipients of this instructional content since they are the only subsection of the population who could actively use this method of contraception.

As argued in the previous section, the use of second-person address may lead pupils specified by the pronoun 'you' to find the content more immersive and easier to understand, something that is particularly pertinent to such an important practical subject as sex education. At the same time, the absence of any reference to people with penises in the discourse makes the content less engaging for pupils who do not have wombs. This focus on people with wombs distances and excludes people with penises and risks limiting these pupils' engagement with the lesson content. While people with penises do not need to know how these methods work in terms of using them

themselves, unintended pregnancies could be reduced if young people perceive people with penises (as well as, or instead of, people with wombs) as responsible for preventing pregnancy. Both parties are involved in creating a pregnancy, and both stand to benefit from avoiding an unintended pregnancy. As argued above, it is not a failing of the teacher to focus on womb-centric contraceptives in this way, but rather reflects the limited choice of contraceptives available for people with penises, in comparison with the variety available for people with wombs. Nonetheless, this focus on people with wombs as the main preventers of pregnancy reinforces cultural assumptions about women and people with wombs taking responsibility for contraception.

140722

122 there's a few brands where **you** wee onto like it's a bit like when **you** take a
 123 pregnancy test **you** wee onto this stick everyday put it in a machine and it
 124 measures **your** hormone levels so it can predict when **you're** gonna release
 125 an egg (.) right so then **you** learn how **your** month works in terms of when
 126 **you're** fertile so it gives **you** a green day or a red day (1.0) or ah does it even
 127 give **you** an orange I think it gives **you** an orange dun it the persona (1.0) yeah
 128 and so green day good to go nowhere near ovulation (.) red day uh uhh n-
 129 **you** need to use **you** need to use condoms on those days (1.0) and then I
 130 don't even know why it does orange cos orange is like as good as red innit cos
 131 **you** still need to **you** don't wanna take a gamble (.) anyway so it measures
 132 **your** hormone levels so **you** get to know **your** fertile times of the month and
 133 **your** infert- d'you understand the word fertile it's when you can get pregnant

140722

139 five percent (.) reliable (1.0) so it warns **you** that it's not a hundred percent

Most interestingly, in this example, second-person address continues into the discussion of when to use condoms if using the fertility awareness method as contraception. The teacher issues the following advice for when the user of fertility tracking is on a 'red day', i.e. a fertile day: 'you need to use condoms on those days' (140722 line 129). The deontic modal verb 'need' establishes a deontic modal-world (see **Section 3.3**) and expresses in the strongest terms the obligation to use a barrier method of contraception, with the enactor responsible for carrying out this material process being 'you'. Here, the second-person pronoun could be considered plural. In isolation, the phrase 'you need to use condoms', could appear to be addressed to either people with penises (since this is who would physically wear an external condom), or in the plural form to everyone involved in a sexual interaction where pregnancy is a possibility (since anyone could be involved in applying an external condom). However, in this specific context, the effect is quite different. The second-person

pronouns used prior are very explicitly womb-coded, as discussed above. Womb-coded second-person address is used repeatedly to give instructions and, as such, it is not unreasonable to suggest that the subsequent instruction 'you need to use condoms' may also be womb-coded. Since external condoms can technically be 'used' by people with wombs (to apply on a partner's body), it is entirely possible that these two instances of second-person pronouns could be interpreted as womb-coded by the listener. Furthermore, this instruction to use condoms is given in direct response to the notion that the user of this contraceptive method is on a 'red day', which can only be a person with a womb. Accordingly, only people with wombs are invited to project themselves into the deontic modal-world, and it is therefore exclusively these pupils who are obligated to carry out the instructions contained in this modal-world ('use condoms'). There is a possibility that this may be interpreted differently by different pupils, with some pupils perceiving the second-person reference in the plural sense. This would be an interesting area for further research to uncover whether young people perceive these types of instructions to use condoms as plural or singular.

Despite being the people who external condoms are designed for, and presumably being the people who are responsible for their own sperm, of all possible referents it is least likely that the second-person pronoun in this context refers exclusively to people with penises. Couched within so many explicitly womb-coded second-person pronouns, it is much less likely, or even impossible, that pupils would perceive this instance, 'you need to use condoms' (140722 line 129) to refer exclusively to people with penises. To make explicit a shift to referring to a person with penis as the person using the condom, the teacher could have phrased this sentence as 'your partner needs to use condoms', or even 'you need to get your partner to use condoms' (although the responsibility of a person with a womb is nonetheless explicitly implicated in this latter example). In describing condom use in this ambiguous way, the teacher leaves room for different interpretations. This feeds into the cultural narrative of people with wombs taking contraception responsibility, and echoes findings elsewhere in this thesis (see **Chapter 5**) that women and people with wombs are not only responsible for contraceptives designed for them, but contraceptives designed for people with penises too. The message is essentially this: stop yourself getting pregnant, and stop anyone *getting you* pregnant. This forgets, or ignores, that people with penises have control and responsibility for their own ejaculations (e.g. Blair 2023).

The examples discussed in this section also highlight a contradiction between the two types of condoms available: internal condoms and external condoms. While there can be some ambiguity around who is specified as the user of external condoms, there is no argument for ambiguity in the discussion above about internal condoms (used by people with wombs). In the case of the latter, people with wombs and girls are

responsible for applying and using this form of contraception. However, in the example discussed on external condoms, there is ambiguity around who is the user of this contraceptive device. Situating people with wombs and girls as the user of contraceptives regardless of who the contraceptive device is designed for supports the attitude that people with wombs are responsible for contraception use and pregnancy prevention.

7.2 Spring Hill Academy: responsibility, shame and medical intervention

In this section I discuss instances of womb-coded 'you' + 'contraception' that occurred in the data collected from Spring Hill Academy. All instances appear in the first of two lessons on contraception at this school. Similarly to the examples discussed from Nelson Park School, in the dataset from Spring Hill Academy womb-coded 'you' occurs when discussing how to obtain and use contraception. A theme emerges surrounding medical intervention in accessing and administering contraception, which can perhaps be attributed to the fact that this lesson is led primarily by the school nurse. I discuss the ways in which people with wombs are positioned as responsible for ensuring effective contraception, and how the burden of this responsibility is also used to promote contraceptives that lessen the mental load associated with some methods of contraception.

Obtaining and using contraception

The following examples describe the various ways in which to physically use internal condoms and the diaphragm. In the first example below, the school nurse explains how a user would insert an internal condom: 'you insert it by (.) guiding it (.) through the vagina onto the cervix' (160622 line 450-1). In this example, the second-person subject pronoun 'you' represents an enactor in the text-world responsible for carrying out the material action process signified by the verbs 'insert' and 'guide'. Compared with the internal condoms example from Nelson Park School, in this lesson at Spring Hill Academy, the instruction of how to use this contraceptive is less explicitly womb-coded. In the data from Nelson Park School, second-person pronouns were explicitly womb-coded through the presence of the possessive pronoun 'your' to define the body parts of people with wombs, for example, 'you [...] stick it up your vagina' (300622 line 102-3). There is no such specificity in the body parts described in the present example. Instead, the determiner 'the' precedes words associated with the bodies of people with wombs, such as 'vagina' and 'cervix': 'you insert it by (.) guiding it (.) through the vagina onto the cervix' (160622 line 450-1). This distances these body parts, making them more objective and less personal, also making it less

grammatically explicit that the second-person subject pronoun is womb-coded. However, background knowledge plays a crucial role here (see **Section 3.3**). There is societal stigma and shame around inserting one's fingers into one's own vagina, which these pupils have likely internalised. As such, inserting an internal condom becomes something to do with as much privacy as possible, making it unlikely that these pupils perceive the insertion of an internal condom as a joint activity. Furthermore, given that contraception is predominantly perceived as the responsibility of people with wombs, it is unlikely that pupils would perceive the application of a contraceptive designed for people with wombs to be the responsibility of anyone other than people with wombs themselves.

160622

450 your anatomy yes [PUPIL RESPONSE] ugh (.) perfect answer yes (1.0) **you**
451 insert it by (.) guiding it (.) through the vagina onto the cervix it sits over the

160622

490 but erm i- again it's not very popular it's (1.0) er (.) **you** have to use
491 spermicide coat it in spermicide here again it's squashed inserted into the
492 vagina sits over the cervix why would that not work [PUPIL RESPONSE] yeah
493 so **you'd** have to throw that away in fact **you** can reuse these these
494 diaphragms but you know they have to be specially fitted I think it's years
495 since I've fitted any of these I think women are having now they're having
496 implants or coils rather than this but (.) it's a choice so I would never say to
497 anyone **you** can't have it (.) I would give it to them if that's what they wanted

In the second example above, the school nurse describes how to use a contraceptive diaphragm or cap. As above, despite the use of definite articles ahead of nouns associated with body parts of people with wombs (e.g. 'the cervix' (160622 line 492) as opposed to 'your cervix'), the second-person subject pronouns are likely to be perceived as womb-coded due to the context of the discussion being focused on contraceptives designed solely for people with wombs. In two instances of womb-coded 'you', the nurse combines the second-person pronoun with a deontic modal verb, 'have to': 'you have to use spermicide' (160622 line 490-1) and 'you'd have to throw that away' (160622 line 493), establishing a deontic modal-world into which only people with wombs are invited to project themselves, due to the specificity of the second-person address. Both instances convey a strong degree of responsibility attributed to the subject of the modal verb, people with wombs, and consequently it is only this specific group of people who need to consider whether they will take the actions instructed ('use spermicide' and 'throw that away'). In the first example, the deontic modal verb instructs the user how they are required to act in order for the contraceptive to be effective: 'have to use spermicide' (160622 line 490-1). In the second

example, the school nurse similarly describes actions required to ensure the effectiveness of the contraceptive, only this time focusing on a reaction required if the contraceptive is damaged: 'you'd have to throw that away' (160622 line 493). In both examples, the responsibility for ensuring the contraceptive is as effective as possible is attributed to the second-person subject pronoun, 'you'. The womb-coding of these pronouns therefore places people with wombs as responsible for taking these actions and ensuring they are completed effectively. In fact, both instances discussed above further reinforce the implementing of contraceptive methods and devices as the remit of people with wombs by consistently situating people with wombs as the enactor of the material verb processes 'you insert' (160622 line 450-1), 'you have to use' (160622 line 490), 'you'd have to throw that away' (160622 line 493), 'you can reuse' (160622 line 493). As previously discussed, it is unsurprising to find womb-coded second-person pronouns in instruction on how to use contraceptives, since the majority of options available are for use exclusively by people with wombs. The focus on the agency and responsibility of people with wombs here reflects this reality and perhaps also echoes societal narratives that situate women and people with wombs as responsible for pregnancy prevention. It is important to reiterate here that teachers and in this case, the school nurse, are in a bind: they can only teach about the contraceptive methods currently available to pupils, yet very few of these are designed for people with penises. Nonetheless, the teacher or nurse's language risks reinforcing these biases. Furthermore, in the second excerpt included above, the school nurse hints at a theme of permission in relation to contraception. When discussing a contraceptive option that is less commonly used today compared with other more popular methods, the nurse states 'it's a choice so I would never say to anyone you can't have it' (160622 line 496-7). While there are positive implications to this statement, namely that the nurse is open to offering any method of contraception regardless of its popularity, what it makes explicit is the notion that access to, and delivery of, many contraceptive devices for people with wombs is mediated by medical professionals, as discussed in the following sections.

Responsibility, emergency contraception and condoms

Alongside instruction for how to use devices the user is required to physically insert into their own bodies, the school nurse explains how pupils might obtain and use contraceptive devices in the form of medicine, or which require the intervention of a medical professional (as discussed in the following section). In the following example, the teacher describes the time frames involved in accessing emergency contraception, or 'the morning-after pill', before feeding into a discussion about how accessing this type of contraceptive relates to personal responsibility. The second-person pronoun refers to people with wombs as highlighted in the examples below since they are the

only people who can take emergency oral contraception for pregnancy prevention, for instance: 'you can only take it the morning after' (160622 line 406). The nurse explains that despite its colloquial name, emergency oral contraceptives can be effective up to five days after unprotected sex and can be requested and prescribed up to this time. Womb-coded second-person pronouns are used throughout this section as the subject of the material verb processes describing both the actions that lead a user to need emergency contraception ('you have unprotected sex' (160622 line 406)) and the actions involved in obtaining the morning-after pill ('you ring sexual health services' (160622 line 437)). Since both of these examples are contained within hypothetical if-clauses, the epistemic modal-worlds they create invite pupils to imagine a scenario in which they needed to access emergency contraception. Since the second-person pronouns are womb-coded here, the enactor 'you' represents solely people with wombs and therefore implicates solely these people as the primary agent of pregnancy prevention via this method of contraception. In Text World Theory terms, it is only people with wombs who are invited to project themselves into the epistemic modal-worlds established by the protasis of these conditional clauses (see **Section 3.3**).

160622

405 yeah [PUPIL RESPONSE] it is (1.0) tsk now morning after (.) does that mean
 406 **you** can only take it the morning after if **you** have unprotected sex and
 407 haven't used contraception [PUPIL RESPONSE] that's weird isn't it and
 408 sometimes (.) erm when when we're giving it out people think because it's
 409 been called the morning after **you** can only go the next day actually **you**'ve
 410 got five days to get this and this is effective in about ninety five percent of
 411 cases (.) and you mentioned that the earlier **you** get it the better but actually
 412 I will give it right up to the end of that five days because it prevents
 413 pregnancy so imagine this okay and it is just imaginary (.) think about that
 414 **you** had gotten i- into a position where **you** needed this and (1.0) y'know it it
 415 had been something that (.) **you** regret and that it's a mistake and **you** can't
 416 tell **your** parents and **you** don't want to go to services to ask for

160622

426 young people (.) and actually all of this means that **you**'re taking
 427 responsibility (2.0) if **you** did have sex without using condom you didn't want
 428 to be pregnant and **you you** needed to get this **you** are taking responsibility
 429 by getting it (.) if **you**'re in a relationship where **you**'re having sex (.) and you
 430 don't want (.) to get pregnant because you're too young going to the services
 431 and getting contraception means that **you**'re taking responsibility (.) we
 432 welcome it we think that shows a mature (1.0) attitude okay that shows that
 433 **you** take **your** health seriously and that (.) **you** want to protect **yourself** and
 434 we would support **you** in anything to do with that okay this pill (.) tsk is

160622

437 services will give it if **you** ring sexual health services we can arrange for **you** to
438 go to a pharmacist to pick it up free free free (.) up to five days (1.0) next (.)

The nurse then goes one step further and encourages pupils to develop the backstory to the person's actions that has led them to require the morning-after pill: 'imagine this okay' (160622 line 413). In this hypothetical text-world the future user of emergency contraception has brought the situation upon themselves ('you had gotten into a position where you needed this' (160622 line 414)) by doing something they now wish they had not done ('it had been something you regret' (160622 line 414-5)) and cannot disclose to family members to seek support due to some perceived element of shame ('you can't tell your parents' (160622 line 415-6)). In this imagined scenario, the young person specified by the second-person pronoun 'you' is in a particularly difficult situation. The enactor represented by the second-person pronouns in these examples must be a person for whom pregnancy is a possibility, since only they could be in the position where they 'needed this' (160622 line 414). This narrative not only assumes that those people requiring emergency contraception have brought this negative situation upon themselves, but also neglects to consider the fundamental role of people with penises to this conclusion. By eliding the other person required to have 'gotten' the enactor into this 'position' (there is no enactor of a person with a penis present in this text-world), people with penises are made absent from the narrative and the language used by the school nurse implies that people with wombs cause their own unintended pregnancies. In reality, a fertile person with a penis has 'gotten' the enactor into this 'situation' by (presumably, based on the assumption that this is a sexual interaction that carries the possibility of pregnancy) ejaculating inside them without any method of barrier contraception. This is very different to what is presented by the school nurse. Arguably, the second-person pronouns here could refer in the plural sense to both parties involved in the prior unprotected sex that has caused this scenario. However, in a context where the school nurse has situated emergency oral contraception as explicitly womb-coded, 'you [...] take it' (160622 line 406), it is likely that pupils perceive further discussion on the topic this way too. Furthermore, adolescents in a UK secondary school will likely bring knowledge to the discourse-world that they have absorbed from both British and global media, namely that contraception designed for people with wombs, and even pregnancy prevention more broadly, is the responsibility of women and people with wombs.

The school nurse develops this further again in a slightly later section of speech, included in the examples above from line 426 to line 438. The school nurse refers to responsibility explicitly in the following phrases: 'this means that you're taking responsibility' (160622 line 426-7); 'you are taking responsibility by getting it' (160622

line 428-9); 'you're taking responsibility' (160622 line 431). In this section of the transcript, the school nurse argues the case for why obtaining emergency contraception is a positive thing and not something to be embarrassed or ashamed about. Rather, it is something to be proud of, that shows an individual is in control of their body and choices. While this might appear to be an empowering narrative, in reality it reaffirms contraception as the responsibility solely of people with wombs, while neglecting the fundamental involvement of people with penises. Furthermore, in the if-clause protasis 'if you did have sex without using [a] condom you didn't want to be pregnant' (160622 line 427-8) whose apodosis (see **Section 3.3**) states that the enactor 'you' is 'taking responsibility' (160622 line 428), people with wombs are placed as responsible for not only their own bodies, but for the bodies of people with penises too. In this example, the 'you' who does not 'want to be pregnant' must be a person for whom pregnancy is a possibility. It follows that this person with a womb must also be included in the 'you' who 'did have sex without using [a] condom'. Again, it is possible that the 'you' who is having sex may be plural. However, the likelihood that it is perceived this way is debatable. Firstly, the asyndetic list in which the pronoun occurs is heavily womb-coded. The second and third items of this list, connected by the additive conjunction 'and' must refer to people with wombs ('you didn't want to be pregnant and you you needed to get this' (160622 line 427-8)) suggesting that it would not be unreasonable to expect pupils to perceive the first item ('you did have sex without using [a] condom' (160622 line 427)) in this way too. Furthermore, given the discussion above about cultural perceptions of pregnancy prevention responsibility and stereotypical attitudes towards sexually active women, it is not unreasonable to suggest that this instance of second-person pronoun is womb-coded. If so, this discussion echoes the findings explored in **Chapter 5** that women and people with wombs are presented as responsible for contraceptives designed for use by people with penises. This effect is repeated in the conditional that immediately follows the one discussed, recreating and reinforcing this idea of responsibility: 'if you're in a relationship where you're having sex (.) and you don't want (.) to get pregnant because you're too young going to the services and getting contraception means that you're taking responsibility' (line 429-31).

Autonomy, choice and medical intervention

The previous sections discussed instances of womb-coded 'you' + 'contraception' in the context of physically using and obtaining contraceptive methods. While the previous section briefly addressed the ways in which medical intervention is required for certain contraceptives, this section will discuss instances of womb-coded 'you' + 'contraception' at Spring Hill Academy that occur in the context of long-acting reversible contraceptives (LARCs) that must be fitted and removed by a medical

professional. These instances of womb-coded 'you' raise questions about autonomy and choice when it comes to contraception and speak to the role of medical professionals in the accessibility of contraception.

In the following examples, the school nurse describes how the implant is used as a method of pregnancy prevention. Since this contraceptive is physically fitted under a person's skin, medical intervention is necessary to this method of contraception. In the first example, the location of the implant is described, 'it goes eight to ten centimetres from your elbow' (160622 line 705-6), where the second-person possessive pronoun 'your' must refer to a person with a womb. Likewise, in the following example, 'you do have to come back to me to have it taken out' (160622 line 714-5), the second-person subject pronoun 'you' must be womb-coded since only people with wombs would have had the implant fitted as a contraceptive in the first place. The deontic modal verb 'have to' establishes a modal-world and makes clear the necessity of returning to a medical professional should a person wish to cease using it as a contraceptive. The womb-coded second-person pronoun as the subject of this modal verb invites people with wombs to implicate themselves in this modal-world, and consequently specifies that only people with wombs need to consider whether they should do the actions suggested ('come back to me to have it taken out'). This notion is further emphasised by the redundant auxiliary 'do', creating the impression that using this method is something of a chore that requires planning, time and travel. There is also an element of responsibility woven in here through deontic modality. Not only does this statement make explicit the necessity of medical intervention in contraception for people with wombs, but the implication here is that people with wombs *must* interact with medical professionals in order to manage their contraceptive choices, should they choose the implant. Since the second-person pronoun must be womb-coded in this instance, the degree of responsibility conveyed by this deontic modality applies solely to people with wombs, and the task of preventing pregnancy rests on them.

160622

702 morning at the <MEDICAL CENTRE NAME> fitting these and the women who
703 have them fitted are really happy with them because they are such an
704 effective method of contraception (.) where does that go [PUPIL RESPONSE]
705 in the fallopian tu- yeah where abouts in the arm [PUPIL RESPONSE] it goes
706 eight to ten centimetres from your elbow it's in has anyone had their

160622

711 three years contraception (.) it's a miracle this it releases (.) a progestogen
712 hormone and it's very very a very good and safe method of contraception
713 (2.0) and so if the it's another choice I'm fitting loads of them (1.0) and a lot

714 of women really like them **you** do have to come back to me to have it taken
 715 out (.) but we use local anaesthetic and it's not painful at all okay so this is a
 716 good method it means **you** don't have to remember pills every day which is

In contrast to the potential drawbacks outlined for the implant ('you do have to come back to me' (160622 line 714)), the school nurse presents a positive benefit of this contraceptive method: 'it means you don't have to remember pills every day' (160622 line 716). The implant is presented as preferable to oral contraceptive pills due to a lack of necessity to carry out an action every single day (i.e. taking the pill). The implication of this negated statement, 'you don't have to remember', is that by contrast, when taking the pill, one *does* have to remember to take it every day. The use of deontic modality here establishes a deontic modal-world and requires the listener (the pupils in the classroom) to further self-implicate into a remote scenario signalled by the deontic modal verb 'have to'. Since the subject of the verb is a womb-coded second-person pronoun, this invitation to self-implicate is directed specifically and exclusively towards people with wombs. The implied opposite of the negated deontic modal verb 'don't have to' is that when taking the pill, one does 'have to' remember to keep up with the correct dosage at the correct time. This frames the pill as a chore, a task to be consistently on top of, a responsibility. By contrast, the implant is presented as preferable because it removes some pressure from this mental load and responsibility since users are only required to be responsible on two occasions (getting it fitted and removed), rather than consistently on multiple occasions (taking the pill each day). The school nurse's focus on the implant's ability to reduce the load of responsibility on people with wombs when managing their contraceptive choices, rather than questioning and critiquing how people with penises might share this load, is interesting. As argued above, this speaker (who, unlike the teachers at Victoria High School and Nelson Park School, is a medical professional herself) is constrained by the fact that most contraceptives are for exclusive use by people with wombs; these are the only devices she is able to present to pupils. Nonetheless, this narrow focus and omission of the role of people with penises in conception risks reinforcing the womb-centric stereotypical assumptions around pregnancy prevention.

Furthermore, there is little to no discussion of the side effects that come with this form of contraception and the reality that there is also a lot less control with this method as compared with oral contraceptive pills. The school nurse focuses on the positive aspects of the implant, describing it as a 'miracle' (160622 line 711) and reporting that patients she has treated were 'really happy with them' (160622 line 703). This reflects findings in the literature that LARCs are presented positively in medical discourse as an option that encourages autonomy, whilst downplaying the negatives (see Geampana 2016; Bertotti et al. 2021). What is more, if negative side-effects were experienced while taking the pill, it is a lot easier for users to simply stop taking it. On

the other hand, to cease using the implant, users are required to access medical intervention. Notwithstanding that users may have varying experiences with coming off hormonal contraception, and it may be that symptoms persist many months after coming off the contraceptive pill while negative symptoms associated with the implant could stop quickly after removal, it remains true that taking the initial step of ceasing contraceptive use is a lot easier to do with the pill than the implant.

Similar effects occur in relation to discussion of the IUD, or copper coil. Like the implant, the coil is a type of long-acting reversible contraceptive (LARC) that must be fitted and removed by a medical professional. The coil is inserted into the womb through the cervix in a procedure that many users report to be extremely painful (Roberts 2021). In the examples below, the school nurse discusses the benefits and limitations of the contraceptive coil. Similar to her discussion of the implant, the school nurse focuses on the fact that when using the coil, one does not need to remember contraception on a regular basis: 'you don't have to think about it for that length of time' (160622 line 370-1). Again, this promotes this method of LARC as preferable due to its ability to reduce a user's mental load, but neglects the bigger question of why people with wombs are assumed to carry that load. The positives are reinforced later in this same fragment of speech when the nurse states 'it's a really good method this if you want a long acting contraception' (160622 line 376-7), and encourages pupils that 'it's worth considering' (160622 line 377) (in this latter example, establishing an epistemic modal-world containing a proposition pertaining only to people with wombs). As with the implant above, the school nurse specifically focuses on the benefit of not having to remember to use this contraceptive method (the coil) at regular intervals or each time a person has sex, allowing the user more freedom and autonomy with their sexual choices, and less responsibility to remember their birth control. Furthermore, in the first section of the excerpt below, the school nurse frames the pain of coil insertion in terms of discomfort, using a modal verb that expresses a relatively low grade of possibility ('it might be uncomfortable' (160622 line 361)) and emphasises the speed at which the procedure is performed ('it's over in like three minutes' (160622 line 362-3)). This mirrors the findings in advertising discourse (Mann and Grzanka 2018) that benefits of LARCs are promoted while negatives are downplayed.

160622

361 do but er the (.) having a coil fitted now it might be uncomfortable
 362 particularly if **you** haven't had children but it a qu- actually it's over in like
 363 three minutes (.) and this contraception (1.0) is for who [PUPIL RESPONSE]

160622

370 five (.) tsk copper coils can last ten so that means **you** don't have to think

371 about it for that length of time but but but but but (1.0) what does it not
 372 protect **you** from [PUPIL RESPONSE] yes PUPIL RESPONSE] doesn't protect
 373 **you** from HIV doesn't protect **you** and in fact (2.0) with these coils we do say
 374 particularly to use condoms okay because this de- this device can actually
 375 cause the bacteria to track (.) up the fallopian tubes it can be a a method of
 376 transport of an STI but it's a really good method this if **you** want a long acting
 377 contraception (1.0) it's worth considering okay (.) next (1.0) ooh I've got a

The school nurse goes on to explain that the negative aspects and limitations of this contraceptive method are to do with STIs and bacterial infections, explaining that the device does not protect users from STIs, and can even encourage infection: 'doesn't protect you from HIV' (160622 line 372-3); 'this device can actually cause the bacteria to track (.) up the fallopian tubes it can be a a method of transport of an STI' (160622 line 374-6). In order to combat this negative implication of the copper coil, the school nurse advises 'with these coils we do say particularly to use condoms' (160622 line 373-4). While there is no explicit enactor implicated by a pronoun in this instruction to use condoms, there is a suggestion that this is something for which people with wombs are responsible. Embedded within discourse that directly addresses people with wombs ('you don't have to think about it' (160622 line 370-1); 'if you want a long acting contraception' (160622 line 376-7)) it is likely that this instruction would be perceived to apply to these people too. By not including an explicit enactor representing a person with a penis who is using the condom, the nurse leaves ambiguity about to whom this instruction is referring. Furthermore, the person who stands to benefit from this use of condoms (by avoiding STIs and bacterial infections) is someone with a womb. The nurse makes this explicit in the subordinate clause 'because [...] this device can actually cause the bacteria to track (.) up the fallopian tubes' (160622 line 374-5), while the fact that condoms will also help prevent people with wombs giving an STI to people with penises is absent from the discourse. As a result, this excerpt illustrates another example where people with wombs are represented as responsible for contraceptive options designed for them, as well as for contraceptive methods designed for people with penises.

7.3 Victoria High School: health risks, protection and choice

During the three thirty minute lessons at Victoria High School, womb-coded 'you' + 'contraception' occurs almost exclusively in reference to the contraceptive pill, framing this method as the leading contraceptive for people with wombs. In contrast to the other schools in the dataset, the teacher at Victoria High School focuses on the biological mechanics of the pill and relates this to the fact that the contraceptive pill

may be taken for reasons other than pregnancy prevention. This teacher also highlights repeatedly that the pill is a reliable method of preventing pregnancy, but not sexually transmitted infections (STIs). Taking a scientific approach, as opposed to a more practical approach seen in the other two schools, the teacher describes in detail how the pill works, the effect it has on the body (including negative side-effects), and asserts that users must be aware of the implications of taking this medication and take responsibility and ownership of their bodies and health.

Why take the pill?

The teacher at Victoria High School devotes time across all three lessons to discussing the various reasons or motivations users might have for taking the contraceptive pill, which can be broadly categorised as 'contraceptive' or 'non-contraceptive'. She discusses the pill as a method of pregnancy prevention as well as non-contraceptive reasons for taking the pill related to health, such as easing period pain or improving skin conditions such as acne. The teacher also draws attention to the different reasons for taking the pill by eliciting responses from pupils: 'why else might you take the contraceptive pill' (060622 line 296), 'why might you go on the pill give me two reasons' (080622 line 12). The examples below illustrate the teacher's focus on motivations for taking the pill that are not to do with pregnancy prevention. The teacher addresses specifically people with wombs throughout these examples and focuses mostly on how the contraceptive pill interacts with a user's hormones and can make periods less painful and easier to deal with: 'you might be on the pill [...] to rebalance hormones' (070622 line 264-5); 'it can relieve premenstrual tension' (070622 line 294). These examples of second-person reference are clearly womb-coded since they refer to experiences that are only possible for people with wombs, such as taking an oral contraceptive or dealing with menstruation.

060622

32 make informed decisions based on knowledge (1.0) the point made in that
 33 first paragraph though was that some contraceptives have health benefits
 34 not connected to protecting **you** from pregnancy -kay so tracking me so it can
 35 be that the contraceptive pill is sometimes given to teenagers not to prevent
 36 them getting pregnancy cos that's not what we're worried about but it might
 37 help ease period pains, might make periods lighter er work with **your**
 38 hormones in a better way so **you** might be taking it for a reason that's not
 39 contraceptive, nodding if that makes sense yeah so there are like anything

060622

295 another reason why **you** might take the pill so **you** might take it to prevent
 296 pregnancy but why else might **you** take the contraceptive pill <PUPIL NAME>

070622

260 female hormones and when **you** take the pill **you** might ave different
 261 amounts so **you** can have a prese- proges- I can't say it progestogen-only pill
 262 or an oestrogen pill or a combination so the combined pill is a combination of
 263 the two this is why as well that's what's relevant to the medical aspect (1.0)
 264 in the sense that that **you** might be on the pill for these reasons to rebalance
 265 hormones to redistribute hormones not for contraceptive purposes (.) okay

070622

294 benefits it can relieve premenstrual tension those kind of monthly struggles
 295 that **you** have and it can improve acne in some women and can improve skin

080622

12 good (1.0) <PUPIL NAME> why might **you** go on the pill give me two reasons
 13 (.) not you personally women [PUPIL RESPONSE] and the a second potential
 14 reason [PUPIL RESPONSE] he doesn't know who can help him (.) <PUPIL
 15 NAME> [PUPIL RESPONSE] for medical reasons there if **your** periods are
 16 particularly painful or **you**'ve got hormonal issues (.) now team tracking me

The womb-coding of these examples may make the discourse more engaging for people with wombs since they can more easily implicate themselves in the text-world. For example, people with wombs can more easily relate to experiences the teacher describes such as 'your periods' (080622 line 15), or the more euphemistic 'those kind of monthly struggles' (070622 line 294). Meanwhile, this discourse may distance people with penises, thereby reinforcing the notion that contraception is something of primary concern for people with wombs. This is particularly reinforced when the teacher mitigates her question to a specific pupil about why one might start taking the pill: 'not you personally women' (080622 line 13). Furthermore, the use of negation in the first example above foregrounds contraception as the primary reason for taking the pill: 'some contraceptives have health benefits not connected to protecting you from pregnancy' (060622 line 33-4); 'you might be taking it for a reason that's not contraceptive' (060622 line 38-9). In order to process a negated statement, the reader or listener must first conceptualise the proposition before reconceptualising it as negated (see Givón 1979; Werth 1999: 249-57; Gavins 2007: 102; see also **Section 3.3**). So, to take one of the examples above, on hearing the statement 'you might be taking it for a reason that's not contraceptive', pupils will first create a mental representation of an enactor who is taking contraception to prevent pregnancy, before conceptualising the negated form of this statement. Accordingly, negation has a cognitively foregrounding effect. Similarly, in the first example above, 'some contraceptives have health benefits not connected to protecting you from pregnancy' (060622 line 33-4), the negation 'not' foregrounds pregnancy prevention as the primary reason for taking contraceptives.

On the other hand, when the teacher discusses the pill as a method of contraception, to prevent pregnancy, she suggests that it is a preferred method particularly if the user is in a long-term relationship. In the extract included below, the teacher states 'typically it might be that the pill is the preferred method if you're in a long-term relationship' (060622 line 76-7). To phrase this another way, the teacher claims that in a long-term relationship, people with wombs will take on the responsibility for contraception by taking the pill. This reinforces the stereotypical assumption that people with wombs will shoulder the responsibility for contraception and implies that condoms are only useful in more casual sexual encounters. The reason given for this argument is that STIs are less likely in a long-term relationship as compared with more casual sex: 'you're not as likely to get an STI from that persons cos they're only sleeping with you' (060622 line 81-2). This makes the assumption that the long-term relationship in question is monogamous and risks implying that condoms are not needed. Instead, a long-term monogamous relationship is framed as a barrier to, or protection from, STIs.

060622

76 prevent STIs (1.0) so typically it might be that the pill is the preferred method
 77 if **you**'re in a long term relationship <PUPIL NAME> why would I say that
 78 [PUPIL RESPONSE] yeah a- and the assumption would be team tracking me
 79 the assumption would be if **you**'re in a long standing relationship let's say wi
 80 a partner who **you** trust and **you**'re on the pill **you** would probably assume
 81 would **you** not that **you**'re not as likely to get an STI from that persons cos
 82 they're only sleeping with **you** nodding if that makes sense yeah (.) okay (.)

Furthermore, STI transmission here is again framed in terms of people with penises giving STIs to people with wombs and not vice versa. People with wombs are represented as the recipient of the STI through the passive verb construction 'get an STI' in the phrase 'you're not as likely to get an STI from that persons' (060622 line 81). The second-person pronoun 'you' is womb-coded in this instance since it is the same 'you' who is taking the contraceptive pill in 'you're on the pill' (060622 line 80) in the clause immediately prior. Since this pronoun is womb-coded, the implication is that people with penises transmit STIs, and people with wombs are the recipients of them, thereby framing the risk of STIs as something associated with people with penises.

The pill prevents pregnancy but not STIs

The teacher leading the lessons at Victoria High School refers repeatedly to the fact that the pill is effective as a method of pregnancy prevention, but does not stop the transmission of sexually transmitted infections (STIs), as mentioned briefly in the previous section. In the example below, which immediately follows the excerpt

discussed above, the repeated second-person pronoun addresses exclusively the people who the teacher perceives might at some point take the contraceptive pill for pregnancy prevention: 'you've got to think carefully about both you've got to think the pill will not prevent STIs' (060622 line 85-6). Here, the teacher is describing how the pill is effective at preventing pregnancy but not STIs, and, in her use of the second-person subject and reflexive pronouns, is addressing only the pupils in the class with the capacity for pregnancy. She invites these pupils to perform a mental process, 'think carefully' (060622 line 85), to consider the risks to their bodies should they become sexually active, and expresses this with a degree of obligation on the part of people with wombs 'you've got to' (060622 line 85). This advice is issued as a follow up reinforcement to a question and response where the teacher aims to confirm pupil knowledge that the pill does nothing to prevent STIs: 'I'm on the pill so I'm not gonna get pregnant but what might happen to me' (060622 line 84). In this fragment, the teacher invites pupils to imagine a scenario where a person is taking the pill and therefore is reasonably unlikely to get pregnant, but is still at risk of STIs. Interestingly, using herself as the enactor, the teacher opts for a passive construction ('what might happen to me' (060622 line 84)) in order to elicit a pupil response referencing STIs. It is not unreasonable to reinforce the fact that the pill does not protect users against STIs, but this phrasing misses a crucial point that STI transmission is not one-directional; people with wombs can give STIs to people with penises, and vice versa. STIs can 'happen' to people with penises too, especially if no barrier method is used. Furthermore, the passive construction 'happen to me' reinforces the stereotype of women and people with wombs as the recipients of sexual activity, and reduces their power and agency.

060622

83 but if I had multiple partners or new partners why would that be risky (1.0) so
 84 I'm on the pill so I'm not gonna get pregnant but what might happen to me
 85 <PUPIL NAME> [PUPIL RESPONSE] good (.) so **you**'ve got to think carefully
 86 about both **you**'ve got to think the pill will not prevent STIs so so if if **you** find
 87 **yourself** saying or er boys if a girl says to you you know I'm on the pill it
 88 doesn't mean they haven't got an STI you've gotta be really clear on that so

The womb-coding of this section of speech is made explicit by the teacher's subsequent switch from exclusively addressing the girls and people with wombs in the class to addressing solely the 'boys' (060622 line 87): 'or er boys if a girl says to you' (060622 line 87). The conjunction, 'or', directs a shift to an opposition or contrast of some kind, in this case across the gender binary, meaning that the second-person object pronoun 'you' anaphorically references the aforementioned 'boys'. In her address to the 'boys' and people with penises, the teacher models a conversation about pregnancy and STI prevention, with the immediately following projected speech 'you

know I'm on the pill' (060622 line 87) representing the voice of a person with a womb informing the 'boys' that pregnancy prevention has been taken care of. In an interesting shift here, the teacher represents STIs as something that can be transmitted by people with wombs by reinforcing the fact that the pill does not stop STI transmission: 'it doesn't mean they haven't got an STI' (060622 line 87-8). Here, the third-person pronoun 'they' logically refers to people with wombs.

The teacher reinforces the fact that condoms can be used to prevent both pregnancy and STIs, while the pill only prevents pregnancy, in question and response exercises with the pupils, as in the excerpts included below. In these examples, the teacher poses questions to the pupils to reinforce knowledge of the pill and condoms. The verb 'protect' is used throughout these examples in reference to both pregnancy and STIs: 'what does the pill not protect you against' (060622 line 299-300); 'the condom protects you from two things' (070622 line 15-6). This verb choice frames both pregnancy and STIs as risk factors, and the womb-coding of the second-person pronouns in these examples situates people with wombs as recipients of this risk. The representation of the bodies of people with wombs as sites of risk reinforces the presumption that these people are responsible for mitigating and safeguarding against that risk.

060622

299 using [PUPIL RESPONSE] cou- sorry [PUPIL RESPONSE] good (.) erm what does
300 the pill not protect **you** against <PUPIL NAME> [PUPIL RESPONSE] good

070622

15 condom yep the condom's the barrier method so the condom protects **you**
16 from two things <PUPIL NAME> [PUPIL RESPONSE] and [PUPIL RESPONSE]
17 good whereas the pill only protects **you** against one thing <PUPIL NAME>
18 which is [PUPIL RESPONSE] getting pregnant good we'd talked about how

The example above relating to condoms has the effect of once again attributing STI risk factor to people with penises. This is also an interesting instance of womb-coding in relation to external condoms, a contraceptive designed for, and used by, people with penises. In the teacher's interrogative 'the condom protects you from two things' (070622 line 15-6), it is not unreasonable to assume that the second-person pronoun refers generally to all parties involved in a sexual relationship. However, in the following question, 'whereas the pill only protects you against one thing' (070622 line 17), connected to the first by the contrastive 'whereas', the desired response 'getting pregnant' (070622 line 18) makes apparent that the second-person pronoun here must be womb-coded. While it may be appropriate to state that it is people with wombs who primarily need 'protecting' from the physical experience of pregnancy, STIs are certainly a risk for all parties involved. It could be argued that this instance of

second-person pronoun refers plurally to both people with wombs and people with penises since both people are protected from STIs, and pregnancy depending on how communally pregnancy is viewed. However, in the classroom context, it is most likely that 'getting pregnant' is understood in terms of the person actually carrying the pregnancy (see **Section 3.3**). As a result, simultaneously, people with penises are transmitters of STIs, while people with wombs are responsible for condom usage.

A similar effect occurs in the following example: 'not all contraceptions protect you against sexually transmitted infections' (060622 line 17). In this example, 'you' can be presumed to refer to anyone who is sexually active as they may be at risk of STIs. However, in the following clauses 'so for example if you're on the pill that'll protect you from pregnancy but not STIs' (060622 line 18-9), both instances of 'you' can only refer to people with the capacity to become pregnant, since these are the only people who would be taking the pill as a contraceptive. As this clause ('so for example if you're on the pill...' (060622 line 18-9)) serves as an example ('so for example') to support the point made prior about STIs ('not all contraceptions protect you against sexually transmitted infections' (060622 line 17)), it could even be argued that the first 'you' on line 17 is also womb-coded. The second-person pronouns in line 18 must refer exclusively to people with wombs, and are connected to the previous statement about STIs by the conjunction 'so', creating some ambiguity around who is the referent of the second-person pronoun in line 17.

060622

17 (.) not all contraceptions protect you against sexually transmitted infections
 18 so for example if **you**'re on the pill that'll protect **you** from pregnancy but not
 19 STIs okay (.) so um we're gonna have a look at the different types

080622

91 overall risk of developing a cancer is reduced if **you** take the pill but further

These examples serve to illustrate that people with wombs are positioned as 'at risk' of both pregnancy and/or STIs, while people with penises are framed as the risk itself. This presents a rather confusing and illogical picture, raising questions of why people with wombs are framed as responsible for managing and mitigating the 'risk' when it is people with penises who are the source of that risk. This feeds into the narrative of the bodies of people with wombs as sites of risk. In line with this, one example of womb-coded second-person pronouns in the context of contraception in the sub-corpus for this school references a type of risk other than pregnancy for people with wombs. In the second example above, the teacher makes a statement reading from the pupil's learning booklet, noting a positive effect of taking oral contraceptives: 'overall risk of developing a cancer is reduced if you take the pill' (080622 line 91). This

is an explicit instance of the way in which the bodies of people with wombs are framed as a site of risk more broadly, in terms of both developing serious illnesses, such as cancer, as well as conceiving pregnancy. Notwithstanding the medical challenges that come with pregnancy, that pregnancy is framed in terms of risk in much the same way as a potentially serious illness such as cancer is interesting.

How the pill works, managing negative side effects and making informed choices

The teacher at Victoria High School discusses in detail the biological mechanics of the pill: how it works in the body, and, as a result, the possible side effects different brands of oral contraceptives can cause. In the examples below, from both the teacher's speech and the pupils' learning booklet being read aloud verbatim, the biological consequences of taking the pill are explained. In the learning booklet, the declarative statement 'the pill changes the body's hormone balance so that your ovaries do not produce an egg' (070622 line 246-7) explicitly states the biological process that makes the contraceptive pill effective at reducing the possibility of pregnancy. The second-person possessive pronoun in 'your ovaries' directly addresses people with wombs in describing this biological process, which is perhaps a logical choice since this process would happen within these people's bodies, should they choose this method of contraception.

070622

245 *[It works in three ways:*

246 *•The pill changes the body's hormone balance so that **your** ovaries do not*
247 *produce an egg (ovulate).*

070622

283 this but for example if **you** have sickness and diarrhoea sometimes the pill is
284 less effective because **you** may have passed it through **your** system (.) so
285 when **you** have sickness or diarrhoea it's best to be more cautious but **you**
286 wouldn't know that unless **you** read all the inlay that explains that so then

In the second example above, taken from the teacher's speech, the mechanics of the pill in the body are discussed further using an example of a way in which the pill would *not* work. Here, the teacher describes the effect of having 'sickness and diarrhoea' (070622 line 283) when taking the pill and explains that either of these actions would reduce the efficacy of the pill. As above, the second-person pronouns in this section are womb-coded as they can only logically refer to people who could take the pill as a contraceptive. What is interesting here is the apodosis (see **Section 3.3**) of the following conditional: 'when you have sickness or diarrhoea it's best to be more

cautious' (070622 line 285). The second-person subject pronoun 'you' is womb-coded, as discussed above, and it is therefore people with wombs who are invited to implicate themselves in the epistemic modal-world established by the protasis 'when you have sickness or diarrhoea', and advised to 'be more cautious' as a result. The adjective 'cautious' mirrors discussions from elsewhere in this chapter where people with wombs are advised to take care and responsibility for pregnancy prevention. This sentence makes sense; the teacher is simply informing pupils of the existing contraceptives available, alongside their drawbacks. However, it reflects the deeply embedded societal and cultural assumption that people with wombs will take responsibility for contraception. While there is little this teacher can do about the contraceptives available and how they work, this language reinforces sexist narratives that women and people with wombs must be sensible and responsible, whilst reaffirming they must take on extra mental responsibilities, and demonstrated in the epistemic event in the following phrase: 'you wouldn't know that unless you read all the inlay' (070622 line 285-6). Further, there are alternative choices available to the teacher. She could instead directly refer to the use of condoms and shift the responsibility for using these contraceptives to people with penises.

Within the discussion of the biological actions and consequences of the pill, the teacher focuses in detail on the importance of monitoring one's health, in consultation with a medical professional, whilst taking this contraceptive. The example discussed below is illustrative of the way in which the teacher at Victoria High School promotes the need for taking responsibility for, and ownership of, one's health (see **Appendix VIII** for further examples). The following example includes an excerpt read aloud verbatim by pupils in the class (stylised in italics and enclosed in square brackets), followed by some teacher speech reflecting on the content that has just been read. The pupils are first informed that there are a number of possible side-effects to look out for when taking the pill: 'a small number of women feel sick, have headaches or find their breasts are sore' (070622 line 318-20). This section of the pupil's learning booklet also advises that any lasting side-effects, such as vaginal bleeding, need to be reported to a medical professional: 'you should tell your doctor or practice nurse if you have any lasting side-effects' (070622 line 324-5). The deontic modal verb 'should' established a deontic modal-world and implies a degree of obligation, in this case advising pill users what they ought to do as a result of negative side-effects. Pupils may or may not choose to self-implicate in this remote text-world, but the womb-coding of the subject of the modal verb makes clear which pupils specifically are invited to self-implicate here. The subject of this modal verb is the second-person subject pronoun 'you', who is also anaphorically referenced by the second-person possessive pronoun in 'your doctor'. This instance of second-person pronoun is explicitly womb-coded since only people with wombs can take the pill as a contraceptive, but also due to the

gender-reductive inclusion of 'women' (070622 line 318) at the start of this section. It is clear that only people with wombs need to consider whether they should carry out the actions specified in this deontic modal-world. This directly and exclusively addresses people with wombs in the class and reminds them of their responsibility for their bodies. This example, along with others throughout the lessons at Victoria High School (see **Appendix VIII**), also illustrates the emphasis on the necessity of medical involvement when choosing the pill (among others) as a method of contraception. This is an implicit reminder of not only the mental load that is required to monitor one's own health, but also the physical burden of taking time to attend appointments at GP services or sexual health clinics.

070622

318 *[Most women who take the pill do not develop any side-effects. However, a*
 319 *small number of women feel sick, have headaches or find their breasts are*
 320 *sore when they take the pill. These usually go away within days or weeks of*
 321 *starting the pill. If they continue (persist) there are many different brands of*
 322 *pill **you** can try, which may suit **you** better.*

323 *Other side-effects are uncommon and include tiredness, change in sex drive,*
 324 *skin changes and mood changes. These are unusual and **you** should tell **your***
 325 *doctor or practice nurse if **you** have any lasting side-effects. Many people*
 326 *believe that taking the pill makes **you** put on weight; however, this has never*
 327 *been proven in studies.*

328 *The pill sometimes causes a rise in blood pressure, so people taking it should*
 329 *have their blood pressure checked every six months. The pill may need to be*
 330 *stopped if **your** blood pressure becomes too high. It is common to have some*
 331 *light bleeding between periods when **you** start the pill. This is nothing to*
 332 *worry about. It usually settles by the end of the third packet. If it does not,*
 333 ***you** should tell **your** doctor.]*

334

335 *end of the third packet means really **you**'re looking at three months before*
 336 ***you** come to a decisions which is quite a long time in some respects but **you***
 337 *can imagine if **you**'re making a significant hormone change it does take a bit*
 338 *of time team er I suppose I'm talking to girls but boys you can look out for it*
 339 *as well in your lovely partners (.) sometimes it doesn't suit and **you** need to*
 340 *look out for changes (1.0) I was on one pill when I was younger and I did*
 341 *develop a bit of a skin like a darker skin patch and changes in hormones can*
 342 *result to changes to **your** pigmentation **your** colour in **your** skin **you** do need*
 343 *to be alert to things that **you**'re looking for it doesn't pay to be passive*
 344 *whatever medication **you**'re on **you** need to read about it carefully and make*
 345 *sure **you**'re looking out for this is a possibility this is an issue this could*
 346 *happen and again boys I'm advising you to be proactive in that if you've got a*
 347 *partner who's taking the pill to prevent a pregnancy [h]ave a stake in that I think*
 348 *it's only right it benefits the two of you doesn't it (.) okay we're gonna come*

This is stated with a stronger degree of obligation in the follow up comments by the teacher. Following the reading of this paragraph, the teacher makes a number of statements about looking out for side-effects to medication, firstly: 'sometimes it doesn't suit and you need to look out for changes' (070622 line 339-40). The deontic modal verb 'need' denotes a stronger degree of obligation to that implied by 'should' in the previous examples, and reaffirms a strong sense of responsibility on the user of this method of contraception to pay attention to changes in their bodies. The teacher supports this in the following statement: 'you do need to be alert to things that you're looking for it doesn't pay to be passive whatever medication you're on you need to read about it carefully and make sure you're looking out for this' (070622 line 342-5). Again, deontic modality in the verb 'need' in 'need to be alert', this time reinforced by the redundant auxiliary 'do', reminds users of their obligations when it comes to monitoring their health by world-switching to a deontic modal-world in which only people with wombs can self-implicate. A repetition of this deontic modal verb in 'you need to read about it carefully' (070622 line 344) also highlights the mental work that is required when taking any type of medicine. Users are required to read the information that comes with their medication in order to ensure they are informed about what to look out for. The teacher also states how this activity must be carried out: 'carefully'. Alongside the declarative 'it doesn't pay to be passive' (070622 line 343), the teacher forcefully reminds pupils that if they choose this method of contraception, there are multiple obligations and responsibilities that they must take on. As in the learning booklet examples discussed above, the enactor responsible for these obligations is specifically and exclusively a person with a womb. Alongside the fact that this is a contraceptive designed exclusively for people with wombs, the teacher also makes a number of statements about which pupils specifically she is addressing: 'I'm talking to girls but boys you can look out for it as well in your lovely partners' (070622 line 338-9); 'again boys I'm advising you to be proactive in that if you've got a partner who's taking the pill to prevent a pregnancy [h]ave a stake in that' (070622 line 346-7). In these statements, the teacher assimilates girls and people with wombs as one homogenous group ('I'm talking to girls') and reasserts that although people with penises and boys are advised to 'look out for' their sexual partners (as discussed in more detail in **Chapter 8**), it is ultimately the responsibility of people with wombs to prevent pregnancy by taking the contraceptive pill and managing the consequences that come with that.

The notion of responsibility and being informed about changes in one's body is reiterated in similar examples, as below. The first extract below exemplifies the focus this teacher also places on choice and making 'informed choices' (070622 line 301) when it comes to contraception. In this example, 'you do need to make informed

choices' (070622 line 301), the teacher again uses the deontic modal verb 'need' in combination with the redundant auxiliary 'do' to express in the strongest terms how the subject of this verb process ('you') should behave. The second-person pronoun here must be womb-coded since the 'informed choices' mentioned by the teacher refer to contraceptives that would only be taken by people with wombs. In this case the teacher is referring to understanding the effects the contraceptive pill can have on the body, and the importance of being aware of this before deciding to choose it as a method of contraception. Furthermore, the womb-coding of this pronoun is made apparent by this teacher's synonymous use of 'girls' (070622 line 300) for people with wombs. Through second-person address and the use of modality establishing a deontic modal-world, specifically and exclusively people with wombs are invited to consider the actions they 'need' to take, and people with penises are once again absent from the text-world. The focus on choice is also reminiscent of existing research on contraceptive language that finds contraception is framed as a 'choice' whilst implicitly restricting and limiting the options available (Mann and Grzanka 2018). In the lessons at this school, very few contraceptive options are presented to pupils, with time instead given to exploring those that are discussed in great detail. In these statements about choice, the teacher also references the role of the medical professional in assisting and guiding these choices, as in the second example below. In this extract, the teacher states 'if you were gonna make any choices you would always make it with your doctor' (080622 line 21-2), affirming the essential role of the medical professional in almost all contraceptive options designed for people with wombs.

070622

300 about but especially for the girls it's worth **you** knowing about the
301 advantages and the disadvantages cos **you** do need to make informed choices

080622

21 at all (.) y'know medicine can have other impacts and if **you** were gonna
22 make any choices **you** would always make it with **your** doctor where **you**
23 understand what choices **you**'re making but we do need to know some risks

Overall, these examples illustrate the way in which this teacher attributes responsibility to people with wombs for monitoring their health, and being monitored by medical professionals. The teacher describes how the contraceptive pill works in the body, the advantages it can offer alongside its contraceptive benefits, and discusses the negative side effects and changes it can cause to the user's body. The negative side effects mentioned accurately reflect the reality that this method of contraception is far from perfect, and is certainly not 'one size fits all', as explained by the teacher: 'it might be that you go on two or three pills before you find the one that's right for you' (070622 line 312-4). Due to the multiple ways this pill can cause harm to the user, the

teacher stresses the importance of monitoring one's own body and reporting any changes in order to protect oneself from harm. As a contraceptive used exclusively by people with wombs, this advice is directed solely at those pupils in the class, while people with penises remain absent from the discourse on this topic, other than when the teacher markedly brings them in ('boys you can look out for it as well' (070622 line 338-9)). As such, a further burden and emotional and physical load (of both using contraception and monitoring its effects on their bodies) is placed on people with wombs and girls. In establishing modal-worlds in which only people with wombs can self-implicate, the teacher's language excludes people with penises and increases the cognitive load experienced by people with wombs as they project themselves into these unrealised spaces. As discussed in **Chapters 5 and 6**, people with wombs are represented as responsible for preventing pregnancy. In promoting the pill as a method of contraception, whilst reflecting what is available on the market, the teacher here reinforces the idea that women and people with wombs must take responsibility for preventing pregnancy. This puts people with wombs in a position of double responsibility, whereby they must be responsible for avoiding pregnancy, but by choosing one of the most common methods of doing so (the pill), they unlock a whole new list of responsibilities they have to manage. Meanwhile, there is little acknowledgement of the ways in which people with penises may take responsibility for their bodies in terms of preventing conception.

While this teacher focuses primarily on the biological and medical implications of taking the pill, there is just one instance where she addresses how a user would actually use this contraceptive method. The example below illustrates the single instance of womb-coded 'you' usage in describing how to physically use a contraceptive pill: 'this is a pill that you would take daily' (060622 line 93). Here, the second-person pronoun 'you' must refer to people with wombs as they are the only people who could be taking this medicine as a contraceptive. The teacher creates a hypothetical modal-world through the modal verb 'would', in which the enactor 'you' will use, or 'take', oral contraceptives in the specified time frame, 'daily'. This instruction encourages pupils to imagine, and situate themselves within, a scenario where they are carrying out the action of taking oral contraceptives. Since the enactor in this text-world, 'you', must reference exclusively people with wombs, it is arguably easier for these people to engage with this discourse, thereby reinforcing the assumption that contraception falls within the remit of people with wombs. As discussed above, this is unsurprising due to the fact that this contraceptive method can *only* be used by people with wombs, so the womb-coding here reflects the medical reality that there are significantly more contraceptive options for people with wombs than people with penises.

060622

92 method protect <PUPIL NAME> [PUPIL RESPONSE] good (1.0) okay hormonal

93 contraceptive this is a pill that **you** would take daily is often easier to use than

94 a barrier form it can be more effective in preventing pregnancy however

Interestingly, while describing how to take the pill, the teacher here also compares its ease of use compared with condoms, stating 'often easier to use than a barrier form' (060622 line 93-4). This is an interesting assessment considering the pill must be taken strictly at the same time each day, whilst barrier methods of contraception, such as condoms, only need to be used when a person is actually having sex.

7.4 Conclusions

This chapter has considered the effects of womb-coded second-person pronouns in the context of discourse around the use, access and bodily implications of different contraceptives. I have argued that the use of second-person pronouns referring exclusively to people with wombs implicates these people as primarily responsible for preventing pregnancy and reinforces the medical and societal bias towards people with wombs as the site of risk of pregnancy and, as such, the party responsible for contraception. In relation to the sub-corpus of Victoria High School, I discussed the teacher's focus on how contraceptives (predominantly the oral contraceptive pill) work inside the user's body and the ways in which people with wombs are positioned as doubly responsible for both preventing pregnancy, and managing their health while taking medication to achieve this (**Section 7.3**). In examples from the Spring Hill Academy sub-corpus, I explored the ways in which bodily autonomy and responsibility are intertwined with medical intervention when accessing different types of contraception (predominantly long-acting reversible contraceptives (LARCs) and the emergency contraceptive pill, in this case) (**Section 7.2**). The examples in the Nelson Park School sub-corpus were more centred around the practical use of different contraceptive methods, and in this section I discussed the ways in which people with wombs are positioned as responsible for the effective use of these methods, even when they are designed to be used on the bodies of people with penises (external condoms) (**Section 7.1**). Overall, it is not entirely surprising to find that people with wombs are directly addressed through womb-coded second-person pronouns and positioned as responsible for most contraceptive methods since they are the very people for whom these contraceptives have been designed. Teachers are simply reflecting the medical devices that are currently available. However, there is evidence that this impacts how responsibility for contraceptives designed for people with penises is attributed too, with instances of people with wombs being positioned as responsible for external condoms. Furthermore, there are ways in which this

language could be adapted in order to shift this responsibility to become more balanced, as will be discussed in **Chapter 9**. Having explored the instances of womb-coded second-person pronouns in the corpus, I will now turn my attention to penis-coded second-person reference in the next chapter. **Chapter 8** considers instances of second-person pronouns that refer exclusively to people with penises and investigates the contexts in which these instances occur.

8. Where are all the penises?

Chapters 5 and 7 discussed instances of second-person pronouns that refer specifically and exclusively to people with wombs, considering the contexts in which these pronouns occurred, and their potential effects. From a binary perspective, the other group of pupils referenced specifically by second-person pronouns is people with penises. This chapter focuses on those instances of second-person pronouns which refer explicitly and exclusively to people with penises, and draws out the key themes and contexts in which these pronouns occur. Due to the relatively small number of instances of penis-coded second-person pronouns (particularly in the sub-corpus for Spring Hill Academy), there are sometimes very few examples that fall into a particular theme. This will be made clear throughout the chapter, and points to opportunities for further research. Penis-coded ‘you’ refers to instances of second-person pronouns where the referent of the pronoun must be a person with a penis. This is made explicit in a number of ways, as will be discussed throughout the chapter (see also **Section 3.3**), for example through use of a possessive pronoun to reference a specific body part for people with penises such as ‘your foreskin’ (060622 line 251).

Penis-coded ‘you’ appears much less frequently across the corpus than womb-coded ‘you’, except for in Nelson Park School where instances of each were about equal. In the sub-corpus for Victoria High School, penis-coded ‘you’ occurs 63 times, compared to 121 uses of womb-coded second-person reference. In the Spring Hill Academy sub-corpus, this contrast was even greater, with 68 instances of womb-coded ‘you’ and just 8 instances of penis-coded ‘you’. In the Nelson Park School sub-corpus, there are 62 instances of womb-coded ‘you’ and 60 instances of penis-coded second-person pronouns. Overwhelmingly, across all three schools, penis-coded ‘you’ occurs in the context of condoms. This includes descriptions of condom demonstrations as well as instructions on safe and correct condom usage. That is not to say that all second-person pronouns in the context of condoms were penis-coded. This is not the case, as illustrated in **Chapters 5 and 7**; rather, of the penis-coded second-person pronouns in this dataset, most occur in the context of condoms. The dataset of Victoria High School also reveals some instances of penis-coded ‘you’ in the context of the contraceptive pill, where people with penises are advised to engage with education about the pill despite not being users of it themselves. One instance in the dataset from Spring Hill Academy occurs in the context of sexually transmitted infections, although there was a remarkably low number of penis-coded second-person pronouns in this school overall: just eight in total. Instances of penis-coded second-person pronouns in the dataset of Nelson Park School focus predominantly on condoms, but

with much more variety within these instances than the other schools, addressing themes such as consent and sexual pleasure. A limited number of penis-coded second-person pronouns in the dataset of Nelson Park School also occur in the context of vasectomies.

8.1 Victoria High School: condoms and the pill

Of the 63 instances of penis-coded second-person pronouns in Victoria High School, most occurred in the context of condoms, with a smaller number occurring in the context of the contraceptive pill. Many of these instances of penis-coded ‘you’ in the context of condoms occurred in the written text of the pupils’ learning booklets, read aloud verbatim throughout the course of the lessons. A large number of these pronouns also take the form of the possessive pronoun ‘your’, for example ‘your penis’ (060622 line 192), and occur in the instructional format of a step-by-step guide to condom application and usage. In the comparatively fewer instances where penis-coded second-person pronouns occur in the context of the contraceptive pill, the teacher describes the importance of people with penises understanding how the pill works in order to be able to trust and support their partners. At this school, all instances of penis-coded ‘you’ occurred in the first two of three 30-minute lessons on contraception.

Condom application, risk and penis-coded responsibility

Penis-coded second-person pronouns occur heavily in a section of the first lesson at this school where the teacher describes a condom tutorial in detail. The condoms and condom demonstrators have not arrived in time for the teacher to do the demonstration in person for this lesson (this happens in the following lesson), so the teacher asks that pupils ‘do an element of visualisation here’ (060622 line 189) and imagine the demonstration as she describes it. The application of a condom is described in detail, by pupils reading out loud to the class from their learning booklets. In the following examples, the sections read from the pupils’ booklets are italicised and contained within square brackets, while non-italicised text indicates teacher speech.

060622

192 [*Roll the condom on when **your** penis is erect (hard), but BEFORE it touches*
 193 ***your** partner’s mouth or genital area (vulva, vagina, anus, buttocks, and*
 194 *upper thighs) — and wear it the whole time **you**’re having sex. This helps*
 195 *protect you from STDs that are transmitted through skin-to-skin touching. It*
 196 *also prevents contact with pre-ejaculate (pre-cum), which can have STD*

060622

249 3. Pinch the tip of the condom and place it on the head of **your** penis. Leave a
 250 little bit of space at the top to collect semen (cum). If **you**'re uncircumcised, it
 251 might be more comfortable to pull **your** foreskin back before placing the
 252 condom on the tip of **your** penis and rolling it down.
 253 4. Unroll the condom down the shaft of **your** penis all the way to the base.]
 254
 255 and then we're gonna make sure its secure -kay (.) and we're gonna check
 256 that if we're using this method we're gonna check that we're gonna check
 257 the barrier's in place (4.0) -kay and last bit please
 258
 259 [**You** can put a few drops of water-based or silicone lubricant inside the tip of
 260 the condom before **you** roll it on. **You** can also add more lube to the outside of
 261 the condom after it's on **your** penis. (Water-based or silicone lube can make
 262 sex feel even better, and it helps stop condoms from breaking.)
 263 5. Have sex!]
 264
 265 so (.) essentially we're making sure our condoms on first that is the first we're
 266 writing down the first (.) essential step (.) make sure the barrier is safe okay
 267 (9.0) and then one of the issues is what **you** do afterwards because clearly
 268 we've got male semen and we wanna be really careful what we do with that
 269 because our issues remain of pregnancy and STIs etcetera right reading from
 270 number 6 then <PUPIL NAME> please
 271
 272 [6. After **you** ejaculate (cum), hold onto the rim of the condom and pull **your**
 273 penis out of **your** partner's body. Do this BEFORE **your** penis goes soft, so the
 274 condom doesn't get too loose and let semen out.
 275 7. Carefully take off the condom away from **your** partner so **you** don't
 276 accidentally spill semen (cum) on them. Throw the condom away in the
 277 garbage — don't flush it down the toilet (it can clog pipes).
 278 You can't reuse condoms. Roll on a new condom every time **you** have vaginal,
 279 or oral sex. **You** should also use a new condom.
 280 Don't worry if **you** lose **your** erection (**your** penis gets soft) while wearing a
 281 condom — this is very common. If this happens **you** should change condoms.
 282 Just take the condom off, and once **your** penis is hard again, roll on a new
 283 one.]
 284
 285 so basically team at any time **you** can change a condom and indeed **you**
 286 should if anything is not quite right so at any point if there's an issue just

There is a high density of penis-coded second-person pronouns in this extended excerpt, featuring predominantly sections of text read verbatim from the pupils' learning booklets. More so than in other excerpts from the dataset, there is a high

number of possessive pronouns featured in this extract. The possessive second-person pronouns in combination with specific body parts, such as ‘your penis’ (060622 line 249) and ‘your foreskin’ (060622 line 251), reaffirms that the intended referent of these instructions is people with penises. These possessive pronouns also create a strong focalisation on people with penises as the primary enactor in the text-world, with other enactors being referred to in relation to people with penises: e.g. ‘your partner’ (060622 line 275). This is reinforced by the third-person pronouns, ‘them’ (060622 line 276), used to describe the other person in the sexual interaction at a greater conceptual distance from the person with a penis (see Gavins 2007: 75). Imperatives direct people with penises as to the actions they should take in this process: ‘roll the condom on when your penis is erect’ (060622 line 192); ‘wear it the whole time you’re having sex’ (060622 line 194); ‘pull your penis out of your partner’s body’ (060622 line 272-3). These imperatives (‘roll’; ‘wear’; ‘pull’) describe material processes that people with penises are being directed to carry out by these instructions. Modal verbs also instruct people with penises and reinforce their obligations in terms of condom application; the deontic modal verb ‘should’ is used repeatedly in the latter part of this extract in the section of the pupils’ learning booklet detailing when to put on a new condom. The deontic modal verb ‘should’ appears first in reference to the statement ‘you can’t reuse condoms’ (060622 line 278) where the learning booklet goes on to state ‘you should also use a new condom’ (060622 line 279). This deontic modality is repeated in the following lines explaining that a new condom must be applied if an erection is lost during sex: ‘don’t worry if you lose your erection (your penis gets soft) while wearing a condom — this is very common. If this happens you should change condoms’ (060622 line 280-1). In this example, people with penises are advised with a reasonable degree of obligation (‘should’) of the action they are required to take in order to prevent pregnancy and STIs in the hypothetical situation that they lose their erection during sex. The teacher reinforces this obligation in her speech immediately following the extract from the pupils’ learning booklets: ‘so basically team at any time you can change a condom and indeed you should if anything is not quite right’ (060622 line 285-6). She begins with a deontic modal verb with a lesser degree of obligation, ‘can’, before reinforcing her point with the stronger ‘should’, mirroring the language of the learning booklet. However, it is worth noting that there is a modal verb with a stronger degree of obligation that the teacher could have chosen instead: ‘must’. Nonetheless, the deontic modal-worlds established by the teacher’s use of modality (see **Section 3.3**) invite exclusively people with penises to project themselves into the more remote text-world and consider whether they will carry out the actions instructed. Overall, in this explanation of the condom demonstration, people with penises are positioned as responsible for using and applying condoms through specifically penis-coded instructions and exclusive invitation to implicate in the

deontic modal-worlds created by the teacher, as well as deixis and focalisation through the use of possessive pronouns that centres the bodies of people with penises.

Interestingly, when the teacher interjects to reaffirm the points made by the pupils' learning booklet, she uses a different pronoun to that used in the learning booklet. From line 249-53, second-person pronouns are used. However, when the teacher interjects on line 255, she exclusively uses the first-person plural pronoun 'we': 'we're gonna make sure its secure' (060622 line 255); 'we're gonna check the barrier's in place' (060622 line 256-7). The pronoun use in this section of speech is interesting because it works to include all pupils in the classroom, and could logically include the teacher herself too. There is no longer an unambiguous reference exclusively to people with penises, as seen in the learning booklet, but rather all pupils are implicated in the material processes described by the teacher ('make sure its secure'; 'check the barrier's in place'). This creates the possibility that people with wombs should be carrying out these actions as well as people with penises, for whom the contraceptive is designed for and worn by. When pupils resume reading the learning booklet on line 259, there is a switch back to second-person pronouns, before another switch again to first-person plural pronouns on line 265 where the teacher once again interjects with her own speech: 'we're making sure our condoms on first' (060622 line 265). In this example, the first-person plural subject pronoun 'we' and the first-person plural possessive pronoun 'our' once again create a more inclusive tone of shared responsibility and ownership, despite this contraceptive (external condoms) being used exclusively on the bodies of people with penises. Finally, in the final interjection by the teacher in the extract included above, the use of first-person plural pronouns in the earlier interjections brings into question whether the second-person pronouns on line 285 are indeed referring to people with penises or whether they could be perceived as more generally inclusive of all pupils, particularly as the teacher opens this assertion with the address 'team', a term that is typically used by this teacher to engage the whole class. The teacher's use of the more inclusive generalised form of address through first-person plural pronouns could be attributed to her own experience as a person with a womb, or perhaps it is indicative of a wider teaching strategy employed at this school to engage pupils. The proposals for her motivations in using this language here are speculative, and to a large extent not entirely pertinent. The important point here is how pupils perceive this language and the impact this may have on their attitudes to contraceptive responsibility.

It is perhaps unsurprising, and even expected, that the pronouns used to instruct pupils about a contraceptive device designed exclusively for people with penises would be penis-coded. However, as discussed in previous chapters (see **Chapters 5 and 7**), this is not always the case and there are instances in the dataset where discourse about condoms is in fact explicitly *womb*-coded. Of the instances of

penis-coded ‘you’ at Victoria High School in the context of condoms, a couple of these explicitly penis-coded examples occurred directly after explicitly womb-coded discourse about condoms. This strange shift appears in the two examples discussed below. In the first extract, reading verbatim from their learning booklet, a pupil states: ‘The best way to make condoms work as well as possible is to use them correctly every single time you have vaginal, oral, and anal sex’ (060622 line 149-50). This instance of the second-person subject pronoun ‘you’ could apply in the plural sense to all people involved in a sexual interaction, and may indeed be perceived that way by pupils who bring existing knowledge to the discourse-world of who is typically perceived as responsible for contraception. However, the following sentence, which serves to clarify what is meant by the first statement, ‘That means wearing it the whole time, from start to finish’ (060622 line 150-1), makes clear that this prior instance of the second-person pronoun must refer exclusively to people with penises as only they can physically wear an external condom. Furthermore, the second-person possessive pronoun in the following imperative, ‘Make sure the condom is rolled on your penis’ (060622 line 151-2), reinforces that this section of text is addressing people with penises exclusively.

060622

149 *[The best way to make condoms work as well as possible is to use them*
 150 *correctly every single time **you** have vaginal, oral, and anal sex. That means*
 151 *wearing it the whole time, from start to finish. Make sure the condom is rolled*
 152 *on **your** penis the right way before there’s any skin-to-skin genital contact.*

This shift to penis-coding from the prior womb-coded discussion of condoms may be explained by the shift from teacher speech (which features womb-coded second-person pronouns) to the learning booklet (which features penis-coded language). However, this explanation cannot account for the second instance where this shift occurs, as detailed in the example below. In the following example, the second-person pronouns must refer to people with penises due to the description of a material verb process that can only be carried out by people with penises: ‘withdrawing whilst you have a condom on’ (060622 line 169). The teacher advises people with penises that the withdrawal method (or ‘pulling out’) is not an effective method of contraception. She then goes on to explain the caveat that a combination of the withdrawal method *and* proper condom use may be effective, but withdrawal without a condom should never be practised: ‘you do not withdraw without a condom on’ (060622 line 171). In this negated verb phrase, the teacher explicitly states how people with penises must act. Even stronger than some of the modal verbs used in earlier examples when advising on proper condom use, this example is a

straightforward declarative that leaves no ambiguity for how the recipient of this advice, people with penises, must behave.

060622

168 withdrawal method that's ineffective (1.0) what might be effective is
 169 withdrawing whilst **you** have a condom on because essentially what **you** are
 170 preventing is sperm going anywhere near anything so a condom on presents
 171 it and then withdrawing does but **you** do not withdraw without a condom on
 172 it doesn't work semen can escape at any time that will be highly highly risky

Immediately prior to this excerpt, the teacher has stated 'don't put anything near anything cos you could get pregnant' (060622 line 166-7), where the second-person pronoun can only refer to people with the capacity for pregnancy, as discussed in **Section 5.3**. This creates a slightly odd and confusing effect whereby the addressee of the second-person pronouns shifts abruptly from people with wombs to people with penises. The second-person pronouns in the example included above from line 168-72 must be penis-coded due to their context, yet their proximity to womb-coded second-person pronouns creates a sense of ambiguity about who the teacher is implicitly addressing, and feeds into the idea of people with wombs being responsible for contraception (including external condoms).

While the examples above imply a level of risk involved in penetrative sex, predicating the necessity of condoms, amongst the penis-coded second-person pronouns in the second lesson at Victoria High School there is also an explicit reference to risk. In the example below, there is an explicit reference to risk in the context of penis-coded condom usage. Although this excerpt is predominantly made up of written language in the pupils' learning booklets being read aloud, the explicit mention of risk occurs in the teacher's speech. The teacher reinforces and reiterates what has been explained in the preceding paragraph from the learning booklet, describing the importance of ensuring condoms are always to hand. The teacher states 'what that means is be sensible (.) okay (.) don't (.) leave yourself (.) at risk (.) worry about not carrying one more than carrying one' (070622 line 81-3), reiterating 'don't leave yourself at risk' (070622 line 83-4) in the following lines. Here, the reflexive second-person pronoun 'yourself' likely refers to people with penises since the previous paragraph from the learning booklet is reasonably clearly penis-coded; the clause 'you have to use a new condom every time you have sex or get a new erection' (070622 line 76-7) makes apparent that the second-person pronouns may only refer to people with penises due to its position as the subject of the verb process 'get an erection'. Since, in the present example, the teacher is reinforcing the content presented in the previous section, it is reasonable to assume that the second-person pronouns in her speech are also penis-coded. This is an interesting example where people with penises are positioned

as the party ‘at risk’ in a sexual situation, a direct contrast to examples of womb-coded discourse around risk, as discussed in previous chapters.

070622

76 *If a condom is torn, dry, stiff, or sticky, throw it away. Since **you** have to use a*
 77 *new condom every time **you** have sex or get a new erection, it's a good idea*
 78 *to keep a supply around. Have condoms nearby before things start heating*
 79 *up, so they're easy to grab without interrupting the action.]*

80

81 *team I'm not as keen on the language there but essentially what that means*
 82 *is be sensible (.) okay (.) don't (.) leave **yourself** (.) at risk (.) worry about not*
 83 *carrying one more than carrying one d'you know what I mean don't leave*
 84 ***yourself** at risk don't be in a position where **you** want one and **you** haven't*
 85 *got one it's better to be the other way round and last paragraph please*

86

87 *[Most condoms come pre-lubricated, but adding extra water-based or silicone*
 88 *lube can make condoms feel great and help keep them from breaking. Put a*
 89 *few drops on the head of **your** penis or inside the tip of **your** condom before*
 90 ***you** roll it on, and/or spread lube on the outside of the condom once **you**'re*
 91 *wearing it.]*

In this example, the teacher specifically positions people with penises as ‘at risk’ from unprotected sex, advising them not to leave themselves in a position where they want a condom and do not have one. The deontic modality in the negated imperative phrases ‘don’t (.) leave yourself (.) at risk’ (070622 line 82) and ‘don’t be in a position where you want one and you haven’t got one’ (070622 line 84-5) reinforces the responsibility on people with penises to ensure they are carrying a condom. There is a possibility that the second-person pronouns in this section of the teacher’s speech refer more generally to all parties involved in a sexual interaction. However, if this were the case we might expect to see a plural form of the reflexive pronoun, ‘yourselves’, in place of the singular ‘yourself’ as used here. Furthermore, this entire section of transcript is focused on the theme of people with penises carrying condoms, so it is more likely that these pronouns are penis-coded. This appears to be an interesting departure from some of the instances of womb-coded second-person pronouns that have positioned people with wombs as ‘at risk’ of pregnancy and as such responsible for contraception, including external condoms. However, it is crucial to consider here what is implied by the word ‘risk’. Although not explicitly stated, the ‘risk’ the teacher refers to can be presumed to be unintended pregnancy and/or STI transmission. By definition, certainly in the case of the former, this includes people with wombs as they are the people who would physically carry an unintended pregnancy. The risk here is of creating an unintended pregnancy, which has a much

greater impact on the life of a person with a womb than that of a person with a penis. In this example, therefore, the risk is at minimum shared between both parties involved in the sexual relationship. The ambiguity here is in contrast with an example that occurs in the sub-corpus Nelson Park School (as discussed later in this chapter, see **Section 8.3**) where the teacher explicitly outlines the risk specifically for people with penises in terms of paying child maintenance. In the case of STIs, there need not necessarily be a person with a womb involved since STIs could be transmitted in any sexual relationship. Nonetheless, the exclusion of LGBTQ+ representation in the lessons at this school (see **Section 3.2**), would imply that the teacher is speaking exclusively about cisheterosexual relationships here. In this way, despite the potential that ‘risk’ here may refer exclusively to people with penises, people with wombs are nonetheless implicated.

Amongst the instances of penis-coded second-person pronouns in the context of condoms in the Victoria High School sub-corpus, there is one explicit acknowledgement that a partner of the condom-wearer might be the one handling the condom. As in the example below, ‘it’s something you’re doing together’ (070622 line 158), the second-person pronoun represents all people taking part in a sexual interaction and highlights that anyone may be involved in the application of a condom. While there are other instances throughout the dataset where responsibility for condom application is attributed to people other than people with penises (see **Chapter 7**), this example is interesting in that it includes a penis-coded second-person pronoun.

070622

158 help (.) cos then it’s something that you’re doing together (.) er for many
 159 people condoms are a natural part of foreplay having **your** partner roll on the
 160 condom or applying lube etcetera etcetera could be part of the fun but also

The second-person possessive pronoun ‘your’ in ‘having your partner roll on the condom’ (070622 line 159-60) must be penis-coded since wearers of external condoms must be people with penises. In this example, ‘your partner’ positions the other person involved in a sexual situation in relation to the person with a penis at the centre of the narrative. Where previous examples have implied that people with wombs may be involved in the application of, or even responsible for, external condoms, this is an explicit declaration that *anyone* could apply a condom to the body of a person with a penis. It is worth pointing out that it feels a lot more natural to involve both people with penises and people with wombs in the use of external condoms than it does for contraceptives designed for and used by people with wombs, even the direct equivalent of the external condom (the internal condom).

People with penises, their partners and the pill

In the dataset for Victoria High School, there were eight instances of penis-coded ‘you’ that did not occur in the context of condoms. All of these instances instead occurred in the context of the oral contraceptive pill, specifically in relation to understanding a partner’s use of the pill. These instances focus on people with penises understanding how the pill works, despite not being the one taking it, in order to both support a partner and to ensure they are able to trust their partner. All instances occurred in the first two of three 30-minute lessons on contraception, with most occurring in the second of these three lessons.

One early example of penis-coded second-person pronouns in the dataset of Victoria High School is in the first lesson: ‘or er boys if a girl says to you you know I’m on the pill’ (060622 line 87). This directs a shift from a previous section of speech focused on people with wombs, signalled by the conjunction ‘or’ (see **Section 7.3**). In the present excerpt, the teacher directly addresses ‘boys’ and models the speech of ‘a girl’ (060622 line 87) with whom the aforementioned boy or person with a penis may find themselves in a sexual relationship. The first instance of the second-person pronoun ‘you’ in this statement must refer to people with penises and boys due to its antecedent ‘boys’ (which this teacher uses as synonymous for people with penises). The teacher couches the imagined speech of a person with a womb (‘you know I’m on the pill’ (060622 line 87)) within a hypothetical clause before going on to explain that the pill prevents pregnancy but not sexually transmitted infections (STIs). People with wombs are positioned as the risk factor for STIs here (which is unusual in this dataset), with the apodosis of the hypothetical if-clause clarifying that just because a person is taking the pill ‘it doesn’t mean they haven’t got an STI’ (060622 line 87-8). The teacher then follows up with further emphasis to the people with penises and boys in the class to understand the difference between pregnancy prevention and STI protection: ‘you’ve gotta be really clear on that’ (060622 line 88).

060622

87 yourself saying or er boys if a girl says to **you** you know I’m on the pill it
88 doesn’t mean they haven’t got an STI **you**’ve gotta be really clear on that so

The third-person pronoun ‘they’ distances and others the pill-taking sexual partner (see Gavins 2007: 75) and implies a level of caution required when it comes to trust, even potentially suggesting that a sexual partner may be hiding, or not entirely forthcoming about, having an STI. This sentiment is echoed in the excerpt below, taken from the second contraception lesson at Victoria High School. The following excerpt represents a shift from teaching on condoms to beginning to discuss the pill in more detail; the teacher has just taken pupil questions on condoms before moving on

to discuss a different form of contraception: the contraceptive pill. In this example, the teacher opens the discussion of the pill by informing pupils of her opinion that whether or not a person is capable of taking the contraceptive pill, they ought to be aware of how it works primarily in order to ensure they can trust their partner and protect themselves: 'I think it's important (.) even or especially as a male to know about the pill and understand [h]ow it works because (.) you need to be able to trust any partner that tells you they are taking the pill' (070622 line 236-9). In this instance, which presumes a cisheterosexual relationship, the second-person pronoun takes its antecedent 'male' from the previous clause and pairs with the deontic modal verb 'need' to inform people with penises and boys what they are required to do in order to have safe sex: in this case, trust their partner ('you need to be able to trust any partner that tells you they are taking the pill' (070622 line 238-9)).

070622

236 method is potentially the pill (3.0) erm I think it's important (.) even or
 237 especially as a male to know about the pill and understand [h]ow it works
 238 because (.) **you** need to be able to trust any partner that tells **you** they are
 239 taking the pill (.) and girls you need that to be part of the discussion (.) does
 240 that make sense you can't assume that one person's taking care of
 241 everything it takes two people to create a pregnancy so both people need to
 242 be invested in whatever method is being used so how does the pill work in

There is a cisheteronormative assumption here that all people with penises will have partners who are people with wombs, and that in their sexual relationships pregnancy is a possibility. Furthermore, the reasoning given for understanding how the pill works is primarily focused on the aspect of trust required when one party is managing a couple's contraception. People with wombs are also implicated as responsible here. While people with penises are responsible for ensuring their partners are trustworthy and not deceiving them by trying to get pregnant, people with wombs are responsible for making sure their partner is included in the contraceptive discourse: 'and girls you need that to be part of the discussion' (070622 line 239). The second-person pronoun here is womb-coded, corresponding to the antecedent 'girls', and the deontic modal verb 'need', much like in the example discussed above, informs the enactor (in this case, people with wombs) what they are required to do regarding pregnancy prevention. A level of responsibility is placed on both people with penises *and* people with wombs in this extract, but the effects are quite different. For people with wombs there is a burden to prove that they are taking measures to prevent pregnancy, while for people with penises there is more focus on a responsibility for extracting this information from their partner. The teacher reinforces the idea of shared responsibility, more generally addressing all pupils in the class by stating 'it takes two

people to create a pregnancy so both people need to be invested in whatever method is being used' (070622 line 241-2).

Later instances of penis-coded you in contraceptive pill discourse take a more supportive tone. The two examples discussed below refer more specifically to male partners being aware of and understanding how the contraceptive pill works in order to support their pill-taking sexual partners by looking out for side-effects and recognising that both parties benefit from this contraceptive. In the following two examples boys and people with penises are encouraged to support their partners with their contraceptive choices. In the first example below, the pupils have just been informed of the side-effects that can come with taking oral contraceptives. This section of the transcript is predominantly womb-coded through second-person pronouns (see **Section 7.3**), and as such addresses just one subsection of the pupils in the class. However, the example referenced below represents an acknowledgment of this womb-coding, and a brief shift to addressing people with penises: 'I suppose I'm talking to girls but boys you can look out for it as well in your lovely partners' (070622 line 338-9). Both the second-person subject and possessive pronouns take 'boys' as their antecedent, and as such the entire phrase directs these pupils of actions they may take: 'you can look out for it' (070622 line 338). The deontic modal verb 'can' initiates a deontic modal-world in which people with penises are invited to self-implicate, and does represent a degree of obligation and responsibility, but to a much lesser extent than some of the modals used elsewhere in discourse directed at people with wombs (see **Chapter 7**). Nonetheless, this does advise people with penises to have some understanding and awareness of the struggles that their partners may face in dealing with the burden of contraception. Again, this is framed in a cisheteronormative manner, assuming 'boys' would have 'lovely partners' with wombs (070622 line 338-9).

070622

338 of time team er I suppose I'm talking to girls but boys **you** can look out for it
339 as well in **your** lovely partners (.) sometimes it doesn't suit and you need to

070622

346 happen and again boys I'm advising **you** to be proactive in that if **you**'ve got a
347 partner who's taking the pill to prevent a pregnancy [h]ave a stake in that I think
348 it's only right it benefits the two of you doesn't it (.) okay we're gonna come

Shortly following this first example, the teacher reiterates the importance of people with penises having an understanding of the contraceptive pill and its side-effects: 'again boys I'm advising you to be proactive' (070622 line 346). As with the example above, the second-person pronouns are explicitly penis-coded by their antecedent

‘boys’, and the teacher directly addresses these pupils to be involved in their partner’s contraceptive experience if they are taking the pill. Again, as with the example above, this is not stated in the strongest terms of obligation, but rather as ‘advice’: ‘boys I’m advising you’ (070622 line 346). The teacher once again reinforces the responsibility of both parties in preventing pregnancy through the creation of an epistemic modal-world signalled by the modal verb ‘think’: ‘I think it’s only right it benefits the two of you doesn’t it’ (070622 line 347-8).

The limited number of penis-coded second-person pronouns in the context of the contraceptive pill, meaning that people with penises are less frequently directly addressed in relation to this method of contraception, reinforces the idea that the pill is primarily the concern of people with wombs. Of course, people with wombs take the pill, while people with penises do not, so this pattern is not entirely surprising. However, it does reflect the medical reality that the majority of contraceptives are designed to be used by people with wombs, and people with penises have little involvement in their application. This is in contrast to the discussion of external condoms where both people with penises and people with wombs are implicitly and explicitly implicated as responsible for their use. These examples also highlight that in relying on hormonal contraception for pregnancy prevention, people with penises must trust that their partner is taking the medication correctly and is honest about their investment in preventing pregnancy. Of the few instances of penis-coded ‘you’ in the context of the pill, there was a reasonably even split between the focus on understanding how the pill works in order to support one’s partner, and in order to ensure one’s partner can be trusted.

8.2 Spring Hill Academy: condoms, ambiguous responsibility and one STI

Spring Hill Academy has remarkably few instances of penis-coded second-person pronouns: just eight in total. All of the instances from this school occur in the first of two lessons, where the school nurse leads the session. Despite the limited number of instances of penis-coded ‘you’ when compared with the other two schools in the dataset, a similar pattern was observed where the majority of instances occurred in the context of condoms. Of the eight instances of penis-coded ‘you’, seven occur in the context of condoms, with just one occurring instead in the context of sexually transmitted infections.

The example below (160622 lines 267-71) shows the one isolated instance of penis-coded second-person pronouns that does not refer to condoms. In this fairly clear cut example that can only refer to people with penises, the second-person

pronoun occurs in the context of a discussion about sexually transmitted infections (STIs). The school nurse describes the symptoms of various STIs, and how they specifically impact people with penises due to their anatomy: ‘in men [the reproductive and urinary systems are] joined up’ (160622 267-8). She explains that while ‘sometimes you get no symptoms’ (160622 lines 270-1), other times the symptoms caused by various STIs (‘chlamydia gonorrhoea’ (160622 line 268)) can be incredibly painful, and usually connected to urinating: ‘men that I’ve seen say (.) I’m weeing loads of blood’ (160622 line 272). Despite an apparent focus on people with penises, described reductively as ‘men’ in this example, there is just once instance of a penis-coded second-person pronoun, with the school nurse opting in favour of third-person address instead: ‘men’ (160622 line 268); ‘they’ (160622 line 271); ‘their’ (160622 line 272). This is an interesting shift in comparison with the heavy use of second-person address when discussing issues relating to the bodies of people with wombs. While second-person pronouns create a closer proximity to the discourse for the recipients, the third-person pronoun has the effect of distancing. In this example, STIs are something that a distant unspecified person may be affected by, whereas instances of womb-coded second-person pronouns makes the discussion highly proximal and relevant to the pupils in the class with wombs.

160622

267 the vagina then it’s the rectum okay in men they’re joined up which means
 268 that if men get a sexually transmitted disease like (.) chlamydia gonorrhoea
 269 (.) tsk trichomonas I can’t go into those infections but they (.) they are they
 270 can be really er (.) painful and have a lot of symptoms sometimes **you** get no
 271 symptoms but they can have a lot of symptoms (.) they get symptoms to do
 272 with their urine so men that I’ve seen say (.) I’m weeing loads of blood I’m

With just one instance of penis-coded ‘you’ occurring in the context of STIs, all other instances in the dataset from this school of second-person pronouns referring to people with penises occur in the context of condoms. First of all, in the example below, the school nurse explains how the shape of condoms can vary by brand: ‘durex are a bit wider at the top and pasante are a bit wider at the bottom’ (160622 line 521-2). The school nurse states that users may prefer a particular brand due specifically to the way in which that brand of condom fits on the penis: ‘it might be that you favour a particular brand’ (160622 line 520-1). Since the preference described here is based purely on the shape and fit of the condom, the second-person pronoun in ‘you favour a particular brand’ (160622 line 520-1) must refer exclusively to people with penises as only they can wear an external condom. That is not to say that the other person(s) involved in a sexual interaction may not also have a preference for condom brands (due to trust in the brand name, flavour, texture, and so on), but in this case the

preference described is purely something experienced by the condom wearer, who must be a person with a penis.

160622

519 well known the brand can actually (1.0) the (.) er er the different makes are
520 actually shaped slightly differently so it might be that **you** favour a particular
521 brand (.) durex are a bit wider at the top and pasante are a bit wider at the
522 bottom these are all standard condoms but again they stretch really well we

Following this isolated example, the highest concentration of penis-coded second-person pronouns occur in the extract below. In this section of transcript, the school nurse describes the importance of taking care when applying and handling condoms in order to prevent pregnancy: ‘you have to be incredibly careful with condoms okay’ (160622 line 589-90). She explains that sperm can escape from the condom if it is not removed carefully: ‘particularly when you take them [...] off because (.) it might be that some sperm can escape’ (160622 line 591-2). In both of these examples, and others highlighted in the excerpt below, the second-person pronoun refers to people with penises, situating them as the enactor of the material processes ‘put them on’ (160622 line 590); ‘take them off’ (160622 line 591); ‘put it in a bag’ (160622 line 593); ‘was[h] your hands’ (160622 line 593). These instructions are further emphasised by the deontic modal verbs ‘have to’ and ‘need to’ in ‘you have to be incredibly careful with condoms’ (160622 line 589-90) and ‘you need to take it off’ (160622 line 593) respectively, implying a strong degree of responsibility on the part of the condom handler. In the examples highlighted in this excerpt, the party implicated as responsible by these modal verbs, and invited to project themselves into the deontic modal-worlds created by this use of modality, is the penis-coded second-person pronoun ‘you’, positioning people with penises as responsible for ensuring the efficacy of this contraceptive method. Deontic modality also occurs in the phrase ‘the penis needs to be right outside the woman’s body’ (160622 line 592), where the definite article ‘the’ precedes the noun ‘penis’, as opposed to a possessive pronoun. The focus on a body part, ‘penis’, in this metonymical construction, rather than the person themselves, distances the penis from the human it is attached to. As similarly discussed in **Chapter 6**, the enactor becomes a body part rather than an actual human, and in turn this removes responsibility from people with penises for the actions described.

160622

588 does it take to fertilise an egg [PUPIL RESPONSE] one (.) one sperm spli- er er
589 escaping can swim rapidly to meet an egg (.) so **you** have to be incredibly
590 careful with condoms okay (.) when **you** put them on (.) and when **you**
591 particularly when **you** take them them off because (.) it might be that some

592 sperm can escape okay the penis needs to be right outside the woman's body
 593 (.) **you** need to take it off put it in a bag in a bag and then was **your** hands

What is particularly interesting about this excerpt is the way in which the second-person pronouns are not so explicitly penis-coded as in the examples discussed prior in this section. For example, where the school nurse describes the care required when handling condoms: 'you have to be incredibly careful with condoms okay' (160622 line 589-90). There is little to suggest that the second-person pronoun here is referring exclusively to people with penises since anyone, regardless of their genitals, could be involved in the handling of an external condom; people with penises could put a condom on themselves, or their partner could put it on for them. In either of these situations care is required by the person handling the condom. Furthermore, where in other examples from other schools it is apparent that a second-person subject pronoun must be penis-coded due to a possessive pronoun marking an aspect of anatomy, e.g. 'you can also add more lube to the outside of the condom after it's on your penis' (060622 line 260-1), the present example does not benefit from this clarity. Instead, in the excerpt above, the definite article 'the' fills the position of the determiner in 'the penis' (160622 line 592) as opposed to the possessive pronoun 'your' which may clarify that the other second-person pronouns in this section are likewise penis-coded: 'the penis needs to be right outside the woman's body' (160622 line 592). The definite reference to the penis here frames the situation as an objective and scientific process that feels more distant from the discourse participants' reality, rather than an intimate action carried out between two people. The second definite article in this fragment, 'the woman's body' (160622 line 592), does some work to imply that the prior and following second-person pronouns are penis-coded by deictically positioning the person with a womb (or 'woman' in this case), as more distant in comparison with the second-person subject pronouns. However, the fact that the penis is also framed this way weakens this argument, making the referent of these pronouns ambiguous. There is a possibility that pupils would perceive these second-person pronouns as referring to people with penises due to the subject matter of condoms, however this is not explicit. It is therefore highly ambiguous how the implication of responsibility discussed above may be perceived.

There were very few instances of penis-coded second-person pronouns in the dataset from this school (only eight in total), with the majority occurring in the context of condoms, and only one instance referring instead to STIs. This very small number of explicitly penis-coded instances of second-person pronouns suggests that very rarely in the dataset from Spring Hill Academy are people with penises explicitly and specifically implicated as responsible contraception, and where they are (in the context of condoms) several instances point to ambiguity of responsibility.

8.3 Nelson Park School: condoms, consent, pleasure, penis-coded responsibility and vasectomies

Instances of penis-coded second-person pronouns occur in a wider variety of contexts in the dataset for Nelson Park School as compared to the other two schools. Much like the other schools in the dataset, penis-coded second-person pronouns occur predominantly in the context of condoms. However, unlike the findings from Victoria High School and Spring Hill Academy, there is much more variation within this theme and condom discourse is not limited to the practical application of condoms, with the teacher at this school also discussing condoms in the context of consent and pleasure. While Victoria High School focuses heavily on the mechanics and importance of applying a condom, Nelson Park School focuses on other aspects too, like consent and pleasure. There is also a limited number of penis-coded second-person pronouns in the context of vasectomies, a context which was not observed in the sub-corpus of Victoria High School or Spring Hill Academy. The majority of penis-coded second-person pronouns at Nelson Park School occur in the first of two contraception lessons, where the teacher carried out a condom demonstration. Only six instances of penis-coded ‘you’ occur in the second of the two lessons.

The condom demonstration and explicit penis-coding

Much like the other schools, this teacher gives instructions for how to physically apply and use a condom. The primary focus of this lesson is condoms, involving a condom demonstration by the teacher, followed by the opportunity for pupils to practise applying a condom to the demonstrators on their tables, culminating in the teacher asking two volunteers to come up to the front of the class and demonstrate applying a condom. A relatively small section of the condom demonstration is explicitly penis-coded, and this explicitly penis-coded extract of speech, included below, occurs when the teacher describes what to do when removing and disposing of a condom.

300622

281 ejaculate in the end of it (.) yeah so the (.) after guy's ejaculated he's penis
 282 will start to soften within about a minute (.) yeah **you** don't need to withdraw
 283 immediately but when **you** start to feel **your** penis soften **you** need to like
 284 hold the base of the condom as **you** p- withdrawing just feel for the base of it
 285 (.) and hold it as **you** pull the penis out because when the when it softens it
 286 also shrinks (.) right taking the condom off one of these demonstrators would
 287 be completely different to taking a condom off a soft penis which has shrunk
 288 be a lot easier to take a condom off a shrunk soft penis than it would be than
 289 one of these which is in a permanent state of arousal (1.0) well or whatever
 290 you wanna call it [PUPIL RESPONSE] so erm (1.0) but **you** don't wanna er I

291 mean if the if the pe- if this stays inside the woman (1.0) it's not the end of
 292 the world it's a small risk **you** can still just pull it out (.) **you** can pull it out
 293 sometimes it will come out and **you** can just k- feel it inside the **you** could or
 294 y- y- the woman can or par- partner can (.) yeah (.) so or stay inside the guy
 295 yeah (1.0) so erm yeah taking it off so it wouldn't be like that cos the penis'd
 296 be soft (1.0) very likely tsk so it'd come off and it'd be like that and it'd have
 297 like liquid in the bottom (.) **you** tie it (.) **you** tie it so that the liquid can't come
 298 out at that point **you**'ve got risk of having some kind of some ejaculate sperm
 299 on **your** fingers that if **you** then went back into a sexual situation and touched
 300 somebody's vulva they could then (1.0) that sperm could travel up into the
 301 up the vagina (.) meet an egg so wash **your** hands after **you**'ve handled (.) a
 302 used condom yeah (.) tsk I think I've covered everything there that you need

In this example, the teacher makes frequent use of the second-person subject pronoun 'you' as the actor of various material verb processes: 'you need to like hold the base of the condom' (300622 line 283-4); 'you pull the penis out' (300622 line 285); 'you can pull it out' (300622 line 292); 'you tie it' (300622 line 297). The second-person pronouns are explicitly penis-coded due to their possessive relationship with body parts, for example 'when you start to feel your penis soften' (300622 line 283). One of these examples also contains the deontic modal verb 'need', establishing a deontic modal-world and expressing the obligation and requirement for the action to be taken, with the penis-coded second-person pronouns attributing this to people with penises: 'you need to like hold the base of the condom' (300622 line 283-4). In other instances, imperatives are used as directives for what action people with penises should take: 'feel for the base of it (.) and hold it as you pull the penis out' (300622 line 284-5). All of this places people with penises as the primary enactor of the actions required when using a condom correctly and effectively. External condoms are designed to be used by people with penises and in these examples, people with penises are explicitly and exclusively positioned as responsible for their use.

Condoms and consent: 'stealthing' and condom sabotage

As in the other schools, instances of penis-coded 'you' occur in the context of descriptions of how to physically use and apply a condom. However, within these instances there is much greater variation on theme. One particular area this teacher focuses on is ensuring that the condom stays on throughout sex, and placing the responsibility for this on people with penises. In this example, the second-person pronouns are explicitly penis-coded by their syntactic parallel with other nouns and noun phrases. In the phrases 'if you can feel if a boy can feel' (300622 line 223-4) and 'you cou- the person wearing it' (300622 line 226) the second-person pronouns are clarified and defined by their respective parallels, 'a boy' and 'the person wearing it'.

As a result, the second-person pronouns in this section of the transcript are explicitly penis-coded.

300622

221 most sensitive bit of the penis as I'm sure **you** all know boys (.) and they
 222 would be able to feel it they would without a doubt be able to feel that the
 223 condom was right near the gl- end of the penis right (.) if **you** can feel if a boy
 224 can feel that they need to pull it out and re roll it down to the bottom so it
 225 doesn't come off it's **your** responsibility to do that the girl or the boy that **you**
 226 are with would not be able to feel that (.) **you** cou- the person wearing it (.) is
 227 responsible to roll it back down cos they can feel where it is on their penis

The teacher, who is training to be a sex therapist, explains that only a person wearing a condom could feel if it was out of place, by highlighting the sensitivity of the penis and encouraging pupils to reflect on their own experiences: 'most sensitive bit of the penis as I'm sure you all know boys' (300622 line 221). The responsibility for rectifying a condom that has shifted out of place, or come off entirely, is placed squarely with people with penises. In this example, the teacher states this explicitly in the second-person penis-coded phrase 'it's your responsibility' (300622 line 225) and further reinforces this sentiment by stating 'the person wearing it (.) is responsible to roll it back down' (300622 line 226-7). This responsibility is also implied through deontic modal verbs; in the apodosis of a hypothetical if-clause in the extract above, the teacher states 'they need to pull it out and re roll it down' (300622 line 224). The deontic modal verb 'need' stresses with a strong degree of obligation what the person implicated by this modal verb is required to do. In this case, the agent of the verb process is the third-person subject pronoun 'they'. It must be the case that this entity is a person with a penis, but it is an interesting shift into third-person address. Rather than directly addressing people with penises, as she has done in sections of speech both before and after this fragment, the teacher refers to people with penises in a more deictically distant manner through the use of the third-person subject pronoun 'they' and the indefinite article in the noun phrase 'a boy' (300622 line 223). This shifts the deictic centre back towards people with wombs, potentially creating the implication that they are in some way responsible for ensuring people with penises 'pull it out and re roll it down'.

The teacher also more explicitly states the importance of ensuring a condom is in place in terms of sexual consent. As in the example below, the teacher explains that when someone has agreed to sex with a condom, knowingly failing to put a new one on if the condom has been compromised during sex constitutes sexual assault. Removing a condom without a partner's consent is commonly referred to as 'stealthing'. In this section of speech, the person who has been wearing the condom

that has come off is specified by the penis-coded second-person pronoun 'you' in the phrase 'if somebody's agreed to have sex with a condom and then you know that it's come off or has split' (300622 line 202-3). The following instances of second-person pronouns in the extract below must also refer exclusively to people with penises since only these people can perform the action of withdrawing their penis during penetrative sex: 'then you pull out' (300622 line 206). Further evidence that these instances are exclusively penis-coded comes from the context that throughout the lesson the teacher draws attention to the fact that only the person wearing the condom would be able to feel if it had come off or was out of place (see above).

300622

202 you ca- if you ca- [PUPIL RESPONSE] well if somebody's agreed to have sex
 203 with a condom and then **you** know that it's come off or has split do you know
 204 what that is [PUPIL RESPONSE] yeah [PUPIL RESPONSE] because if
 205 somebody's ad- agreed to have sex with a condom and **you** know that the
 206 condom has split or come off [PUPIL RESPONSE] then **you** pull out right thank
 207 you well I'm reassured by that <PUPIL NAME> good (.) erm (.) but yeah like

In this instance, people with penises are positioned as directly responsible for ensuring correct and effective use of condoms, not just in order to prevent pregnancy and STIs, but also in the context of sexual consent. This teacher highlights the important point that a condom coming off not only means that it is less effective at preventing pregnancy and STIs, but furthermore that it is an actual offence (if the person with a penis does not take action to rectify this). This is a departure from the findings discussed in relation to the other two schools in the dataset, that do not prioritise a focus on consent in the same way. People with penises are positioned as responsible for not perpetrating a sexual assault, which seems an obvious and unsurprising finding, but considering the way in which people with wombs are positioned as responsible for condoms (as discussed earlier in this chapter and in **Chapter 7**) it is not a given that people with penises are always specified as responsible for their own bodies.

300622

496 scenario but it's not impossible so if **you**'re worried that somebody actually
 497 wants to get pregnant and they might have sabotaged a condom **you** could
 498 check that tsk (.) erm (.) so pinch the tip who did that (2.0) tsk yes (.) and you

The teacher leading the contraception lessons at Nelson Park School focuses on the responsibilities of people with penises to ensure their condom is applied correctly and stays in place throughout any sexual activity, discussing the criminality of stealthing. However, there was also one instance of penis-coded second-person pronouns that

referenced condom sabotage by a partner who wants to get pregnant. In the extract above, the second-person pronouns must refer to people with penises due to their identity as a person who could be worried that a partner is seeking to become pregnant by them. This is an interesting inclusion and highlights an issue of consent similar to the one discussed above. Whilst not framed specifically as an assault here, the teacher does mention in this extract a way in which stealthing can also work in reverse, whereby a person with a womb intentionally sabotages the condom, and how people with penises could safeguard themselves against this.

Condoms and pleasure: ‘why is sex better with a condom’

Another theme that emerges within the instances of penis-coded ‘you’ in the sub-corpus of Nelson Park School is the focus on condoms as a tool for sexual pleasure. The teacher at Nelson Park School, highlights the reasons why using a condom might actually make sex more pleasurable, in contrast to the stereotype that the opposite is true. A number of penis-coded second-person pronouns occur in this section of the teacher’s speech, where she explains how using condoms can take the pressure off a sexual interaction, thus increasing the possibility of pleasure. In these penis-coded instances, people with penises are positioned as responsible for using condoms.

The teacher mentions the importance of people with penises using condoms in order to take the pressure off a sexual interaction to increase pleasure: ‘if the condom is on everybody can chill everybody can relax’ (300622 line 264). She argues that the ability of condoms to reduce the anxiety around both STI transmission and potential unintended pregnancy means sex is more pleasurable for everyone involved, especially for people with wombs: ‘this is particularly (.) important for women when women are not relaxed it makes it almost impossible to get turned on’ (300622 line 254-5). The teacher first of all focuses on female sexual pleasure, something that is unusual in school sex education, by asking pupils ‘d’you wanna be having sex with a women that’s not turned on’ (300622 line 261-2). The second-person pronoun here must be penis-coded due to the context in which it occurs; the teacher is posing this rhetorical question to support her argument that when people with penises use condoms to prevent pregnancy, their partners are more easily able to relax and become aroused. The implication is that when there is a possibility of unintended pregnancy or a risk of STI transmission, people with wombs are not able to enjoy sex as much as if this risk was mitigated: ‘back of your mind I’m gonna catch something and get pregnant potentially big worries big risks’ (300622 line 266-7) (see **Section 6.1** for further discussion of this example). This rhetorical question makes the assumption that arousal for people with penises is a given, while addressing that female arousal and pleasure is not always considered. The teacher goes on to reinforce her point

about pleasure for everyone involved, stating ‘like obviously th- you’re gonna have a better time if both people are fully turned on’ (300622 line 262-3). The second instance of second-person pronoun ‘you’ in the phrase ‘you’re gonna have a better time’ (300622 line 263) presumably refers in the plural sense to all parties involved in the hypothetical sexual interaction. It is interesting, and unusual, in this dataset to see a focus on pleasure as a key aspect of sex, particularly highlighting that the reduction of anxiety over unintended pregnancy can help to facilitate this pleasure. Crucially, here, people with penises are being positioned as responsible for facilitating the pleasure of people with wombs by wearing a condom. This is not only encouraging people with penises to take action to prevent pregnancy, but *also* to increase pleasure for their partners, something which does not occur in the datasets from the other two schools. Following this instance of penis-coded ‘you’, the teacher shifts back to addressing people with wombs, before shifting again to more penis-coded language, which as I argue below, presents a more even-handed approach to sexual risk and risk management.

300622

261 if she’s not turned on d’you wanna be having sex with a women that’s not
 262 turned on who’s not therefore can’t enjoy sexual pleasure (3.0) like obviously
 263 th- you’re gonna have a better time if both people are fully turned on and
 264 fully enjoying it if the condom is on everybody can chill everybody can relax
 265 everybody’s like great we’ve got this covered we can just enjoy ourselves
 266 right not like oh my god back of your mind I’m gonna catch something and
 267 get pregnant potentially big worries big risks (.) yeah and like without using a
 268 condom you’re at risk of serious sexually transmitted diseases like HIV (.)
 269 which can kill you if you don’t know you’ve got it if you find out you’ve got it
 270 you can take pills hepatitis (1.0) is like something you’ll have your whole life

The extract discussed above implies that unintended pregnancy is a worry specifically for people with wombs, and that people with penises need to do their bit to reduce this worry for their partners in order to increase sexual pleasure. Interestingly, this teacher places a lot of focus on the repercussions for people with *penises* of an unintended pregnancy. In the extract below, the teacher refers back to an earlier description of a pupil who was worried a sexual partner may be pregnant. In the present example, the teacher uses a second-person pronoun to position people with penises as recipients of the same distress experienced by the pupil referenced in her earlier anecdote: ‘you won’t have that total panic like the kid avi- who came to see me’ (300622 line 277-8). In this instance, the teacher describes the avoidance of ‘total panic’ through the negated construction ‘won’t have’, and attributes this avoidance of stress and anxiety to using condoms: ‘if the condom is on everybody can chill’ (300622 line 264).

300622

277 on (.) overall the experience will be a lot better and **you** won't have that total
278 panic like the kid avi- who came to see me afterwards of like oh my god am I
279 gonna have to pay £5,000 a year and be a dad (.) y'know that's a really big
280 deal so erm now (.) when the guy's ejaculated has come there's but there's

This positions condoms as a tool for removing the anxiety of the potential negative consequences of unprotected sex, and as a tool for making sex more pleasurable due to a reduced level of concern about these consequences for all parties involved. Unlike many other examples discussed from other schools, this example refers to the way in which unintended pregnancy can have negative consequences for people with penises as well as people with wombs, *and* positions people with penises as responsible for mitigating this risk.

The teacher also explains the dual benefit of condoms in reducing STI transmission as well as unintended pregnancies. In the same way that reducing the worry of unintended pregnancy can make sex more pleasurable, the example below highlights the way in which reducing the possibility of STIs can make sex more pleasurable for people with penises too. In the example below, the highlighted second-person pronouns must refer to people with penises due to the description of wearing (or rather not wearing) a condom: 'you a[*in*]'t got a condom on' (300622 line 272-3). In this example, the second-person pronoun must be penis-coded as only people with penises have the option of wearing an external condom. Furthermore, the prior instance of the second-person pronoun in relation to STIs, 'diseases [...] that you can catch' (300622 line 271-2), is penis-coded due to its clausal relationship with the coordinate clause 'when you a[*in*]'t got a condom on' (300622 line 272-3).

300622

271 (.) y'know same with HIV you'll have there's there's diseases that you can't
272 cure (.) or that **you** can catch when **you** a[*in*]'t got when **you** a[*in*]'t got a condom
273 on so it is like seriously (1.0) take the pressure off ha (.) erm y'know **you** can
274 just relax and if you're both relaxed you can just enjoy yourselves together

The teacher begins with the hypothetical consequences of not wearing a condom in terms of contracting sexually transmitted infections ('there's diseases [...] that you can catch' (300622 line 271-2)), before highlighting the positive outcomes of wearing a condom in terms of sexual pleasure: 'you can just relax and if you're both relaxed you can just enjoy yourselves together' (300622 line 273-4). Within this, the teacher expresses the benefits of wearing a condom through the imperative phrase 'take the pressure off' (300622 line 273). She further emphasises this notion by preceding this

phrase with the emphatic ‘like seriously’ (300622 line 273). In this instance it is not unreasonable to suggest that this imperative, ‘take the pressure off’, is directed at people with penises. People with penises are explicitly advised to wear a condom and reduce the risks associated with STIs and pregnancy, in order to reduce anxiety and increase pleasure. The focus here is primarily on people with penises avoiding a risk and protecting themselves (‘diseases [...] that you can catch’ (300622 line 271-2)) rather than protecting their partners from this risk. The use of the second-person subject pronoun on line 273 could potentially be perceived as referring in the plural sense to all parties involved in a sexual relationship where pregnancy is a possibility, however in the context of the prior penis-coding, combined with the teacher’s subsequent explicit shift to addressing all participants in a sexual encounter (‘if you’re both relaxed’ (300622 line 274)), it is likely this pronoun is perceived as penis-coded. Nonetheless, the preceding lines to this extract (see **Section 6.1**) centre people with wombs as the recipient of the associated risks of sex without a condom, (‘oh my god back of your mind I’m gonna catch something and get pregnant potentially big worries big risks’ (300622 line 266-7)), where the enactor specified by the first-person subject pronoun ‘I’ must be a person with a womb. As a result, this switch to penis-coding in reference to STI transmission represents a fairly even-handed approach to risk from this teacher. It is worth noting here that this teacher was, at the time of data collection, training to be a sex therapist. This contemporary training will likely feed into her teaching, and as such, may have an impact on the language she uses and the way in which she frames concepts relating to sexual relationships and risks.

Vasectomies

While the majority of instances of penis-coded ‘you’ in the sub-corpus of Nelson Park School focused in some way on condoms and condom usage, there were also a couple of mentions of vasectomy. In the instances included below, the second-person pronouns must refer to people with penises since only they can go through the medical process of a vasectomy. In these two extracts, the positive aspects of vasectomy are promoted, with the teacher highlighting that vasectomies are straightforward, quick and reversible (neglecting the reality that vasectomy reversal is not necessarily always straightforward).

300622

73 don’t want any more children ah interestingly **you** can get vasectomies
74 reversed so sometimes if somebody meets a new partner and they decide

300622

94 straightforward a vasectomy a vasectomy **you** don’t even have to go into
95 hospital it can be done at a doctor’s surgery it’s like about a a thirty minute

In these instances, people with penises are foregrounded as the enactor in the text-world since the medical process is happening to their bodies. Discussion of vasectomy generally is much less frequent at this school, as reflected in these two examples included above. Nonetheless, it demonstrates a parallel to the types of contraceptives used exclusively by people with wombs. For example, it is unsurprising to find that instances of second-person reference in relation to long-acting reversible contraceptives for people with wombs are womb-coded (see **Chapter 7**) since these devices are used exclusively by this group of people. For this same reason, it is unsurprising to find penis-coded second-person pronouns in the context of vasectomy, a rare example of a long-acting form of contraception exclusively for people with penises.

8.4 Conclusions

This chapter has explored instances of penis-coded second-person pronouns across all three schools. While the frequency of penis-coded ‘you’ varies between schools, these pronouns in the context of condoms is a theme that occurs in every sub-corpus. In relation to the data from the Victoria High School sub-corpus, I discussed instances of penis-coded ‘you’ related to condom instructions, predominantly in the context of the pupils’ learning booklets (**Section 8.1**). Within the data from this sub-corpus, I also explored the comparatively few instances of penis-coded second-person pronouns in the context of the contraceptive pill, and considered the ways in which people with penises are advised to take an interest in their partners’ use of the pill in order to both support them, and ensure they are trustworthy. There are comparatively fewer instances of penis-coding in the sub-corpus of Spring Hill Academy, with just eight instances in total (see **Section 8.2**). Nonetheless, of these instances, the majority occur in the context of condoms, much like the pattern observed in the Victoria High School and Nelson Park School sub-corpora. I discussed how the infrequent use of penis-coding itself points to an omission of people with penises from the discourse around contraception, and reinforced this through an exploration of the ways in which responsibility is reduced or removed for people with penises, even when they are specifically referenced in the school nurse’s use of second-person pronouns. Finally, in the dataset for Nelson Park School, I discussed how, much like in the other two sub-corpora, condoms is the predominant context in which penis-coded second-person pronouns occur (**Section 8.3**). However, the discourse around condoms in this school is much more broad, and includes a discussion of consent and pleasure alongside more practical instructions on how to physically use and remove a condom. I also argued that this school takes a more balanced approach to the distribution of risk between people with penises and people with wombs. An interesting further

direction, for which there is no scope within this thesis, would be to explore in more detail instances of condom instruction that are neither penis- nor womb-coded, or are genital-coded through linguistic means other than second-person reference. Additionally, 'condom' is the most common noun in the dataset (exceeded only by 'pupil' and 'response' which have been discounted as they are overrepresented due to being used in transcription notation), occurring 227 times across the corpus as a whole. The noun 'condom' collocates much more frequently with the verb 'use' (30 occurrences), than the verb 'wear' (7 occurrences). As discussed throughout this thesis, condoms can be 'used' by either a person with a penis, or their partner (who may be a person with a womb), whereas they can only be 'worn' by a person with a penis. Therefore, this could be an interesting area to explore further, in line with my analysis of the verb collocates of the noun 'pregnancy' and the adjective 'pregnant' in **Chapter 6**. The following chapter draws together the analysis presented across **Chapters 5-8** and suggests implications for schools and future directions of research.

9. Conclusion

This thesis set out to explore how responsibility for contraception is constructed in the language used by teachers in the secondary school sex education classroom. I began with an overview of the background context for the research, illustrating the motivations behind my exploration of language in the contraception classroom, before detailing the methodology of the study, then presenting the results from both quantitative and qualitative analysis. I found that the language used by teachers in the Sheffield secondary schools I worked with largely mirrors the prevailing cultural expectation that people with wombs are responsible for pregnancy prevention (see **Section 1.1**). I argued throughout the thesis that this may have detrimental effects on how adolescents engage with the lesson content, and how they form their perceptions of their own bodily autonomy and responsibility. In this chapter, I summarise the quantitative and qualitative findings presented in the thesis and draw these together to point to wider implications for pupils and teachers in the contraception classroom (**Section 9.1**). I finish with suggestions for how teacher language could be adapted to be more inclusive (**Section 9.2**) and a brief discussion of areas for further research that are highlighted by this work (**Section 9.3**).

9.1 Who is responsible for contraception?

To investigate this question, I began by presenting the results of a quantitative analysis of the corpus and illustrating how these results shaped the focus of my qualitative work (**Chapter 4**). I showed the prominence of second-person pronouns, as well as other personal pronouns in the corpus and defined why pronoun use is an interesting area of study in the classroom context (**Sections 4.1 and 4.2**). I also presented quantitative results illustrating the frequency of each different type of personal pronouns across the entire corpus, and demonstrating the variation in pronoun use between each of the sub-corpora (**Section 4.3**). Finally, I detailed the results of coding for the referent of each second-person pronoun in the dataset (**Section 4.4**). Where referents of second-person pronouns were specified based on sex characteristics, I defined two categories of referent, ‘womb-coded’ and ‘penis-coded’, and revealed that pronouns were more commonly womb-coded than penis-coded, a pattern that is consistent across every school in the dataset. I commented that the difference between womb- and penis-coded second-person pronouns was much less marked in the sub-corpus of Nelson Park School, compared with Victoria High School and Spring Hill Academy sub-corpora. I hypothesised that this could reflect a more balanced attribution of responsibility for pregnancy prevention and may be attributed to the fact that the teacher at this school is considerably more experienced in discussing sex

and relationships as, at the time of data collection, she was training to be a sex therapist. Nonetheless, qualitative research was necessary in order to further explore the initial findings from the quantitative corpus analysis presented in **Chapter 4** (see also **Section 3.3**).

Conception

In **Chapter 5**, I explored the first of the two main contexts in which womb-coded second-person pronouns occur in the corpus. This analysis focused on womb-coded ‘you’ in the context of conception, predominantly within the verb phrase ‘get pregnant’. I discussed how this verb is inherently passive and implicitly elides people with penises, thereby removing their sense of agency, and consequently their responsibility for pregnancy prevention. In relation to the subcorpus for Spring Hill Academy, I demonstrated how the use of womb-coded second-person pronouns means that people with penises are unable to immerse themselves in the discourse because they are excluded from the address (**Section 5.1**). I discussed how, in the first of two lessons on contraception at this school, the language used by the school nurse represents people with wombs as responsible for avoiding pregnancy due to the biological changes relating to fertility happening in their bodies at their current stage of puberty. I discussed how the bodies of people with wombs are represented as separate to their minds and motivations as individuals, and attributed their own wants and desires, such as ‘wanting’ to get pregnant. I argued that there is an implication here that these bodies are unruly and need to be controlled, and it is people with wombs who are responsible for controlling them. Meanwhile, people with penises are unable to engage with this discourse because they cannot relate on a personal level to the bodily processes, such as periods, experienced by people with wombs. Overall, there is an implication in the school nurse’s language that people with wombs must take responsibility for their fertility since their bodies are sites of risk for conception.

In discussing examples from Nelson Park School, I focused predominantly on a section of the second of two lessons on contraception at this school, where the teacher introduced to the pupils a Top Trumps style game themed around methods of contraception (**Section 5.2**). I argue that the womb-coding in the language used here frames pregnancy prevention in an individualistic manner (how to not get pregnant) as opposed to presenting pregnancy prevention as a shared endeavour (how to avoid a pregnancy, for example). Through the use of womb-coded second-person pronouns, only people with wombs are present as an enactor in the text-world, and people with penises are omitted from the discourse, even though they must logically be present for there to be the possibility of a pregnancy in the types of sexual relationships described in these lessons on contraception. Furthermore, in a secondary school lesson on contraception the presentation of the existence of risk necessitates an individual

taking responsibility for that risk, and as the only people represented in the text-world, this responsibility is implicitly attributed to people with wombs. Further to this, boulomaic modality and teacher authority combine to implicate people with wombs as responsible for mitigating the 'risk' of conception by prescribing what pupils ought to want for their bodies. This teacher's use of euphemistic language such as 'a big old gamble' and getting 'caught out' also works to represent unintended pregnancy as a risk, for which people with wombs are responsible for mitigating.

Much like in the examples discussed in relation to Nelson Park School, in instances of womb-coded 'you' + 'get pregnant' in the Victoria High School subcorpus, people with penises are likewise obscured and elided (**Section 5.3**). In the context of this school I discussed an example in which people with penises are removed from the consequences of hypothetical scenarios of unintended pregnancy (due to the combination of womb-coded 'you' and modality) even though they are necessarily involved in the events that led to these consequences. Furthermore, I illustrated that, in this school, there are an interesting number of womb-coded second-person pronouns in the context of condoms. I demonstrated that there is an implication that only people with wombs experience the benefits of condom use (through avoiding pregnancy or contracting STIs), while people with penises are likewise absent from the text-world, and strangely it is the 'condom', not the person wearing it, that is represented as an active participant. I also discussed the ambiguity of second-person reference in some of the examples pertaining to this school. I argued that it is interesting that there is ambiguity around external condom use since they are a contraceptive designed to be used exclusively on the bodies of people with penises. Further, I argued that in some cases, there is a strong possibility that pupils would perceive people with wombs to be attributed the responsibility for using condoms. Overall, I argued that these results suggest having sex is presented as a risk, but only for people with wombs. Consequently, people with wombs are attributed responsibility for mitigating this risk.

What is apparent in the analysis across all three schools is that people with wombs are situated as a site of risk and as such become the actors responsible for mitigating that risk. Furthermore, people with penises are linguistically absent from these constructions, despite logically necessarily being present in the types of sexual interactions described in these lessons where pregnancy is a possibility. Sex is represented as risky for people with wombs to a greater extent than it is for people with penises. To return to the discussion above, the verb phrase 'get pregnant' exclusively implicates people with wombs. In combining this with the second-person pronoun 'you', the address 'exceeds the frame' of the teacher's narrative (Herman 2002: 341) and engages only pupils who can relate to the phenomenon being described, in this case this is people with wombs. I argued that this has implications for how pupils

engage with the discourse in terms of reinforcing an attitude that this education is predominantly, or even exclusively, directed at people with wombs, while alienating people with penises who may consequently become less engaged with the lesson content.

Verb collocations

Following the prominence of the verb phrase ‘get pregnant’ in combination with second-person pronouns presented in **Chapter 5**, in **Chapter 6** I presented an analysis of verb collocations with the adjective ‘pregnant’ and the noun ‘pregnancy’. I illustrated that the grammatical structure of these verb collocates shifts conception and contraception responsibility towards people with wombs, and elides people with penises from the discourse. The first half of **Chapter 6** explored verb collocations with the adjective ‘pregnant’ (**Section 6.1**). The verb ‘get’ was the most common verb to collocate with the adjective ‘pregnant’, and I reiterated how the verb phrase ‘get pregnant’ is inherently passive and elides people with penises, also pointing out how this phrase is used in preference to the verb ‘impregnate’ which does not appear at all in the corpus. I discussed examples from the corpus and explained how in defining ‘contraception’ as ‘against getting pregnant’, people with wombs are foregrounded as the site of risk for pregnancy and therefore are attributed responsibility for mitigating this ‘risk’. Furthermore, I explored how, in these examples, unintended pregnancy risk is conflated with STI risk and people with wombs become the only people in a sexual relationship at risk of both. I suggested that, in turn, this places the responsibility for managing sexual health more broadly (not just in terms of contraception) on people with wombs. There is limited scope in this thesis to explore how STI transmission and risk is represented in terms of gender roles, but through the analysis conducted in this thesis, this was identified as a particularly interesting area for further research as I hypothesised the findings would mirror the results presented in this thesis around contraception responsibility. I argue that the conflation of STI risk and unintended pregnancy is negative for both people with wombs since it attributes the mental load of responsibility to them, but also people with penises since it avoids acknowledging that people with penises can catch STIs from people with wombs, which feeds and reaffirms cultural narratives to that effect. Additionally, I illustrated how the grammatical structure of the verb phrase ‘get pregnant’ implies that the agent must be womb-coded, complimenting the discussion in **Chapter 5** around the use of second-person reference in the context of conception. I argue that the combination of the verb phrase ‘get pregnant’ and the second-person pronoun amplifies the effect of womb-coding by, as discussed in **Sections 3.3. and 4.2**, extending an invitation of address to a specific audience (people with wombs).

In **Section 6.1**, I also briefly addressed some of the other, less common verb collocates with the adjective ‘pregnant’, such as ‘become’ and ‘be’, and explored how people with penises are likewise elided in these instances by an avoidance of any mention of how the state of pregnancy came to be (which in the contexts described in this thesis necessarily involves a person with a penis). Finally, I finished this section by addressing the few instances of the adjective ‘pregnant’ collocating with a verb in such a way as to potentially attribute agency to people with penises, in the construction ‘get [someone] pregnant’. I presented the highly infrequent examples of this construction in the dataset and show that where this formulation does occur, it is either backgrounded as an afterthought in supplement to advice predominantly focused on people with wombs, directed to one pupil in particular, or discussed in the context of trusting a person with a womb as a partner has fulfilled their ‘responsibility’ of taking oral contraceptives. In this discussion I also noted that exploring more euphemistic constructions for impregnating people with wombs could be an interesting area for future research. Overall, I argued that the grammatical structure of these verb phrases attributes agency and consequently responsibility to people with wombs.

In the second half of **Chapter 6**, I presented an analysis of verbs in the corpus with the noun ‘pregnancy’ as their object (**Section 6.2**). I predominantly discussed the verb ‘prevent’ as the most common verb to collocate with ‘pregnancy’. I demonstrated that in terms of the verb ‘prevent’, within the corpus there is a fairly even split between two agents for this process: oral contraceptives and condoms. In the context of oral contraceptives, either oral contraceptives themselves or the people taking them (people with wombs) are the agent of the verb phrase ‘prevent pregnancy’. I argued that the former downplays the role of the human being who must take the medication correctly in order for it to be effective. Both point to people with wombs as responsible for preventing pregnancy, either explicitly through mention of taking an oral contraceptive, or through the positioning of the oral contraceptives as the agent themselves, which implies the existence of a person who is taking it. I then demonstrated that where condoms are positioned as the agent of this same verb phrase, responsibility for their use is attributed to the inanimate object itself or to how this is operated by a human being in an ambiguous way. An external condom, despite being one of few contraceptive devices exclusively used on the bodies of people with penises, could be operated by a person with a womb. Nonetheless, the fact that there is ambiguity in the human being responsible for the effective use of this type of contraceptive is interesting since this contraceptive is designed specifically and exclusively for people with penises, and this type of ambiguity does not generally occur in reference to contraceptives that are specifically and exclusively designed to be used by people with wombs. In the examples discussed in this analysis, people with penises are never exclusively, explicitly and specifically attributed responsibility in

these instances, despite condoms being a contraceptive designed for them. This mirrors the discussion in **Section 5.3** around how condom responsibility can be ambiguous. In **Section 6.2**, I also discussed one reference to vasectomy in line with condoms as a type of contraception that is specifically and exclusively for people with penises. Similar effects occur in this example, where vasectomy is the agent of the verb process, standing in for the action of the real human being getting the vasectomy. Nelson Park School is notably absent in the examples discussed in this section since there are zero instances of the verb phrase ‘prevent pregnancy’ in this sub-corpus. The explicit attribution of responsibility and the ambiguity in agency discussed in this section all point to people with wombs taking responsibility for pregnancy prevention.

I also discussed the verb ‘cause’, which also took the noun ‘pregnancy’ as its object, albeit occurring less frequently than the verb ‘prevent’ (**Section 6.2**). I argued that this construction could potentially point to a way in which people with penises are implicated as an agent responsible for an unintended pregnancy. However, in the few instances where ‘cause’ collocated with ‘pregnancy’, people with penises were obscured and the agent of the verb process, and therefore the entity responsible for ‘causing pregnancy’, is instead ‘sperm’ or ‘condom accidents’. I argued that sperm as an agent backgrounds people with penises by replacing the real human being with the metonymic reference to their bodily fluid, and ‘condom accidents’ invites ambiguity since the ‘accident’ could be caused by person with a womb or a person with a penis as either could handle the condom. In this way, neither of these agents (‘sperm’ and ‘condom accidents’) specifically attribute agency to people with penises. Therefore, in the context of a lesson on contraception, the responsibility of people with penises in mitigating this biological process (‘causing a pregnancy’) is obscured.

Overall, in **Chapter 6**, I argued that people with wombs are positioned as responsible for pregnancy prevention, and where there are opportunities to explicitly implicate people with penises as responsible, their agency is obscured. In these cases, people with penises are either recused of their responsibility, or the responsibility is ambiguous, meaning people with wombs could potentially be perceived as responsible, mirroring the discussion around ambiguity in condom use in **Section 5.3**. This is particularly interesting in the context of contraceptives that are designed to be used exclusively on the bodies of people with penises, since the same ambiguity does not occur in the context of contraceptives designed specifically and exclusively for people with wombs (as discussed in **Chapter 7**). While there may not necessarily always be a direct assertion that people with wombs are responsible for condoms, the fact that there is any ambiguity around their use leaves room for varying interpretations by pupils in the class. Considering the impact of background knowledge in the discourse-world (see Werth 1999; Gavins 2007: 9-10), and the

prominent attitude amongst young people that people with wombs are responsible for contraception and condoms (see Winters et al. 2024) this ambiguity could be perceived by pupils as implicating people with wombs as responsible.

Contraception

Having discussed representations of pregnancy conception in the corpus (see **Chapters 5 and 6**), I then turned my attention to the ways in which pregnancy prevention, or contraception, is represented. In **Chapter 7**, I returned to a discussion of second-person reference, and explored the second context in which womb-coded second-person pronouns occur in the corpus. I discussed how it is perhaps unsurprising to find that womb-coded ‘you’ occurs in the context of contraception since the majority of contraceptives available are designed specifically and exclusively for people with wombs. I also commented that teachers are restricted in this discussion by the fact that they can only focus on the contraceptives that are currently available. Nonetheless, I argued that the focus on the bodies and responsibilities of people with wombs risks reinforcing stereotypical attitudes about people with wombs and girls in terms of contraception responsibility.

In **Section 7.1**, I showed that instances of womb-coded ‘you’ + ‘contraception’ in Nelson Park School centre around instructions on how to use different contraceptive devices and methods. I discussed how the teacher’s use of present tense in the context of using and administering contraceptive devices has an instructional tone and creates a sense of immediacy in responsibility for contraception. I argued that it is easier for people with wombs to self-implicate in the modal-worlds created by the teacher because they are specifically addressed and included in the text-worlds created, especially when discussing how to physically interact with contraceptive devices that are inserted into the body. By contrast, people with penises are excluded and therefore cannot self-implicate and may be less likely to be engaged in the lesson content. I also highlight the way in which long-acting reversible contraceptives (LARCs) are presented as an alternative option that lessens the mental load required with some other contraceptives (such as the pill), and problematise this by noting that this accepts as fact that people with wombs are responsible for contraception, and neglects to address the question of why people with wombs (as opposed to people with penises) are expected to carry this mental load. In **Section 7.1**, I also explored how the teacher presents fertility awareness as a contraceptive option, and the ways in which responsibility for condom use is bound up in this. Interestingly, in this example, while people with wombs are positioned as responsible for fertility awareness, they also come to be attributed responsibility for condom use too, mirroring findings in **Chapters 5 and 6**. While it appears logical that instruction for a contraceptive method designed for people with wombs is directed specifically at these pupils, I argued that

embedding a discussion of condom use as a back up method for when a contraceptive designed for people with wombs fails, responsibility becomes ambiguous and there is a potential for people with wombs to be perceived as responsible for condoms even though they are not used on their own bodies. I pointed out that this would be an interesting area for future research where real reader applications (see for example Whiteley 2011; Canning 2017) could be helpful in assessing how pupils perceive these ambiguous instances. **Section 7.1** also highlighted a contradiction between internal and external condoms; external condom use can be ambiguous but internal condom use is not, even though practically it could be applied by anyone (much like an external condom). I argued that in situating people with wombs as responsible for both contraceptives designed for them and for those designed specifically and exclusively for people with penises, there is an implication that people with wombs are wholly responsible for preventing pregnancy and managing the sexual health of themselves and their sexual partner.

In **Section 7.2**, I discussed examples of womb-coded second-person pronouns in the context of contraception in the sub-corpus of Spring Hill Academy. I noted that the school nurse leads the lesson in which all of these instances occur, which may explain a focus on medical intervention in contraception access. Similarly to the examples discussed in relation to Nelson Park School (see **Section 7.1**), I stated that it is perhaps unsurprising to find this language to be womb-coded in this context, yet it nonetheless has implications for the mental load and responsibilities placed on people with wombs. I discussed the use of deontic modality in creating obligation for people with wombs when obtaining and using contraception. I also explored an example that discussed emergency contraception, where people with penises are elided from the text world, creating the implication that people with wombs have become pregnant alone, belying the fact that there must have been a person with a penis involved. Consequently, I argued that accessing emergency contraception becomes an issue solely for people with wombs. Furthermore, in this nurse's speech, accessing emergency contraception is explicitly framed in terms of responsibility: 'you're taking responsibility' (160622 line 431). There was also an additional point here about how, in the events that led up to needing emergency contraception, people with wombs are also framed as responsible for condom use ('if you did have sex without using [a] condom you didn't want to be pregnant' (160622 line 427-8)). I argued that this framing, where people with penises are remarkably absent, attributes blame to people with wombs for having 'gotten [...] into a position' (160622 line 414) of needing emergency contraception as a result of not using condoms, and neglects the possibility that people with penises could take responsibility for this condom use, thereby avoiding the need for emergency contraception. I also discussed how LARCs relate to autonomy, choice and medical intervention (see Geampana 2016). Here, I argued that a

combination of deontic modality and second-person pronouns means only people with wombs have to make decisions about whether to take the actions suggested to them by the school nurse. I argued that this consequently positions people with wombs as responsible for pregnancy prevention. I showed how, in the school nurse's language, the implant is presented as preferable because users do not have to remember to take or administer it. The benefits of this are framed in terms of lightening the mental load, and reflects the discussion to this effect in **Section 7.1**. I also noted that highlighting the benefits of the implant ignores the fact that there is less individual control and autonomy once it has been inserted and the user would need to access medical assistance in order to stop using this method. I discussed similar themes in the school nurse's discussion of the IUD, which I argued again implicates people with wombs as responsible for both condoms (see **Sections 5.3, 6.2 and 7.1**) as well as contraceptives designed for people with wombs. I also discussed how agency in terms of who in a sexual interaction transmits STIs, and who contracts them (see also **Section 6.1**) further points to an interesting area for future research. Overall, in **Section 7.2**, I argued that people with wombs become implicitly responsible for condoms because discussion of condoms is couched within a wider discussion of how contraceptives for people with wombs work and can fail, thereby necessitating condoms (see **Section 7.1**). Accordingly, this supports the argument that people with wombs are represented as responsible for condoms even though they are one of the few contraceptives designed specifically and exclusively for people with penises.

In the examples of womb-coded second-person pronouns in the context of contraception in the Victoria High School sub-corpus, the teacher takes a scientific approach and focuses more on people with wombs taking ownership and responsibility for their health when taking the contraceptive pill (**Section 7.3**). In this section, I discussed how the focus is predominantly on the pill, and there is also some hint towards the notion that people with penises transmit STIs and people with wombs contract them (see **Sections 6.1 and 7.2**). As in my discussion of the Nelson Park School and Spring Hill Academy sub-corpora in **Sections 7.1 and 7.2** respectively, I illustrated how people with wombs are again positioned as responsible for condom use. People with wombs are represented as at risk for unintended pregnancy and people with penises are the vector of that risk. I argue that this is confusing since people with wombs, not people with penises, are framed as responsible for mitigating the 'risks' produced by people with penises. Finally, I examined the teacher's discussion of how the pill works, how to manage negative side effects and make informed choices. I illustrated how people with wombs are invited to self-implicate in epistemic activities to do with monitoring their health, thus increasing the mental load on these same people. A similar effect occurs where people with wombs are

invited to self-implicate in deontic modal-worlds, where they bear the weight of obligation to look after their sexual health. The examples discussed in relation to the sub-corpus for Victoria High School also highlight the role of the medical professional in shared decision making about contraception, much like in discussion at Spring Hill Academy (see **Section 7.2**). People with penises are absent from the discourse, only present when the teacher markedly brings them in to make a contrasting point. I reiterated in this section that it is unsurprising to find the discussion of contraception to be a prominent context for womb-coded second-person pronouns since the majority of available contraceptives are designed to be used by people with wombs. Nonetheless, the combination of second-person address and modal-worlds that invite only people with wombs to self-implicate, creates a representation of people with wombs as responsible for contraception, and people with penises cannot engage with the discourse in the same way.

In the discussion of all three schools in **Chapter 7** I reiterated that teachers are restricted in that, when teaching about contraception, they are only able to describe the current contraceptives available, which are predominantly designed exclusively and specifically for people with wombs. However, I argued that their speech nonetheless reinforces a biased narrative of responsibility for pregnancy prevention weighted towards people with wombs. In this chapter, I also highlighted that this responsibility extends to contraceptives designed to be used exclusively on the bodies of people with penises (external condoms). I also argued that in representing LARCs as an advantageous method of contraception for reducing a user's mental load, the assumption that people with wombs will take responsibility for pregnancy prevention is reinforced. Mirroring the conclusions of **Chapter 5**, where exclusively people with wombs are foregrounded and specified by second-person address and invited to self-implicate in the modal-worlds established by the teacher or school nurse's language, it is easier for these pupils (as opposed to people with penises) to engage with the discourse. In turn, I argue that this risks further entrenching attitudes about gendered responsibility for pregnancy prevention.

Penis-coding

In the final results chapter of the thesis, **Chapter 8**, I explored the instances of second-person pronouns in the corpus that could only logically refer to people with penises. As with the analysis presented in **Chapters 5 and 7**, I considered examples from each school in turn and drew together common themes and contrasts between them. I illustrated that the main context in which penis-coded 'you' occurs is in relation to condoms. I showed how this pattern holds across all three schools and also pointed to some variations within this theme. I first explored instances of penis-coded second-person pronouns in the sub-corpus for Victoria High School (**Section 8.1**). I

illustrated how although people with penises are attributed agency for applying condoms in the instructional content read aloud verbatim from the pupils' learning booklet, when the teacher switches back to her own spontaneous speech, there is more ambiguity over agency for the actions described in using condoms. The teacher shifts towards language that is more inclusive of the whole class, making it ambiguous whether this instructional content is directed specifically towards people with penises (as it is a contraceptive designed for them) or whether people with wombs are implicated too. It is worth noting that by contrast, this sort of ambiguity does not occur in the context of contraceptives designed for people with wombs. There is also an interesting mention in this sub-corpus of people with penises as at risk of STIs and unintended pregnancies (see **Sections 6.1, 7.2 and 7.3**), although I argued that this must also implicitly involve people with wombs as they are the ones who would bear the consequence of the actual pregnancy. In line with the discussion of ambiguity around condom responsibility, there is also one explicit mention in the Victoria High School sub-corpus of people with wombs being involved in applying external condoms. I commented that it is worth noting that this appears a lot more natural than involving people with penises in the equivalent type of contraceptive designed for people with wombs (internal condoms).

Additionally, in **Section 8.1**, I discussed the instances of penis-coded 'you' in the Victoria High School sub-corpus in the context of supporting a partner who is taking the pill, and also assessing whether people with penises can trust that their partner is taking it correctly. I argued that the focus on making sure people with penises can trust a partner is taking the pill puts responsibility and obligation on people with penises, but it also implies responsibility on the part of people with wombs too. There is an undercurrent of responsibility that people with wombs must be carrying out an action (taking the pill correctly) and the responsibility of people with penises is to assess whether people with wombs are doing this correctly. There is also an implication that people with wombs need to be forthcoming about engaging in this conversation. As in this example, I argued that even where the teacher appears to express balance in how responsibility is attributed and shared, the effect of responsibility is still different for people with penises and people with wombs. I also discussed how the teacher at this school encourages people with penises to be supportive of their pill-taking partners, however this is limited, and the degree of obligation is less strong than that aimed towards people with wombs in womb-coded language elsewhere.

There are very few instances of penis-coded second-person pronouns in the Spring Hill Academy sub-corpus, and I discussed these in **Section 8.2**. I demonstrated that almost all instances occur in the context of condoms, much like the other two schools (see **Sections 8.1 and 8.3**). I argued that it is unsurprising that people with penises are

situated as responsible for condom use as this is one of very few contraceptives designed specifically and exclusively for them. However, this attribution of responsibility is mitigated by the use of metonymical constructions, where body parts are instead attributed responsibility, as opposed to the actual human being. These instances are also ambiguous. I illustrated that there is very little linguistic content that clearly articulates a focus on people with penises. I argued that when condom application becomes ambiguous in this way, it blurs the lines of responsibility (see **Sections 5.3, 6.2 and 7.1**). While this does not exemplify an explicit attribution of responsibility to people with wombs, there is equally no explicit claim that people with penises ought to be responsible for this type of pregnancy prevention, which might be expected for a contraceptive that is designed specifically and exclusively for this group of people.

Finally, I explored instances of penis-coded second-person pronouns in the sub-corpus for Nelson Park School (**Section 8.3**). Condoms are a predominant context in which these instances occur and, as argued above, this is unsurprising as external condoms are designed to be used specifically and exclusively on the bodies of people with penises. However, I illustrated that in the Nelson Park School sub-corpus, the context of condoms shows more variation than in the sub-corpora that correspond to the other two schools. One way in which penis-coded ‘you’ in the context of condoms is different in this school is through the inclusion of a discussion on consent. I demonstrated how, at this school, responsibility is placed on people with penises to make sure the condom is in place and effective. This responsibility is explicit, however one instance is mitigated by a deictic shift that could imply people with wombs are also responsible for making sure people with penises carry out the actions described (see **Section 8.3**). Nonetheless, I argued that explicit references to consent in terms of condoms, ‘stealthing’ and condom sabotage is a marked departure from the instructional content of the other two schools in the dataset. While instances of penis-coded ‘you’ in the context of condoms in other schools refer to the ability of condoms to prevent pregnancy and STIs, they do not reference how sexual assault or consent are bound up with condom use. I also discussed another distinct theme that came up in this school: pleasure. I discussed how the teacher explains that through reducing the worries of STIs and unintended pregnancies, especially for people with wombs, pleasure during sex is increased. I argued that this is unusual in the dataset in terms of foregrounding female pleasure, and includes another element missing from the other schools when talking about condoms where the focus is purely on whether they prevent unintended pregnancies and STIs. I argued that while this reinforces that these risks are felt predominantly by people with wombs, it nonetheless implicates people with penises for their part in mitigating the possibility of pregnancy and/or STI transmission, which is highly unusual in my dataset, where people with wombs are

predominantly positioned as responsible for safeguarding against these risks. In **Section 8.3**, I also argued that risk of unintended pregnancy is presented much more even-handedly than in other schools, with explicit reference of the risk felt by people with penises in terms of panicking about the consequences of an unintended pregnancy. Again, I argued that people with penises are positioned as responsible for mitigating this risk, which is highly unusual compared with the other two schools. Overall, the teacher describes how this reduction of risk for both STIs and unintended pregnancies is bound up with pleasure in that it makes sex more pleasurable for everyone (both people with wombs and people with penises). I suggested this more balanced attribution of responsibility could be attributed to the fact that this teacher was training to be a sex therapist at the time of data collection, as discussed above. Finally, I also briefly acknowledged an instance of penis-coded 'you' in the context of vasectomy and commented on how this provided a parallel with how LARCs for people with wombs are womb-coded in the dataset, and this long-acting method of contraception for people with penises is penis-coded.

Overall, the analysis included in **Chapter 8** revealed that the main context in which penis-coded second-person pronouns occur is condoms. I argued that, even within these penis-coded examples, there is sometimes ambiguity in how responsibility for contraception may be perceived, and suggested that this is surprising since the same ambiguity does not tend to occur in the context of contraceptives designed specifically and exclusively for people with wombs. **Chapter 8** also pointed to a number of areas for future research. I suggested exploring the language around condom demonstrations more broadly, alongside considering non-genital-coded 'you', and linguistic strategies other than pronouns that code responsibility.

9.2 Implications and applications

People with wombs as responsible for contraception is a common thread across all results presented in each of the qualitative analysis chapters (**Chapters 5-8**). Meanwhile, people with penises are backgrounded or elided from the discourse, thereby excusing them of their part in the responsibility for preventing unintended pregnancies. The findings from this qualitative analysis support the hypothesis presented in line with the quantitative analysis contained in **Chapter 4** that suggested the higher frequency of womb-coded second-person pronouns in the dataset as compared with penis-coded 'you' could imply people with wombs are more frequently attributed responsibility for contraception. Reciprocally, the quantitative results also reinforce the arguments made in the qualitative aspects of this thesis by illustrating that pupils hear womb-coded language at a higher frequency than penis-coded language, with therefore more opportunity to reaffirm the belief that people with

wombs are responsible for contraception. Furthermore, findings from the analysis of verb collocations with the adjective ‘pregnant’ and noun ‘pregnancy’ further point to people with wombs as responsible for pregnancy prevention. It is particularly significant that womb-coded ‘you’ occurs at a higher frequency than penis-coded ‘you’ in the context of the mixed-gender sex education classroom, where the notion that people with wombs are responsible for contraception (and people with penises are not) is reinforced to pupils of all genders. A large number of young women and people with wombs in the UK use contraception (see **Sections 1.1 and 2.3**), and reinforcing the burden of responsibility on people with wombs has real implications for their mental and sexual health (see Agtarap and Adair 2023; Winters et al. 2024; BBC 2025; see also **Section 1.1**). This thesis expands academic knowledge on how language shapes adolescents’ understanding of contraception and responsibility, and provides evidence for working towards a more equitable framing of contraception responsibility in sex education teaching.

Alongside its contribution to educational practice, my original use of the Text World Theory framework (Werth 1999; Gavins 2007) in the context of the sex education classroom has theoretical implications for cognitive-stylistic research. As I discussed in **Section 4.2**, second-person reference is a useful teaching tool in the classroom for engaging pupils. This may therefore explain the high frequency of personal pronouns, particularly second-person pronouns, in the dataset (see **Section 4.1**). There may be a balance for teachers between factual accuracy with the more distant third-person address ‘people with wombs’ or ‘women’ and using a more engaging tone through second-person reference. It is worth noting here that future research (see **Section 9.3**) on third-person reference, due to its presence as the second most common type of personal pronoun in the dataset, could compliment the analysis presented in this thesis of how responsibility is attributed by including other types of third-person address that could indicate sex or gender, such as ‘women’ or ‘girls’. Nonetheless, there is a question either way of whether people with penises are less engaged with the discourse as a result of exclusive reference to people with wombs. Transcending the boundaries of the discourse-world and projecting an enactor of oneself into the text-world is not particularly challenging in the context of non-fiction discourse, as compared with fiction (Gavins 2007: 84). However, since the ease with which discourse-world participants self-implicate in the text-world is mediated by the extent to which they believe the text-world persona resembles their real-life experience (Gavins 2007: 86-7), I argue that self-implication becomes more problematic for specific groups of pupils in the contraception classroom when this invitation to project is limited by specific sex characteristics. Where the established text-worlds invite projection exclusively to people with wombs, these text-worlds will exist at a greater epistemic distance (Gavins 2007: 87) for people with penises. This

novel use of Text World Theory in the context of contraception discourse in the sex education classroom extends the application of the framework, and further demonstrates its value in the analysis of non-literary discourse.

In order to present a less biased representation of responsibility for pregnancy prevention, a possible change schools and teachers could consider is a shift in pedagogical focus away from ‘contraception’ and towards ‘safe sex’ more broadly. A focus on contraception is by definition a focus on wombs, and by adjusting the focus to safe sex, this would not only more actively include people with penises, but could also be more inclusive of LGBTQ+ relationships. Especially in the sub-corpus for Victoria High School there is a focus on preventing pregnancy in cishet relationships, where the teacher makes an implicit assumption that sexual relationships are cishet, long-term and monogamous. The dominance of cishet, monogamous long-term relationships as the standard framework for sexual relationships impacts how responsibility is perceived within other types of relationships, and a shift from teaching contraception to teaching ‘safe sex’ more broadly could be helpful here in reframing these ideologies that assume in these specific types of relationships people with wombs are responsible for pregnancy prevention. Furthermore, a shift towards safe sex could reduce the blame attributed to people with wombs for conceiving an unintended pregnancy as a consequence of casual sex, as elicited in the sub-corpus for Spring Hill Academy. In formulating these applications it is important to consider the realities young people are facing and consider how best we may support them, rather than prescribing moral judgements on their sexual behaviour. This idea would need refining and trialling in practice before any claims about its effectiveness could be made, but this could be a promising direction for teaching about contraception responsibility in a more equitable manner. Notably, it would be important to co-develop this framework with young people in order to ensure its relevance and efficacy (see Fumble 2022; see also **Section 2.5**). In the following section, I will discuss the limitations of the study in line with a number of ideas for further research that were highlighted by this project.

9.3 Limitations and future directions

The findings in this thesis suggest that teachers reinforce the idea that people with wombs are responsible for pregnancy prevention. However, further research is required to assess whether pupils perceive the language in this way. Real reader response research (see for example Whiteley 2011; Canning 2017) could help empirically explore how pupils perceive the language in the lessons. Additionally, further research could explore whether this language equates to a change in attitude for pupils as a direct consequence of this teaching. Further research could test in

practice and confirm if these linguistic choices did indeed change pupils' perceptions and whether this use of second-person address alongside womb- and penis-coding makes a difference to understanding and to reinforcing heteronormative scripts where people with wombs are positioned as responsible for contraception.

Additionally, the data collected is limited by the fact that only certain types of schools are likely to want to work on a project of this kind, and engage with research on the contentious topic of sex education. I propose that only schools that are either confident that they teach sex education well, or believe they are not strong in this area and actively want to improve would allow a researcher to observe their lessons. Furthermore, it is worth noting that all lesson facilitators (all teachers and the school nurse at Spring Hill Academy) included in the data are female. No male teachers were observed in this study. As such, the high frequency of womb-coding could reflect a subconscious expression of these teachers' own personal experiences with contraception. This thesis was not primarily interested in addressing why certain linguistic choices are made, but rather the objective was to explore the impact this language has on pupils. Nonetheless, further research with additional schools may consider whether the findings are replicated when lessons are facilitated by male teachers. It is worth considering the implications this may have for pupils of all genders.

I mentioned a number of times in this thesis that the language of the teacher at Nelson Park School diverges from that of the other teachers in the dataset and speculated that this could be due to the fact that, at the time of data collection, this teacher was training to be a sex therapist, while other teachers did not have specialist training in RSE. However, this does not account for the language of the school nurse. Equally, it could be worth considering how social class and social experience affect RSE in terms of where each of the schools are situated in the city. However, the objective of this thesis was not to make value judgements and define which school or area of Sheffield is 'best' in terms of RSE provision. The dataset is not big enough to make these kinds of assertions. Instead, the main objective was to assess how contraception responsibility is attributed in order to consider how these findings could be developed into practical outcomes for schools. Nonetheless, what I argue is a more even-handed approach from the teacher at Nelson Park School could provide evidence for the importance of professionals with specific training in RSE in delivering classes on contraception, although a much larger dataset would be needed to confirm this.

A particularly interesting area for further research that was highlighted by this project could be an investigation of how agency is attributed in terms of STI transmission (see **Sections 6.1, 7.2, 7.3 and 8.1**). Preliminary findings in this thesis point to people with penises typically being framed as the transmitters of sexually transmitted infections,

while people with wombs are positioned as the recipients of STIs. The findings presented here were necessarily limited due to a primary focus in this thesis on contraception as a method of pregnancy prevention, although discussion of STIs did inevitably arise due to the dual function of barrier methods of contraception preventing both unintended pregnancy and STIs. It would be interesting to further explore whether the framing of people with penises as transmitters of STIs mirrors active and passive traditional perceptions and representations of roles in sex more broadly, and consider the implications this may have for adolescent sexual health.

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Appendices

Appendix I: Sample introductory email

Dear [],

I am a PhD student in the School of English at the University of Sheffield, researching my thesis on the language of sex and relationships education in secondary schools. I am writing to ask whether your school would be willing to be involved in my project and I would be grateful if you could pass this email on to the relevant members of staff.

I'm interested in working with local teachers to collect data about how sex education is taught, with a view to producing practical resources from my research that would be shared back with participating schools. Should you be interested in my project, your involvement would take the form of permitting me to observe sex education lessons, conduct interviews with teachers and students on the topic of sex education teaching, and run online written surveys with pupils and teachers on the same topic. I am keen for my data collection, and project more broadly, to be mutually beneficial.

I can be contacted via this email address (k.miller@sheffield.ac.uk), and would be more than happy to address any questions you might have or to organise a more in depth chat to help you decide if this is something you would like to be involved with.

Thank you for your consideration and I look forward to hearing from you.

All the best,

Kerry Miller

Appendix II: Transcripts style guide

1. Date and time of recording is printed in bold at top of each transcript
2. Number of recordings per lesson is specified in italics at top of each recording, e.g. *AUDIO FILE ONE OF ONE*
3. Timestamps are italicised and included at the start of each audio recording, N.B. one lesson may comprise of multiple audio recordings
4. Timestamps are included where there is a long break in teacher talk, e.g. pupils engage in an activity independently

5. The speaker is specified at the start of their speech, and throughout transcript only when speaker changes, e.g. 'TEACHER:'
6. Sections of text read verbatim from pupils' learning booklets is stylised in italics
7. Lower case is used on first word of each speaker turn
8. All names are anonymised, e.g. <PUPIL NAME>; <SCHOOL NAME>
9. All responses picked up on the recording from non-teachers and non-participants are dismissed and anonymised, e.g. [PUPIL RESPONSE]
10. All talk and sounds deemed irrelevant to analysis are noted and dismissed, e.g. [DISCUSSION BETWEEN TEACHER AND KM]; [...]; [BACKGROUND NOISE]
11. End of transcript is specified as follows: 'END'

Appendix III: Student questionnaire

Student Questionnaire

What is your gender? (please circle)


Male Female Non-binary

Why do you think contraception is taught at school?

Do you think it is important to learn about contraception at school? Why/why not?

Outside of school, where else do you hear about contraception?

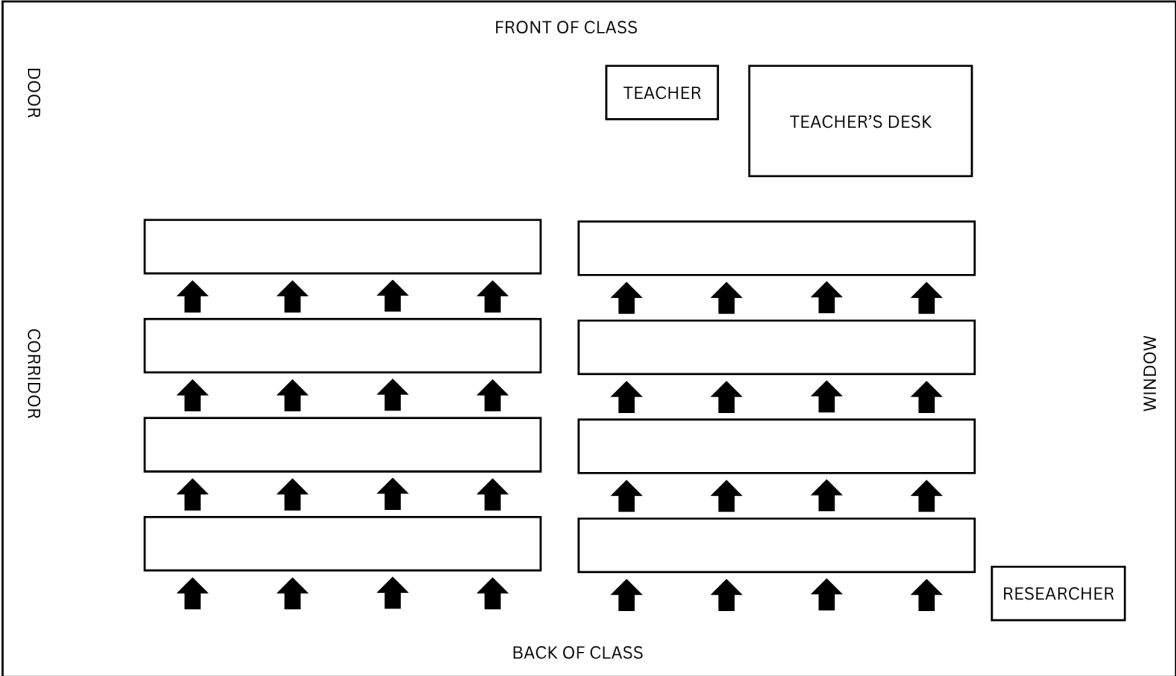
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Appendix IV: School classroom layouts

VICTORIA HIGH SCHOOL
CLASSROOM LAYOUT

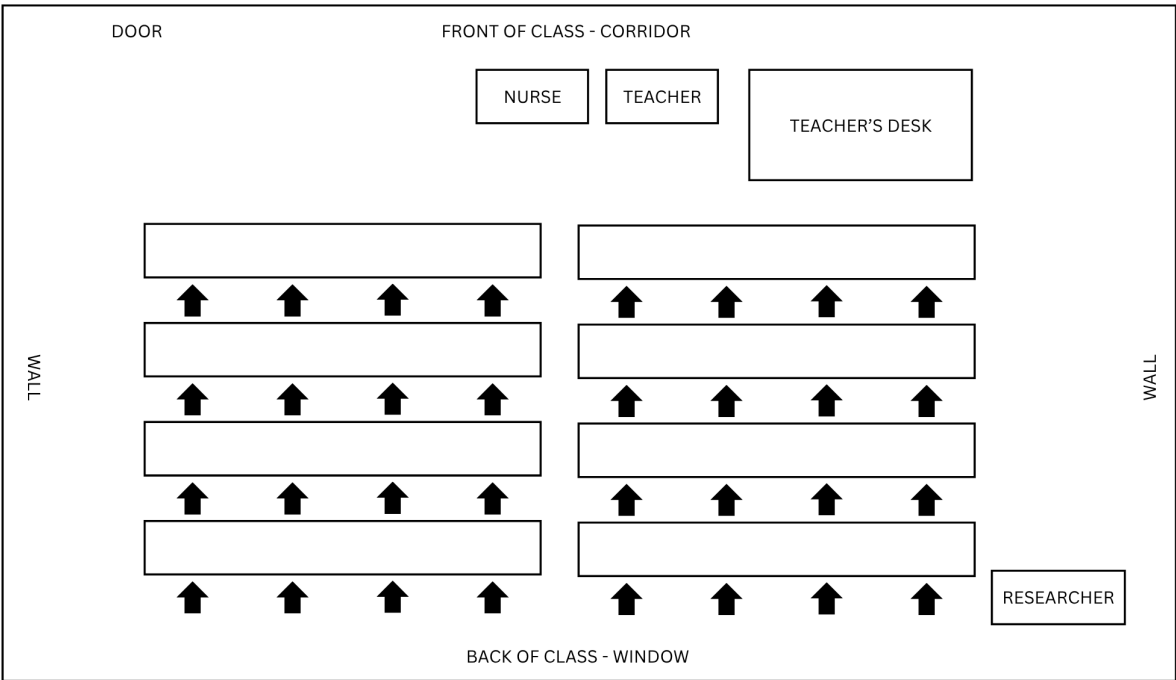
06/06/22
07/06/22
08/06/22



(*Not to scale)

SPRING HILL ACADEMY
CLASSROOM LAYOUT

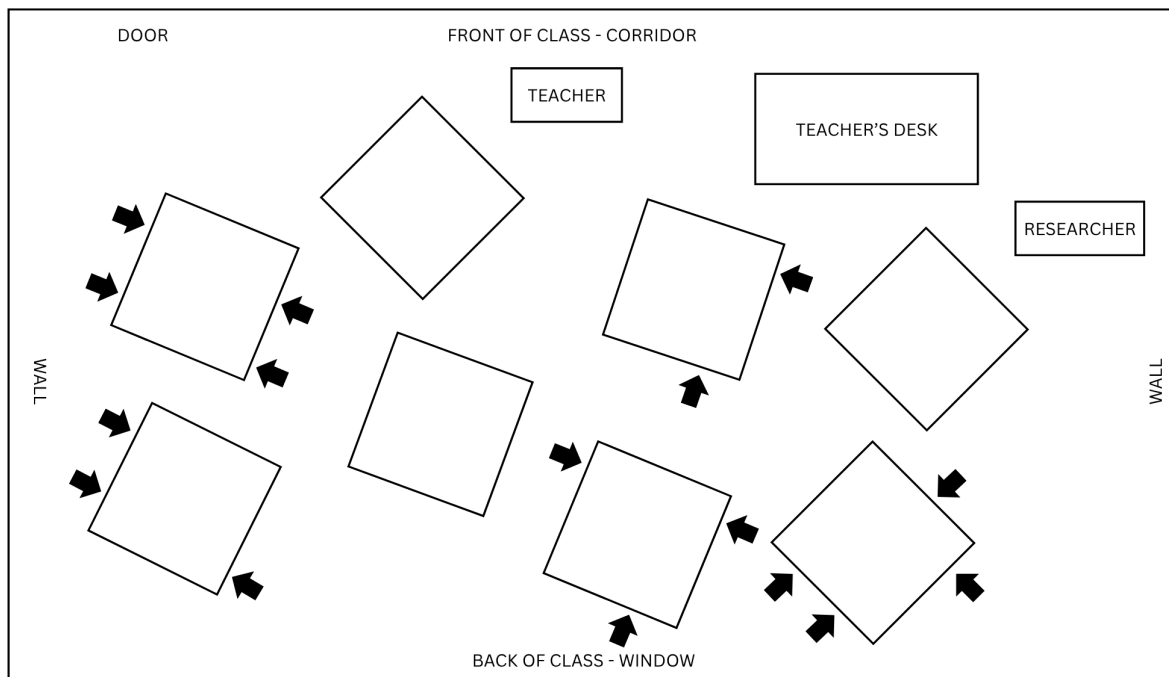
16/06/22



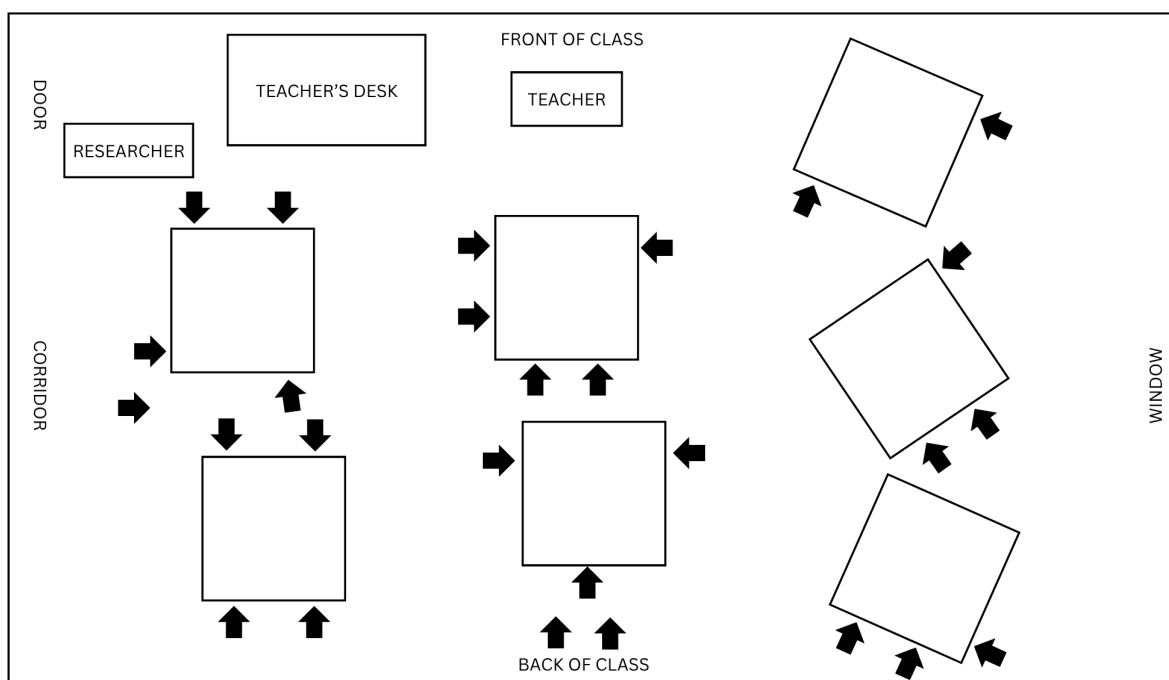
(*Not to scale)

SPRING HILL ACADEMY
CLASSROOM LAYOUT

22/06/22



(*Not to scale)

NELSON PARK SCHOOL
CLASSROOM LAYOUT30/06/22
14/07/22

(*Not to scale)

Appendix V: All instances of womb-coded ‘you’ + ‘get pregnant’

Note: Instances of womb-coded ‘you’ + ‘get pregnant’ are shown in their surrounding context and emboldened and underlined in order to distinguish from second-person pronouns that take a different referent or were not thematically coded as ‘get pregnant’. Only instances of second-person pronouns in bold and underlined are counted as womb-coded ‘you’ + ‘get pregnant’.

Nelson Park School - ‘you’ + ‘get pregnant’

300622

80 don’t take it every day then you can’t rely on it being effective **you** can still
81 get pregnant erm (.) any other hormonal methods that you know about (2.0)

300622

84 release of the eggs from the ovaries so that’s another way of stopping **you**
85 getting pregnant this also the ring releases hormones there’s erm I’m gonna

300622

265 everybody’s like great we’ve got this covered we can just enjoy ourselves
266 right not like oh my god back of **your** mind I’m gonna catch something and
267 get pregnant potentially big worries big risks (.) yeah and like without using a

140722

90 why’s that in there [PUPIL RESPONSE] it’s harder to get pregnant on **your**
91 period but not impossible because not everybody (1.0) ovulates releases an
92 egg at regular intervals so if **your** egg is released early and sperm can live for
93 five days inside the body (.) it could be that the egg gets released early and
94 **you** get caught out so it’s a big old gamble that one tsk though it is less likely
95 to get pregnant on **your** period particularly early on **your** period ermmm (.)

140722

133 your infert- d’you understand the word fertile it’s when **you** can get pregnant

140722

142 fertility awareness anal sex can **you** get pregnant from anal sex [PUPIL
143 RESPONSE] if the sperm dribbles out **your** bumhole and then goes around
144 **your** vagina then h- h- it’s could be possible you’re making me laugh <PUPIL
145 NAME> don’t look at me and laugh um (.) tsk so **you** could but it’s low risk but

140722

156 think that helps (.) d’you think that stops **you** getting pregnant sex standing

140722

159 wanna play the game (.) okay (.) so there’s sex standing up **you** can get

160 pregnant in any position you can catch STIs in any position (.) oh no this is my

140722

165 **you** can't get pregnant can't catch an STI [PUPIL RESPONSE] you what [PUPIL

140722

173 penetrative yeah so then **you**'re not risking getting pregnant (1.0) tsk internal

140722

178 of safe sex (.) can **you** get pregnant from self pleasure (1.0) [PUPIL RESPONSE]

140722

275 STIs unless they are cheating (1.0) but pregnancy is a risk and **you** wanna be
276 in control of when **you** wanna have kids and not have kids (1.0) and there's

140722

347 that's it [PUPIL RESPONSE] (3.0) contraception is so that **you** can have sex
348 without getting pregnant [PUPIL RESPONSE] so it's not like [PUPIL RESPONSE]
349 yeah so **you** can just enjoy it so not to have children (1.0) but for pleasure
350 without getting pregnant (6.0) [PUPIL RESPONSE] noo (3.0) how are you and

Spring Hill Academy - 'you' + 'get pregnant'

160622

138 their body (1.0) **your** bodies (1.0) most of them at this age are wanting to get
139 pregnant (1.0) tsk they're w- they're very fertile (.) and they're ready to get
140 pregnant so (1.0) it's an important thing (.) to think about in terms of **your**
141 health that (1.0) **your** bodies are being are preparing (.) for (.) being pregnant
142 if **you**'re a girl (.) and for boys as well being able to get a girl pregnant so it is

160622

207 having periods means that (.) generally speaking **you**'re not pregnant got a bit
208 of a y'know sometimes **you** do get bleeding in pregnancy but they're not pre-

160622

211 understanding (.) what we say is **your** fertility **your** ability to have babies
212 because (1.0) being aware of **your** periods and when **you** have **your** periods is
213 really important for fertility (.) tsk because (2.0) does anyone know when **you**
214 are most likely in **your** menstrual cycle which is **your** period cycle to get
215 pregnant (1.0) yeah [PUPIL RESPONSE] which is when [PUPIL RESPONSE]

160622

217 good it's actually the middle of **your** cycle (.) **you** only get pregnant from day
218 fourteen of **your** cycle and that's really important in terms of **your** fertility
219 because again (.) if we're thinking about (.) erm **your** sexual health it's
220 important **you** know about contraception but it's also important that **you**
221 know about fertility (1.0) all of this is about understanding your bodies to

160622

427 responsibility (2.0) if you did have sex without using condom **you** didn't want
428 to be pregnant and you you needed to get this you are taking responsibility
429 by getting it (.) if you're in a relationship where you're having sex (.) and **you**
430 don't want (.) to get pregnant because **you**'re too young going to the services
431 and getting contraception means that you're taking responsibility (.) we

Victoria High School - 'you' + 'get pregnant'

060622

72 it'll stop it so it so so a condom is a barrier will stop **you** getting STIs and stop
73 **you** getting pregnant will the pill stop **you** getting pregnant (2.0) yeah will it
74 stop **you** getting STIs (3.0) I mean I'm getting nods and shakes but I'd like it

060622

134 *[If you use condoms perfectly every single time you have sex, they're 98%*
135 *effective at preventing pregnancy. But people aren't perfect, so in real life*
136 *condoms are about 85% effective — that means about 15 out of 100 people*
137 *who use condoms as their only birth control method will get pregnant each*
138 *year. The better you are about using condoms correctly every time you have*
139 *sex, the better they'll work. But there's a small chance that **you** will get*
140 *pregnant even if **you** always use them the right way.]*

060622

143 but whatever **you** do if **you**'re aving sex there's a chance **you** could get
144 pregnant let's be realistic yeah but still **you** have to have confidence that this

060622

162 withdraws before the sperm comes out and they say well technically then
163 **you**'re not gonna get pregnant nodding if that makes sense to yuh so the idea
164 there is that people are saying ah well I've not actually erm y'know put sperm
165 inside **you** so **you**'re not actually gonna get pregnant team track me this is an
166 appalling method this is literally appalling don't put anything near anything
167 cos **you** could get pregnant (.) does that make sense so this idea of

080622

43 higher risk are listed in the section 'Who cannot take the pill?', below. The risk
44 of a blood clot from taking the pill is considerably smaller than the risk of a
45 blood clot if **you** were pregnant.

Appendix VI: All instances of adjective ‘pregnant’

Victoria High School - ‘get pregnant’

060622

72 it'll stop it so it so so a condom is a barrier will stop you getting STIs and stop
73 you getting pregnant will the pill stop you getting pregnant (2.0) yeah will it
74 stop you getting STIs (3.0) I mean I'm getting nods and shakes but I'd like it

060622

83 but if I had multiple partners or new partners why would that be risky (1.0) so
84 I'm on the pill so I'm not gonna get pregnant but what might happen to me
85 <PUPIL NAME> [PUPIL RESPONSE] good (.) so you've got to think carefully

060622

134 *[If you use condoms perfectly every single time you have sex, they're 98%*
135 *effective at preventing pregnancy. But people aren't perfect, so in real life*
136 *condoms are about 85% effective — that means about 15 out of 100 people*
137 *who use condoms as their only birth control method will get pregnant each*
138 *year. The better you are about using condoms correctly every time you have*
139 *sex, the better they'll work. But there's a small chance that you will get*
140 *pregnant even if you always use them the right way.]*

060622

142 we've gotta be realistic it is a small chance circle it team it is a small chance (.)
143 but whatever you do if you're [h]aving sex there's a chance you could get
144 pregnant let's be realistic yeah but still you have to have confidence that this

060622

162 withdraws before the sperm comes out and they say well technically then
163 you're not gonna get pregnant nodding if that makes sense to yuh so the idea
164 there is that people are saying ah well I've not actually erm y'know put sperm
165 inside you so you're not actually gonna get pregnant team track me this is an
166 appalling method this is literally appalling don't put anything near anything
167 cos you could get pregnant (.) does that make sense so this idea of
168 withdrawal method that's ineffective (1.0) what might be effective is

070622

17 good whereas the pill only protects you against one thing <PUPIL NAME>
18 which is [PUPIL RESPONSE] getting pregnant good we'd talked about how
19 possibly the pill is the more common choice in a long-term relationship can

Victoria High School - ‘become pregnant’

070622

270 *[About 3 women in 1,000 using the pill correctly will become pregnant each*

271 year. Correct use means not missing any pills, re-starting the pill on time after
 272 the pill-free week and taking extra contraceptive]
 273
 274 precautions
 275
 276 [precautions when necessary - see below. Closer to 90 women per 1,000 will
 277 **become pregnant** with normal (not perfect) usage.]

Victoria High School - 'be pregnant'

070622

286 wouldn't know that unless you read all the inlay that explains that so then
 287 sometimes people say well I've been taking it correctly and **I'm** still **pregnant**
 288 does that make sense but there are things that can happen to interfere like

080622

43 higher risk are listed in the section 'Who cannot take the pill?', below. The risk
 44 of a blood clot from taking the pill is considerably smaller than the risk of a
 45 blood clot if you **were pregnant**.

Spring Hill Academy - 'get pregnant'

160622

100 gives gives the secret away really contra against conception **getting pregnant**
 101 (.) so we would say that y'know a lot of you when you become mature adults

160622

138 their body (1.0) your bodies (1.0) most of them at this age are wanting to **get**
 139 **pregnant** (1.0) tsk they're w- they're very fertile (.) and they're ready to **get**
 140 **pregnant** so (1.0) it's an important thing (.) to think about in terms of your

160622

214 are most likely in your menstrual cycle which is your period cycle to **get**
 215 **pregnant** (1.0) yeah [PUPIL RESPONSE] which is when [PUPIL RESPONSE]
 216 actually you see you're sort of working in through aren't you which is really
 217 good it's actually the middle of your cycle (.) you only **get pregnant** from day
 218 fourteen of your cycle and that's really important in terms of your fertility

160622

429 by getting it (.) if you're in a relationship where you're having sex (.) and you
 430 don't want (.) to **get pregnant** because you're too young going to the services
 431 and getting contraception means that you're taking responsibility (.) we

Spring Hill Academy - 'be pregnant'

160622

141 health that (1.0) your bodies are being are preparing (.) for (.) **being pregnant**

142 if you're a girl (.) and for boys as well being able to get a girl pregnant so it is

160622

206 uterus [PUPIL RESPONSE] yes (.) it does (.) and that's the period so actually

207 having periods means that (.) generally speaking **you're not pregnant** got a bit

208 of a y'know sometimes you do get bleeding in pregnancy but they're not pre

209 periods though so when the egg is fertilised that (.) stops the lining of the

160622

427 responsibility (2.0) if you did have sex without using condom you didn't want

428 to **be pregnant** and you you needed to get this you are taking responsibility

Spring Hill Academy - 'get [someone] pregnant'

160622

142 if you're a girl (.) and for boys as well being able to **get a girl pregnant** so it is

143 really crucial this (.) it's not something that (.) is so far removed from your

Nelson Park School - 'get pregnant'

300622

25 what is it <PUPIL NAME> [PUPIL RESPONSE] hear that (.) did you anybody

26 know that contraception is methods yeah you're nodding (.) methods that

27 stop people **getting pregnant** so that's what we're gonna be talking about

28 today (.) Kerry here is doing a PhD research project on the teaching of this

300622

79 to remember yeah because the pill you have to remember to do it if you

80 don't take it every day then you can't rely on it being effective you can still

81 **get pregnant** erm (.) any other hormonal methods that you know about (2.0)

82 nope (1.0) so there's this as well where is it the injection so erm that gives

83 you a dose of er sex hormone (.) oestrogen or progesterone which blocks the

84 release of the eggs from the ovaries so that's another way of stopping you

85 **getting pregnant** this also the ring releases hormones there's erm I'm gonna

86 go into more depth into all these methods next week because I'm wanting to

300622

266 right not like oh my god back of your mind I'm gonna catch something and

267 **get pregnant** potentially big worries big risks (.) yeah and like without using a

300622

496 scenario but it's not impossible so if you're worried that somebody actually

497 wants to **get pregnant** and they might have sabotaged a condom you could

498 check that tsk (.) erm (.) so pinch the tip who did that (2.0) tsk yes (.) and you

140722

77 well the dental dam is not a type of contraception it's to protect you from
78 STIs (.) it won't stop w- somebody **getting pregnant** (.) cos it'd only (.) it might
79 be used by a man giving or- anybody giving oral sex to a woman could use a
80 dental dam tsk (1.0) now what I've got here is some top trump card have you

140722

90 why's that in there [PUPIL RESPONSE] it's harder to **get pregnant** on your
91 period but not impossible because not everybody (1.0) ovulates releases an
92 egg at regular intervals so if your egg is released early and sperm can live for
93 five days inside the body (.) it could be that the egg gets released early and
94 you get caught out so it's a big old gamble that one tsk though it is less likely
95 to **get pregnant** on your period particularly early on your period ermmm (.)

140722

116 hormone one that's the IUS oral sex is that a kind of contraception (.) is there
117 a risk of **getting pregnant** s- from oral sex [PUPIL RESPONSE] is there a risk of
118 **getting pregnant** from oral sex <PUPIL NAME> [PUPIL RESPONSE] no (4.0) you
119 need the sperm in the vagina (2.0) there is a risk of STIs but not pregnancy
120 temperature and fertility awareness okay so some women (1.0) learn when

140722

133 your infert- d'you understand the word fertile it's when you can **get pregnant**
134 fertile fertility pregnancy what d'ya say <PUPIL NAME> [PUPIL RESPONSE]

140722

141 condoms cos some people are allergic to rubber (.) so injection (.) calendar
142 fertility awareness anal sex can you **get pregnant** from anal sex [PUPIL
143 RESPONSE] if the sperm dribbles out your bumhole and then goes around

140722

151 you from e- STIs (1.0) not having any sex celibacy (.) is a good way not to **get**
152 **pregnant** or catch anything (.) tsk the ring so this is a ring that you stick up
153 your vagina and it releases hormones into your upper vagina so it's
154 spermicidal (.) I'm actually not sure how that works I think it's so
155 uncommonly used now the ring I'll look that up (.) sex standing up d'you
156 think that helps (.) d'you think that stops you **getting pregnant** sex standing

140722

159 wanna play the game (.) okay (.) so there's sex standing up you can **get**
160 **pregnant** in any position you can catch STIs in any position (.) oh no this is my
161 favourite (.) look at that (.) what's it say <PUPIL NAME> (1.0) dry (.) dry
162 humping dry humping is basically you rub yourself up against the other
163 person in a way to achieve pleasure but you're fully clothed (1.0) but it's like

164 grinding grinding up against somebody I love that that's in there I know but
 165 you can't **get pregnant** can't catch an STI [PUPIL RESPONSE] you what [PUPIL

140722

173 penetrative yeah so then you're not risking **getting pregnant** (1.0) tsk internal
 174 condom that's a female condom the diaphragm that's very rarely used now
 175 but it's a like this silicone disc [PUPIL QUESTION] that y- (1.0) i- it's like an
 176 internal condom yeah you can (1.0) same as the cap and it blocks the
 177 entrance to the cervix so sperm can't get in (2.0) masturbation is that a kind
 178 of safe sex (.) can you **get pregnant** from self pleasure (1.0) [PUPIL RESPONSE]

140722

239 there's no risk of pregnancy (1.0) like snogging somebody is not a risk of
 240 **getting pregnant** (2.0) getting like a love bite or something like that no risk of

140722

265 (1.0) [PUPIL QUESTION] cos one day you might like be in a relationship (.) and
 266 you might not wanna **get pregnant** or you might not wanna catch a disease (.)
 267 so (.) there's the- lots of different ways of doing that (.) because you can (.)
 268 what [PUPIL QUESTION] you c- you will have a relationship in the future were
 269 you not planning on getting married (.) you can use contraception within
 270 marriage (2.0) not every Muslim woman **gets pregnant** every time she has sex
 271 (1.0) people have sex in relationships and not **get pregnant** (.) cos they just
 272 wanna enjoy the relationship together (.) they might have children as well

140722

347 that's it [PUPIL RESPONSE] (3.0) contraception is so that you can have sex
 348 without **getting pregnant** [PUPIL RESPONSE] so it's not like [PUPIL RESPONSE]
 349 yeah so you can just enjoy it so not to have children (1.0) but for pleasure
 350 without **getting pregnant** (6.0) [PUPIL RESPONSE] noo (3.0) how are you and

Nelson Park School - 'get [someone] pregnant'

300622

115 the guy's in control of (.) yeah so I was talking to my class my last class about
 116 this Y11 kid that had come to me (.) terrified that he'd **got a girl pregnant**
 117 right she'd said that she was on the pill but he didn't know her very well and
 118 he didn't know whether he could trust that she'd be taking the pill reliably or

140722

258 RESPONSE] will you use condoms in the future in relationships (2.0) cos you
 259 don't wanna **get people randomly pregnant** right (5.0) give him some and
 260 keep them all the same way up (2.0) give him some more you got too many
 261 (1.0) you got too many right turn them over (7.0) oh I'm being microphoned

Appendix VII: All instances of verbs with ‘pregnancy’ as their object

Victoria High School - prevent

060622

45 *[Oral contraceptives, for example, not only **prevent** pregnancy, but they also*
 46 *reduce the risk of endometrial and ovarian cancer and protect against acute*
 47 *pelvic inflammatory disease and ectopic pregnancies.]*

060622

93 contraceptive this is a pill that you would take daily is often easier to use than
 94 a barrier form it can be more effective in **preventing** pregnancy however
 95 hormonal contraception offers no protection against sexually transmitted
 96 diseases such a herpes gonorrhoea and syphilis (.) what’s more some women

060622

120 er uh in the right area you can see the figure there circle it now 98 percent
 121 effective at **preventing** pregnancy you can’t get much better than that team
 122 but we have to be clear from the onset why this is really really important
 123 they’re only gonna be 98 percent effective (1.0) if you use them correctly
 124 (1.0) and that’s something that I really want to get across in this session
 125 they’re great at **preventing** pregnancy and STDs if you follow the instructions
 126 and use them there’s very little chance of any risk or harm coming your way
 127 but we have to be clear a lot of this is about how you actually use them
 128 because they’re quite delicate they’re called a sheath if you wanna write that
 129 down which is a protective (.) layer as such they’re they’re quite thin and that
 130 can be difficult when applying but we’re gonna read about that so that you’re
 131 feeling aware of that so how effective are condoms against pregnancy <PUPIL
 132 NAME> reading please

133

134 *[If you use condoms perfectly every single time you have sex, they’re 98%*
 135 *effective at **preventing** pregnancy. But people aren’t perfect, so in real life*
 136 *condoms are about 85% effective — that means about 15 out of 100 people*

060622

295 another reason why you might take the pill so you might take it to **prevent**
 296 pregnancy but why else might you take the contraceptive pill <PUPIL NAME>

070622

289 they can with any medication so it’s just good to be aware of (.) why would
 290 we choose the pill then well obviously it’s effective at **preventing** pregnancy
 291 (.) doesn’t interfere with sex periods are regular and possibly less painful so
 292 that’s the medical side (1.0) you know a lot of (.) people might be on it just a

070622

346 happen and again boys I'm advising you to be proactive in that if you've got a
 347 partner who's taking the pill to **prevent** a pregnancy [h]ave a stake in that I think
 348 it's only right it benefits the two of you doesn't it (.) okay we're gonna come

080622

165 *[If you decide to have sex, it's important that you know the facts about birth*
 166 *control, infections, and emotions. Decisions of when to become sexually*
 167 *active, how to protect yourself from STIs, and how to **prevent** pregnancy are*
 168 *yours. These are important decisions and are worth talking about with adults*
 169 *who care about you, including your doctor.]*

Victoria High School - avoid**060622**

22 *[Pregnancy and childbirth carry many risks. Although the contraceptives that*
 23 *couples use to **avoid** pregnancy have their own health risks, they also have*
 24 *substantial non contraceptive health benefits. Information about these risks*

Victoria High School - get**060622**

35 be that the contraceptive pill is sometimes given to teenagers not to prevent
 36 them **getting** pregnancy cos that's not what we're worried about but it might
 37 help ease period pains, might make periods lighter er work with your

Victoria High School - cause**060622**

192 *[Roll the condom on when your penis is erect (hard), but BEFORE it touches*
 193 *your partner's mouth or genital area (vulva, vagina, anus, buttocks, and*
 194 *upper thighs) — and wear it the whole time you're having sex. This helps*
 195 *protect you from STDs that are transmitted through skin-to-skin touching. It*
 196 *also prevents contact with pre-ejaculate (pre-cum), which can have STD*
 197 *germs and may rarely contain sperm that can **cause** pregnancy.*

Victoria High School - create**070622**

240 that make sense you can't assume that one person's taking care of
 241 everything it takes two people to **create** a pregnancy so both people need to
 242 be invested in whatever method is being used so how does the pill work in

Spring Hill Academy - prevent

160622

97 had a sign yes [PUPIL RESPONSE] yeah condoms (.) condoms prevent [PUPIL
98 RESPONSE] yes and (2.0) [PUPIL RESPONSE] good good answer yeah so
99 **prevent** pregnancy an- and sexually transmitted infasi- infections the word
100 gives gives the secret away really contra against conception getting pregnant

160622

154 TEACHER: [cos obviously] when you answered y- the question at the start (.) erm you
155 mentioned about pre- **prevent** pregnancy but also to prevent sexually
156 transmitted [infections]

160622

193 up the fallopian tube so much that the egg can't travel down here so that's
194 why we're saying (.) condoms (.) **prevent** pregnancy but they also prevent se-
195 sexually transmitted diseases and that's a very good answer and so we would

160622

409 been called the morning after you can only go the next day actually you've
410 got five days to get this and this is effective in about ninety five percent of
411 cases (.) and you mentioned that the earlier you get it the better but actually
412 I will give it right up to the end of that five days because it **prevents**
413 pregnancy so imagine this okay and it is just imaginary (.) think about that
414 you had gotten i- into a position where you needed this and (1.0) y'know it

220622

148 sexuality do we know [PUPIL RESPONSE] we don't know that's a really good
149 thing so (.) so a vasectomy's just gonna **prevent** from (1.0) pregnancy [PUPIL
150 RESPONSE] okay [PUPIL RESPONSE] mhmm [PUPIL RESPONSE] [EXTERNAL

Spring Hill Academy - cause

160622

567 NURSE: okay so condom accidents (1.0) which are accidents that might **cause** a
568 pregnancy or an STD are caused by poor technique (.) so it's important to
569 practise using them and to use the correct technique so h- how would you

Nelson Park School - stop

140722

46 does it protect an- what does it protect that couple from [PUPIL RESPONSE]
47 er pregnancy if it's a straight couple so if it's a straight couple if there's a man
48 and a woman it will **stop** pregnancy [PUPIL RESPONSE] it will stop STDs would
49 it top would it stop STDs sexually transmitted diseases in a gay couple (2.0)
50 obviously there's gotta be a man involved if you're using a condom (.) that's

Nelson Park School - get

140722

133 your infert- d'you understand the word fertile it's when you can **get** pregnant

134 fertile fertility pregnancy what d'ya say <PUPIL NAME> [PUPIL RESPONSE]

Appendix VIII: All instances of womb-coded 'you' + 'contraception'

Note: Instances of womb-coded 'you' + 'contraception' are shown in their surrounding context and emboldened and underlined in order to distinguish from second-person pronouns that take a different referent or were not thematically coded as 'contraception'. Only instances of second-person pronouns in bold and underlined are counted as womb-coded 'you' + 'contraception'.

Nelson Park School - 'you' + 'contraception'

300622

78 pill (1.0) erm so the pill **you** take it every day (.) the implant **you** don't have

79 to remember yeah because the pill **you** have to remember to do it if **you**

80 don't take it every day then **you** can't rely on it being effective you can still

81 get pregnant erm (.) any other hormonal methods that you know about (2.0)

300622

82 nope (1.0) so there's this as well where is it the injection so erm that gives

83 **you** a dose of er sex hormone (.) oestrogen or progesterone which blocks the

300622

102 kind of very thin (.) erm bit like a co- normal condom but bigger and **you**

103 squeeze the ring and stick it up **your** vagina and it pops open so then and

104 there's a bigger like soft ring on the outside which sits on the vulva (.) so **you**

105 (.) **you** could still experience full sensation but that's a barrier method that a

140722

115 are like spermicidal they s- kill sperm the copper ions (.) erm or **you** can get a

116 hormone one that's the IUS oral sex is that a kind of contraception (.) is there

140722

122 there's a few brands where **you** wee onto like it's a bit like when **you** take a

123 pregnancy test **you** wee onto this stick everyday put it in a machine and it

124 measures **your** hormone levels so it can predict when **you**'re gonna release

125 an egg (.) right so then **you** learn how **your** month works in terms of when

126 **you**'re fertile so it gives **you** a green day or a red day (1.0) or ah does it even

127 give **you** an orange I think it gives **you** an orange dun it the persona (1.0) yeah

128 and so green day good to go nowhere near ovulation (.) red day uh uhh n-

129 **you** need to use **you** need to use condoms on those days (1.0) and then I
 130 don't even know why it does orange cos orange is like as good as red innit cos
 131 **you** still need to **you** don't wanna take a gamble (.) anyway so it measures
 132 **your** hormone levels so **you** get to know **your** fertile times of the month and
 133 **your** infert- d'you understand the word fertile it's when you can get pregnant

140722

139 five percent (.) reliable (1.0) so it warns **you** that it's not a hundred percent

140722

152 pregnant or catch anything (.) tsk the ring so this is a ring that **you** stick up
 153 **your** vagina and it releases hormones into **your** upper vagina so it's
 154 spermicidal (.) I'm actually not sure how that works I think it's so

140722

282 a minute (.) look that is a female condom so it's got this like squeezy ring (.)
 283 it's got like a very thin (.) and it's got a ring that **you** squeeze together so **you**
 284 can shove that ring into **your** vagina right to the top it pops open and it's very
 285 very thin plastic (.) so it's a barrier method [PUPIL QUESTION] tsk so **you**
 286 would pull it from the bottom there's a ring at the bottom sits against **your**
 287 vulva **you** pull it down [PUPIL QUESTION] no cos it's all very soft (2.0) it's very

Spring Hill Academy - 'you' + 'contraception'

160622

361 do but er the (.) having a coil fitted now it might be uncomfortable
 362 particularly if **you** haven't had children but it a qu- actually it's over in like
 363 three minutes (.) and this contraception (1.0) is for who [PUPIL RESPONSE]

160622

370 five (.) tsk copper coils can last ten so that means **you** don't have to think
 371 about it for that length of time but but but but but (1.0) what does it not
 372 protect **you** from [PUPIL RESPONSE] yes PUPIL RESPONSE] doesn't protect
 373 **you** from HIV doesn't protect **you** and in fact (2.0) with these coils we do say
 374 particularly to use condoms okay because this de- this device can actually
 375 cause the bacteria to track (.) up the fallopian tubes it can be a a method of
 376 transport of an STI but it's a really good method this if **you** want a long acting
 377 contraception (1.0) it's worth considering okay (.) next (1.0) ooh I've got a

160622

405 NURSE: yeah [PUPIL RESPONSE] it is (1.0) tsk now morning after (.) does that mean
 406 **you** can only take it the morning after if **you** have unprotected sex and
 407 haven't used contraception [PUPIL RESPONSE] that's weird isn't it and
 408 sometimes (.) erm when when we're giving it out people think because it's
 409 been called the morning after **you** can only go the next day actually **you**'ve
 410 got five days to get this and this is effective in about ninety five percent of

411 cases (.) and you mentioned that the earlier **you** get it the better but actually
 412 I will give it right up to the end of that five days because it prevents
 413 pregnancy so imagine this okay and it is just imaginary (.) think about that
 414 **you** had gotten i- into a position where **you** needed this and (1.0) y'know it it
 415 had been something that (.) **you** regret and that it's a mistake and **you** can't
 416 tell **your** parents and **you** don't want to go to services to ask for

160622

426 young people (.) and actually all of this means that **you're** taking
 427 responsibility (2.0) if **you** did have sex without using condom you didn't want
 428 to be pregnant and **you you** needed to get this **you** are taking responsibility
 429 by getting it (.) if **you're** in a relationship where **you're** having sex (.) and you
 430 don't want (.) to get pregnant because you're too young going to the services
 431 and getting contraception means that **you're** taking responsibility (.) we
 432 welcome it we think that shows a mature (1.0) attitude okay that shows that
 433 **you** take **your** health seriously and that (.) **you** want to protect **yourself** and
 434 we would support **you** in anything to do with that okay this pill (.) tsk is

160622

437 services will give it if **you** ring sexual health services we can arrange for **you** to
 438 go to a pharmacist to pick it up free free free (.) up to five days (1.0) next (.)

160622

450 your anatomy yes [PUPIL RESPONSE] ugh (.) perfect answer yes (1.0) **you**
 451 insert it by (.) guiding it (.) through the vagina onto the cervix it sits over the

160622

490 but erm i- again it's not very popular it's (1.0) er (.) **you** have to use
 491 spermicide coat it in spermicide here again it's squashed inserted into the
 492 vagina sits over the cervix why would that not work [PUPIL RESPONSE] yeah
 493 so **you'd** have to throw that away in fact **you** can reuse these these
 494 diaphragms but you know they have to be specially fitted I think it's years
 495 since I've fitted any of these I think women are having now they're having
 496 implants or coils rather than this but (.) it's a choice so I would never say to
 497 anyone **you** can't have it (.) I would give it to them if that's what they wanted

160622

702 morning at the <MEDICAL CENTRE NAME> fitting these and the women who
 703 have them fitted are really happy with them because they are such an
 704 effective method of contraception (.) where does that go [PUPIL RESPONSE]
 705 in the fallopian tu- yeah where abouts in the arm [PUPIL RESPONSE] it goes
 706 eight to ten centimetres from **your** elbow it's in has anyone had their

160622

711 three years contraception (.) it's a miracle this it releases (.) a progestogen
 712 hormone and it's very very a very good and safe method of contraception

713 (2.0) and so if the it's another choice I'm fitting loads of them (1.0) and a lot
 714 of women really like them **you** do have to come back to me to have it taken
 715 out (.) but we use local anaesthetic and it's not painful at all okay so this is a
 716 good method it means **you** don't have to remember pills every day which is

Victoria High School - 'you' + 'contraception'

060622

17 (.) not all contraceptions protect you against sexually transmitted infections
 18 so for example if **you**'re on the pill that'll protect **you** from pregnancy but not
 19 STIs okay (.) so um we're gonna have a look at the different types

060622

32 make informed decisions based on knowledge (1.0) the point made in that
 33 first paragraph though was that some contraceptives have health benefits
 34 not connected to protecting **you** from pregnancy -kay so tracking me so it can
 35 be that the contraceptive pill is sometimes given to teenagers not to prevent
 36 them getting pregnancy cos that's not what we're worried about but it might
 37 help ease period pains, might make periods lighter er work with **your**
 38 hormones in a better way so **you** might be taking it for a reason that's not
 39 contraceptive, nodding if that makes sense yeah so there are like anything

060622

76 prevent STIs (1.0) so typically it might be that the pill is the preferred method
 77 if **you**'re in a long term relationship <PUPIL NAME> why would I say that
 78 [PUPIL RESPONSE] yeah a- and the assumption would be team tracking me
 79 the assumption would be if **you**'re in a long standing relationship let's say wi
 80 a partner who **you** trust and **you**'re on the pill **you** would probably assume
 81 would **you** not that **you**'re not as likely to get an STI from that persons cos
 82 they're only sleeping with **you** nodding if that makes sense yeah (.) okay (.)

060622

83 but if I had multiple partners or new partners why would that be risky (1.0) so
 84 I'm on the pill so I'm not gonna get pregnant but what might happen to me
 85 <PUPIL NAME> [PUPIL RESPONSE] good (.) so **you**'ve got to think carefully
 86 about both **you**'ve got to think the pill will not prevent STIs so so if **you** find
 87 **yourself** saying or er boys if a girl says to you you know I'm on the pill it
 88 doesn't mean they haven't got an STI you've gotta be really clear on that so

060622

92 method protect <PUPIL NAME> [PUPIL RESPONSE] good (1.0) okay hormonal
 93 contraceptive this is a pill that **you** would take daily is often easier to use than
 94 a barrier form it can be more effective in preventing pregnancy however

060622

100 there extremely rare extremely rare I wouldn't want **you** to be overly

101 concerned about that however the pill as medication does rely on a test in
 102 advance so most doctors would test **your** weight **your** blood pressure it
 103 would be can you write down issued under advice (.) -kay it is medication it
 104 would be issued under advice that in discussion with a doctor **you** would
 105 decide which pill is best for **you** (1.0) okay team we're going to have a look

060622

295 another reason why **you** might take the pill so **you** might take it to prevent
 296 pregnancy but why else might **you** take the contraceptive pill <PUPIL NAME>

060622

299 using [PUPIL RESPONSE] cou- sorry [PUPIL RESPONSE] good (.) erm what does
 300 the pill not protect **you** against <PUPIL NAME> [PUPIL RESPONSE] good

070622

15 condom yep the condom's the barrier method so the condom protects **you**
 16 from two things <PUPIL NAME> [PUPIL RESPONSE] and [PUPIL RESPONSE]
 17 good whereas the pill only protects **you** against one thing <PUPIL NAME>
 18 which is [PUPIL RESPONSE] getting pregnant good we'd talked about how

070622

239 taking the pill (.) and girls **you** need that to be part of the discussion (.) does

070622

245 *[It works in three ways:*

246 *•The pill changes the body's hormone balance so that **your** ovaries do not*
 247 *produce an egg (ovulate).*

070622

260 female hormones and when **you** take the pill **you** might ave different
 261 amounts so **you** can have a prese- proges- I can't say it progestogen-only pill
 262 or an oestrogen pill or a combination so the combined pill is a combination of
 263 the two this is why as well that's what's relevant to the medical aspect (1.0)
 264 in the sense that that **you** might be on the pill for these reasons to rebalance
 265 hormones to redistribute hormones not for contraceptive purposes (.) okay

070622

283 this but for example if **you** have sickness and diarrhoea sometimes the pill is
 284 less effective because **you** may have passed it through **your** system (.) so
 285 when **you** have sickness or diarrhoea it's best to be more cautious but **you**
 286 wouldn't know that unless **you** read all the inlay that explains that so then

070622

294 benefits it can relieve premenstrual tension those kind of monthly struggles
 295 that **you** have and it can improve acne in some women and can improve skin

070622

300 about but especially for the girls it's worth **you** knowing about the
 301 advantages and the disadvantages cos **you** do need to make informed choices

070622

310 but we have to say here this has all been researched continually and if **you**
 311 are going on the pill or considering the pill **you** need to read the research on
 312 that pill carefully (.) from my own experience it's not one size fits all it might
 313 be that **you** go on two or three pills before **you** find the one that's right for
 314 **you** because it's not necessarily just **you** can just go pick up a pill (.) okay let's

070622

318 *[Most women who take the pill do not develop any side-effects. However, a*
 319 *small number of women feel sick, have headaches or find their breasts are*
 320 *sore when they take the pill. These usually go away within days or weeks of*
 321 *starting the pill. If they continue (persist) there are many different brands of*
 322 *pill **you** can try, which may suit **you** better.*

323 *Other side-effects are uncommon and include tiredness, change in sex drive,*
 324 *skin changes and mood changes. These are unusual and **you** should tell **your***
 325 *doctor or practice nurse if **you** have any lasting side-effects. Many people*
 326 *believe that taking the pill makes **you** put on weight; however, this has never*
 327 *been proven in studies.*

328 *The pill sometimes causes a rise in blood pressure, so people taking it should*
 329 *have their blood pressure checked every six months. The pill may need to be*
 330 *stopped if **your** blood pressure becomes too high. It is common to have some*
 331 *light bleeding between periods when **you** start the pill. This is nothing to*
 332 *worry about. It usually settles by the end of the third packet. If it does not,*
 333 ***you** should tell **your** doctor.]*

334

335 end of the third packet means really **you**'re looking at three months before
 336 **you** come to a decisions which is quite a long time in some respects but **you**
 337 can imagine if **you**'re making a significant hormone change it does take a bit
 338 of time team er I suppose I'm talking to girls but boys you can look out for it
 339 as well in your lovely partners (.) sometimes it doesn't suit and **you** need to
 340 look out for changes (1.0) I was on one pill when I was younger and I did
 341 develop a bit of a skin like a darker skin patch and changes in hormones can
 342 result to changes to **your** pigmentation **your** colour in **your** skin **you** do need
 343 to be alert to things that **you**'re looking for it doesn't pay to be passive
 344 whatever medication **you**'re on **you** need to read about it carefully and make
 345 sure **you**'re looking out for this is a possibility this is an issue this could
 346 happen and again boys I'm advising you to be proactive in that if you've got a
 347 partner who's taking the pill to prevent a pregnancy [h]ave a stake in that I think
 348 it's only right it benefits the two of you doesn't it (.) okay we're gonna come

080622

12 good (1.0) <PUPIL NAME> why might **you** go on the pill give me two reasons
 13 (.) not you personally women [PUPIL RESPONSE] and the a second potential
 14 reason [PUPIL RESPONSE] he doesn't know who can help him (.) <PUPIL
 15 NAME> [PUPIL RESPONSE] for medical reasons there if **your** periods are
 16 particularly painful or **you**'ve got hormonal issues (.) now team tracking me

080622

21 at all (.) y'know medicine can have other impacts and if **you** were gonna
 22 make any choices **you** would always make it with **your** doctor where **you**
 23 understand what choices **you**'re making but we do need to know some risks

080622

29 risks. All risks and benefits of **you** taking the pill should be discussed with **your**
 30 doctor or nurse.

080622

42 of blood clots cannot take the pill. The things that might mean **you** are at a
 43 higher risk are listed in the section 'Who cannot take the pill?', below. The risk
 44 of a blood clot from taking the pill is considerably smaller than the risk of a
 45 blood clot if you were pregnant.
 46 **You** must see a doctor straightaway if **you** have any of the following:
 47 •A bad headache, or migraines.
 48 •Painful swelling of **your** leg.
 49 •Weakness or numbness of an arm or leg.
 50 •Sudden problems with **your** speech or sight.
 51 •Difficulty breathing.
 52 •Coughing up blood.
 53 •Pains in **your** chest, especially if it hurts to breathe in.
 54 •A bad pain in **your** tummy (abdomen).

080622

59 other things so I don't want **you** to get in a massive concern about blood clots
 60 however if **you**'ve not had the conversation in **your** family I do think it's it's

080622

78 to worry about if you haven't made informed decisions but if **you**'ve been to
 79 **your** doctor **you**'ve had the conversation **you**'ve said this is my family history
 80 **you**'re making a safe decision (.) but **you** do need to be informed about
 81 health issues (.) ooh spelled that wrong sorry **you** do need to be informed
 82 about health issues so that **you** can make informed (.) choices (2.0) and I

080622

91 overall risk of developing a cancer is reduced if **you** take the pill but further

Appendix IX: Other instances of womb-coded ‘you’

Spring Hill Academy - other

160622

182 as thin as a str- a string of sp- spaghetti (.) and this is what we consider **your**
 183 reproductive system (1.0) and it’s really important that this is as healthy as
 184 **you** can get it okay (.) so (.) fallopian tubes really important f- for what we call

160622

351 TEACHER: and then that’s obviously a smaller picture so is **your** uterus about the size of
 352 **your** fist is that right

Victoria High School - other

080622

139 • **Your** partner manipulates **you** by either bullying **you** or threatening to hurt
 140 himself if **you** end the relationship.]

Appendix X: All instances of penis-coded ‘you’

Note: Instances of penis-coded ‘you’ are shown in their surrounding context and emboldened and underlined in order to distinguish from second-person pronouns that take a different referent. Only instances of second-person pronouns in bold and underlined are counted as penis-coded ‘you’.

Victoria High School - penis-coded ‘you’ in the context of condoms

060622

149 [The best way to make condoms work as well as possible is to use them
 150 correctly every single time **you** have vaginal, oral, and anal sex. That means
 151 wearing it the whole time, from start to finish. Make sure the condom is rolled
 152 on **your** penis the right way before there’s any skin-to-skin genital contact.

060622

168 withdrawal method that’s ineffective (1.0) what might be effective is
 169 withdrawing whilst **you** have a condom on because essentially what **you** are
 170 preventing is sperm going anywhere near anything so a condom on presents
 171 it and then withdrawing does but **you** do not withdraw without a condom on
 172 it doesn’t work semen can escape at any time that will be highly highly risky

060622

192 [Roll the condom on when **your** penis is erect (hard), but BEFORE it touches
 193 **your** partner’s mouth or genital area (vulva, vagina, anus, buttocks, and
 194 upper thighs) — and wear it the whole time **you**’re having sex. This helps

195 protect you from STDs that are transmitted through skin-to-skin touching. It
196 also prevents contact with pre-ejaculate (pre-cum), which can have STD

060622

249 3. Pinch the tip of the condom and place it on the head of **your** penis. Leave a
250 little bit of space at the top to collect semen (cum). If **you**'re uncircumcised, it
251 might be more comfortable to pull **your** foreskin back before placing the
252 condom on the tip of **your** penis and rolling it down.

253 4. Unroll the condom down the shaft of **your** penis all the way to the base.]
254

255 and then we're gonna make sure its secure -kay (.) and we're gonna check
256 that if we're using this method we're gonna check that we're gonna check
257 the barrier's in place (4.0) -kay and last bit please
258

259 [**You** can put a few drops of water-based or silicone lubricant inside the tip of
260 the condom before **you** roll it on. **You** can also add more lube to the outside of
261 the condom after it's on **your** penis. (Water-based or silicone lube can make
262 sex feel even better, and it helps stop condoms from breaking.)

263 5. Have sex!]

264

265 so (.) essentially we're making sure our condoms on first that is the first we're
266 writing down the first (.) essential step (.) make sure the barrier is safe okay
267 (9.0) and then one of the issues is what **you** do afterwards because clearly
268 we've got male semen and we wanna be really careful what we do with that
269 because our issues remain of pregnancy and STIs etcetera right reading from
270 number 6 then <PUPIL NAME> please

271

272 [6. After **you** ejaculate (cum), hold onto the rim of the condom and pull **your**
273 penis out of **your** partner's body. Do this BEFORE **your** penis goes soft, so the
274 condom doesn't get too loose and let semen out.

275 7. Carefully take off the condom away from **your** partner so **you** don't
276 accidentally spill semen (cum) on them. Throw the condom away in the
277 garbage — don't flush it down the toilet (it can clog pipes).

278 You can't reuse condoms. Roll on a new condom every time **you** have vaginal,
279 or oral sex. **You** should also use a new condom.

280 Don't worry if **you** lose **your** erection (**your** penis gets soft) while wearing a
281 condom — this is very common. If this happens **you** should change condoms.
282 Just take the condom off, and once **your** penis is hard again, roll on a new
283 one.]

284

285 so basically team at any time **you** can change a condom and indeed **you**
286 should if anything is not quite right so at any point if there's an issue just

070622

76 If a condom is torn, dry, stiff, or sticky, throw it away. Since **you** have to use a

77 new condom every time **you** have sex or get a new erection, it's a good idea
 78 to keep a supply around. Have condoms nearby before things start heating
 79 up, so they're easy to grab without interrupting the action.]

80

81 team I'm not as keen on the language there but essentially what that means
 82 is be sensible (.) okay (.) don't (.) leave **yourself** (.) at risk (.) worry about not
 83 carrying one more than carrying one d'you know what I mean don't leave
 84 **yourself** at risk don't be in a position where **you** want one and **you** haven't
 85 got one it's better to be the other way round and last paragraph please

86

87 [Most condoms come pre-lubricated, but adding extra water-based or silicone
 88 lube can make condoms feel great and help keep them from breaking. Put a
 89 few drops on the head of **your** penis or inside the tip of **your** condom before
 90 **you** roll it on, and/or spread lube on the outside of the condom once **you**'re
 91 wearing it.]

070622

158 help (.) cos then it's something that you're doing together (.) er for many
 159 people condoms are a natural part of foreplay having **your** partner roll on the
 160 condom or applying lube etcetera etcetera could be part of the fun but also

070622

168 that it also says underline practice makes perfect (.) like anything first time
 169 **you** do it (.) not not necessarily **your** best shot but the more **you** do it the
 170 more **you** get better erm it does say here team er **you** can practice putting a
 171 condom on **your** own penis or a banana or a cucumber or a slim bottle (2.0)
 172 erm I can't see many of **you** trying that but if (1.0) **you** felt **you** definitely
 173 wanted to be confident in order to protect **yourself** there you go that's the

070622

195 says in this one **you** can tie a knot in it (1.0) gosh (1.0) I feel that's a little bit

Victoria High School - penis-coded 'you' in the context of the pill

060622

87 yourself saying or er boys if a girl says to **you** you know I'm on the pill it
 88 doesn't mean they haven't got an STI **you**'ve gotta be really clear on that so

070622

236 method is potentially the pill (3.0) erm I think it's important (.) even or
 237 especially as a male to know about the pill and understand ow it works
 238 because (.) **you** need to be able to trust any partner that tells **you** they are
 239 taking the pill (.) and girls you need that to be part of the discussion (.) does
 240 that make sense you can't assume that one person's taking care of
 241 everything it takes two people to create a pregnancy so both people need to
 242 be invested in whatever method is being used so how does the pill work in

070622

338 of time team er I suppose I'm talking to girls but boys **you** can look out for it
 339 as well in **your** lovely partners (.) sometimes it doesn't suit and you need to

070622

346 happen and again boys I'm advising **you** to be proactive in that if **you**'ve got a
 347 partner who's taking the pill to prevent a pregnancy [h]ave a stake in that I think
 348 it's only right it benefits the two of you doesn't it (.) okay we're gonna come

Spring Hill Academy - penis-coded 'you' in the context of STIs

160622

267 the vagina then it's the rectum okay in men they're joined up which means
 268 that if men get a sexually transmitted disease like (.) chlamydia gonorrhoea
 269 (.) tsk trichomonas I can't go into those infections but they (.) they are they
 270 can be really er (.) painful and have a lot of symptoms sometimes **you** get no
 271 symptoms but they can have a lot of symptoms (.) they get symptoms to do
 272 with their urine so men that I've seen say (.) I'm weeing loads of blood I'm

Spring Hill Academy - penis-coded 'you' in the context of condoms

160622

519 well known the brand can actually (1.0) the (.) er er the different makes are
 520 actually shaped slightly differently so it might be that **you** favour a particular
 521 brand (.) durex are a bit wider at the top and pasante are a bit wider at the
 522 bottom these are all standard condoms but again they stretch really well we

160622

588 does it take to fertilise an egg [PUPIL RESPONSE] one (.) one sperm spli- er er
 589 escaping can swim rapidly to meet an egg (.) so **you** have to be incredibly
 590 careful with condoms okay (.) when **you** put them on (.) and when **you**
 591 particularly when **you** take them them off because (.) it might be that some
 592 sperm can escape okay the penis needs to be right outside the woman's body
 593 (.) **you** need to take it off put it in a bag in a bag and then was **your** hands

Nelson Park School - penis-coded 'you' in the context of condoms

300622

125 yeah it's massive that's what £5,000 a year for eighteen years (.) because
 126 **you**'re legally reli- erm responsible for financially supporting that child until
 127 they become an adult at eighteen so it's a big deal taking a gamble and not

300622

202 you ca- if you ca- [PUPIL RESPONSE] well if somebody's agreed to have sex
 203 with a condom and then **you** know that it's come off or has split do you know
 204 what that is [PUPIL RESPONSE] yeah [PUPIL RESPONSE] because if

205 somebody's ad- agreed to have sex with a condom and **you** know that the
206 condom has split or come off [PUPIL RESPONSE] then **you** pull out right thank
207 you well I'm reassured by that <PUPIL NAME> good (.) erm (.) but yeah like

300622

221 most sensitive bit of the penis as I'm sure **you** all know boys (.) and they
222 would be able to feel it they would without a doubt be able to feel that the
223 condom was right near the gl- end of the penis right (.) if **you** can feel if a boy
224 can feel that they need to pull it out and re roll it down to the bottom so it
225 doesn't come off it's **your** responsibility to do that the girl or the boy that **you**
226 are with would not be able to feel that (.) **you** cou- the person wearing it (.) is
227 responsible to roll it back down cos they can feel where it is on their penis

300622

261 if she's not turned on d'**you** wanna be having sex with a women that's not
262 turned on who's not therefore can't enjoy sexual pleasure (3.0) like obviously
263 th- you're gonna have a better time if both people are fully turned on and
264 fully enjoying it if the condom is on everybody can chill everybody can relax
265 everybody's like great we've got this covered we can just enjoy ourselves
266 right not like oh my god back of your mind I'm gonna catch something and
267 get pregnant potentially big worries big risks (.) yeah and like without using a
268 condom you're at risk of serious sexually transmitted diseases like HIV (.)
269 which can kill you if you don't know you've got it if you find out you've got it
270 you can take pills hepatitis (1.0) is like something you'll have your whole life

300622

271 (.) y'know same with HIV you'll have there's there's diseases that you can't
272 cure (.) or that **you** can catch when **you** ant got when **you** ant got a condom
273 on so it is like seriously (1.0) take the pressure off ha (.) erm y'know **you** can
274 just relax and if you're both relaxed you can just enjoy yourselves together

300622

277 on (.) overall the experience will be a lot better and **you** won't have that total
278 panic like the kid avi- who came to see me afterwards of like oh my god am I
279 gonna have to pay £5,000 a year and be a dad (.) y'know that's a really big
280 deal so erm now (.) when the guy's ejaculated has come there's but there's

300622

281 ejaculate in the end of it (.) yeah so the (.) after guy's ejaculated he's penis
282 will start to soften within about a minute (.) yeah **you** don't need to withdraw
283 immediately but when **you** start to feel **your** penis soften **you** need to like
284 hold the base of the condom as **you** p- withdrawing just feel for the base of it
285 (.) and hold it as **you** pull the penis out because when the when it softens it
286 also shrinks (.) right taking the condom off one of these demonstrators would
287 be completely different to taking a condom off a soft penis which has shrunk
288 be a lot easier to take a condom off a shrunk soft penis than it would be than

289 one of these which is in a permanent state of arousal (1.0) well or whatever
 290 you wanna call it [PUPIL RESPONSE] so erm (1.0) but **you** don't wanna er I
 291 mean if the if the pe- if this stays inside the woman (1.0) it's not the end of
 292 the world it's a small risk **you** can still just pull it out (.) **you** can pull it out
 293 sometimes it will come out and **you** can just k- feel it inside the **you** could or
 294 y- y- the woman can or par- partner can (.) yeah (.) so or stay inside the guy
 295 yeah (1.0) so erm yeah taking it off so it wouldn't be like that cos the penis'd
 296 be soft (1.0) very likely tsk so it'd come off and it'd be like that and it'd have
 297 like liquid in the bottom (.) **you** tie it (.) **you** tie it so that the liquid can't come
 298 out at that point **you**'ve got risk of having some kind of some ejaculate sperm
 299 on **your** fingers that if **you** then went back into a sexual situation and touched
 300 somebody's vulva they could then (1.0) that sperm could travel up into the
 301 up the vagina (.) meet an egg so wash **your** hands after **you**'ve handled (.) a
 302 used condom yeah (.) tsk I think I've covered everything there that you need

300622

310 could stretch one right over your head (.) yeah **you** don't need an extra large
 311 condom if **you**'ve got a large penis [PUPIL QUESTION] I don't wanna know (.)

300622

315 (.) if **you** had a massive penis and **you** bought why would **you** buy a small
 316 condom if **you** had a big penis [PUPIL RESPONSE] **you**'d just use a standard
 317 condom **you** wouldn't like cos **you**'d a- **you**'d have to seek one out a smaller
 318 one so **you**'d only do that if **you** knew **you** had a small penis which some men
 319 do and penis size is not related to sexual pleasure (.) like eig- did I tell ya 90%
 320 of like lesbian encounters are orgasmic (.) 36% of of straight encounters for
 321 women are orgasmic (.) yeah so actually the size of the penis is of very little
 322 imp- importance communicating curiosity being interested in what **your**
 323 partner enjoys (.) like erm encouraging honesty and them like telling **you**
 324 when they're enjoying something or not and sharing what they like and what

300622

496 scenario but it's not impossible so if **you**'re worried that somebody actually
 497 wants to get pregnant and they might have sabotaged a condom **you** could
 498 check that tsk (.) erm (.) so pinch the tip who did that (2.0) tsk yes (.) and you

300622

505 of time (.) talked about that erm and then **you** roll the condom back down if
 506 it starts to roll up the shaft of the penis [PUPIL RESPONSE] if the girl becomes
 507 aware of that or the boy if it's er two boys (.) then er or man or woman (1.0)
 508 then they can like oh can we just y- it's fine to say can we just check can we
 509 just check the condom's on properly (.) it's fine **you** just or just one of you pu-
 510 y'know the guy pull it out check it's and roll it back down yeah [PUPIL

Nelson Park School - penis-coded 'you' in the context of vasectomy

300622

73 don't want any more children ah interestingly **you** can get vasectomies

74 reversed so sometimes if somebody meets a new partner and they decide

300622

94 straightforward a vasectomy a vasectomy **you** don't even have to go into

95 hospital it can be done at a doctor's surgery it's like about a a thirty minute

Nelson Park School - other instances of penis-coded 'you'

140722

98 pulling out (.) so **you** could like have penetrative sex with somebody in the

99 vagina [PUPIL RESPONSE] erm and get close to coming but pull out (.) and

140722

180 together what feels nice [PUPIL RESPONSE] oh no **you** need to have some

181 movement (2.0) patch another hormonal one the patch [PUPIL RESPONSE]

182 and the IUD there's the copper coil (.) [PUPIL RESPONSE] yeah (.) the coil (.)

183 **you** need t- **you** need some friction on the penis to ejaculate (.) [PUPIL

184 RESPONSE] if **you** just stayed still **you**'d be unlikely to ejaculate [PUPIL

185 RESPONSE] I'm just gonna let you go away and experiment for that for

186 yourself y'know you a- might find out yourself (2.0) okay [PUPIL QUESTION]