

Planning a System of Services  
for Unmarried Mothers in Boston

by

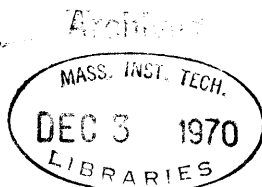
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ABSTRACT

The system of agencies which serve unmarried mothers in Boston and Cambridge is not dealing effectively with the problem that exists. Illegitimacy is rising and sexual and social mores are changing, while social workers' attitudes remain the same.

The agency system is divided in two parts. Welfare and the public hospitals handle poor and black women, giving them minimal services, while private agencies, primarily concerned with adoption, cater to middle-class, white women. The black women are expected to keep their infants; whites are expected to release theirs.

This traditional pattern is now being questioned. The private agencies are being asked to take in the poor. Birth control and abortion are increasingly robbing the agencies of middle-class white clientele, and many of those who remain are choosing to keep their infants. Clients, including more poor blacks and some white "feminists," are less accepting of traditional casework techniques which treat illegitimacy as a neurotic pattern, to be helped through psychotherapy.

## ABSTRACT (continued)

We recommend an overhaul of the agency system. First, "illegitimacy" should be abolished as a legal concept and unmarried mothers destigmatized as much as possible. Second, women should be given free access to birth control and abortion. Third, women who become unmarried mothers should be given adequate financial support. Finally, we envision a comprehensive system of services, housed in local neighborhood Mothers' Centers, which would meet the needs not just of unmarried mothers but also of any other mothers. Integrating unmarried mothers into this larger group will help lessen the stigma and hardships they face.

The information in this thesis comes from reading and from interviews with agency workers and unmarried mothers.

Thesis Supervisor: Herbert J. Gans

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## Chapter 1

Introduction

As long as there have been socially sanctioned ways of forming families, families formed outside those limits have been subject to disapproval. Through history societies' attitudes towards "illegitimacy" have depended mostly on the society's morality and religion, and on whether the society was monogamous or polygamous.<sup>1</sup> The ancient Hebrews, who were polygamous, drew no distinctions between bastards and in-wedlock children. In ancient Rome, which was strictly monogamous, out-of-wedlock children were severely disadvantaged. Attitudes loosened during the Classical Roman period, as concubines became more socially acceptable, and their children were given certain rights. The advent of Christianity, with its abhorrence of illicit sex and its concern for the family, took these rights away again, and patterns of inheritance during the Feudal ages reinforced the necessity to preserve the monogamous family.

The legal status of the illegitimate child as

"filius nullius" (nobody's child) was preserved in English common law, and carried over to our own society, where illegitimate children and their mothers have been subject to discrimination and serious hardships. In most recent times illegitimacy has been connected with other social problems, complicating the issue still further:

"Illegitimacy" like "crime in the streets" is becoming a substitute in many minds for the "Negro problem," and there are signs that a new official toughness over illegitimacy in some communities is actually aimed at the Negroes.

Thus when Louisiana and Mississippi recently made it a crime to have two illegitimate children, and a Maryland judge ruled that unwed mothers must practice birth control or lose custody of their children, Negro leaders saw the actions as being aimed primarily at their race.<sup>2</sup>

Starting as early as 1800, a group of formal social agencies developed in Boston to help unmarried mothers and their children. As we will show in Chapter 4, these agencies have been influenced by changing attitudes towards illegitimacy, and by changes in their sources of funding.

Right now the private agencies are facing a special crisis which they are ill equipped to meet. The illegitimacy



rate is rising, and standards of service are changing, requiring the agencies to reach out to a large number of poor and black unmarried mothers who have never before received services. The traditional services offered by the agencies, adoption and counseling, are not appropriate for these new clients, who keep their infants and are plagued by all the hardships of poverty and racial discrimination. At the same time the agencies are losing their traditional white middle-class clientele who are increasingly using contraceptives to avoid illegitimacy.

This thesis is an attempt to analyze the agency network in Boston and Cambridge as it now exists, and to see how it is handling the new demands being placed on it. We will present data from interviews with agency workers and unmarried mothers to show what services the agencies offer, how they function and who their clients are. We will examine agency workers' attitudes towards their clients, and the clients' attitudes towards the agencies. We will see how the agencies are handling the increasing demand for birth

control and abortion. Finally, we will present our own recommendations for a service system to meet the needs of unmarried mothers, and of all mothers in need of similar services.

### Methodology

The data for this thesis comes from interview with representatives of agencies which serve unmarried mothers, interviews with unmarried mothers, a survey of the literature on the subject, and informal discussions with other people peripherally involved with the field.

During the winter and spring 1969-1970 we interviewed representatives of 25 public and private agencies devoted wholly or partially to working with unmarried mothers. Our basic list was taken from the United Community Services Project on Unwed Mothers. Our sample covers virtually all the agencies in the Boston and Cambridge area, and one in Concord. We also included Planned Parenthood and Pregnancy Counseling Service, which work with contraceptive and abortion counseling, although these agencies are not generally considered part of the network serving unmarried mothers.

We had one interview at each agency (two at one agency), generally with the Director of small projects, and the head social worker or supervisor of Intake at larger agencies. All our respondents were white women, except one white man and one black woman. All but three (including Planned Parenthood and Pregnancy Counseling Service) were professional social workers. Our questionnaire (see Appendix 1) was very long, and we tried to get additional interpretive material when possible. Interviews averaged 1 - 1½ hours, though some were cut a bit short. We confirmed statistical data from the interviews whenever possible from Annual Reports of the agencies and larger studies of the agency network.

We conducted seven interviews with unmarried mothers, and spoke informally to several others. We did not follow any form in our interviews, but tried to get the history of each woman's pregnancy, her experiences with the agencies, her feelings about the experience, and other ideas she had about illegitimacy and the needs of unmarried mothers. Our sample is not representative

of unmarried mothers in general, since our contacts were made through friends and by chance, all in Cambridge. The women we interviewed were generally older and better educated than the average and all seven were white. One was still pregnant, and five of the remaining six had kept their infants. These interviews averaged two to three hours each, and were enriched by friendships which in several cases developed between the women and us.

Chapter 1 - Footnotes

1. Zukerman, Karl D., "Social Attitudes and the Law", The Double Jeopardy, The Triple Crisis: Illegitimacy Today, National Council in Illegitimacy, N.Y. 1969, p. 70.
2. Graham, D. "It's Tough to be Illegitimate," New York Times (March 31, 1968).

## Chapter 2

## Illegitimacy in the United States and in Massachusetts

Illegitimacy in the United States

It is hard to trace the history of illegitimacy in the United States. Although we know that it existed at the time The Scarlet Letter was written, the first fairly reliable national statistics on rates of illegitimacy were gathered only in 1938. In 1940 there were 7.1 reported births per 1,000 unmarried women of child-bearing age in the United States, or 89,500 births. The rate rose rapidly during the Second World War, fell during the 1950's, and rose rapidly again during the 1960's to a rate of 23.9 in 1967, or a total of 339,200 illegitimate births in 1968.<sup>1</sup>

It is difficult to account with any certainty for these rises and falls. Most interesting is the general rise in illegitimacy which has taken place since 1940, despite the increasing use of birth control. One possible explanation is that sexual freedom has increased in some groups since 1940, while abortion has until recently remained primarily illegal and difficult to obtain.<sup>2</sup> Fecundity has increased among all women, and

especially among the poor and non-whites, due to the reduction of sterility caused by venereal disease. Attempts have been made to link rising illegitimacy rates with increasing mobility and migration to urban areas, but so far no convincing statistics are available.<sup>3</sup>

There is a consciousness among workers in social agencies which serve unmarried mothers that illegitimacy is increasing, both in absolute numbers and in rate. Few social workers, however, are aware of details within this generalization which could be very important in forming agency policy. While overall rates are rising, for instance, rates for some groups of women are falling. The women whose rate is rising most are teen-agers, black and white, whose rate of illegitimate births per 1,000 unmarried women rose from 7.4 in 1940 to 15.3 in 1960, and to 18.6 in 1967, and who now account for 45% of all illegitimate births. The only other group to experience a rise is white women 20-24 years old, whose rate rose from 5.7 in 1940 to 18.2 in 1960, and to 23.1 in 1967.<sup>4</sup> The rise in teen-age illegitimacy is probably due to increasing sexual activity without a concomitant increase in use of birth control. The rise among white women in their early twenties might reflect a decrease in the

stigma attached to illegitimacy, and an increasing willingness to bear and keep an illegitimate child (instead of marrying or releasing the baby) as well as a rise in sexual activity.

Just as interesting and little known are the statistics showing decreasing illegitimacy rates in other groups of women. Rates for women 25 years old and older have dropped from their 1965 high. The greatest drops can be seen among non-white women.<sup>5</sup> Their illegitimacy rate began to decline in 1960, and the rate for non-white women 25-29 dropped from 171.8 per 1,000 unmarried non-white women in 1960 to 118.4 in 1967. Even for non-white women 20-24 years old the rate dropped from 166.5 in 1960 to 128.2 in 1967.<sup>6</sup> These decreases can probably be attributed to rising incomes, increasing urbanization of blacks, and increasing access to birth control.<sup>7</sup>

It is generally recognized that black women bear proportionately more illegitimate children than white women. What is often forgotten, however, is that socioeconomic level is a better predictor of the outcome of extra-marital and pre-marital conception than race is. More marriages among the poor are precipitated by a pregnancy than among the rich. More than 37% of women



in families earning less than \$3000 per year were pregnant when married, as compared with 8% in families with incomes over \$10,000.<sup>8</sup> This does not imply that fewer illegitimate conceptions occur at higher income levels; only that in the higher income group abortion is more available. Paul Gebhard claims that for every 100 premarital coituses among middle-class white girls, one child is born out of wedlock, compared with 17 births for lower-class black girls. This phenomenon of "disproportionate delivery" is due to the greater use of contraceptives among the middle class, and the fact that of those who do conceive and do not marry, 90% of the middle-class whites have abortions, compared with 30% of the lower class blacks.<sup>9</sup> The higher rate of illegitimacy is thus fully explainable by the lower income level.

Illegitimacy in Massachusetts

The statistics on illegitimacy show only part of the picture. The agencies in this field profess their concern not only for illegitimate children, but also for the unmarried mothers and their physical and psychological health before, during, and after pregnancy. In this context we must not limit ourselves to studying unmarried mothers and their children. We must see an illegitimate child, rather, as one possible outcome of a conception which occurs outside marriage. As a matter of fact, many more such conceptions end in children legitimized by hasty marriages, or in abortions. Social workers we interviewed agreed that abortion can be more dangerous psychologically and physically than illegitimate childbirth, and that marriages occasioned by pregnancy are often unstable. But no organizations exist to help women considering or choosing the alternatives of abortion or hasty marriage. Illegitimate conceptions are not officially recognized or dealt with until they promise to produce a living, illegitimate child, at which point the agency network takes over.

It is easy to understand how this practise grew up. People have traditionally tried to hide premarital

conceptions. Abortion has been illegal except in certain circumstances, and it has also been considered something to hide, even if obtained legally. Illegitimate births must be dealt with more openly: this has led to the development of the agency network, which has not had to concern itself with other possible outcomes of conception.

A brief review of the figures on the outcome of illegitimate conceptions in Massachusetts, however, shows how insufficient the scope of the agencies is in caring for women "in trouble" because of an illegitimate pregnancy. The statistics we will present cover all of Massachusetts, although our agency sample only covers Boston and Cambridge. We have chosen statewide statistics because statistics are not kept on a metropolitan basis, but are fairly reliable statewide. Also, while illegitimate conceptions occur throughout the state, most of the services are centered in Boston. Almost all the abortions are done in Boston, and many women are sent into the city to deliver. Thus Boston is faced with a state-wide problem.

Although our tabulation is approximate at best, it suggests some interesting comparisons. We have included legitimate and illegitimate conceptions, hoping to show

the proportionate size of the problem we are dealing with. Illegitimate live births end only 5% of all pregnancies, while 8% end in hasty marriages, and fully 17% in illegal abortion. It would seem from these figures that the agencies are failing to deal with a large part of the problem, and do not even offer help to many of those most in need of it.

In 1968 there were 94,048 live births in Massachusetts.<sup>10</sup> The normal death rate of fetuses over 20 weeks is 15.5 per 1000 live births, adding about 1,457 to the number of conceptions in Massachusetts.<sup>11</sup> Current estimates for illegal abortions in the United States range from 500,000 per year to 1,500,000. Pregnancy Counseling Service, in conjunction with the National Institute of Mental Health and the Association for the Study of Abortion in New York, estimates 1,000,000 illegal abortions per year in the United States, and 20,000 in Massachusetts. In statistics gathered from Massachusetts hospitals Pregnancy Counselling Service estimated that 2,000 legal "therapeutic" abortions are also performed each year in Massachusetts. Adding 22,000 to the previous conception estimates, we find about 117,505 conceptions per year in Massachusetts, or one abortion for

every  $4\frac{1}{2}$  live births.

The HEW 1964-66 National Natality Survey previously quoted estimated that about 1/3 of all married couples with children were married after the conception of the first child. (One third of all first-born are conceived before marriage, but only one out of seven is actually born out of wedlock.) In Massachusetts in 1968 there were 45,528 marriages. Estimating 20% childless marriages, about 1/3 of the remaining 36,423, or 12,141 marriages, probably took place after conception. Correcting for income, since Massachusetts is a relatively wealthy state and premarital conception followed by marriage is more prevalent at lower income levels, we estimate 10,000 marriages in Massachusetts in 1968 where a pregnancy was involved.

There were also 5,578 actual illegitimate births in Massachusetts in 1968.<sup>12</sup> When tabulated, the statistics look like this:

Results of Conception, Massachusetts 1968

<u>Conceptions</u>	Live births	94,048
	Abortions	22,000
	Fetal deaths over 20 weeks	1,457
	Total conceptions	117,505

Outcome of Conceptions:

<u>Category</u>	<u>Number</u>	<u>% of total Conceptions</u>
Legitimate live births	78,470	67%
Illegitimate live births	5,578	5%
Conception legitimated by marriage	10,000	8%
Fetal deaths after 20 weeks	1,457	1%
Legal abortion	2,000	2%
Illegal abortion	20,000	17%
Total conceptions	117,505	100%

Chapter 2 - Footnotes

1. U. S. Department of Health, Education and Welfare, (HEW), Trends in Illegitimacy, United States 1940-1965, National Center for Health Statistics, Series 21, No. 5, 1968, p. 4.
2. Alfred Kinsey, however, in his sample of women born between 1890 and 1930, found that 88-95% of premari-  
tal conceptions were ended by induced abortion.  
Kinsey, A., "Illegal Abortion in the United States,"  
in R. W. Roberts, ed., The Unwed Mother, N.Y. Harper  
and Row, 1966, pp. 196-8.
3. U.S. Department of HEW, Trends in Illegitimacy, op.  
cit., p. 16.
4. Ibid., p. 4.
5. Statistics on illegitimacy, especially among non-  
whites, are misleading because of a large number  
of common-law marriages. A study done in New York  
in 1956-7 found that 67% of a sample of Puerto  
Rican women delivering at Mount Sinai Hospital  
were living with the putative father at the time  
of conception. William Rashbaum, M.D., et al,  
"Use of Social Services by Unmarried Mothers",  
Children, January-February, 1963.
6. U.S. Department of HEW, Trends in Illegitimacy,  
op. cit., p. 4.
7. Osofsky and Furstenberg, among others, hold that  
black women accept birth control willingly when it  
is available to them. It is also commonly accepted  
that birth rates - legitimate or illegitimate -  
decline as people become wealthier and more urbanized.  
This has been true of blacks in the United States.
8. U.S. National Natality Survey, 1964-6, quoted in  
the New York Times, March 9, 1970, p. 1.

Chapter 2 - Footnotes (continued)

9. Paul H. Gebhard, et al, Pregnancy, Birth and Abortion  
N.Y. Harper and Row, 1958, p. 28.
10. State Department of Vital Statistics.
11. U.S. Department of HEW, Trends in Illegitimacy,  
United States 1940--1965, National Center for Health  
Statistics, Series 21, No. 5, 1968, p. 20.
12. Massachusetts Department of Vital Statistics.



## Chapter 3

The Clients

In Chapter 2 we briefly described the recent statistical history of illegitimacy, and how the incidence of actual illegitimate births fits into the larger picture of illegitimate conceptions, which can be handled in any one of several ways by the women involved. In this chapter we would like to describe more specifically the women who are actual or potential clients of the system of agencies we have studied - women who actually became unmarried mothers.

This client population is in a state of flux right now. Agencies are beginning to handle lower- and working-class women, black women, and women who keep their babies in much larger numbers than they have before. With the advent of birth control, the improved accessibility of abortion, and the easing of stigma, more middle-class women, the traditional clientele of the private agencies, are either avoiding illegitimate conception, or deciding to keep their babies if they do conceive. These trends are putting severe strains

on the agencies and causing changes within them which we will describe in some detail later on. For now we would like to describe the client population of the agencies as it presently exists.

### The Client Population

Of the approximately 5,000 women who bear illegitimate children in Massachusetts each year, up to 4,000 deliver in the Boston metropolitan area.

Two major pieces of research have been done in the area of services for unmarried mothers over the past eight years. United Community Services sponsored a large study of 24 agencies serving unmarried mothers in the Boston metropolitan area over nine months in 1962. The results, compiled in Help for the Asking (1964) (referred to hereafter as "UCS") give a detailed picture both of the actual unmarried mother population and of the services offered to the women.

A second study, published by the Massachusetts Committee on Children and Youth in 1967 (referred to hereafter as "MCCY") examined the intake procedure at child welfare agencies in metropolitan Boston. The

data are from 1964, and cover problems of children and parents as well as specifically unmarried mothers. Thirteen agencies participated for a period of five weeks.

Both UCS and MCCY covered illegitimate births in the Boston metropolitan area, but their statistics differ considerably. UCS estimated illegitimate births in this area as 1,532 or slightly higher per year. Of these, three quarters of the mothers were white, one quarter black.<sup>1</sup> Thirty-four point eight percent were under 20 years old, and another 37.8% were 20-24 years old. Fifty-nine percent were Catholic, 36% Protestant (82% of blacks) and 4.4% Jewish. One fifth were in school, over one fifth unemployed, 12% keeping house, and about 48% working, mostly in clerical or sales work (the blacks in service trades). Four-fifths had never been married, and for two thirds of the white and 45% of the blacks this was a first pregnancy. Very little was known about the putative fathers.<sup>2</sup>

MCCY estimated 4,000 illegitimate births in the metropolitan area each year. Only 2,000 of the women involved, however, were included in any sort of agency

program, or given any help. Although UCS estimated that 95% of black mothers and 47% of white mothers, mostly from poor or working-class families, keep their babies, MCCY found that the agencies hardly served these women at all. Eighty-one percent of requests for agency service were for adoption. Fifty-five percent of the mothers came from white-collar families, sixty-two percent of whom lived in the suburbs or "middle-class Boston!" Eighty-nine percent of the clients were white.

The women who actually do contact social service agencies are then further divided by race and socio-economic level: the poor and the black are channeled through public agencies, and the wealthy and white through private agencies.

UCS divided the public agencies (primarily Boston City Hospital and the Department of Public Welfare) from the private agencies and showed how their clientele differed. Almost two-thirds of the white mothers first contacted private child care agencies or maternity homes. Many were served by two agencies (50.2% of this group) and 72% released their babies. Sixty-two percent received casework from the original agency contacted.

Ninety percent of the black women first contacted a public agency - 66% Boston City Hospital Social Services. Most received no other service. Only 23% received casework, and almost all of them kept their infants. The respondent at Boston City Hospital told us that, until very recently, the Division of Child Guardianship refused to accept "unadoptable" infants for foster care or adoption - and this included almost all black infants. Black mothers, however unfit, were forced to keep their infants or risk criminal prosecution for abandonment.

Although the services received by different groups of unmarried mothers differ widely, the population of unmarried mothers in the Boston area is not so different from the general population, except that it is weighted at the lower economic levels. Women with money are more likely to have abortions, or leave town to deliver the baby in secrecy - though many women in this position also come to Boston from other cities to deliver. Most of the Boston women are still white, Catholic, and young, though there are also many middle-class white Protestants

and lower-class blacks. A full range of unmarried mothers exists for the agencies to deal with.

#### Our Sample of Unmarried Mothers

Besides the statistics from the UCS and MCCY reports, our information on the agencies' client population comes from our interviews with agency personnel, from our more general reading, and from interviews with a very limited number of unmarried mothers. Our sample is both small and biased.

In designing our research, we decided our energy would best be spent examining the agencies, rather than selecting a representative sample of their clients. The women we finally interviewed were ones referred to us through friends, and one seventeen-year-old we met on the street in need of help. This sample is varied, but largely middle-class and better educated than the average unmarried mother. Missing are lower-class and black women, whom we would have had to reach through agencies, and who, we feel, are too often subjected to graduate student research projects. We tried to remedy this deficiency by attending a conference in Washington,

D.C. on "Parenthood in Adolescence" in January, 1970, where discussions and panels included one panel of 11 teen-age lower- and working-class women, all but three black, who discussed the problems they had faced as unmarried mothers. The views of these women, supplemented by readings, were very informative.

The women we did interview at length - seven in all - were helpful both in the experiences they related, and in their own thoughtful views on the problems of unmarried mothers. Two were married when interviewed, to men other than their child's father. One was still pregnant; of the other five who had kept their babies, the babies ranged from nine months to three years old. The pregnant woman was seventeen; another had been seventeen at the time of her child's birth. The others had given birth at between 19 and 27 years old, a relatively old group. Two were college graduates, two are now in college; one was Catholic, one Jewish, and five Protestant; two were British. All but one accepted welfare at some time during or after pregnancy. All had been separated from their parents for years, except one of the seventeen-

year-olds, who was sent away when her pregnancy was discovered. All of them were criticized to varying degrees by their parents, except one British woman who released her baby and never told her parents about its birth.

Of the seven women, one conceived on purpose. The two seventeen-year-olds had never used contraceptives, because of ignorance, and one of them conceived less than two months after bearing another illegitimate child which died at birth. Of the remaining four, all had used contraceptives previously, and one had had an abortion. Two claimed contraceptive failure, and two admitted carelessness. Only one of the seven wanted an abortion - the seventeen-year-old from a Catholic family who hid her pregnancy even from her parents until her seventh month. In this respect the sample is also biased; these women generally had access to abortion, but refused it, deciding to bear and raise their children by choice. For many unmarried mothers, including many who release their babies, abortion is not an option. Considering the numbers of women in Cambridge who get abortions, this



sample seems even more selective - including only those women who actually chose to bear and raise their children, regardless of their marital status.

Finally, this is a feminist group, although none have rejected men altogether. Four are actively involved in Women's Liberation. As a group they are critical of the nuclear family and the role of women in it. For their own present and future families they hope to find a better way of life - an attitude which has not endeared them to social workers in their paths.

#### Types of Clients

It is hard to categorize groups of people without belittling their individuality and creating stereotypes which can be used against them - particularly people who have already been stigmatized for their behavior. Typologies of unmarried mothers have been especially harmful in this way, creating public images of amoral, lazy "Welfare mothers" or "neurotic" adolescents.

It is important, however, to understand who the clients of the agencies under study are in order to plan for them. Our questionnaire included questions on

agency clientele in the categories of age, race, socio-economic level, religion, residence, month of pregnancy first seen in, and decision to keep or release the baby. We also gathered information from reading and from interviews with our sample of unmarried mothers. Since most of our data consists of estimates and impressions rather than real statistics, we can best show the data in the form of generalizations, or descriptions of different types of unmarried mothers. These pictures are not meant to be precise or to cover the total range of unmarried mothers, who are as varied as any other women. The typologies are rather meant to be suggestive of types of clients services might be designed to help.

Age and socio-economic level seem to be the most important characteristics by which to classify unmarried mothers in Boston. USC showed that 34% of Boston unmarried mothers - both white and black - were under 20 years old, lower than the national figure which was then (1962) 41% and is now 45%. Although there are no figures on socio-economic levels for unmarried mothers as a whole in Boston, it is probable that well over

half come from low-income families.<sup>3</sup>

The first group, then, consists of teen-age lower- and lower working-class women from poor families, white and black. There is some agreement that these women generally do not use contraceptives. Ignorance, fear, and a sense that sex is evil prevents their admitting that they are involved in sexual relationships - a prerequisite for using contraceptives. Although early sexual relationships seem to be more acceptable among blacks than among whites, few of either race use birth control at this age. These women seldom have access to abortion. They often hide their pregnancy as long as possible. The white women usually either marry the child's father (they are often forced to by their parents) or bear the child, either to keep it or, more often as their economic level rises, to release it for adoption.

The black teen-age women also often marry, but almost all of them keep their infants whether or not they marry. Traditionally, they have not had the opportunity to place their children, because there have not been adoptive homes for them.<sup>4a</sup> Such homes are now

becoming available, and some black women are releasing their babies. But this trend is possibly being offset by the increasing feasibility of supporting an infant on Welfare, which is lowering the number of black women of all ages who are forced actually to abandon their children for lack of means of supporting them. Some of the white teen-age women at the lowest economic levels go to maternity homes, particularly if they intend to release their babies, but almost none of the black women do.<sup>4b</sup>

Older women (over 21) from poor families are more independent than teen-agers. They more often turn to abortion, and it is probable that many of the dangerous or self-induced abortions which end up in a hospital ward are performed on women at the lowest economic level, since few have the resources or knowledge to get through the procedure necessary to qualify for a "therapeutic" abortion.<sup>5</sup>

Women over 21 and "emancipated" women (women whose legal domicile is separate from their parents' or guardian's) have the option of receiving Welfare to maintain their own home. This allows these women the

means to keep their babies without depending, as most teen-agers must, on their parents to take them into their home. It also provides an alternative to marriage for the woman wishing to leave her parents.

Teen-age women from middle-class or upper-class families, urban and suburban, are increasingly likely to have abortions, with their parents' permission, unless they come from Catholic families.<sup>6</sup> The likelihood rises with economic level and education. Agencies report a decreasing supply of white infants for adoption, and maternity home applications are dropping. Some of these women marry, but with the divorce rate for teen-age marriages now at 50%, parents no longer see hasty marriage as a panacea.<sup>7</sup>

The newest and (to us) most interesting group of unmarried mothers is the group which predominates in our sample. They were mentioned by all the agency respondents in our sample as a group which, while still small, is presenting new and difficult problems to the agencies. These women are middle- and upper-class, of college age or older. Traditionally they have released their infants if they have not married; now

most of them are using contraception. A number (which according to the social workers is growing) are now choosing to have their babies and keep them to raise alone.

The stigma on an unmarried mother at this class level has traditionally been severe, and in most families it still is. Most of the older women who wish to keep their babies choose to live alone, with friends, or with the child's father (or other man). Usually they support themselves, though lack of childcare facilities usually forces them to stop work and accept Welfare after the child's birth. These women, most numerous in Cambridge, but also common in Boston, were referred to by one agency respondent as "feminists" - a new breed of women who do not think of marriage as a "solution" to a "problem pregnancy," but rather as a serious and often undesirable social contract.

#### Needs of Unmarried Mothers

Discovering and interpreting the "needs" of any client group is a crucial step in planning services within a social agency. There are various ways of

discovering these needs. Surveys of client populations can be made, samples drawn, and present workers and clients asked their opinions, among other methods. We have tried three different ways. First, we asked our sample of unmarried mothers what their needs were during and after pregnancy, and combined answers to these questions with other information from our interviews with them. Second, we reviewed from the UCS and MCCY reports what clients requested when they first came to the agencies. Third, we asked our agency respondents what their clients requested at Intake. The last two of these methods do not show the real needs of unmarried mothers; they are biased by various factors within and beyond the agencies' control, including what services are actually offered by the agency, and the clients' and public's ideas of what services are offered by the agencies, all of which help determine who comes to the agency.

Conclusions drawn from a biased sample of unmarried mothers and biased agency information is necessarily inexact, but it is the best we have. First we will review conclusions drawn from our interviews with unmarried

mothers and from our reading.

Money and medical care are certainly first priorities for most unmarried mothers. Except for independently wealthy women and those being supported by families or men who do not desert them, most women find they need help meeting medical and living expenses. Usually they do not work at the end of the pregnancy, because of their own desire for secrecy, and restrictions against pregnant women working.<sup>8</sup>

Of the seven women we interviewed, six were forced to receive help from Welfare or Medicaid at some time despite their willingness to work. Financial help was the principal service these women wanted, on a par with medical help. Living on their own, these women could not depend on their parents to pay their expenses, as many younger women do. Three of them made their first agency contact with a hospital, looking for help with medical expenses. Two made their first contact with Welfare, one during pregnancy, and the other after her child was born and its father had left her. One tried various agencies looking for work or living arrangements after she



was fired from her lucrative job. Only one of the seven actually sought personal counseling, and this was the seventeen-year-old whose older sister was handling all other arrangements.

Among the sample of Washington teenage mothers the needs expressed most were for continued schooling and day-care for their children. But at the time of their children's birth, Welfare and medical care surely took precedence.

Among services for after delivery, and second-level priorities, the mothers in our Cambridge group overwhelmingly chose day-care. They also wanted informal discussion groups of unmarried mothers established where women could form friendships and exchange experiences.

Another service mentioned by the women was nursing and child-care help for the unmarried mother directly after delivery. This service exists for all mothers in England and Scandinavia. Daily visits from qualified nurses and homemakers help and comfort the new mother, and ensure the health of both mother and child.

The information from agency reports on what services were requested by the unmarried mothers gives a very different picture. The MCCY report shows that the private agencies are almost exclusively geared to providing adoption services, and that most requests to these agencies are for adoption and counseling. For its sample of 13 agencies (which included the Division of Child Guardianship but not the Welfare Department) fully 81% of the unmarried mothers, 89% of whom were white, requested adoption services. The others requested "environmental services" for the mother, foster care for the child, or just counseling. The bias in the clientele caused by what services the women could expect to receive can be seen from the services they did receive: 60% got help with adoption, 9% with "environmental services" and 15% only counseling.<sup>9</sup> UCS, by contrast, states that of those who went to public agencies, only 3% received adoption services.

Answers to question #20 on our questionnaire, "What services do most of your clients come here looking for?" corroborated the results of the MCCY report. Apart from medical care, which was mentioned in first priority

by the hospitals, the agencies (including the Division of Child Guardianship) still seemed to think in terms of adoption. "Planning for the child" and "adoption planning" were mentioned fifteen times together, in first place for eight agencies. "Planning for the child" is the modern version of adoption planning, where during counseling the social worker encourages the prospective mother to evaluate her position and "reach a decision" about keeping or releasing her child. This terminology is favored in the more progressive agencies, while the smaller, more conservative ones still talk in terms of adoption.

Financial aid was mentioned only at Project Somerbridge which is connected with the Welfare Department, and Boston Children's Service, which has a fair amount of private funds to distribute among its clients. The role of Welfare as provider of financial aid seems to be well established (we will explain the reasons for this in Chapter 4) and the private agencies make no claim to offering this service.<sup>10</sup>

Other services the agencies noted the women

requested were: help with housing (4), a "place to hid away" (2), marriage counseling (2), schooling (3), "psychological help" (1), "general orientation" in the agency network (1), and abortion counseling (only Planned Parenthood and Pregnancy Counseling Service.)

The needs of any individual unmarried mother are not likely to be separated in her mind. She might need money, medical care, housing, adoption planning, or therapeutic counseling. By the time she gets into the agency network however, it seems that her needs have been sorted out, and that she has been guided to the agency which will fulfill her needs. While this process might function adequately in an ideal society, what it actually means in our society is that women's "needs" are structured by the agencies which handle them.

Chapter 3 - Footnotes

1. There are surely many more black unmarried mothers now, since the black population of Boston is said to have jumped from 10% (1962) to almost 25% (1970). (estimate by Tom Atkins, City Councilor)
2. United Community Services, Help for the Asking, Boston 1964, p. ii.
3. Twenty-five percent come from black families, most of which are low-income, and much of Boston's Catholic population is also relatively poor. Higher income women are more likely to have abortions.
- 4a. Black families have been prevented from adopting by traditional state requirements. By middle-class standards their incomes are often too low, and their housing inadequate. Parental education may be lacking, and the mother may work full or part-time. One-parent families are seldom considered for adoptive placement. These standards are now being reconsidered. (Families for Interracial Adoption is also trying to recruit more white families to adopt black infants.) Howard J. Osofsky, M.D., The Pregnant Teen-ager, Charles C. Thomas, Springfield, 1968, p. 57.
- 4b. The extent to which middle-class oriented social workers discount the fact that maternity homes are not used by the poor and black can be seen in this quote from a nun, "When marriage is ruled out as the immediate solution to the out-of-wedlock pregnancy, then either a maternity home or private foster care is usually decided upon!" (emphasis mine) Sister Margaret Mary, D.C. "Contributions of Social Work to Services for Unmarried Parents" in Effective Services for Unmarried Parents and their Children: Innovative Community Approaches, National Council on Illegitimacy, N.Y., 1968, p. 65.

Chapter 3 - Footnotes (continued)

5. Abortion is the greatest cause of maternal mortality. In 1962-63 the abortion death rate was 11.5/10,000 live births for all single mothers, in contrast to 1.8/10,000 live births for all married mothers. 60% of deaths among non-white unmarried mothers, and 80% among white unmarried mothers, are due to abortions. Jean Pakter, M.D. and Freda Nelson, "The Unmarried Mother and her Child", Illegitimacy: Data and Findings for Prevention, Treatment and Policy Formation. National Council on Illegitimacy, New York, 1965, p. 40.
6. Pregnancy Counseling Service now estimates that one third of its clientele is Catholic, and reports that many women, especially young ones, are brought in by their parents, who insist on abortion.
7. "Several studies have shown that from one third to one half of teen-age marriages are complicated by pre-marital conception. One out of every two teen-age marriages ends in divorce within a few years, and the rate of separations (legal and unofficial) is two to four times that for older couples," Maurine Labarre "The Triple Crisis: Adolescence, Early Marriage and Parenthood" in The Double Jeopardy, The Triple Crisis: Illegitimacy Today, National Council on Illegitimacy, N.Y., 1969, p. 10.
8. In Massachusetts a woman cannot work legally during her eight final weeks of pregnancy.
9. William Ryan and Laura B. Morris, Child Welfare Problems and Potentials: A Study of Intake of Child Welfare Agencies in Metropolitan Boston, Massachusetts Committee on Children and Youth, Boston, 1967, p.18.
10. All the agency representatives professed readiness to refer women to Welfare, but at least one adoption agency contacted by a woman in our sample allowed her to leave with her baby and \$50 in her pocket without suggesting Welfare as a resource - hoping, this woman thought, that she would decide out of desperation to release her baby.

## Chapter 4

The AgenciesA Brief History of the Agencies

The agencies included in our study and the social workers who run them have a long history. Most of the private agencies started during the 1800's as charitable institutions. Boston Children's Service opened in 1800 to provide care for orphans and neglected children. The New England Home for Little Wanderers opened in 1865, Avon Home in 1873, and the Catholic Charitable Bureau in 1903. The public agencies also started early. The Division of Child Guardianship was formed in 1919, but its program of foster home care was already functioning as the State Board of Charity, which opened in 1863.<sup>1</sup>

These early agencies were staffed by volunteers who wanted to care for the poor and unfortunate. The original social workers were known as "friendly visitors" who dealt with a wide range of problems. They counseled those needing advice, dispensed small grants

of money, and helped care for children or find jobs for adults. Their principal qualifications were "efficiency, tact, and humanitarianism".<sup>2</sup>

The "golden age" of the charitable institutions came directly before and after World War I. Amounts of money from both private and public sources grew steadily, and social workers began to see themselves as professionals. Mary Richmond's Social Diagnosis was published in 1917, marking the beginning of the modern casework technique, in which each client is seen as an individual with a problem, and emphasis is put on the "worker-client relationship." After the First World War "the psychiatric deluge" hit social work, and Freudian concepts were incorporated into casework. Social historian Kathleen Woodroffe reports that clients were now asked to seek self adjustment through sublimation or repression:

Whereas in the period from 1900 to the First World War, the caseworker, faced with the problem of man's adjustment to his social environment, had been concerned primarily with the environment and the possible ways in which social action could repair individual failure, now in the post-war



years, it was assumed that if adjustment was not achieved the individual was to blame."<sup>3</sup>

As psychotherapeutic techniques were accepted into casework, social workers were also organizing and beginning to see themselves as professionals with specific counseling skills. The National Social Workers Exchange was organized in 1917, and by 1930 four different social work organizations accounted for slight less than one third of the social work labor force. The primary concern of the organizations was to differentiate between "professional" social workers (who were paid) and volunteers.

The Depression proved to be the turning point for social workers and their agencies. During the early 1930's it became clear that private and public charitable organizations were no longer sufficient to meet the needs of the poor and the rapidly expanding group of unemployed. The Federal Emergency Relief Administration was formed to give unemployment benefits to the able-bodied unemployed and assistance was granted in 1935 to the aged, dependent children, and the blind. Since 1935 the Bureau of Public Assistance has passed

from one governmental department to another, finally to land under the Department of Health, Education and Welfare in 1963. Funds have been supplied under public auspices to meet the needs of the poor, whose numbers have been increasing. The category of Aid to Dependent Children has expanded especially fast in the past two decades, and its composition has generally changed from families of white widows and orphans to female-headed families, white and black, formed by divorce, separation, or illegitimacy.

Turning financial relief over to public agencies caused a crisis within the private agency system. The private agencies could not compete with the government in giving money to clients, so they began to stake out a different territory for themselves. They turned to counseling, and made their specialty dealing with marital, family and individual problems, including work with children and adoptive placement for illegitimate children. They disassociated themselves from the growing public welfare system, channeling clients who needed money to the public agencies and keeping the clients with "emotional" problems for themselves. The

clientele of the private agencies became more middle-class as the poor found their way to Welfare. This shift in clientele reinforced the casework techniques already being used by the private agency workers: middle-class clients were more verbally oriented and could communicate better during "therapy" than lower-class clients. Individual casework became more satisfying for the social workers, and most of them chose to remain with the private agencies rather than go into the burgeoning Welfare Administration.

Meanwhile the public agencies were calling for large staffs to administer financial aid. Workers were recruited however possible, and relatively low salaries and high caseloads discouraged "professional" social workers who had other options from applying. These new public agency social workers threatened to dilute the growing professionalism of the older social workers. As a defensive measure the organizations which already existed called an ecumenical council in 1949 to discuss the curriculum of schools of social work, and in 1955 they formed the National Association of Social Workers (NASW) to which only graduates of

social work schools could belong. The referendum forming this organization was voted on by 20,585 people; over 30,000 social workers from the public agencies were excluded.<sup>4</sup> The separation of the private and public agencies was reinforced, and the pattern of lack of communication between the two systems continued.

#### The Place of Unmarried Mothers within the Agency System

Helping unmarried mothers was a function of the private charitable agencies in Boston from the beginning. Homes for "wayward girls" and foster care and adoption facilities for their infants were established early, and fees for adoption helped support the organizations. The unmarried mothers were mostly white (blacks did not start arriving in Massachusetts in large numbers until after World War II) and placement of children was done (as it still is in Massachusetts) along religious lines, mostly through sectarian agencies.

Early social workers accepted an etiology of

illegitimacy which ascribed such pregnancies to mental and moral deficiencies in the mothers and to bad companions. During the 1930's researchers began seeing relationships between environmental factors such as broken homes, poverty, and subsequent illegitimacy. Their research was done from court files, police records, and public and private agency records.<sup>5</sup> During the late 1930's and early 1940's researchers became more conscious of cultural patterns of minority groups which led to illegitimacy. They studied the tradition of female-headed families among the descendants of the black slaves, whose families were often separated by plantation owners. They concluded from studies of illegitimacy in the Caribbean that cultures could condone illegitimacy, allowing high rates to develop.<sup>6</sup>

Casework techniques incorporated these ideas, and working with unmarried mothers became a specialty within the social work profession. Women who wanted to release their babies were attracted to the agencies, where they were given help with adoption, counseling, and some money. Women were hidden away in maternity homes to avoid the stigma associated with bearing an illegitimate

child. Those women who chose to keep their illegitimate children were not served by the agencies unless they appeared with specific family or other problems.

The split between the public and private agencies during the Depression solidified the position of unmarried mothers within the agency system. The private agencies, staffed by the "professional" social workers, saw to it that all women coming to them received psychotherapeutic counseling, while the public agencies, understaffed and plagued by a constant turnover in workers (because of low salaries and poor working conditions) offered money, but hardly any counseling. As low-income blacks began arriving from the south, they were sent to Welfare for help when they needed it, and the situation reported by UCS gradually developed.

Psychotherapeutic casework techniques fit in well with the clientele of the private agencies. Leontyne Young's landmark book Out of Wedlock (1954) shows how Freudian theories were used to explain illegitimate pregnancies:

One of the first myths to disappear was the idea that having an out-of-wedlock child is something that just happens. On the contrary, everything points to the purposeful nature of the act. Although a girl would obviously not plan consciously to bear an out-of-wedlock child, she does act in such a way that this becomes the almost inevitable result. (pp.20-21)

Obviously she wants a baby - but specifically, an out-of-wedlock baby - without a husband. (p. 28)

To say that her behavior is the result of immorality or of free choice is to ignore all the evidence. The logical and seemingly inevitable result of her psychological development is an out-of-wedlock child, and, like a sleepwalker, she acts out what she must do without awareness or understanding of what it means or of the fact that she plans and initiates the action. (p. 36)

Releasing the baby for adoption was incorporated into the therapeutic process. While painful for the mother, this was the recommended course:

After her child is born, if she is not too ill emotionally or if she has received therapeutic help, she will be able to give up the baby without a return of her overt emotional illness. However, if she is very sick or if she is not receiving psychotherapy, giving up the baby may be accompanied by an emotional relapse.<sup>7</sup>

Changes Now Being Demanded of the Agencies

The 1950's were the heyday of psychotherapeutic casework with unmarried mothers. The bubble burst in the early 1960's, when the War on Poverty began, reminding professionals and the public of their responsibility for the poor. The UCS and MCCY reports, quoted in Chapter 3, were results of this new consciousness. Social workers were reminded of all the unmarried mothers who went to Welfare and did not receive counseling, and also of the women (about half of the unmarried mothers in the Boston area) who received no help at all. The reports recommended combining, or at least coordinating, the public and private service systems, so that services could be meted out on the basis of individual need rather than racial or socio-economic group membership.

At the same time researchers were turning from the psychological etiology of illegitimacy to a new etiology which employed the concept of "society-as-patient". The social work journals began to print articles dealing with anomie and social maladjustment. In 1961 Clark Vincent, in his well-known book, Unmarried Mothers,



claimed that unmarried mothers are not necessarily neurotic, but rather that they are in most ways like other women of their age and background. Social workers were made to question whether studies conducted on illegitimately pregnant women could be said to show pre-pregnancy psychological states at all. And since researchers agree that it is practically impossible to predict illegitimacy accurately enough to study unmarried mothers before pregnancy, they found that there was little reliable evidence to support a psychological etiology of illegitimacy.

The new etiology of illegitimacy, which has yet to be incorporated into social work school curriculum, attributes out-of-wedlock pregnancies, especially among the young, simply to "sexual intimacies" combined with "slip-ups in planning, errors in judgment, oversights, impulsive acts, and mistakes based on lack of knowledge" which regularly bring "unexpected and often unwanted little blessings" to married women as well.<sup>8</sup> Premarital sexual relationships are becoming less unacceptable, and some social workers are beginning to admit that resultant pregnancies might be "mistakes" caused by ignorance of sexual processes and lack of access to contraceptives, rather than symptoms of neurotic needs.<sup>9</sup>

The early 1960's, then, saw a growing consciousness that unmarried mothers should not be divided so strictly along class and racial lines as they had been. The private agencies were urged by the UCS and MCCY reports to take more responsibility for poor unmarried mothers and those who planned to keep their infants. Many of these women, the reports stated, need counseling services which they are not getting from Welfare.<sup>10</sup>

The private agencies, at the same time, were facing another trend which increased their willingness to take on poor clients. Their traditional clientele was declining, as more middle-class women chose to have abortions, or avoided illegitimate pregnancy altogether by using birth control.

The result of these pressures on the private agencies was they agreed to start accepting different types of clients. Arrangements were made between the Division of Child Guardianship (DCG) and two of the large private agencies (Boston Children's Service and the Catholic Charitable Bureau) whereby Welfare clients would receive counseling and other services from the private agencies, at public cost. A few Welfare clients were also sent to maternity homes, and to private hospitals

through the Medicare program. Social workers found that they had to alter some of their traditional casework techniques to communicate with these new clients who often did not understand the psychotherapeutic process.<sup>11</sup>

The other new group the private agencies began to handle consisted of white women, mostly middle-class, who intended to keep their infants. These clients presented another difficulty. Social workers found that these were often educated, "emancipated" women who wanted practical services other than money (for which they would go to Welfare) but who rejected counseling. They resented the agency assumption that becoming an unmarried mother implied neurosis, and said that if they wanted therapy they would go to a psychotherapist. Traditional casework techniques were just as ineffective with these clients as with poor black women, though for different reasons.

#### The Dilemma of the Agencies

As of this writing the agencies are in a difficult situation, which was mentioned to us in many of our interviews. Staffed mostly by traditional social workers, the

agencies are being forced to adjust to new, different types of clients. They see that they must improve coordination among agencies, to insure that clients are not lost during referral from one agency to another.<sup>12</sup> They were urged by the UCS and MCCY reports to rid themselves of professional jealousy and competition for clients and funding which has kept even the private agency system divided within itself, and to establish outreach programs in poor communities to bring in clients who are not being reached at present.

While programs like the "DCG Program" are being developed to meet these challenges, the agencies are being held back by staff (and occasionally Boards of Overseers) who are resistant to change. In our interviews we tried to discover the agency workers' reactions to the challenges of the 1960's and how the agencies had changed since the UCS and MCCY reports were written.

#### Our Sample of Agencies

Before describing the services offered at the agencies within the system described above, we would like to

mention briefly the agencies we visited and describe the social workers we interviewed.

The Division of Child Guardianship is a state agency which handles adoption and foster care for people who qualify for public relief. They have 11,000 children in foster care. Under the new system of subcontracting with private agencies, the DCG now handles 2,000 unmarried mothers each year, of whom only 100 live in Boston. About 700 more in Boston receive services from private agencies. The DCG also places 300 babies each year for adoption (out of a state total of about 600-700<sup>13</sup>) - and has 600 awaiting adoption at this time.

Boston City Hospital (BCH) is a public hospital in Boston which until recently handled all Welfare recipients and Medicare patients, or 442 unmarried mothers in 1962.<sup>14a</sup> With a Social Service staff of two, and five case-aids, the services they can provide are minimal.

Cambridge City Hospital, also public, delivers about 50 unmarried mothers a year, and has a sizable, progressive Social Service unit.

Boston Lying-In and Beth Israel deliver about 400 and 480 unmarried mothers per year (1968 estimate)

respectively. Both have busy Social Service units, which primarily treat the new Medicare and Welfare patients. St. Margaret's, a Catholic hospital connected with St. Mary's Maternity Home, delivers about 225 unmarried mothers. Although social workers staff these hospitals' Social Service departments, the emphasis is on practical services rather than lengthy counseling - though psychological help is available if needed. These departments are fairly new and, seeing mostly poor patients who keep their babies, they have not developed a psychological orientation. Clients tend to trust them more than they trust adoption agencies, which they fear will try to take their babies away.

A new set of Maternal and Infant Care Clinics (MIC Clinics) has been added to the hospitals since 1967, totaling 9 satellite neighborhood clinics in Boston. They served 822 unmarried mothers in 1969, or one third of their total 2,517 patients. There are four Well-Child and Children and Youth clinics, whose services are also all free. Funding comes from the Children's Bureau through the State Department of Public Health. Each

clinic is provided at least one social worker, but the emphasis is on practical services, and only those in psychological trouble receive counseling. Community aids help with an outreach program, and the clinics seem to be reaching a large group of low-income unmarried mothers who have never received services before.

There are three maternity homes in Boston. The Crittenton Hastings home had 427 in residence in 1968, mostly upper-middle-class women whose families could afford the fees - \$112/week (on a "sliding scale") and \$500 (in advance) for the delivery. The Salvation Army Booth Memorial home had 233 women in 1968, and St. Mary's, a Catholic maternity home, had about 200 - both at lower prices. All three take women financed by Welfare, but most of their clients are middle- or lower-middle-class women whose families are trying to hide their pregnancies, or who want to continue school during pregnancy. Maternity home applications are dropping, and their staffs recognize that their services are outdated, because of the lessened accent on secrecy and the growing use of abortion in wealthy families. Maternity homes are now examining ways their expertise can be applied more

democratically, by staffing neighborhood clinics, etc. They are also, without much success, trying to change the image they have of havens for wealthy whites who plan to release their babies.

Adoption agencies and Children's Service agencies now provide a range of services, including services for unmarried mothers and foster care for infants. Avon Home (in Cambridge) is a small, non-sectarian adoption agency helping about 50 women a year. It is traditional and often blamed for catering to middle-class whites. The Catholic Charitable Bureau of Boston handles about 600 unmarried mothers a year; the Cambridge branch handles 100. They have recently opened their doors to women of all religions, and the Cambridge office claims that 50% of their clients now keep their babies, whereas most used to release them.

Boston Children's Service, an old, non-sectarian agency, handled 634 unmarried mothers in 1969, 268 in the regular program, and 366 through the DCG. BCS is known to be well-financed and well-run. The New England Home for Little Wanderers served 287 unmarried mothers



in 1969, and processed 143 adoptions (others are awaiting adoption). With a clientele at least 50% from the suburbs, NEH has been frustrated in its wish to reach out to the poor blacks living in its immediate neighborhood (Jamaica Plain). It has, however, been responsible for establishing a program to encourage adoption of interracial and "hard-to-place" children, which has been quite successful. The Jewish Family and Children's Service is less progressive. Its staff complains that they have too few clients, and especially adoptable infants, yet they do no outreach into the community. Only Jewish adoptive parents are accepted, and mostly Jewish infants are handled, though almost all Jews have abortions now and few infants are available. Couples are charged up to \$2,000 for an adoption.

Family Service Agencies do counseling with unmarried mothers and refer them to adoption or other agencies for special services. The Family Service Association of Boston sees about 60 unmarried mothers per year; the Family Counseling and Guidance Association (a Catholic Agency) sees about 200, and the Concord Family Service

(the only suburban agency in our sample) sees "very few". These agencies mostly do marriage counseling and see people with family problems. Like the other private agencies, they see illegitimacy as "a crisis in a family" and try to involve the woman's family in counseling. Their avowed aim is the preservation of the nuclear family.

Planned Parenthood (PP) and Pregnancy Counseling Service (PCS) are quite different in orientation, although they, also, see mostly middle-class white women. Planned Parenthood was the principal abortion counseling service in Boston (with the Clergy Consultation Service, which counsels on illegal abortions). In February, 1970, PP established PCS, which, with no advertising or publicity, saw four hundred women for abortion counseling in its first five weeks - mostly through the "college grapevine." There are no social workers in PCS, which operates with two paid staff and 70 part-time volunteers. Referrals are made for legal abortions in and outside the United States. If a woman cannot afford a legal abortion (about 25% cannot) she is referred to the Clergy. Counseling is limited to examining practical alternative solutions to an unwanted pregnancy.

The 5% who decide to continue their pregnancy are referred to the traditional agencies. PCS is looking for financing to establish a 40-bed abortion clinic in Boston which could perform up to 15,000 abortions per year. This scale, and the scale of Planned Parenthood, which advises over 9,000 women each year on birth control, is quite different from the scale of the traditional agencies.

Several new, experimental programs have been started to provide unmarried mothers with services not available before. Centaum, opened in 1963 to provide schooling for women unable to continue their regular education, provided 70 teen-agers with education and prenatal care in 1969. Limited to women in their first pregnancy, Centaum is designed to rehabilitate them and prevent further illegitimate pregnancies. Most of the clients are black, but a branch is now being opened in Charlestown which will attract white women from the area.

Project Somerbridge is run by the Cambridge and Somerville Catholic Charitable Bureaus, to provide counseling and group services for women on Welfare. Most of the

Cambridge women are black, while the Somerville women are white. Almost all keep their babies (as do Centaum women) and most are "emancipated". The Project helps them to cope with caring for an infant and trying to develop themselves as adults at the same time. The Cambridge group, started in 1967, includes some "hippie" women also.

The Teen Program, now in an experimental stage but hoped to open with 35 women next fall, is attached to the MIC Clinic program in Boston. It will take teen-agers who have already dropped out of school (Centaum takes them when they are expelled or leave because of pregnancy) and try to interest them in continuing their education or job training. Some will be in a second pregnancy. The program will include the option of living in a "half-way house", and homemaking skills will be taught. Many workers interviewed referred to this program as very interesting and hopeful.

#### The Agency Respondents

Of the 26 agency representatives we interviewed, 23 were social workers with MSW's. Professional social

workers compose almost the entire staff of the private agencies, as well as the upper reaches of the public agencies. Most of our respondents from the private agencies expressed grave doubts that non-social workers could function in any but the most menial jobs in the agency, and then under strict supervision. They adhere closely to the view of social workers as professionals trained in casework. They do not recognize Welfare workers without MSW's as social workers, and they resist the idea (which is currently quite popular) of training "community people" to do social work.

It would be possible, with one or two exceptions, to group the social workers we interviewed by age. The older ones, mostly middle-aged or older,<sup>14b</sup> tended to be more conservative than the younger ones in their attitudes towards sexual activity among their clients. They were dismayed by youths' disrespect for their elders and the growing drug culture. They seemed to feel out of control, simply not understanding the mores of youth today. Their descriptions of their casework techniques showed that they still used psychotherapeutic methods for the most part.

The younger social workers (and we would have to include at least three of the older ones in this description) seemed to be less afraid of birth control and abortion, and were more liberal in allowing their clients to make their own decisions. They were less prudish about sex. They seemed more interested than the older social workers in moving towards a new kind of social work which focuses on coordinating practical services as well as doing individual therapy.<sup>15</sup> Their descriptions of the etiology of illegitimacy, however, were so similar to the older social workers' that we must conclude that social work schools are still teaching a psychological etiology of illegitimacy.

The three non-social workers we interviewed were at Planned Parenthood, Pregnancy Counseling Service, and the MIC Clinic. (This last was a telephone interview.) These agencies are new compared to the others, and they are not run by social workers. The women we spoke to at these agencies had a very different view of unmarried mothers from the social workers, seeing them more as women with practical problems (e.g., a need for abortion or medical care) than as potential

candidates for psychotherapy.

We could not, from our interviews, connect individual agencies with either type of social worker described. It is hard, in fact, to pigeonhole informants after one interview. In many instances the social workers held what seemed to us to be contradictory views - for instance approving of birth control but disapproving of abortion. It seems that such contradictions and conflicts also occur among social workers within the agencies, as we gathered from reports of intramural battles between young and older social workers.

#### Services Offered by the Agencies

Counseling is still the "core" of services to unmarried mothers. All the private agencies we visited stated that they counseled all their clients, while Welfare does little or no counseling, and the Division of Child Guardianship sees a woman receiving adoption or foster care services at most twice before and after the baby's birth. These statements corroborated the UCS report that 100% of the private agency clients, but

only 21% of public agency clients, receive counseling, or 62% of white clients and 23% of blacks.

The content of counseling remains primarily psychotherapeutic, though techniques vary. A client can start receiving weekly counseling sessions early in pregnancy, and continue after her baby's birth. Most, however, come only several times, and disappear after delivery.<sup>16</sup> Not all counseling is therapeutic - some social workers use it as an opportunity to instill their own moral values into their clients, and others use it as a chance to help women make the practical choices which affect their lives.

Whatever the content of counseling, it is very expensive. MCCY estimates that there are only 20 inquiries per year per professional staff member in the average agency, and that the "average expenditures per inquiry" is "over \$1,000 per year."<sup>17</sup> As yet the private agencies have not explored the idea of exempting certain clients from intensive casework. The new MIC Clinics, however, have instituted a policy on counseling which seems reasonable to us. Instead of presuming that illegitimacy



is accompanied by stress and neurosis necessitating counseling, they screen their patients (married and unmarried) for "high-risk" women, and give counseling to these women, who are not "coping" with their situation. This makes their services more acceptable to women who resent being forced into casework, and gives much-needed therapy to other women who would not otherwise receive it.

Residential help is the service most often offered, after medical care and counseling. In 1962 UCS found that about one quarter of the mothers receiving services got help with living arrangements during pregnancy - 37% of the private agency caseload, and 11% of the public - or 30% of whites and 14% of blacks.

Most often mentioned in response to questions in our agency interviews concerning residential services were the maternity homes. In 1968 the Crittenton Hastings home, Booth Memorial, and St. Mary's served a total of 860 of the 5,367 unmarried mothers in Massachusetts. This is a high percentage. Nationally only 7% of unmarried mothers go to maternity homes<sup>18</sup>. These homes draw from all over Massachusetts and from other states as well.

Other forms of residential help include "family homes" (or "help homes") where women do housework and care for children in return for room and board (and occasionally for some money); foster homes; rooming houses; and the YWCA. These alternatives are scarce. Crittenton Hastings usually has 15-30 women in "family homes" waiting to enter the maternity home. Booth has four women in "family homes", and Boston Children's Service has "about a dozen." Boston Catholic Charities has a few, and Cambridge Catholic Charities has "two or three." The Division of Child Guardianship and the New England Home for Little Wanderers provide occasional foster care for a mother, and three agency respondents mentioned keeping lists of rooms in acceptable boarding houses.

These services are extremely limited, and most agency respondents mentioned that fewer and fewer unmarried mothers were finding it "necessary" to seek shelter. Many more were living on their own or with other women (or men) away from their families, and even maternity home applications are dropping. Some women, however, end up like the seventeen-year-old in our sample, seven months pregnant and sharing a 3-room "crash pad"

with 16 other homeless youngsters.

Nine of the private agencies and hospitals mentioned financial aid as a service they offered, but usually it was minimal - just something to help a woman pay a month's rent, or buy a layette. Only the Boston Children's Service and Boston Catholic Charitable Bureau have much money, and even they prefer to refer women to Welfare for substantial financial help. UCS reports that in 1962 5% of the women at private agencies received financial help.<sup>19</sup>

Foster care and adoption are a major service of seven agencies, all of which started as adoption agencies. They all discourage long-term foster care for babies, but the DCG will accept black babies in long-term care because adoptive homes for them are still limited. Women are usually charged for foster care for their infants until they sign an adoption release, except in real "hardship" cases. A few agencies charge for counseling if the client can pay, and one small Cambridge adoption agency charges the unmarried mother \$100 to have her baby adopted (or tries to). Usually the adoptive parents pay up to \$1,000 to adopt a baby

unless they adopt an interracial or other hard-to-place child, which is much cheaper.

Religious services are offered by referral and seem decidedly unpopular, though Mass is said in St. Mary's maternity home, and in Booth Memorial the women themselves voted to make attendance at religious services compulsory. Agency workers hold that most unmarried mothers are still insistent that their babies be placed in a family of their own religion, though some women are now specifying that they do not care.

Home- and child-care education is scarce. Child-care is occasionally taught by nurses in the hospital and both are handled on an individual basis in one or two other agencies. Home economics - preparation of surplus food, nutrition, child-care, housekeeping - are now being incorporated into the groupwork sessions some agencies are starting for women who keep their babies.

Legal services are provided by four agencies. The rest use legal aid through referrals, principal concerns being paternity suits (which are decreasing) and problems with Welfare or landlords.

Day-care, the admittedly most needed service for

mothers, married or not, is virtually non-existent at this time. Avon Home provides 4-5 private homes for day-care, and three major agencies are working hard to develop day-care programs and facilities.

Psychotherapy was mentioned as a service offered within the agency by three hospitals and five other agencies, while one offered "personality adjustment." In the 1962 UCS sample, however, only about 1% received psychiatric diagnosis or treatment, and 3.8% received psychological testing in connection with vocational counseling. Real psychotherapy is expensive, and most agencies rely on counseling, with referrals to private doctors for more intensive treatment. At least one agency considers its counseling actually equivalent to psychotherapy.

Schooling for high school women pressured to leave or expelled from their schools is provided at three maternity homes, and is extremely popular. At St. Mary's the school program is credited with lowering the average age of the women from the 20's to 17-19. At Booth 19 of the 35 resident women are enrolled. The Centaum program

enrolled 153 resident teenage women in 1967-8, and has grown since then. Inadequate school facilities is still a major problem, and our respondents are divided as to whether this need should be filled by allowing women to remain in their regular schools or by developing more special schools for them. At present women in the Boston area public and private schools and colleges are generally told they cannot attend school as soon as their pregnancy is discovered. Home tutors are theoretically provided by the public schools, but actually few women get further education. In Cambridge women are actively encouraged by school authorities to stay home, and the small school program started at the YWCA has dwindled away.<sup>20</sup> There are no records of how many women are forced to leave school in this way, since pregnancy is usually not diagnosed honestly, but the number is high and the result is often a permanent Welfare family.

In 1962 UCS reported that only 2% of their sample of unmarried mothers received employment counseling, though 21.2% were "unemployed" and almost 50% were working and supporting themselves. By now well over half the unmarried mothers in the Boston area are probably

"emancipated", and many are in need of employment counseling. Only six agencies even mentioned offering it, however, mostly referring to temporary office help agencies with which they have permanent connections. Unmarried mothers are a windfall for these agencies, which profit off women who will work at temporary jobs and forfeit all fringe benefits, seniority, and a sizable part of their paycheck as well.

Some agency respondents also mentioned the WIN program, sometimes affectionately referred to as "WHIP" by Welfare recipients, through which Welfare pays tuition and expenses for recipients learning a trade or attending college (and tuition for trade schools, though not colleges.)

It is unclear how these particular services have developed as the services for unmarried mothers. Their growth seems to have been haphazard - a patchwork of existing and gradually incorporated services which have been found useful for the existing clientele, without detracting from the main functions of the social workers - adoption and counseling. As they now stand, even the

services mentioned here are vastly insufficient.

The Unmarried Mother in Society: The Agency Workers'  
Perspective

When agency workers counsel unmarried mothers, their own attitudes towards their clients are bound to be reflected in the worker-client relationship. Social workers claim that their professional attitude is as value-free as humanly possible; they are there to help their clients, not to judge them. The extent that they themselves believe that they can be objective on the job, however, is a sign of how easily personal and social values can be sublimated into "objective" services. Not recognizing the pre-conceptions which are bound to influence one's work is dangerous.

We approached the concepts and values which underlie the workers' relationships with their clients in various ways. In this section we would like to report some of the results of the questions we asked in this area.

First, we asked our respondents to describe the differences they saw among their clients and their clients' families according to race and class level.



Preconceptions about these differences could lead to differences in ways of treating clients from different backgrounds. While the social workers were reluctant to differentiate among the unmarried mothers themselves by race or class, they were more willing to do so with the women's families. The material we have to report, therefore, concerns the women's families, and we hope that it sheds light on workers' opinions concerning the unmarried mothers themselves as well.

Second, we asked social workers to evaluate the attitudes of society, and different class and racial groups within society, towards unmarried mothers, and to say which of these attitudes they themselves approved of.

We could draw no conclusive results from the answers to all these questions, but some of the answers themselves are interesting. We were hampered in evaluating agency workers' opinions concerning racial and class differences among unmarried mothers and their families, and society's attitudes towards the women, by not knowing the "correct" answers. Lack of experience in the field kept us from

being able to separate what were likely to be workers' real experiences from their own interpretations of those experiences.

Many workers admitted that they had trouble understanding their clients, and that they were not sure what attitude society should take towards unmarried mothers. While they felt increased acceptance of illegitimacy would be good for their clients, some were afraid that it would lead to more illegitimacy. Whatever etiology of illegitimacy they accepted, most social workers felt there is a pull - psychological or sexual - which draws women into unmarried motherhood, and that increased acceptance would make this pull harder to resist.

#### Agency Workers' View of Class and Racial Differences Among Clients' Families

How people of different races and class levels feel about illegitimacy is one of the stormiest controversies among people working in this area. Recent social work literature is full of various opinions on the subject, and neither researchers nor practising social workers

seem to agree among themselves or with each other.

The basic question is whether there really are racial or class differences in the way people (and especially an unmarried mother's family) react to her illegitimate pregnancy. One major school of thought found both in recent research and among social workers is that all families (in the United States) are at least initially equally upset by a daughter's illegitimate pregnancy.<sup>21</sup>

Another school of thought holds that lower-class people in general, and especially blacks, are much more accepting of illegitimate pregnancies and children than the white middle class. Extremes of this opinion were voiced by several of our respondents who said that among poor blacks all children are positively loved and wanted, and that all pregnancies, legitimate or not, are greeted with celebration. The social workers who said this had practical experience working with poor blacks (in the north and south) and felt that white middle class parents who favored adoption for their illegitimate grandchildren were "selfish" and lacked natural family affection.<sup>22</sup>

A view which compromises between these two extremes was also presented by workers who had experience with poor black families. They found that these families felt disappointment over the pregnancy, but that they rapidly accepted it "fatalistically" as one more among the many hardships in their lives. Exponents of all three of these views agreed that, whatever a family's initial reaction to their daughter's pregnancy might be, her child was almost certain to be accepted lovingly into the family when it was born. But there was even dissent from this widely held view of illegitimacy among blacks. Two or three of the women on the Washington panel we attended reported that their mothers wanted to work or have freedom themselves, and that they refused to assume the traditional job of babysitting for grandchildren. One or two social workers in our sample agreed that economically and socially mobile black families (primarily urban) are becoming less tolerant of early motherhood and see an illegitimate child as a threat to advancement.

There is less disagreement among social workers concerning the reactions of white families to an

illegitimate pregnancy. Unmarried mothers' parents were reported to be uniformly shocked and hurt. Common responses included "How could she do this to me?" and "What will the neighbors think (of me)?". While agency workers reported being able to make parents supportive towards their daughters in some cases, in most the families remained punitive.

The only area of substantial disagreement about white families' attitudes towards illegitimacy concerns upper-middle-class white families. Some social workers reported that "liberal" families, often living in the suburbs, become considerably less liberal when their own daughters get pregnant. Disagreement among social workers concerned whether any of these families actually allow a daughter to return home with her baby. Some said this was beginning to happen more frequently, but the social worker at Concord Family Service maintained that she did not know of any such case.

Some of the disagreement among social workers concerning racial and class characteristics of unmarried mothers' families is due, of course, to differences in their clientele. But personal opinions are bound to

influence objective descriptions. Even among social workers who agreed that poor black families are more tolerant of illegitimately pregnant daughters, comments on that tolerance ranged from "Those wonderful people - so kind to their daughter!" to "Those shameless people - they have no sense of morality!" It is likely that such extreme opinions concerning any characteristics of a client's family, if projected onto the client herself, would have some influence on a social worker's behavior towards that client.

Agency Workers' View of Society's Attitude Towards  
Unmarried Mothers

Questions 75-90 on our questionnaire were meant to bring out agency workers' views on society's attitudes towards unmarried mothers, and to show which of these attitudes the workers thought were best. The answers to these questions reflected many of the same opinions and concepts just described as relating to clients' families who are, after all, the social workers' most intimate contact with the society surrounding their clients.

Most agency respondents saw illegitimacy becoming more accepted in society. They were quick to warn, however, that this is a relative trend: in most middle-class families it is still almost totally unacceptable.

There was general agreement that young people are rapidly becoming accepting of illegitimacy. No one volunteered an opinion, however, as to whether the present young peoples' opinions would shift as they became parents themselves. The considerable prejudice which still exists was noted by adoption workers in two different agencies who mentioned that one of the most serious problems with adoption is the prejudice adoptive parents feel towards illegitimate children. This prejudice is quite strong though often subconscious: adoptive applicants have an uneasy feeling that something is likely to be wrong with an illegitimate child. Working class adoptive parents ~~often feel~~, also, that the child's natural parents must be unloving people to have given their baby away. Middle class people are more likely to credit the unwed mother with good motives in releasing her child, which is the accepted thing to do at this class level.

Interestingly, agency workers reported that unmarried mothers are still seen primarily as lower-class. "Welfare mothers" have received much bad publicity, which has reflected on all unmarried mothers. Adoption workers report that among adoptive parents both middle and lower class people are most likely to think of the parents of the babies they hope to adopt as lower class, though in fact middle class women actually release their children for adoption more often than lower-class women do. Information of this type, we feel, is likely to be objective and relatively reliable, since the social workers who report it actually know the relative class positions of unmarried mothers and adoptive parents, and are in a position to compare them.

Both agency workers and the unmarried mothers themselves felt that more stigma was attached to women during pregnancy than after the child was born. A woman with a baby - married or not - commands a certain amount of sympathy in our society.

Most agency workers we interviewed felt that increasingly casual treatment of illegitimacy is a good thing. They seem to feel a real sympathy for their



clients, and a desire to make life easier for them,<sup>23</sup> so long as this does not encourage the increase of illegitimacy, which a few social workers were afraid it would. The blatantly punitive approach, designed to scare women into avoiding illegitimacy (and sexual relations) seems to be on its way out.

#### Improving the Agencies: The Social Workers' View

The agency workers we interviewed were generally conscious of the crisis facing their agencies, and they had opinions about how to meet it. Several items on our questionnaire dealt with how the workers would like to see agency functions and services changed, and what new services were needed. We also probed areas which the respondents would not necessarily bring up themselves, but on which their opinions are very important. Foremost among these was the area of birth control and abortion.

#### Birth Control and Abortion

Birth control and abortion were difficult subjects to discuss with our respondents. Both are legally

restricted in Massachusetts, and agencies are reluctant to admit dealing in either one of them. Religious and moral objections to their use keeps many social workers (and doctors) from discussing them with clients. They are, however, important to women as a way to avoid becoming mothers, whether married or not.

Estimates about how many illegitimate children are actually wanted by their mothers varies. The proportion of unwanted children born to even married women is very high - one unofficial estimate was as much as 35% of all children.

For unmarried women, much as they might love the baby once it arrives, few actually plan to have the child before they conceive. For most the pregnancy is a serious problem. Many must release the baby for adoption, precipitating a potential emotional crisis. Many more must alter their life plans to accomodate a child they cannot adequately support or care for.

Most social workers' objections to birth control and abortion are either moral objections or objections based on the theory that neither of these, even if made

commonly available, would reduce illegitimacy. Most of the social workers we interviewed claimed to subscribe to the latter objection to contraception and abortion. Their reasoning seemed to stem from the psychological etiology of illegitimacy, and so we tried to examine this etiology in more detail.

We began straightforwardly by asking question #51: "Is there any way that you can say your clients differ psychologically from their contemporaries?" While some social workers responded vaguely that their clients tended to be immature and to "act out," most claimed that they could not comment on this question, since, as social workers are carefully taught, "each client is an individual." As with questions concerning race and class, more roundabout questioning was needed.

The question we were looking for turned out to be "Why did these women get pregnant?" This was the key to the social workers' image of their clients. In answering this question, they tended to give away their concepts of their clients' psychology which guided them in their counseling. Those who preferred "practical"

explanations (ignorance, mistakes) tended to recommend birth control, abortion and sex education; those who gave psychologically oriented answers were doubtful that these methods would be effective.

Psychological explanations for illegitimate pregnancies mentioned by agency workers include the following; in order from most to least often mentioned:

- 1) A need to be pregnant and have a baby as fulfilment; a need to have something to love, to fill an empty life (conscious or subconscious). This is most often used to describe very young or lower-class women who have been deprived all their lives. Having a baby gives such a woman an identity as an adult.
- 2) To get back at their parents (subconscious). This is most often used to describe middle-class women with overbearing parents - usually mothers.
- 3) Denial (subconscious). This explanation is both psychological and practical, and is most often used in reference to teen-agers. Young women who do not accept their own sexuality and regard sex as sin feel "it can't happen to me" and generally do not admit

that they are involved in sexual relationships. Drunkenness and even rape are used by the women as explanations for their pregnancies.

4) Acting out a negative self-image (subconscious).

This is used for women of any age and class.

5) To get away from home (subconscious). A pregnancy can be used as an excuse to leave home, either to go to a relative's, to a maternity home, to set up an apartment, or to marry.

6) Trying to catch a husband (conscious or subconscious).

"Practical" explanations for illegitimate pregnancies are usually either ignorance (not using contraceptives, or using them incorrectly) or contraceptive failure, which is still possible with all contraceptives except the best pills. Social and psychological factors are, of course, causes of these "practical" explanations. Ignorance of sexual processes and birth control derives from social prohibitions which make sex a taboo subject, and sexual intercourse an area of fear and denial. The principal difference between the "psychological" orientation

and the "practical" one among social workers, then, is the way the diagnosis of the individual case influences the way it is to be treated.

Most agency respondents held to purely psychological explanations for illegitimacy, and recommended psychological treatment. Out of twenty venturing an opinion, thirteen either did not mention ignorance of contraceptives or "mistakes" as a possibility, or specifically denied that such pregnancies could be caused primarily by ignorance. Only five agency respondents felt that ignorance was a major cause. They tended to specify that ignorance was much more prevalent among teen-agers and lower-class women than in the college group, but they said that in all groups ignorance, denial of sexuality, and fear are major factors in sexual intercourse leading to unwanted pregnancy.

The predominance of psychological explanations for illegitimacy has a tremendous effect on agency policy. If simple ignorance were considered more important, the "helping" professions would have to concentrate more on public education in the areas of sexuality and birth control, and possibly abortion.

Since subconscious needs and compulsions are considered paramount, however, social workers feel that working on birth control and sex education will not stem the tide of illegitimacy. In fact, only five agency respondents thought that increasing birth control would be an effective way to combat illegitimacy. Most feel counseling individual women is more important - helping them deal with the psychological problems which "really" caused the pregnancy. If these "problems" are not "solved", they feel, the woman will just get pregnant again. The "solution" usually involves ridding the woman of the need to have premarital or extramarital sexual relations and to bear a child. These two needs are seen as connected and both are considered neurotic, though there is a growing acceptance among the more progressive workers that premarital sexual intercourse - if it does not lead to pregnancy - is getting to be seen as "normal" rather than "neurotic" behavior among some groups of youth today.

Only in Planned Parenthood and Pregnancy Counseling Service is "ignorance" considered by stated agency policy the primary cause of illegitimate pregnancy.

These agencies go still further. They recognize that there are psychological reasons for "unwanted" pregnancies as well as practical reasons, but they do not feel that bearing an unwanted child is a constructive solution to a "problem pregnancy". Traditional social agency policy says that bearing a child satisfies the subconscious neurotic need which made the woman get pregnant, and that interrupting the pregnancy will hurt the mother, and just force her to get pregnant again. This policy probably has grown out of the illegality of abortion, and the agencies' need to justify a woman's being forced to go through with childbirth. PP and PCS hold that while subconscious needs may have caused the pregnancy, carrying an unwanted child for nine months and delivering it just aggravates the problem, while adding to the population explosion and bringing a new person into the world to face all the hardships unwanted children are subject to. These agencies favor abortion if birth control fails, and feel that psychological problems should be solved by psychotherapy, not by childbirth.



Other Means of Preventing Illegitimacy

What did those agency workers who did not feel that birth control and abortion were effective means of combatting illegitimacy recommend instead? To find this out, we asked two questions, the first to see whether they thought this was an important question, and second, if they did, what their suggestions were.

In question #95 we asked agency respondents "Do you think that people should be working to reduce the rate of illegitimacy?" If the answer was no, we asked why not. If yes, we asked how they thought this might be done. Only the respondent at Boston City Hospital said no, we shouldn't be working to reduce illegitimacy. She felt no one should interfere with a woman's right to bear children.<sup>24</sup>

Two other respondents felt that the decision was a moral one, and too difficult to answer: women should have the right to bear illegitimate children if they wanted to, but should also be given the means of preventing such births.

A total of fourteen respondents answered positively, yes. Their reasons ranged from moral ones (illegitimacy is immoral) to a conviction that children should not be raised in one-parent families.

Of ways of reducing illegitimacy, other than birth control, sex education seemed to be the most popular, though only one third of the social workers mentioned it. Sex education in the schools was recommended seven times, in the home twice. This count included two Catholic agencies. Other methods included: improving social conditions (1); family counseling and parent education (2); better schools to prevent drop-outs (1); strengthening family structure (1); less sex in the media (2); less premarital sex (1); more honesty in society (1); public education on resources available for unmarried mothers (1); preventive counseling with girls (1); "mental hygiene" education for disturbed children (1); better services for unmarried mothers to prevent recidivism (1); and easier access to legal marriage (1).

Contraception and Abortion in Massachusetts

Although they were doubtful about the effectiveness of birth control in limiting illegitimacy, most agency respondents felt that the law against supplying contraceptives to unmarried women should be changed. The feeling about abortion, however, was significantly less liberal. Eight agency respondents (including two from Catholic agencies, where the subject was the cause of great discomfort) admitted that they felt abortion laws should be liberalized or repealed. But many of them, as well as social workers who did not favor abortion, stated that abortions are traumatic and dangerous, and that women who had abortions frequently had subsequent illegitimate pregnancies because they had not resolved the personal "problems" at the root of the pregnancy.<sup>25</sup>

From talking to social workers at our sample of agencies one would think that abortion, and sometimes birth control, is a field unrelated to the problems of unmarried mothers. The agencies have not recognized that birth control is now, and abortion is rapidly

becoming, a favored alternative to unwanted pregnancies and children.

Massachusetts, long dominated by the Catholic Church, is relatively backward in its social attitudes. It is, with Wisconsin, one of the two remaining states to prohibit the sale of contraceptives to unmarried people, and its abortion law is interpreted as restrictively as possible by Massachusetts doctors.<sup>26</sup> Planned Parenthood has been the only organization in our sample to lobby for liberalization of these laws, and even they have been afraid of appearing radical. They currently have a case in court challenging the restrictive sale-of-contraceptives law, but they avoided speaking out in favor of Bill Baird, who challenged these laws more militantly.

#### Other Needed Services

In areas other than birth control and abortion there was considerably more agreement among respondents about what services were needed in the agencies. Few responses were very radical; most concentrated on

expanding existing services and making practical suggestions for others within probable budgetary limits. A couple of respondents mentioned services to be incorporated within a larger system of socialized health care or income maintenance, but they did not insist on these.

In answer to question #99 "Are there any new services for unmarried mothers which you would like to see provided, or existing services expanded?" the most common response (10 agencies) was group homes for women who have delivered and kept their illegitimate babies. "Half-way houses" already exist in Scandinavia and will probably soon be instituted here. They are mostly for teen-agers and young women who do not return to their families, but who need a supportive atmosphere while they learn to care for their infants and find permanent housing, child-care, and employment. Many agency respondents pointed out that women who have been to maternity homes feel particularly lost when they leave the hospital alone with their babies. Many women have no parents, boy-friends or women friends to help them, and they find an apartment alone, go on Welfare, or work and stay

isolated with the baby indefinitely, alone, overtired, and often panicky. This happened to one woman in our sample, who found a fifth-floor walk-up apartment, returned to work three weeks after the baby's birth and almost broke down from exhaustion. For these women the social workers thought group homes with communal families and access to medical care for themselves and their babies would be helpful.

Two agency respondents (out of 10) were not in favor of half-way houses. The Catholic Charities Bureau respondent felt that isolating unmarried mothers with each other would be harmful, especially on a permanent basis because "the girls need the stability of being with a complete family." **She** was also against the woman taking the infant home to her family's house, which often leads to the mother relinquishing the mothering role to her own mother. She had no suggestions, however, about where to find the needed "complete family" and seemed to favor adoption as an alternative.

The Boston Children's Service respondent felt half-way houses would leave women in limbo "neither here nor there - but half-way", and dependent on others. She

thought it would be difficult for a woman to move out on her own later. She was more in favor of the woman taking the baby home to her own parents, which she thought often worked out well.

Seven agency informants mentioned day-care in first, second, or third priority, as a needed service for women who keep their children. Most respondents, however, felt that a woman should stay home with her child for up to a year, on Welfare, if necessary.<sup>27</sup>

"Reaching out to the community", one of the major recommendations of the UCS and MCCY reports, was mentioned specifically by only five respondents, but discussed in other contexts by several more. They mentioned establishing outreach clinics or attaching social workers to existing community houses, the "Y", etc. to reach women who don't ordinarily come to agencies - i.e., the poor and blacks. Two maternity homes were especially interested in this type of expansion for themselves. The Concord Family Service respondent wanted such a service established in the suburbs, so suburban women would not have to go into Boston, as they do now.

Next most often mentioned was education (4 agencies) - schooling for women expelled or otherwise coerced to leave their schools because of pregnancy.

Group work was a secondary priority mentioned by four agencies, mostly to provide social contacts and group therapy for the women, but also as a setting for educational projects.

Group meetings were suggested (3 times) for parents of unmarried mothers also, to educate them in how to communicate supportively with their children.

"Preventive education" projects were mentioned by two respondents, not in terms of sex education, but rather to cut down premarital sexual relationships, which can lead to illegitimate pregnancies.

Improved medical care was mentioned three times, child care education twice, and increased financial help, job-training, homemaker services, and long-term therapy once each. One agency respondent felt inter-agency cooperation should be improved, and one hospital worker favored education on bodily functions and group meetings after delivery (the other respondents concentrated on meetings during pregnancy.)



Three respondents felt just extending present services was by far the most important. Finally, one social worker (Somerbridge) had the unique idea of asking the women themselves what services they wanted and trying to provide them!

### Clients' Opinions of the Agencies

We would like to conclude this chapter with some comments on the opinions unmarried mothers have of the agencies they use. As we warned in Chapter 1, our sample of women is very small and biased, and cannot be called representative even of one type of unmarried mother. The preponderance of upper-middle-class, educated, older women in our sample, however, makes this section of our analysis all the more interesting.

Social welfare agencies are generally thought to be viewed with suspicion by their clients. This suspicion, social workers say, makes communication and service more difficult. Suspicion is heightened in the case of unmarried mothers (especially teen-agers) who see the social worker as a mother figure, identified

(usually with bad results) with their own mothers. Lower-class unmarried mothers must deal with class (and often racial) prejudice from white middle-class social workers.

Pregnant women seeking help are in an especially vulnerable position. They need practical services - money, living quarters, medical care - fast. They usually have little knowledge of their own rights.<sup>28</sup> If they get money from Welfare or help from another agency, they see it as luck, or generosity on the agency's part.

The women we interviewed corroborated these statements. In general, they had little idea where to go for help and no concept of their own rights. Welfare was unfamiliar to these middle-class women (though they said Cambridge Welfare was very cooperative once they got there.) They were afraid that the social workers they saw would try to convince them to release their babies and, in fact, this was the case in three out of seven cases. The remaining four were women who first contacted Welfare, not a private agency, and one who had her baby in England. Welfare and hospital social service departments were seen as less threatening than

private agencies, because they did not push adoption.<sup>29</sup>

The women in our sample were looking for very practical kinds of help from the agencies they contacted. In all cases counseling was a hurdle to be cleared in the beginning, before practical help would be forthcoming. Afterwards it could be accepted more easily.

Considering that all the problems mentioned here should be less severe for educated, older women who can deal with social workers almost as peers, we can see what a problem agencies must present for average unmarried mothers who are both younger and from a lower social class than our sample.

Chapter 4 - Footnotes

1. William Ryan and Laura B. Morris, Child Welfare Problems and Potentials: A Study of Intake of Child Welfare Agencies in Metropolitan Boston, Massachusetts Committee on Children and Youth, Boston, 1967, p. 18.
2. Gilbert Y. Steiner, Social Insecurity: the Politics of Welfare, Rand McNally and Co., Chicago, 1966, p. 178.
3. Ibid., p. 181, quoting Kathleen Woodroffe, From Charity to Social Work, 1962.
4. Ibid., p. 200.
5. Osofsky, Howard J., The Pregnant Teen-ager, Springfield, Illinois: Charles C. Thomas, 1968, p. 39
6. Ibid., p. 41.
7. Nerr Littner, M.D., The Unmarried Mother: A Point of View, Florence Crittenton Association, 1966, p. 5.
8. Jerome D. Pauker, Ph.D., "Girls Pregnant Out of Wedlock" in The Double Jeopardy, The Triple Crisis, Illegitimacy Today, National Council on Illegitimacy, 1969, p. 66
9. Dr. Joseph Beasley of Harvard Medical School found in a recent study that 90% of the population - of all ages and class levels - did not understand the ovulatory cycle. (Speech at Cpnference on Parenthood in Adolescence, Washington, D.C., January 22, 1970.) He found that "contraceptives" used, especially by teenagers, are likely to include Saran Wrap condoms and Pepsi-Cola bottle douches. Roulet discovered "superstitious beliefs" in his patients practically guaranteed to cause pregnancy:

Chapter 4. Footnotes (continued)

9. (continued)

"Some girls...believed that they had a 'grace period;' that is, they could have intercourse with a given boy a certain number of times before they would become pregnant by him. Others believed that a similar immunity existed for up to a year following delivery. Still others thought that during intercourse the wish not to become pregnant could prevent conception."

Norman Roulet, M.D., "Group Psychotherapy with Unmarried Mothers", The Double Jeopardy, The Triple Crisis: Illegitimacy Today, National Council on Illegitimacy, 1969, p. 101.

10. The reports did not go so far as to say that any of the women who were currently receiving counseling from the private agencies might not need it.
11. In our interviews we almost got the impression that two parallel programs were being run, one for the agency's traditional clientele, and a different, experimental one for the "DCG Program" clients, whose concerns were felt to be different.
12. MCCY found that one third of the clients referred from one agency to another did not arrive at the second and others were rejected when they did arrive.
13. William Ryan and Laura B. Morris, Child Welfare Problems and Potentials: A Study of Intake of Child Welfare Agencies in Metropolitan Boston, Massachusetts Committee on Children and Youth, Boston, 1967, p. 14.
- 14a. Op. cit., United Community Services, p. 32.
- 14b. Professional women tend to be older than men at their level, because of time taken off for child-rearing, and more rapid promotion of men.

Chapter 4. Footnotes (Continued)

15. This new type of social work "Community Social Work", can now be studied in social work school.
16. Many of the social workers mentioned that they asked women to come in for counseling after their child's birth, but that few did.
17. Massachusetts Committee on Children and Youth, op. cit., p. 80.
18. Osofsky, Howard J., M.D., The Pregnant Teen-ager, Charles C. Thomas, Springfield, 1968, p. 50.
19. Even counting Welfare clients, all of whom got money, UCS estimated that only 12% of white unmarried mothers and 23% of black ones in the Boston metropolitan area received financial help during pregnancy in 1962.
20. Interview with Carol Klein, Project Somerbridge.
21. This was shown most recently by Frank Furstenberg in "Premarital Pregnancy Among Black Teen-agers," Trans-action, May 1970.
22. Maurine LaBarre holds that both white and black working-class families think that "the real sin would be 'to give away one's own blood kin'." "The Triple Crisis: Adolescence, Early Marriage, and Parenthood", The Double Jeopardy, The Triple Crisis: Illegitimacy Today, p. 13
23. Some of this good will may have been accentuated for our benefit.
24. Reports are now showing a policy of compulsory sterilization for welfare women who request abortions in public hospitals, and for female criminals. This has led to a fear of intrusion into private areas of decision-making.

Chapter 4 - Footnotes (continued)

25. None of them mentioned the possibility that the hardships involved in obtaining abortions - legal or illegal - might be enough to traumatize even a stable woman, or that emotional irritability is often used (and feigned) to secure a legal abortion.
26. The current law allows "lawful" abortion when "necessary to save the woman from great peril to her life and health", provided that the doctor's judgment corresponds "with the average judgment of the doctors in the community in which he practices." (Commonwealth v. Brown, 121 Mass. 69, 76-77, and Commonwealth, v. Nason, 252 Mass. 545, 551.) The problem, then, lies first in convincing the medical community of the need for abortion and then in convincing the legislature.
27. Few of them mentioned concern about continued education at this point in the interview, when the recommendation that a woman should stay home with her baby would keep her out of school. Many did mention education later as a special issue.
28. One 27-year-old unmarried mother with two children told us that she had always thought a minor woman's parents had the legal right to decide whether the child would be released for adoption. There seems to be some ignorance of the fact that, barring legal proceedings to take the child from its mother, a mother of any age has the right to legal custody of her child.
29. Two women we interviewed claimed that agency workers had lied and practically blackmailed them in an attempt to get their babies. One agency promised to find the mother day-care, and then at the last moment said they hadn't handled day-care for several years, but that they had found a wonderful adoptive couple to adopt the baby... the other put her baby in foster care temporarily and then had trouble getting it back. Both these stories involved the Avon Home, a small, private adoption agency in Cambridge.

## Chapter 5

Planning a Social Service System for Unmarried MothersThe UCS and MCCY Reports

In Chapter 4 we said that the network of agencies serving unmarried mothers is being asked to expand and provide services for a greatly increased clientele, including many poor and black women who have never received social services before. The UCS and MCCY reports, which are partially responsible for putting this pressure on the agencies, include a set of recommendations on how to go about achieving these reforms. We do not feel, however, that their recommendations speak to the most serious faults in the service system.

The UCS and MCCY reports are examples of "professional reformism." This is the process by which professionals try to correct faults in their areas of expertise and authority without facing the possibility that those faults might be better handled from outside the profession, and that possibly the usefulness of the profession as it now stands might be open to question in that situation.



Written as in-house critiques of the agency system, these reports treat the unmarried mother-child welfare system in isolation, without relating it to the larger system of social services, and the society in which it functions. This is understandable. Local agencies, public or private, are responsible to and under constant pressure from the people and government of their community. They must press as hard as possible for reform without alienating their constituency. UCS has no real power over other agencies. Each agency has the right to set its own policy, and efforts to convince agencies to cooperate with each other must be made very carefully. At the same time, criticism must not be so strong as to threaten the whole agency network, or the role of social workers - authors of the reports - within it. It is not the place of such reports to question the larger system of social services, nor even to wonder how services for unmarried mothers fit into the fabric of social services in the Boston area, much less the whole United States. Without this larger view, isolated professionals alternate between seeing their own social services as responsible for combatting the larger problems of society, such as poverty.

by themselves, and seeing these services as unrelated to those larger issues. Neither of these views is realistic or constructive, but without coordination and planning on a larger scale it is unlikely that any small service like that concerned with unmarried mothers in Boston will achieve a more realistic idea of its role in the larger service system.

The conclusions reached by UCS and MCCY are now, very slowly, being implemented by the agency network, which has generally recognized that large-scale reform is necessary. But efforts are being concentrated on expansion of existing services and attempts to develop new ones are still peripheral. Most serious of all, the movement to question the relevance of the traditional casework approach to services for unmarried mothers does not yet seem very strong.

#### A Planner's View of Services for Unmarried Mothers

The social workers who wrote the UCS and MCCY reports were working within the constraints of practical politics, and they were under pressure to recommend

practical reforms which could be implemented rapidly without alienating those now in charge. Given these circumstances, their recommendations are wise and quite liberal. Although they did not mention abortion (this would have been suicidal in a Catholic-dominated city) UCS did dare to recommend the expansion of birth control services, implying that they should be made available to unmarried women.

In a planning thesis, however, we are not under the same constraints as the authors of those reports. It is possible for us to see services for unmarried mothers within the more appropriate context of a larger social service system for all mothers which could be developed within a "Welfare State."

#### A Welfare State in the United States

A Welfare State is still far away in the United States. We do not feel, in fact, that it can be reached under our present political and economic system. But since this is a planning thesis and not a study of the effects of Capitalism or Socialism on social welfare, we will not discuss this issue. For the purposes of our

recommendations we must assume that funds will be available to implement the proposals we make. We must further assume good will on the part of those in charge of funding towards needy people who have traditionally been denied advantages in our society - the poor, racial minorities, and those who set themselves off from society by choice. Belonging to these minority groups has been just as detrimental to unmarried mothers as their illegitimate pregnancies, and designing services for one small group without attacking the larger problems of racism and economic inequality in our society would certainly be insufficient.

#### A Welfare State: The Scandinavian Model

If the United States is still far from achieving - or even wanting - a Welfare State, some European countries have come relatively close to it, notably the Scandinavian countries.

The Scandinavian countries have traditionally been more liberal in their attitudes towards sex than we have. While unmarried mothers have not always been

- and are still not - completely free from stigma, they are much more accepted by Scandinavian society than they are here. Differences between married and unmarried mothers are played down to avoid hurting either the unmarried mother or her child.

In Denmark a service system has been developed which facilitates this goal. It caters to a client group composed of all mothers in financial or social need. Started in 1939, this "Mother's Aid" program has grown steadily. In 1965 it provided services to 40,000 women, of whom half were married and half were unmarried, separated, divorced, or widowed. Mother's Aid is estimated to be in contact with 90% of the unmarried mothers in Denmark. The system is fully integrated, and unmarried mothers are not singled out from others or stigmatized.<sup>1</sup>

The Danes have agreed to meet the problems of young mothers, married or unmarried, openly and honestly. Economic problems are solved by financial support, job training, and day-care. Complete medical services are available free and on demand. Such services are delivered as a matter of individual right, as services

owed to any needy citizen by the society at large. While psychiatric help and social work counseling are available, they are not the basis for the service system. Applicants are not expected to accept psychologically-oriented counseling as a prerequisite for other, more practical services. In general, the individual's personal privacy is respected, and she is offered the specific services she requests without being subjected to the "guidance" of social workers which, by the very emphasis placed on it in this country, suggests to clients and the general public that unmarried mothers really are psychologically or socially deviant, and not just women who happen to be pregnant and in need of services.

The Clientele of a New Service System: Mothers in Need

The service system we want to propose would be much like the Danish one. It would be a comprehensive maternal-infant care system open to all mothers in need, avoiding duplication of expensive staff and equipment. This kind of system offers benefits other than economy, however, and we would like to discuss the need for such

a system in slightly greater detail before we describe the services to be included in it. First we will describe the stigma suffered by the unmarried mother which could be lessened by such a service system. Second, we will show how married, divorced, separated and widowed women will also benefit from the system, since in many ways their problems are similar to those of unmarried mothers.

#### Destigmatizing the Unmarried Mother

All unmarried mothers are subject to some stigma, the amount varying according to where they live and with whom they have contact. The women in our sample chose to live in Cambridge, where illegitimacy is more accepted than in most other parts of the country. Some of them have consciously or unconsciously circumscribed their circle of acquaintances to those people who do not blame them for having an illegitimate child. Even within the Cambridge community, one unmarried mother found herself constantly making up lies about an imaginary "husband" who was either away or dead, to cope with strangers

at supermarkets or laundromats. Other women in our sample claimed that they felt no need to do this, and that they felt free to mention their unmarried status to strangers - though they felt no compulsion to do so, or to "explain" themselves.

Cambridge is a relatively easy place for unmarried mothers to live because all sorts of social deviance are found here, diluting the attention given any one kind. Incomplete families are common because of a high divorce rate, and a woman living alone with her child does not stand out. Some married mothers with feminist sympathies are choosing not to wear wedding rings, making unmarried mothers, whose bare finger used to signal their stigma, less noticeable. In some circles being an unmarried mother even brings prestige. One woman told us she was tired of being adulated for her "strength" and "independence" by her women friends, saying this was merely the reverse of conventional stigma, keeping her from the "normal" role she wanted to play.

Total destigmatization of the unmarried mother



could only follow a change in sexual mores which would make pre- and extra- marital sexual relations completely acceptable. Illegitimate pregnancy could then be seen as an "accident" or a purposeful action, without being a sign of having engaged in immoral sex. If, as Goffman suggests, the stigmatization of those with a "bad moral record" functions as a "means of formal social control," the perceived need for that control must disappear before destigmatization can occur.<sup>2</sup>

In the meantime, there are ways of reducing the stigma individual unmarried mothers are subjected to. The social agencies, which now perpetuate and increase the stigma, must be the first targets for reform. Some practices of the agencies serve to increase the woman's sense of being a deviant. Until very recently the Crittenton maternity home insisted that all women living there wear a wedding ring whenever they went out, presuming that the unmarried mother should and would want to hide her marital status. If someone telephoned asking for one of the women he would be assured she was not staying there. These practices

have been considerably liberalized, but maternity homes still take pains to "protect" women and to show them how to hide their past, even from prospective marriage partners. Insistence on releasing the baby is part of the effort to hide a disgraceful past and to "pass" in normal society.

The presumption of the agencies is that unmarried mothers will want to "pass" as normals as quickly as possible. Most social workers we interviewed felt early marriage was advisable for their clients whether they kept or released the baby. Agencies discourage unmarried mothers from identifying with other women in their position and forming groups based on their common problem, which would tend to perpetuate their self-identification as unmarried mothers.<sup>3</sup> But by preventing such organizations from forming, social workers also prevent women from supporting each other and learning from others how to handle their problems. The unmarried mother is isolated with her stigma, and made dependent on her social worker.

If the agencies are trying to protect their clients

and hide or lessen their stigma, their great failure lies in serving only or primarily unmarried mothers. The very act of walking into a maternity home brands a young woman, as do OB clinic hours reserved for unmarried women. The Danish service system avoids this problem by serving all mothers, while making specialized groups available to women who want them.

#### The Common Needs of Low-Income Mothers

Combining services for unmarried mothers with those for other mothers would bring to light large areas of unrecognized need among married, divorced, separated and widowed mothers. In most ways other than the handling of stigma the problems faced by any women living alone with their children are similar. And there are even similarities with the life of the average married mother who lives with her husband. We would like to review some of the problems common to these women.

The most serious problem encountered by an unmarried mother who keeps her child is usually financial.

Average salaries for women working full time in the United States in 1968 were \$4,457, or 58% of men's salaries, down from 63.9% in 1955.<sup>4</sup> Unmarried mothers, usually young and poorly educated, make less than average - and they often must work part-time. Only top professional women can afford full-time private child-care. Usually the others must work full-time, pay for day-care, which is not tax deductible, and come home at night to a full set of housekeeping chores and a baby.

To avoid this terrible, back-breaking life, many women go on Welfare, agreeing to a life of grinding poverty with little money for the necessities, much less recreation.<sup>5</sup> Women on Welfare must promise not to take part-time work to supplement their income, at the risk of having their meagre allowance lowered. The prospect of this kind of life has been a potent force driving women to release their illegitimate children for adoption, and it is still stressed by social workers.

Young married mothers face a similar fate if they decide to get divorced. Except for wives of the

rich, alimony and child support settlements seldom suffice to allow a divorcee to stay home with her children. Usually she must enter the job market and face the same existence as an unmarried mother, with little more income.<sup>6</sup>

Low salaries for women and the high cost of child-care, then, make mothers economically dependent either on their husbands or on the state.

Another serious problem faced by unmarried mothers is isolation. Whether working or on Welfare, these women cannot afford any recreation which costs money. They seldom have the time to make friends or develop normal social ties. They have sole responsibility for their children, and usually cannot afford babysitters. Even in an area where stigma is not a problem, they are usually, we found from our interviews, very lonely.

Isolation is also harmful to the children. Agency workers almost unanimously cited lack of a male in the house, and the mutually dependent and oppressive relationship that can grow up between mother and child when isolated from outside society as main risks of keeping

illegitimate children.

Divorcees, widows and separated women, while usually not as cut off from family and friends as unmarried mothers, have much the same schedule, and often bear sole responsibility for their children. Even average married housewives complain of isolation with small children constantly in the house.

Finally, unmarried mothers are subjected to social and moral pressure to marry. Those who do not marry before the birth of the child are told by friends, family and social workers that they should marry as soon as possible afterwards, "for the sake of the child." Men, knowing the social and economic pressure the women are under, take sexual advantage of them.

Divorcees are under many of the same pressures. There is a certain stigma attached to the term "divorcee" (men more easily resume single status) and many divorcees (and widows) feel a responsibility to find another father for their small children. They are also excluded from much social life, which typically takes place in couples. This is one of the reasons between 85 and 90% of those

who divorce between the ages of 20 and 40 are likely to remarry.<sup>7</sup>

In many ways, then, a service system designed to meet the needs of unmarried mothers will also be useful for other mothers undergoing similar hardships.

### Recommendations

#### Recommendation #1: Abolish "Illegitimacy"

While a service system on the Danish model is the main recommendation we will make, three other kinds of reform must also be initiated immediately. Legal and social disabilities occasioned by illegitimacy must be removed; second, women must be given the means of controlling their own reproductive functions; and, third, a suitable means of financial support must be found.

Legal reform will not free unmarried mothers from stigma, but it could make their lives easier in many ways. Besides the legal disabilities of the illegitimate child, the unmarried mother herself is subject to restrictions in many areas. Most insurance does not cover illegitimate births.<sup>8</sup> Until recently

unmarried mothers were not accepted into public housing. Husbands' signatures are required on many legal documents, and even diaper service must be registered under a married name. Paternity suits must be initiated by the mother (or in her name) forcing her to reveal herself if she wants help meeting the child's expenses.

Once again we would do well to follow the Danish example of reform. Under the Paternity Act of 1937, an illegitimate child in Denmark is given the same rights in relation to his parents as the child born in wedlock. Paternity is automatically established by the state, and fathers were named in 82% of cases before 1960. (The rate is higher now). Once paternity is established, the child takes the father's name, and is partially supported by him until age 18 or later, having the same rights of inheritance as a legitimate child. (See Appendix 3 for the rights of the illegitimate child in Massachusetts.) Unmarried mothers take the title "Mrs." and assume the status of married women in all ways (e.g., health care, paid maternity leave from work, right to wear a wedding ring, etc.)



Abolishing the legal disabilities occasioned by becoming an unmarried mother would, some social workers say, cause rates of illegitimacy to rise. This has not been the case in Denmark, where the rate of illegitimacy dropped after the passage of the Paternity Act from 10% of all live births in 1930-1935 to 7.4% in 1950. (The rate is now rising slightly, as it is in this country.)<sup>9</sup> It would seem, then, that just as punitive measures are not stemming the current rise of illegitimacy, removing the threat of punishment will probably not increase out-of-wedlock births.

Recommendation #2: Give Women Control over Their Own Reproductive Functions

The second reform which must accompany, and hopefully precede, the development of a large-scale social service system would be giving women the legal and practical right, so far as possible, to determine for themselves whether or not to become unmarried mothers.

The first step in giving women this opportunity would be to provide free, adequate birth control, access

to abortion, and sex education. Until these are provided, women will become unmarried mothers against their will. The current practise of failing to provide women the means to avoid becoming unmarried mothers (at whatever point before childbirth) and then stigmatizing them for bearing illegitimate children is unfair. It is also uneconomical for the society. Krantz has estimated that the average cost in Welfare and other services of maintaining a woman who bears a first illegitimate child as a teen-ager and goes on Welfare can amount to \$100,000 over her lifetime, not to mention the loss of her productive power as a self-supporting individual.<sup>10</sup> The moral shift which will have to precede or accompany the large scale provision of means to avoid illegitimate pregnancy (or any pregnancy) is a considerable barrier to reform. It is probably the main obstacle to be overcome.<sup>11</sup> But without this basic reform it is, we feel, dishonest to recommend other reforms in the area of services for unmarried mothers.

There are other arguments, besides moral ones, against using contraception and abortion to limit

illegitimacy. One is skepticism, voiced by social workers and students of lower-class (especially black) culture, that poor women will use these facilities if offered them. Recent research seems to contradict this argument. Experiments described by Furstenberg in Baltimore and Sarrel in New Haven, among others, have followed the histories of teen-aged women, mostly black and on Welfare, who have given birth to illegitimate children. Special programs in ~~birth~~ control offered to these women have been found to reduce the rate of recidivism considerably. In Furstenberg's group, the rate of women bearing a second out-of-wedlock child during the experimental period was 6% for the women receiving contraceptive devices, and 20% for the control group. Furstenberg reports that ignorance and lack of contraceptive skills, and not lack of motivation, are the reasons poor women fail to use birth control.<sup>12</sup>

Abortion is a more radical solution to unwanted pregnancy than contraception. The strength of public feeling against abortion can be illustrated by the case of Scandinavia. In Denmark, previously cited as liberal in social legislation, and exempt from

Catholic influence, abortion is still restricted. While birth control is commonly available and used, only half the women who apply to Mothers' Aid for abortions are granted them, and it is estimated that there are three times as many illegal as legal abortions performed in the country, making abortion the means of terminating 20 to 25% of all pregnancies.<sup>13</sup> These policies, which are similar to those in other Scandinavian countries, are now being reexamined, but they show that abortion is likely to be the last service to achieve common acceptance.

If birth control and abortion became commonly available, what effect would this have on the population of unmarried mothers in the United States? First of all, any effect would be a gradual one. Public education would have to be carried out, long-held sexual inhibitions removed, and religious barriers broken down. Unwanted illegitimacy would be likely to occur among the poor and Catholics for many years, depending on how effective the services and education were. Many women would remain undecided

about their pregnancies too long, barring the possibility of abortion. Many, also, would probably have the baby, and then decide they could not or did not wish to raise it. In the long run, however, illegitimacy would be linked to those women who decided personally that they wanted to bear children out of wedlock.

Recommendation #3: Provide Adequate Financial Support for all Mothers of Dependent Children

An adequate income is crucial for any woman trying to raise children by herself. As we showed earlier in this chapter, lack of money is a major disability. The Welfare system which has been developed to supply subsistence funds has been widely and justifiably criticized for supplying too little money with too many strings attached. Once again, the burden is on the clients to prove need, automatically stigmatizing Welfare recipients.

Many of the services provided by specialized agencies would be unnecessary if all women had enough money to buy these services privately, as the rich do now. Even if specialized services were provided

free, mothers would need money for basic support.

There are many ways this money could be provided. First, there should be a Family Allowance given automatically to all families with dependent children, as there already is in all 27 European countries. Vadakin and others have reviewed the myriad Family Allowance plans proposed: we do not claim to be able to judge which of them is best.<sup>14</sup> Generally, we agree with Moynihan that a Family Allowance would be preferable to a negative income tax, which would separate those who pay taxes from those who receive tax money. A Family Allowance would lessen the perceived difference between a "Welfare Family" and a working-class tax-paying family, whose incomes are sometimes not very different. A Family Allowance might also be sufficient for an unmarried mother who was working, especially if child-care were provided free (which it must be).

For a mother living alone, and not working or receiving adequate support from her husband or her children's father, other financial support is necessary. Women should not be forced to leave their small children in public day-care centers and take

low-paying, menial jobs.<sup>15</sup> All mothers of dependent children should be eligible for adequate income maintenance, to ensure that they have the means to bring up the next generation with the fewest possible disadvantages. This support might be handled by the Social Security Administration or other appropriate agency.

Recommendation #4: A Service System for Mothers

Long before unwanted pregnancies are eliminated and illegitimacy is destigmatized, we can begin to develop a service system for mothers. It could follow the Scandinavian pattern, but it should be designed with the special needs of our own heterogeneous population, and especially disadvantaged minority groups, in mind.

The service system we envision would be nationwide, but relatively autonomous at the local level, to meet differing community needs. In Boston the system could be started by adding a Mother's Center on to each of the MIC Clinics which are already established in local neighborhoods and which provide

free medical care for all needy mothers and children.<sup>16</sup> Other services should be added within these clinics, which would gradually absorb specialized staff from the present agencies, as well as hiring a new staff of community residents. The new services which should be established include the following:

#### Client Advocates

We propose a system of client advocates to perform most of the social workers' present functions. Client advocates should come from the same background as their clients when possible, and even be close to them in age. Their main function would be to get to know any woman who came for services but was unable to find her own way around within the agency. An advocate would sit down with her client and work out, consulting with professionals if necessary, solutions to personal problems the woman could not handle. In the case of a language barrier, the advocate would speak the client's language. If a client returned to the agency for more help, she would see the same advocate, or call the advocate out to her home. This



would avoid the present duplication of Intake and the necessity for a client to explain her problems to several professionals, which can be annoying and embarrassing.

Advocates would be paraprofessionals. They would have a thorough understanding of the services available (which would all be offered at the Mothers' Center) and they would have access to specialized professionals in case of need. Generally they would be people from the local community, who could communicate with clients better than outside professionals. There would also be upper-middle-class advocates to handle women like those in our sample.

Experimentation in this area has already begun. Some agencies are beginning to train community people to work in outreach programs. Black social workers are in high demand in black communities. There have recently been great successes in the field of drug addiction, where former addicts have been found to be more effective in working with heroin addicts than doctors or social workers. Clients seem to feel more comfortable with someone they can identify with.

One reason a shift has not yet been made to this kind of advocate system is that it represents a threat to the social work profession. We feel, however, that social workers' skills are now being misused, and should be used for more specialized functions. Psychotherapeutic counseling, while not needed by all unmarried mothers, is needed by many of them, as well as by other women. Within a comprehensive service system for all women, such counseling could be offered to all who needed it. This would be more useful to the clients and, we are sure, more satisfying for the social workers.

#### Education, Group Work and Specialized Services

Educational courses should be offered to all mothers in the centers, including courses on child care, home-making, shopping and consumer skills, cooking, etc. Sex education and courses teaching women about their own bodies would be included, as well as birth control training. Legal services, psychiatric help, family counseling, parent-child and marital counseling should be available from

specialized personnel.

Group sessions should be offered in all degrees of integration. Special groups for unmarried mothers could be available, but more importantly mixed groups should be formed where pregnant women, married or unmarried, could get together with women who have already delivered their babies, to learn from them and overcome any fears concerning motherhood. These sessions would also be useful for those women who had delivered, putting them in the teacher-helper role, and raising their self-confidence. Groups could also be used for skill training, preparing women to return to school or enter the job market. Women who wanted to organize politically or as a pressure group could do so through these groups, which would do much to relieve the isolation of young mothers mentioned earlier.

Fathers, married or unmarried, should be included in many of these activities, and day-care, of course, should be provided.

### Referral Centers

The centers could be a central referral source for other services. Job training programs and special schooling could be provided in or outside the centers. While we would hope to see a trend allowing pregnant women to remain in their regular schools, until attitudes have changed enough to allow this, schools like Centaum are crucial for unmarried mothers, and should be enlarged and encouraged. Foster care for babies whose mothers are temporarily unable to care for them could be coordinated through these centers, though individual families would probably care for the infants. Adoption could also be coordinated through here, and adoption resources for minority group children could be further developed by making adoption a community project instead of a professional service with a middle-class aura, which prevents poor or black families from applying.

### Home Services

Programs are also badly needed for women confined

to the home, especially right after delivery. England and the Scandinavian countries have programs which provide homemaker and nursing service free for mothers up to fourteen days after delivery. Visiting nurses continually come to the house, offering advice and medical care for both mother and baby. The British unmarried mother in our sample said she received several such visits every day when her child was born, and that they were extremely helpful. These services could be combined with visits from the "advocate" worker, who would continue helping the new mother with plans for the future.

#### Housing Resources

Housing resources should be developed to accommodate many types of mothers who cannot find their own housing. Maternity homes should be opened to anyone who needed temporary housing, either before or after her child's birth. Group homes should be developed as "half-way houses", for women who keep their babies but are not ready to return to their community alone.

Day-care for infants and small children and facilities for meetings, courses, and social events would make these half-way houses pleasant homes, and perhaps local centers where issues of interest to all young women and mothers would be discussed informally or formally. These centers, or similar ones, should be open to married women also, as a place to go to escape a bad marriage temporarily, or as a half-way house for a young wife leaving her husband. This kind of service would possibly reduce unhealthy home atmospheres which lead to child abuse, and ensure that marriages stay together for better reasons than the inability of a young wife to find suitable housing for herself in an emergency. "Family home" resources should also be developed for young women who would want to live with a sympathetic family for a time, especially after a child's birth, when the family would provide care for the child while the mother attended school.

Conclusion

There are several levels on which to see the problems of unmarried mothers. The lowest level is the one used in the UCS and MCCY reports, in which services for these women were seen in isolation from the larger service system, and where changes were recommended without taking the shifting client population and social climate into consideration.

The middle level is the one used in this chapter, where we have suggested designing a flexible service system which would build incrementally toward providing the most appropriate services for the largest number of women possible at any given time. This kind of program is realistic, because it can shift with changes in financing and political climate, while always keeping in mind plans for the eventual expansion which would make it an effective system of services within a larger Welfare State.

The broadest context within which to see the problems of unmarried mothers is the context of problems of women in general in society. Planning to eliminate

the inequities which plague women in the job market, in their subordinate role as housewives and consumers, and in their dependence on husbands or state support, are important issues which should be in the mind of anyone planning services for any group of women.



Chapter 5 - Footnotes

1. Edith Garnezy, "Meeting the Problems of Illegitimacy the Danish Way," Effective Services for Unmarried Parents and Their Children: Innovative Community Approaches, National Council on Illegitimacy, 1968, p. 11.
2. Erving Goffman, Stigma: Notes on the Management of Spoiled Identity, Prentice-Hall, Inc. 1963, p.139.
3. One unmarried mother in our sample tried to get a family service agency to help her start such a group by telling its clientele that one was being started, but she was turned down. The agency felt it would not be "constructive" for the women. She then tried to advertize to start her own group, but none of the large Boston papers would print her ad mentioning "unmarried mothers". Finally Boston After Dark published it but she got no response.
4. Women's Bureau, Department of Labor, Handbook of Women Workers .
5. In Cambridge, with a high Welfare schedule, a woman with a child receives \$183.50/month if she has a private apartment.
6. Her income tax reverts to "single" rates, and if the child's father pays over half the child's support, he claims the dependent exemptions, with no account taken of the economic value of the time or labor she puts in caring for the child, nor her lower earning capacity.
7. William J. Goode, The Family, Prentice-Hall, Inc., New Jersey, 1964, p. 94.
8. Blue Cross is in the process of changing its policy to include illegitimate deliveries.

Chapter 5 - Footnotes (continued)

9. Edith Garmezzy, "Meeting the Problems of Illegitimacy the Danish Way," Effective Services for Unmarried Parents and Their Children: Innovative Community Approaches, National Council on Illegitimacy, 1968, p. 9.
10. Krantz, K., Comments in: The adolescent unwed mother. In Jeffries, J.E. (Ed): Ross Round Table on Maternal and Child Nursing, Columbus, Ross Laboratories, 1965, p. 6.
11. On a recent Gallup Poll, 80% of the people polled objected to supplying birth control to adolescents. Frank Furstenberg, Jr., "The Prevention of Adolescent Illegitimacy", mimeo, 1969, p. 1.
12. Frank Furstenberg, Jr. "The Prevention of Adolescent Illegitimacy", mimeo, 1969, and Osofsky, The Pregnant Teen-ager, p. 90.
13. Edith Garmezzy, "Meeting the Problems of Illegitimacy the Danish Way." Effective Services for Unmarried Parents and Their Children: Innovative Community Approaches, National Council on Illegitimacy, 1968, p. 20.
14. James C. Vadakin, Children, Poverty and Family Allowances, Basic Books, N.Y. 1968.
15. Public day-care centers, known as "Nixon's detention camps" are now being developed for this purpose. Day-care is also being developed as a profit-making industry, which, we are afraid, will put the interests of investors above those of the children. We favor small community- and parent-run day care centers, supported through grants to parents and communities.
16. These clinics are already working in birth control, though not abortion. They dispensed contraceptive devices to 1,666 women, married and unmarried (they do not ask, "presuming" that only married women would request them) in 1969.

## Appendix 1: Agency Questionnaire

Characteristics of Agency

1. What is your official title?
2. How large is the professional staff of this agency?
3. What are their professional qualifications?
4. Do you use non-professionals in this agency?  
If yes
  5. What jobs do they do?
  6. How much education do they have?
  7. Are they paid?
  8. Are there other ways you would like to see non-professionals used in this agency?If no
  9. Is there some way you would like to see non-professionals used in this agency?
10. Do you have a Board of Directors?  
If yes
  11. Do they make policy?
  12. Who else shares in policy-making?
  13. Do you see any difference between the kinds of things the Board of Directors would like the agency to do, and what the professional staff would like it to do?
14. What is the source of funding for this agency?
15. Would you say this agency's facilities were overcrowded, or under-used?

Studies of Clients

16. Has this agency done any studies of its clients?  
If yes
  17. What subjects did these studies cover?
18. (Except for the areas covered by these studies) what information or contact with your clients are your general impressions of them based on?

Types of Services

19. Now I'd like to ask you some questions about the services offered here. What are the principal services you offer?
20. What services do most of your clients come here looking for?
21. How many of the unmarried mothers who come here do you refer directly to another agency?
22. In general, do you feel that the women you refer to other agencies are receiving satisfactory service there?
23. Do your clients' ideas about what services they want often change during your counseling sessions?
24. I am going to read a list of services. Could you point out which ones you offer and describe briefly what your services are like in this area?

1. School
2. Job training or employment
3. Financial
4. Residential
5. Therapy
6. Legal services
7. Medical services
8. Day care
9. Home-making and child care education
10. Religious
11. Foster care for mother during pregnancy
12. Foster care for baby
13. Birth control (where would you recommend girls to go?)
14. Abortion ( " " " " )
25. In what cases would you refer a girl to Welfare?
26. Are there certain girls you prefer not to refer to Welfare?
27. How do you think receiving Welfare affects your clients?

#### Charges

28. Are there charges for the services offered here?  
If yes
29. Which services are women expected to pay for, and how much do they pay?
30. Is there anyone else who often helps pay for the services? For instance:
  1. The girl's family
  2. The putative father
  3. A public agency
  4. A private agency
  5. Prospective adoptive parents
  6. Anyone else?

#### Qualifications

31. Are there any special qualifications for receiving services here? For instance:
  1. Number of pregnancies
  2. Psychological condition
  3. Religion
  4. Other

#### Composition of Client Population

32. Now I'd like to ask you some questions about the unmarried mothers who come here. Can you say, in general, who the agency considers to be its primary client, the unmarried mother of her infant?
33. How many women come here each year?
34. What is the age range of these women?
35. Is there one age group you serve more than others?
36. What month of pregnancy do they generally come in?
37. What is the racial composition of the group?
38. Why do you think so few Negroes (whites) come here?
39. What is the religious composition of the group?

40. Can you describe which social class or economic groups your clients belong to?
41. How many of your clients are living with their parents when they come to you?
42. How many have their own apartments?
43. How many are living with the putative father?
44. How many of them know about contraceptives?
45. How many use contraceptives regularly?
46. Do you see a lot of second and third pregnancies here?
47. What do you think are the special causes of repeated pregnancies?
48. Do you feel that a girl who gets pregnant for the second time after she has just released a child for adoption should be encouraged to keep the second child?
49. How many of the unmarried mothers are working?
50. Until what month of pregnancy do they work, and why do they stop?
51. Is there any way that you can say your clients differ psychologically from their contemporaries?
52. Is there any group of unmarried mothers which you would like to help but cannot reach at present?

#### Decision About the Baby

53. Now I'd like to ask you some questions about the decision of whether to keep or release the baby. How many of the unmarried mothers who come here keep their babies, and how many release them?
54. Do you have any feelings about which decision is the better one for most of your clients?
55. Do you see any general trends towards more women keeping or releasing their children?
56. If more adoptive facilities and parents were available, are there any special groups that you think would more often release their babies than they do now?
57. If better residential and day-care facilities were available, are there any special groups which you think would more often keep their babies than they do now?
58. If a girl keeps her baby, do you think it is better for her to get help from Welfare and stay home, or find day-care and go to work?

#### Girl's Family

59. Now can you tell me something about the kinds of families' your clients come from. Do many of them come from homes where their parents are divorced or separated?
60. Were many of them adopted themselves?
62. Do you usually have any contact with the girl's family?  
If yes
63. What does this consist of?
64. What is your policy about notifying a girl's family about her pregnancy?

65. Can you describe some of the most common attitudes girls' parents have towards their pregnancies?
66. In what cases do the parents favor releasing the child?
67. In what cases do they favor keeping the child?
68. In what cases would you say the parents have a great deal of influence over the girl's decision?

#### Putative Father

69. Do you have any contact with the putative father?  
If yes
70. What does this usually consist of?
71. In what cases might a girl who comes in be considering marriage to the putative father?
72. When a putative father becomes involved, what kind of help does he most often give the unmarried mother?
73. Is there any way in which you would like to increase your contact with the putative father?
74. Do you feel that the natural father should be given any legal rights to the child?

#### Relations with Society

75. How many of the unmarried mothers you see are keeping their pregnancy secret from their families?
76. How many are keeping it secret from people other than their families, for instance neighbors?
77. How do your clients' friends feel about their pregnancies?
78. Do their friends generally favor keeping the child or releasing it?
79. If your clients look for jobs during pregnancy, what attitudes do they meet from potential employers?
80. Do your clients have trouble getting a job if they keep the baby?
81. What problems do your clients have finding a place to live during pregnancy?
82. What problems do they have finding a place to live if they keep the baby?
83. How many of your clients take the baby home to their parents?
84. How does this work out?
85. Might your clients have trouble finding a husband if they keep their babies?
86. How about if they release their baby?
87. Do you find that any particular type of unmarried mother is particularly anxious about getting married?
88. Do you think the middle-class unmarried mothers you have seen differ in any general way from the lower-class ones?
89. Do you think that most people feel differently about a lower-class unmarried mother from a middle-class one?
90. Do you think that lower-class people are generally more accepting of unmarried mothers than middle-class people?

Illegitimacy in General

91. What do you think are some of the basic causes of illegitimacy in society?
92. Do you think society's attitude towards illegitimacy has changed in the past 10 or 20 years?
93. Do you think that illegitimacy will get to be more accepted by society?
94. What effect will this have on the functioning of your agency?
95. Do you think people should be working to reduce illegitimacy?  
If yes
96. What are some of the methods that you think might be effective for reducing that rate?
97. Do you think that more birth control and abortion would be a good way to reduce illegitimacy?

Future Services

98. If this agency is able to expand its services, what new services would you want instituted, and what existing ones expanded?
99. Are there any other services for unmarried mothers which you would like to see provided or expanded?

## Appendix 2: Statistics on Illegitimate Births

Estimated number of illegitimate births per 1,000 unmarried women 15-44, by age and color of mother: United States, 1940, 1950, 1960, 1964, 1965, and 1967.

Age and color	1967 <sup>4</sup>	1965 <sup>1</sup>	1964 <sup>1</sup>	1960 <sup>1</sup>	1950	1940
<u>Total</u>	Rate per 1,000 unmarried women in specified group					
15-44 years <sup>2</sup>	23.9	23.5	23.0	21.6	14.1	7.1
15-19 years	18.6	16.7	15.8	15.3	12.6	7.4
20-24 years	38.3	39.9	39.9	39.7	21.3	9.5
25-29 years	41.4	49.3	50.2	45.1	19.9	7.2
30-34 years	29.2	37.5	37.2	27.8	13.3	5.1
35-39 years <sup>3</sup>	15.4	17.4	16.3	14.1	7.2	3.4
40-44 years <sup>3</sup>	4.0	4.5	4.4	3.6	2.0	1.2
<u>White</u>						
15-44 years <sup>2</sup>	12.5	11.6	11.0	9.2	6.1	3.6
15-19 years	9.0	7.9	7.3	6.6	5.1	3.3
20-24 years	23.1	22.1	21.2	18.2	10.0	5.7
25-29 years	22.7	24.3	24.1	18.2	8.7	4.0
30-34 years	14.0	16.6	15.9	10.8	5.9	2.5
35-39 years <sup>3</sup>	4.7	4.9	4.8	3.9	3.2	1.7
40-44 years <sup>3</sup>					0.9	0.7
<u>Nonwhite</u>						
15-44 years <sup>2</sup>	89.5	97.6	97.2	98.3	71.2	35.6
15-19 years	80.2	75.8	74.0	76.5	68.5	42.5
20-24 years	128.2	152.6	164.2	166.5	105.4	46.1
25-29 years	118.4	164.7	168.7	171.8	94.2	32.5
30-34 years	97.2	137.8	132.3	104.0	63.5	23.4
35-39 years <sup>3</sup>	28.9	39.0	34.5	35.6	31.3	13.2
40-44 years <sup>3</sup>					8.7	5.0

<sup>1</sup>Based on a 50-percent sample of births.

<sup>2</sup>Rates computed by relating total births, regardless of age of mother, to women 15-44.

<sup>3</sup>Rates computed by relating births to mothers aged 40 and over to women 40-44.

<sup>4</sup>Updated from mimeo release giving data for 1966 and 1967, from Division of Vital Statistics.

Source: U.S. Department of Health, Education and Welfare. Trends in Illegitimacy, United States-1940-1965, National Center for Health Statistics, Series 21, No. 15, p. 4.



Estimated number of illegitimate births and ratio of illegitimate births to total births, by color: United States, 1940-65.

<u>Year</u>	<u>Total</u>	<u>White</u>	<u>Non- white</u>	<u>Total</u>	<u>White</u>	<u>Non- white</u>
	Number of illegitimate births			Illegitimacy ratios per 1,000 live births		
1968 <sup>2</sup>	339,200	155,200	183,900			
1965 <sup>1</sup>	291,200	123,700	167,500	77.4	39.6	263.2
1964 <sup>1</sup>	275,700	114,300	161,300	68.5	33.9	245.0
1963 <sup>1</sup>	259,400	104,600	154,900	63.3	30.4	235.5
1962 <sup>1</sup>	245,100	94,700	150,400	58.8	27.0	227.8
1961 <sup>1</sup>	240,200	91,100	149,100	56.3	25.3	223.4
1960 <sup>1</sup>	224,300	82,500	141,800	52.7	22.9	215.8
1959 <sup>1</sup>	220,600	79,600	141,100	52.0	22.1	218.0
1958 <sup>1</sup>	208,700	74,600	134,100	49.6	20.9	212.3
1957 <sup>1</sup>	201,700	70,800	130,900	47.4	19.6	206.7
1956 <sup>1</sup>	193,500	67,500	126,000	46.5	19.0	204.0
1955	183,300	64,200	119,200	45.3	18.6	202.4
1954 <sup>1</sup>	176,600	62,700	113,900	44.0	18.2	198.5
1953 <sup>1</sup>	160,800	56,600	104,200	41.2	16.9	191.1
1952 <sup>1</sup>	150,300	54,100	96,200	39.1	16.3	183.4
1951 <sup>1</sup>	146,500	52,600	93,900	39.1	16.3	182.8
1950	141,600	53,500	88,100	39.8	17.5	179.6
1949	133,200	53,500	79,700	37.4	17.3	167.5
1948	129,700	54,800	74,900	36.7	17.8	164.7
1947	131,900	60,500	71,500	35.7	18.5	168.0
1946	125,200	61,400	63,800	38.1	21.1	170.1
1945	117,400	56,400	60,900	42.9	23.6	179.3
1944	105,200	49,600	55,600	37.6	20.2	163.4
1943	98,100	42,800	55,400	33.4	16.5	162.8
1942	96,500	42,000	54,500	34.3	16.9	169.2
1941	95,700	41,900	53,800	38.1	19.0	174.5
1940	89,500	40,300	49,200	37.9	19.5	168.3

<sup>1</sup>Based on a 50% sample of births.

<sup>2</sup>Updated from mimeo release Monthly Vital Statistics, Division of Vital Statistics.

Source: U.S. Department of Health, Education and Welfare. Trends in Illegitimacy, United States- 1940-1965, National Center for Health Statistics, Series 21, No. 15, p.4.

## Appendix 3: Legal Aspects of Illegitimacy

"Filius Nullius"

In Massachusetts an illegitimate child is still in many ways "filius nullius" - nobody's child. He can inherit only from his mother, who has legal custody of him. He has no claim on her relatives. The child has no right to his father's name, support, or company unless paternity is legally established. Even after this has been done, the child has a right to inherit only from his father, and only if it is specifically written into the father's will. The child has no right to sue for damages if his father is hurt or killed, and no right to inherit from his father's family.

Birth certificates still record illegitimacy by leaving the space for "name of father" blank, or by other local means. These records are not kept in local town files, but rather in a central, secret state file.

Rights of the Unmarried Father

Under Massachusetts law the unmarried father has no rights to his child, even when paternity has been established and he is contributing to the child's support. The Boston Globe has recently publicized a case in the Boston courts (the "Monnar Case") in which a 20-year-old unmarried father is suing for custody of his 2-year-old

son. The mother, after refusing to marry the father as planned, left the child with him and his parents for a year. Then one day she returned and took the child on the pretext of having him photographed, and released him for adoption through the Catholic Charitable Bureau of Boston. The father has lost his suit for custody and is appealing. Meanwhile the child remains in his potential adoptive home.

We asked the agency workers we interviewed whether they thought Monnar should be given custody of his son. All but one (the only man interviewed) felt that the father should have no right to his child. Concerning the Monnar case one informant felt the child should not be returned to his father because he might become the butt of family arguments. Another opined that Monnar was not the real father. A third felt that Monnar's parents, not Monnar himself, wanted the child.

The real reason unmarried fathers are denied rights to their children have to do with the adoption process. A legal father (in the case of married women, for instance) must sign adoption papers. The social workers think that it would be difficult to find most unmarried fathers, and that having to locate them would add intolerable delays to adoption procedures, which are already lengthy. (Scandinavian countries do not give the unmarried father rights to his child either.)

## Agency Interviews

Public Agency

Division of Child Guardianship. Rita Canney, Assistant Director. April 8, 1970.

Private Adoption and Children's Agencies

Avon Home. Miss Meany, Director of Social Workers. February 20, 1970.  
 Boston Catholic Charitable Bureau. Miss Whitney, Supervisor of Intake. March 2, 1970.  
 Boston Children's Service Association. Miss Mary Ingalls, Agency Program Consultant for Work with Unmarried Mothers. March 9, 1970.  
 Cambridge Catholic Charitable Bureau. Miss Kay Bixby, Supervisor. March 6, 1960.  
 Jewish Family and Children's Service. Mrs. Pare, Adoption Caseworker. March 20, 1970.  
 New England Home for Little Wanderers. Mr. Hagarty, Director of Casework Services. April 1, 1970.

Hospitals

Cambridge City Hospital. Miss Heinritz, Director of Social Services. March 11, 1970.  
 Beth Israel Hospital. Mrs. Phillips, Director of Social Services. April 20, 1970.  
 Boston City Hospital. Miss Stempkowska, Director of Social Services, and Mrs. Smith, Assistant Director. March 12, 1970.  
 Boston Hospital for Women, Lying-In Division. Miss Marlene Lebow, Assistant to the Executive, Division of Social Services. March 26, 1970.  
 Maternal and Infant Care Clinics. Sarah Dubben, Assistant to the Director. April 23, 1970 (telephone).  
 St. Margaret's Hospital. Miss Mary Breslin, Director of Social Services. March 6, 1970.

Maternity Homes

Crittenton Hastings House of the Florence Crittenton League. Mrs. Helen Friedman, Director of Social Work. February 23, 1970.  
 St. Mary's Home. Sister Mary Grace, Director. March 6, 1970.  
 Salvation Army Booth Memorial Home. Brigadier Guckert, Director, and Mrs. Joanne Benoit, Social Worker. March 10, 1970.

Private Family Service Agencies

Concord Family Service. Mrs. Janet Taylor, Director. February 26, 1970.

Family Counseling and Guidance Centers. Mrs. Salame,  
Casework Therapist. March 5, 1970.  
Family Service Association of Greater Boston. Mrs.  
O'Gorman, Intake Social Worker. February 27, 1970.

Birth Control and Abortion Agencies

Planned Parenthood League of Massachusetts. Mrs. Betsy  
Sable, Family Planning Counselor. March 24, 1970.  
Pregnancy Counseling Service. Miss Pamela Lowry,  
Coordinator. March 25, 1970.

Miscellaneous

CENTAUM. Mrs. Julia Stern, Director. November, 1969.  
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19, 1970.  
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