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Maternity Homes: The Case of a Dying Institution.

Samuel O. Miller Ph.D

The checkered career of a major social welfare institution appears to be near its end. Maternity homes as the major service to unmarried mothers face an uncertain future, with few indicators of a reversal in this current trend. The provision of social services as an expression of society's concern for the problems of unwed mothers has invariably been accompanied by a dynamic combination of deep feelings of prejudice and ambivalence. However, the current uncertainty of their status; the confusion in attitudes and conflicting opinions about the value and purpose of homes for unmarried mothers are being expressed by the principal actors in this social welfare scene: the unmarried mothers themselves, social workers who constitute the main supporters of this service and administrators of homes responsible for the provision of residential care.

A thorough review¹ of the development of this Institution reveals the uneven and ill-defined course in the provision of residential services to unwed mothers. Further, maternity homes have assumed various functions in different eras and for diverse reasons. In the continuing evolution of their raison d'etre, maternity homes lost their original purpose of concealment and protection and no single substitute has evolved to take their place. Consequently, there is currently an absence of general agreement about the specific contributions maternity homes can and do make to the prevention of, or intervention into, the problem complex known as "illegitimacy."

Size and Dimensions of the Problem

The annual number of out-of-wedlock pregnancies is extremely high and has been steadily and dramatically increasing; not only in absolute numbers but as percentages of total delivered births and in the rate of illegitimate births per 1,000 unmarried females in the general population. In 1938, for example, 87,900 illegitimate births were reported, comprising 3.6 percent of the total number of live births that year. By 1960, the figure increased to 225,000 and represented 5.2 percent of that year's births. For 1966, the figure reported was 302,400 or 8.4 percent of that year's total live births. During the same period, the illegitimacy rate (i.e., the number of out-of-wedlock births per 1,000 unmarried females between the ages of 15 and 44) rose from 7.1 to 23.4 percent.² Predictions indicate that by 1980 the actual number of births out of wedlock could soar to 403,000.³

Large as these number, percentages and increase are, the actual number of out-of-wedlock pregnancies reported each year do not fully portray the

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actual number of pregnancies occurring. Several reasons explain why it is virtually impossible to arrive at a reliable estimate of the total population at risk. Little is known of the incidence of unwed pregnancies which terminate in accidental or planned abortion. National estimates of live out-of-wedlock births are confused by the varying definitions of illegitimacy used by individual states in determining and reporting their particular rate. Further, data from the National Office of Statistics, the estimate utilized with the greatest frequency, exclude figures from 15 states including the most populous ones of California and New York.

Trends in the Demise of Maternity Homes

The original purpose of maternity homes has been lost or severely minimized; there are conflicting expectations of the homes by those who use and staff them and the context in which they currently operate has altered radically since their inception. These and other factors have given rise to severe doubts about the very necessity of this social welfare institution. Consequently, maternity homes as an institution appear to be facing extinction. Several previous and current trends forecast its demise. Four of the most crucial trends are highlighted below; trends which were revealed in the analysis of data from a national study of children's institutions in 1966.⁴

1. Maternity homes have consistently served only a minimum of those who might benefit from their services.

In spite of the above imprecise, but nevertheless impressive statistics on out-of-wedlock pregnancies, Maternity Home serve only a small minority of unmarried mothers. Further, the service is limited by its very nature to individuals of a markedly selected background. For example, during 1963, the dozen maternity homes in New York served only 7 percent of that city's unmarried mothers.⁵ Nationwide, Maternity Homes annually serve only 25,000 mothers to be, less than 10 percent of the total estimated unmarried pregnant women. On the other hand, non-residential child welfare agencies serve a population of unmarried mothers that is two and one-half time larger and an even greater number do without any service whatsoever.⁶

Similarly, certain admission criteria related to age, marital status, adoption plans, previous out-of-wedlock pregnancies, religious affiliation and other agency restrictions (including cost of services) exclude many unmarried mothers from use of maternity homes.

The data on use of maternity homes by non-white clients offer a perfect example. Although the highest incidence of illegitimacy exists among the non-white population, the distribution of non-white clients in maternity homes increased only 4.9 percent between 1966 and 1969, from 12.2 to 17.1 percent.⁷ The limited usage by non-white population is a direct result of the systematic exclusion by policy and practice developed on the basis of racial discrimination. In 1960, one quarter of the homes in existence systematically excluded blacks. In 1966, the National Council of Illegitimacy excluded four facilities for unmarried mothers from its directory because they had not developed or articulated plans for integrating their clientele.⁸

Previous actual and potential users of Maternity Homes are utilizing other resources and methods for solving their problems.

The girl who finds herself pregnant out-of-wedlock is confronted with a complex set of medical, legal, social and psychological problems. As they have been traditionally conceived and operated, maternity homes have offered only a partial solution to any of these problems, namely a place to hide, a connection with adoption facilities and a "second chance." Institutional commitment to these outcomes precludes utilization of the alternatives of abortion, marriage and giving birth to a child which the mother keeps. Yet, the undeniable fact is that an increasing number of females are choosing among these alternatives.

For many girls marriage is not a realistic solution, either because of age, marital status of the putative father or the condition by which they became pregnant (e.g., rape). However, the percentage of illegitimately pregnant women choosing to marry during their pregnancy ranged from 3 to 19 percent in four studies completed prior to 1960.⁹ One recent attitudinal study reveals that marriage is viewed by unwed mothers as the most acceptable solution to their problems, suggesting a probable drastic increase in the percentage of those who exercise this choice.¹⁰

Previously the alternative of abortion was universally unavailable except through illegal channels, self-applied means or by proving to medical authorities that the pregnancy threatened the physical or emotional survival of the mother-to-be.

Recent relaxations of legal restrictions in many states now make abortion a viable solution, and a significant number of girls are choosing this alternative.

By July, 1970, nine months after the State of New York enacted its law allowing legal abortions, 100,000 such operations had been performed in New York City alone, of which 50 percent were requested by and granted to unmarried, pregnant girls.¹¹

For years it has been argued that the more frequent choice of keeping their babies by lower class, non-white mothers indicated greater moral acceptability of illegitimacy in that sub-group. The total number of girls currently making this choice is increasing and the rate of increase is greater among girls who previously went to maternity homes and chose to relinquish their babies for adoption. Prior to 1968, three percent of all girls entering the Florence Crittenton Home in Kansas City kept their babies. By 1970, the percentage had increased to 17 percent. A similar increase (from 14.5 percent in 1966 to an estimated 36.2 in 1969) has been reported by the combined affiliates of three national agencies: The Salvation Army, The National Conference of Catholic Charities and The Florence Crittenton Association of America.¹³

Declining occupancy rates have culminated in the closing of several maternity homes, with a concomitant development and expansion of non-residential services.

In the last decade there has been an increasing awareness of professional responsibility to the majority of unmarried mothers; that is, the 90 percent not utilizing maternity homes services; the 60 percent who do not surrender their babies for adoption and the percent of low income, non-white, unwed mothers. In response to the increased professional concerns and to criticisms from within and outside the profession, myriad imaginative programs were developed.¹⁴

The majority of these avoided residential care and chose to emphasize continued education of the pregnant teenager; development of vocational, social and child care plans for the unmarried mother and her child and the provision of comprehensive community-wide services. The success of these programs has been phenomenal. Principally, documented professional experiences have contributed systematic and relevant data about a sector of the population of unmarried mothers, previously unserved. Similarly, more girls remained in and graduate from high school; more babies were born healthy and the plans developed by and with the girls for themselves and their offspring were realistic, responsible and functional.

In contrast, and despite differential demands and the success of the approaches, maternity homes continued to devote their most energetic efforts to the traditional objectives of concealment and adoption, and, in particular care during the last trimester of pregnancy. The organization of these institutions precluded meeting the expressed needs of pregnant females for shelter care and other living arrangements at various stages of the prenatal period and subsequent to the baby's birth. Unilateral emphasis on therapeutic counseling resulted in neglect of relevant, and oftentimes, crucial, legal, social and practical problems of the unmarried mothers.

Data becoming available in and subsequent to the early 1970's revealed the cumulative response of professionals and potential clientele, namely: increasing skepticism regarding the value of maternity home services. Figures from a recent Census of Children's Institutions reveal that 43.3 percent of those who use maternity homes are in residence less than three months.¹⁵ The Florence Crittenton Association of America, with approximately 50 affiliates, reported in 1969 that the average length of stay decreased from 80 to 71 days and further, that the number and percentage of girls participating in out-of-residence care were increasing with a simultaneous decline in the number of clients served in residential care.¹⁶ Three national agencies whose affiliates comprise 75 percent of the total number of maternity homes in the United States--all report that applications during 1971 were down sharply from the previous year. Recognizing their precarious status, these agencies were forced to depart from their former silent and unobtrusive stance and resort to advertising and recruiting as a way of filling their beds. These interrelated factors came to a climax during the first six months of 1971 when a total of 10 homes in New York; Detroit

Cleveland; Hartford, Connecticut and other cities announced plans to go out of business with several others expected to follow suit.¹⁷

4. Inherent orientation and conditions of maternity homes are in conflict with and in contrast to current trends in social welfare.

Most existing maternity homes have offered a useful combination of residential accomodation, health care and various social services. However, new methods of service delivery has been the ideal of the last decade in social welfare. The thrust has emphasized, among other things, community oriented programs, differential staffing patterns, rejection of traditional approaches to clientele and prevention of and/or early intervention into problem complexes. Maternity homes, because of their very nature, find it impossible to systematically move into the mainstream of the current directives.

For example, while one ideal of social welfare treatment is the increase of self appreciation and capacity to assume personal responsibility the rules, restrictions, erosion of privacy, limited period of stay--all characteristic of maternity homes--mitigate against the realization of such an ideal. Similarly, to insure privacy and concealment, maternity homes were generally constructed in areas remote from population centers. Consequently, for most homes, relevant neighborhood or community programs would be impossible. Further, illegitimate pregnancies as a social program, come to the attention of maternity homes long after their occurrence. As a result, this institution has limited, if any, access to clients for whom prevention could be possible or useful.

More significantly, several inherent deficits precluding achievement of current welfare objectives were documented in a recent research monograph.¹⁸ Despite being postulated as complete treatment agencies, the programs in maternity homes are characterized by:

1. Uninvolvement of putative fathers and families in most treatment arrangements.
2. Continued isolation of residents from the community.
3. Limited availability of post discharge services.
4. An extensive interest on the part of Directors in expanding services as currently defined and delivered, but limited interest in expanding or developing services for different clientele.

Cause of the Death of Maternity Homes

While there are many possible explanations for the impending extinction of maternity homes, two major reasons are postulated here. Firstly while it has been customary to view illegitimacy as a unified problem, it is, in fact, a multi-faceted one. Several highly inter-related and overlapping phases constitute the process by which illegitimacy is socially defined: illicit coition, the actual pregnancy; the birth and care of infants born to unwed mothers and the combined physical, social, emotional and other related health needs of the unwed mother, her child (or children) and significant others. For each of these phases, the intervention system known as maternity homes represents only one of the many services potentially

available to unwed parents, and differs considerably in its appropriateness. As an institution, maternity homes do not now have, and have never had a unique contribution to offer to the solution of the problem or to any one of its particular phases.

The demise of maternity homes can be simultaneously attributed to a variety of factors reflecting the current sexual revolution. The increasing availability of birth control information and devices have removed the one greatest deterrent to sexual intercourse--fear of pregnancy while preventing numerous pregnancies which heretofore may have resulted in a maternity home stay. The liberalization of abortion laws has allowed unwed mothers to make new or different decisions regarding their unwanted pregnancy. The growing tolerance of illegitimate pregnancies in all strata of society has seriously diminished the number of potential applicants to a maternity home. Consequently, many unwed girls who are sexually active do not become pregnant and of those who do, many choose to confront society directly with their maternal status with considerably less of the previous concerns for confidentiality.

In effect, the multi-faceted nature of illegitimacy and the changing societal context have today combined to render the import and contributions of maternity homes irrelevant. As concluded by the former Director, at the time of the closing of Detroit's oldest maternity home:

"There's no need for a maternity home in its traditional sense, the original purpose of a home was to conceal the pregnancy of an unmarried woman; to provide her with shelter and seclusion and to protect her from social stigma. But the present social environment is radically different This generation is telling us the majority needs something else. 19

Conclusion

The preceding analysis of the death of Maternity Homes as a social welfare institution has serious practical and theoretical implications. Neither theory nor practice has routinely provided knowledge or skill in dealing cogently with social welfare institutions in the process of becoming obsolete. Faced with declining clientele typical administrative responses have included trial and error efforts of redefining goals, restructuring program emphases and reassigning staff with the hopes of revitalizing program or, at least, continuing to attract a respectable proportion of clients. The profession of social work, to remain relevant, must encourage its members to anticipate and prepare for changing demands in services and programs; alternative structures of social welfare institutions and, occasionally, institutional obsolescence. This author in a previous paper²⁰ offered a proposal for reorganizing the overall intervention system currently responsible for services to unmarried mothers, aimed at increasing the availability of high quality, comprehensive, integrated services. This requires the locating of maternity homes within a continuum of services likely to provide continuity of care. In this system ingress to a maternity home is dictated by the girls' inability to continue their current living arrangement, the need for an availability of critical services in a residential setting and the assurance of appropriate results from such services.

From a theoretical perspective, a full fledged sociology of institutions should explain, efficiently and in a manner that increases practice utility, the careers (including the decline) of social welfare institutions. Such is not currently the case. Rather, theory and the resulting practice have tended to assume a structural/functional approach, which implies a static, simplistic view of the problem and the intervention system. Disregard of the complex, morphogenic nature of social welfare institutions, such as maternity homes, limits identifying and taking advantage of the simultaneous processes of societal and institutional changes, until and/or after it is much too late. In contrast, the increasingly popular general systems approach, with its typical holistic view of phenomena, provides an important tool for theory building in the sociology of welfare and its respective institutions. Successful bridging of the existing theoretical gap will avoid repeating the experiences of institutions such as maternity homes, which like old soldiers never die, but slowly and gracelessly fade away.

Footnotes

¹Such a review is offered by the author in another paper. See Samuel O. Miller "Institutions for Single Pregnant Girls", Prepared for presentation at: Child Caring Institutions: A Working Conference on Policy and Planning, The University of Chicago, The Center for Continuing Education, Chicago, Illinois; April 29-30, 1971. In process of reproduction as a chapter in Donnell Pappenforth, et al (eds) Child Caring: Policy and Institutions, Aldine Press.

²Stephanie J. Ventura, "Recent Trends and Differentials in Illegitimacy," Journal of Marriage and Family Living, XXXI (1969), 446.

³Mazy O. Yuridin, "Recent Trends in Illegitimacy--Implications for Practice," Child Welfare, IL (1970), p. 374.

⁴Donnell M. Pappenfort, Dee Morgan Kilpatrick and Alma M. Kuby, A Census of Children's Institutions in the United States, Puerto Rico and the Virgin Islands: 1966 (Chicago: School of Social Service Administration, University of Chicago, 1970). VI.

This estimate is undoubtedly exaggerated, inasmuch as it was projected prior to the impact of the Women's Liberation Movement, legalized abortion and the increased availability and utilization of birth-control information and devices.

⁵Jean Pakter and Frieda Nelson, "The Unmarried Mother and Her Child," Illegitimacy: Data and Findings for Prevention, Treatment and Policy Formulation (New York: National Council on Illegitimacy, 1965). p.36

⁶Ellen Winston, "Unmarried Parents and Federal Programs of Assistance," (Paper delivered at the Northeast Area Conference, Florence Crittenton Association of America, Washington, D.C., October 11, 1966).

⁷Florence Crittenton Association of America, Unwed Mothers: Report on Services, Financial and Client Data for 1963 (Chicago: FCAA, 1970), p.4.

⁸National Council on Illegitimacy, Directory of Maternity Homes and Residential Facilities for Unmarried Mothers (New York: National Council on Illegitimacy, 1966).

⁹See H. T. Christensen and H.H. Meissner, "Studies in Child Spacing: III Premarital, Pregnancy as a Factor in Divorce," American Sociological Review, XVIII (1953), 641-644; Paul K. Gebhard, et. al., Pregnancy, Birth and Abortion (New York: John Wiley and Sons, 1958) p. 37; J. I. Landis, et. al., "The Effects of First Pregnancy Upon the Sexual Adjustment of 212 Couples," American Sociological Review, XV (1950) 766-772; E. Sydenstricker, A Study of the Fertility of Native White Women in a rural Area of Western New York (New York: Milbank Quarterly, 1932), pp. 17-32.

¹⁰Michael Schofield, The Sexual Behavior of Young People (Boston: Little, Brown & Company, 1965).

¹¹New York Times Magazine, April 11, 1971

¹²Kalamazoo Gazette, April 16, 1972

¹³Florence Crittenton Association of America, loc. cit., p.5

¹⁴Among the numerous possible examples, the best known are the Crittenton Comprehensive Care Center in Chicago; the Young Familiar Project, Community Advisory Committee, established by the National Urban League in New York; An Urban Adventure in Learning, with Adolescent Mothers and Their Babies in Philadelphia.

¹⁵Pappenfort and Kilpatrick, loc. cit.

¹⁶Florence Crittenton Association of America, loc. cit.; and Wall Street Journal, May 13, 1971.

¹⁷See: Wall Street Journal, May 13, 1971; Kalamazoo Gazette, April 16, 1972; Cleveland Plain Dealer, January 9, 1972; Detroit Free Press, February 3, 1971; Hartford Courier, September 2, 1971.

¹⁸Roberts and Pappenfort, loc. cit.

¹⁹Detroit Free Press, February 3, 1971

²⁰Samuel O. Miller, op. cit.