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Investigations in illegitimacy

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INVESTIGATIONS IN ILLEGITIMACY

by

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INTRODUCTION

Modern day medicine, not unlike all current scientific fields, is constantly searching for the causes, contributing factors, and solutions to various medical and sociomedical ills. This search has led to the amassing of much data and numerous syndromes (much too numerous even for the most dedicated of physicians). However, there seems to be great neglect of possibly the oldest syndrome known to man: the age old "syndrome of failure" which attacks a select group of patients, the unmarried female who by choice or by chance becomes pregnant.[2]

Even the early Greeks and Romans recognized the existence of such a syndrome. In the golden years of Athens the illegitimate child and mother were treated as aliens--being deprived of inheritance and the exercise of public privileges. The Ecclesiastical Courts of the Middle Ages went so far as to label the illegitimate child with the Latin stigma "filius nullius" (child of no one).[1]

To define the syndrome completely is impossible as its manifestations are so variable. It is, however, characterized by the following complications in varying degrees of combinations and severity: failure to remain in school during pregnancy and to continue education after the pregnancy has terminated, failure to mature properly in

the formative adolescent years, failure to foresee family planning and to establish a stable unified family, failure to know and use contraception to limit family size, failure to become a self-supporting citizen, and finally failure to bear the highest quality of reproductive products.[6]

ETIOLOGY OF THE PROBLEM

It is almost universally agreed upon that the greatest cause of illegitimacy in the United States is the American society itself. Although some authors attribute as many as 25 to 30 percent of illegitimacies to factors of rebellion against authority, such as a desire to punish a parent or a reluctance to behave in a more conservative manner than contemporaries, it is still held by most authorities that 90 to 95 percent of conceptions before marriage stem from the deliberate association with a mate of the same socioeconomic level for the pursuit of adolescent practices "common to the whole society."[10] Although discouraged from such involvement by parents, teachers, and ministers, the mass media of movies, television, magazines, etc., encourages this "accepted" activity.

Yet it should not be said that society is the sole cause of the illegitimacy plague. Emotional, parental, socioeconomic, educational, and racial factors also contribute as a cause. Many of the unwed mothers to be have a predisposing personality similar to a frightened little

girl--ashamed and unhappy. Often she is emotionally insecure needing love and affection. Many of these insecure individuals actually desire the pregnancy because they want someone to love and someone to love them.[3] Homes dominated by the mother and inflicted with the curse of alcoholism provide a nidus for the usually undesired disease of illegitimacy.[11] Such homes usually lack open discussion and provide inadequate sex education to the developing adolescent.

One additional fact worth noting as an etiologic agent is the differences in racial attitudes toward unwed mothers. While illegitimacy is quite readily accepted, (though not necessarily encouraged) in the Negro, American-Indian, and Spanish-American races, it is completely unacceptable to the American Caucasian and Oriental. While this racial association may exist, socioeconomic influences on illegitimacy obviously exist in the United States today.

INCIDENCE

The illegitimacy rate is defined as the number of illegitimate births per 1000 unmarried women aged 15 to 44 years. This figure according to the United States Public Health Service was 23.5 for the overall United States population for the year 1965 with a total of an estimated 291,200 illegitimate births in the United States

during that year. There was a progressive rise in this rate from the 7.1 illegitimacy rate of 1940 to the 21.0 figure of 1957. From 1958 to 1965 there was little change in the rate. In some years the rate increased while in others it decreased. The 1965 figures are the most recent documented figures available; however, there is no indication that the rate has changed drastically since 1965. Although the absolute number of illegitimate births has continued to increase, this is due to the fact that there are now more females 15 to 44 years of age in the United States. It is important that one remember that these figures err on the low side due to the fact that not all illegitimate conceptions end in illegitimate birth, because often times the couple marries before delivery and the child is registered as legitimate. This can be documented by the fact that 16 percent of white women bear a child within 8 months of marriage. The figure is less for non-white females.

Large differences exist between the incidence of illegitimacy in white and non-white women. In 1940 the rate was ten times higher for non-white versus white females (35.6 and 3.6 respectively). During the 1940's, there was a greater increase in the non-white than in the white rate so that a twelve fold difference existed in 1950. Since then, the rise has been more rapid for the white female than for the non-white. From 1960 to 1965 the illegi-

timacy rate for non-white women has shown a 1 percent decline while the rate for white women has risen 26 percent to the 1965 rate of 97.6 for non-whites and 11.6 for whites. Stated in percentages this means that in 1965 9.8 percent of unmarried non-white females and 1.2 percent of unmarried white females had an illegitimate baby.

The figures stated above hold in general for each age and color group between the years 1957 to 1965 except in the 15 to 19 year old group. Non-white teenagers showed a decline of 5.6 births per 1000 while white teenagers showed a 1.5 birth increase per 1000. Contrary to popular opinion, the teenagers do not have the greatest risk of bearing an illegitimate child. Actually the teenage illegitimacy rate is the lowest among women under 35 years of age.[6]

CONSEQUENCES OF ILLEGITIMACY

Unplanned and undesired pregnancies out of wedlock constitute a serious socioeconomic and sociomedical problem for the community, invite complications for the offspring, and are a major "chronic illness" of the young female. First of all we must consider the financial burden to the community of the pregnant unwed female, who very often is supported by local welfare funds. These girls are forced to discontinue their education, thus making them less suitable to fulfill a productive, educated role

in society. In addition, there is a high incidence of delinquency in these unwed mothers and the children they raise. There is also a high incidence of divorce should the father accept marriage or should the mother who has born an illegitimate child marry at a later date.

The medical world must also face the problem of caring for the mother and child. Pregnancy in these younger girls is associated with a high incidence of toxemia, prolonged labor, and contracted pelvis. Unwed mothers receive prenatal care later in pregnancy and less frequently during the pregnancy. There is often less motivation for care by both patient and physician. The offspring also suffers as a result of inferior prenatal care compared to married women. There is a two fold chance of prematurity for the offspring of an unwed mother. The 1965 United States Public Health Service figures show that 14.6 percent of illegitimate babies were premature while only 7.7 percent of legitimate babies were premature, using 2500 grams as a basis for judging prematurity. Two percent of pregnancies of unwed white females and 3 percent of pregnancies of unwed non-whites ended in fetal death after 20 weeks' gestation. Even more astonishing is the fact that the fetal death ratio, i.e. the fetal deaths per 1000 live births, was 50 percent higher for white illegitimate births than for white legitimate births and 10 percent higher for non-white illegi-

timate births versus legitimate births. Little information exists regarding the long term incidence of morbidity in the offspring; however, psychiatrists and psychologists postulate that increased problems will arise from this inadequate mother-child relationship.

Lastly, we must consider the problem of criminal abortion which stems from illegitimate pregnancy. The abortion laws of the individual states do not include the unwed mother except in the case of rape, yet these women are likely to patronize the neighborhood house of abortion or to use the "slippery elm."[4,5,6,7]

These preceding facts and figures, however, are retrospective. To formulate effective approaches to the problem, perhaps we should go to the victim herself. At such time one would hope to accumulate data as to knowledge of conception and contraception, acceptance of such contraception, and possible consequences of widespread contraception. This could then be correlated with the socioeconomic, educational, religious, and sexual beliefs of the individual groups. We have attempted to do this in the following study.

METHOD OF STUDY

Patients between the ages of 14 and 36 were selected at random from the University of Nebraska Obstetric Clinic. They were first instructed that all recorded infor-

mation would be confidential and that no names were to be recorded. They were then presented with a list of 60 questions (see attached questionnaire) which were to be answered in private and then placed in a sealed envelope. The experimental group included pregnant unmarried females regardless of parity. As a control, the same questionnaire was given to a group of married pregnant females at the same clinic. These were selected at random except for a similar age grouping.

RESULTS

The results of the questionnaires are reproduced in the following pages, with the answers to each question expressed as the number answering yes, no, or I don't know. They are reproduced in such a fashion that the differences in response between unmarried and married patients can be seen readily. The patients were instructed that they could refuse to answer a question by simply leaving it blank. This accounts for the fact that there are not always the same number of responses to each question.

Additionally, it is of interest to note that <u>all</u> patients refused to answer questions # 58, 59, and 60. These apparently were considered offensive or unnecessarily prying.

Of the single respondents, there were 12 Negro, 14 White, and 2 Spanish patients. Of the married controls, six were Negro and eight were White, a reasonably good match-

ing of series with regard to race. The age range of the single respondents was from 14 to 28, with a mean of 20.2 years. The age range of the married controls was from 17 to 36, with a mean of 22.7 years.

It can also be seen, from the summarized results, that family size, individual employment, socioeconomic status as determined by estimated income, and formal education prior to the survey were quite similar in both groups.

DISCUSSION

At the outset of the discussion several points should be made clear. First, it should be pointed out that it would obviously have been more desirable to have a larger sample size; however, it does seem possible to draw conclusions regarding the trends of the answers in our groups. In any case it is possible to draw conclusions about the groups studied, whether or not this might apply to a larger population group. Secondly, it should be pointed out that both single and married patients that are likely to receive care at the University Hospital are likely to derive from a somewhat lower socioeconomic group than a comparable group of private patients. This has an advantage, however, in that it enabled a comparable socioeconomic group of controls to be selected from among married women as shown by the results in the previous section.

As can be seen also from the questionnaire, certain response patterns are worthy of discussion.

With regard to the number of patients on welfare and the number of patients that receive support from their father, the trend of answers is about as expected, i.e. more married pregnant women were on welfare and fewer received support from their father.

With regard to the questions concerning school there are some interesting responses. There is a considerably larger percentage of the unmarried pregnant girls who had to quit school than there is of married pregnant women who had to quit school. In addition, a higher percent of single girls are going to have to work following delivery. With regard to the type of student, questions 9 and 10 show that the married women were more likely to have been better students in school. With regard to questions 11 and 12, in spite of similar educational backgrounds, more of the unmarried girls are planning to return to school. This would seem to follow if they are unmarried and if they intend to give up their babies. In both groups, however, more patients would have liked to return to school than could and in the married group of women this perhaps implies that some of these babies were unwanted. With regard to birth control information for these women further comment will be made later.

Question 15 would seem to indicate that the un-

married girls were more likely to come from unstable home environments.

Questions # 20, 21, 25, and 31 are very interesting. The responses to these questions show that of our group of unwed pregnant girls, they were more likely than the married girls to have been the product of an illegitimate pregnancy, and in addition their mothers were more likely to have had previous illegitimate pregnancies. In addition, the friends of the unmarried pregnant group were much more likely to have had illegitimate pregnancies than the married women's friends. As a matter of fact, 21 of the 28 girls that were unmarried had friends who had had illegitimate pregnancies. It is of interest to note, however, that even in the group of pregnant girls who were married that were included in the study half of them had sisters who had born illegitimate children and more than half of them had friends that had born illegitimate children.

The questions regarding church and religion seem to indicate that these factors had little influence.

With regard to sex instruction and birth control information, there were some very interesting results. In both groups of girls more patients than not had had previous sex instruction and yet when viewed with some of our later answers, such as the time during which it is possible to get pregnant, it is obvious that previous sex instruction had been inadequate. The use of birth control was more promin-

ent in the married group. The majority of both groups did not believe in abortion. There was a dramatic response to questions about the future use of birth control. Both groups stated that they would use birth control in the future and that most were not using it at the time of conception, again suggesting inadequate sex instruction. Neither group felt that the use of birth control would contribute to promiscuity. One of the most interesting groups of responses is seen in the contrast in answers to # 55 and 56. There was a similar response in both groups tested. Questions #56 inquires about previous sex instruction. It is apparent that most sex instruction was from books, parents, school, and other girls. There was very little sex instruction from the church and perhaps most importantly of all from a doctor. In contrast to this in question 55, the responses indicate that the patients in both groups felt very strongly that the doctor was the most important individual who should be responsible for birth control instruction. In addition, the nurse was also considered and the parent. Schools, church, etc. were not considered important by these patients with regard to instruction. The essence then of our responses in our study groups indicate that the pregnancies in both groups appear to interfere with education, that illegitimacy in these groups is endemic, more so in the unmarried group of patients. The church appears to have little influence and was not felt to be a source of sexual counseling, and it

was not felt that it was appropriate that it should be. Finally, it becomes apparent from the results of this survey that, at least in the groups studied whether married or unmarried, their sexual instruction had been inadequate, obtained from the wrong sources, and that the suppliers of health care to these groups of patients had done a poor job of managing this aspect of health care.

SUMMARY AND CONCLUSIONS

A research project into illegitimacy has been completed. The current trends, causes, and some of the possible solutions to the problem of illegitimacy in the United States have been researched and discussed. A research project has been carried out using fairly comprehensive questionnaires on a group of 42 pregnant women. Women who were pregnant but not married were matched with regard to education, socioeconomic status, race, and family size. The illegitimately pregnant girls' responses to the questionnaires were then compared with the responses of the married girls. Although the sample size may well be too small to apply the findings to larger groups of patients, one can certainly make statements about the groups studied. Indeed, it may well be logical to extend studies of this nature so that they can be applied to large population groups. The results of the survey indicate that pregnancy in either married or unmarried interferes with education, regardless

of previous educational background. In the population groups studied illegitimate pregnancy was endemic and a common occurrence amongst relatives and friends. This was more true of the unmarried group than the married group. Religious influences had little bearing on illegitimacy and the respondents felt that the church did not have much influence with regard to sex education or birth control, nor should it. It is apparent from the responses regarding previous sex instruction that in this group of patients previous sexual education is grossly inadequate. As proof of this, one is directed to the simple question concerning when during the menstrual cycle is one likely to become pregnant. It is obvious that these patients do not know the answer to this question and this further bears out all the other results of the survey about inadequate instruction. Finally, it is apparent that this group of patients not only wants but apparently needs more and better instruction by medical or paramedical personnel.

QUESTIONNAIRE

Age _____

Race _____

Marital Status _____ Single _____ Married _____ Divorced

Number of previous births _____

Number of months since you became pregnant _____

1. Do you have any brothers and sisters?

   Yes 26 (S) 14 (M) No 2 (S) 0 (M) Not Sure 0 (S) 0 (M)

2. Do you have a job now?

   Yes 7 (S) 2 (M) No 21 (S) 12 (M) Not Sure 0 (S) 0 (M)

3. Did you have a job before becoming pregnant?

   Yes 19 (S) 10 (M) No 9 (S) 4 (M) Not Sure 0 (S) 0 (M)

4. Do you receive ADC?

   Yes 22 (S) 13 (M) No 6 (S) 1 (M) Not Sure 0 (S) 0 (M)

5. Will you receive support money from the father of your baby?

   Yes 10 (S) 10 (M) No 12 (S) 2 (M) Not Sure 6 (S) 1 (M)

6. Do you receive money from family or friends?

   Yes 12 (S) 1 (M) No 15 (S) 13 (M) Not Sure 1 (S) 0 (M)

7. Will you work after the baby is born?

   Yes 20 (S) 8 (M) No 4 (S) 2 (M) Not Sure 4 (S) 4 (M)

8. Did you have to guit school when you became pregnant for the first time?

Yes	No	Not Sure
S: 11 M: 1	S: 17 M: 13	S: 0 M: 0

9. Were you in the upper 1/2 of your class in the grades you received?

Yes	No	Not Sure
S: 14 M: 9	S: 11 M: 1	S: 2 M: 4

10. Were you in the bottom 1/2 of your class in the grades you received?

Yes	No	Not Sure
S: 9 M: 1	S: 18 M: 9	S: 1 M: 4

11. Do you plan on returning to school after the birth of your baby?

Yes	No	Not Sure
S: 13 M: 2	S: 12 M: 10	S: 2 M: 0

12. Would you like to return to school if you had the chance to?

Yes	No	Not Sure
S: 21 M: 6	S: 6 M: 7	S: 0 M: 0

13. Does your father live at home?

Yes	No	Not Sure
S: 20 M: 8	S: 7 M: 4	S: 1 M: 0

14. Is your father the head of your house?

Yes	No	Not Sure
S: 16 M: 6	S: 6 M: 6	S: 2 M: 0

15. Has your father been married before?

Yes	No	Not Sure
S: 11 M: 3	S: 13 M: 11	S: 1 M: 0

16. Is your father a heavy drinker of alcohol (whiskey, wine, beer, etc.)?

Yes	No	Not Sure
S: 5 M: 3	S: 17 M: 9	S: 4 M: 1

17. Is your mother married to your real father now?

Yes	No	Not Sure
S M	S M	S M
16 9	7 4	0 0

18. Does your mother live at home?

Yes	No	Not Sure
S M	S M	S M
22 11	5 3	0 0

19. Is your mother married now?

Yes	No	Not Sure
S M	S M	S M
22 9	5 5	0 0

20. Was your mother married when you were born?

Yes	No	Not Sure
S M	S M	S M
23 14	5 2	0 0

21. Did your mother have any children before she was married?

Yes	No	Not Sure
S M	S M	S M
6 1	20 13	2 0

22. Is your mother the head of your home?

Yes	No	Not Sure
S M	S M	S M
7 2	19 11	1 0

23. Does your mother have a job away from home?

Yes	No	Not Sure
S M	S M	S M
15 5	12 7	0 1

24. Do you have any sisters?

Yes	No	Not Sure
S M	S M	S M
24 14	4 0	0 0

25. If you have any sisters, have any of them had babies before they were married?

Yes	No	Not Sure
S M	S M	S M
6 7	19 7	0 0

26. Are most of your friends older than you?

Yes	No	Not Sure
S M	S M	S M
9 4	19 7	0 2

27. Are most of your friends the same age as you?

Yes			No			Not Sure		
	S	M		S	M		S	M
	20	8		8	3		0	0

28. Are most of your friends younger than you?

Yes			No			Not Sure		
	S	M		S	M		S	M
	5	1		22	10		0	0

29. Are most of your friends boys?

Yes			No			Not Sure		
	S	M		S	M		S	M
	2	1		23	11		2	0

30. Are most of your friends girls?

Yes			No			Not Sure		
	15	10		10	2		2	0

31. Have any of your unmarried friends had babies?

Yes			No			Not Sure		
	S	M		S	M		S	M
	21	7		7	6		0	1

32. Do you attend church services?

Yes			No			Not Sure		
	S	M		S	M		S	M
	22	8		6	6		0	0

33. Did you attend church services as a child?

Yes			No			Not Sure		
	S	M		S	M		S	M
	24	13		1	1		2	0

34. Does your father attend church services?

Yes			No			Not Sure		
	S	M		S	M		S	M
	10	6		11	6		3	2

35. Does your mother attend church services?

Yes			No			Not Sure		
	S	M		S	M		S	M
	17	8		6	5		3	1

36. Do you believe in the teachings of your church?

Yes			No			Not Sure		
	S	M		S	M		S	M
	19	12		4	0		4	2

37. Have you had any sex instruction?

Yes	S	M	No	S	M	Not Sure	S	M
	17	9		9	5		1	0

38. Have you had any instruction on birth control?

Yes	S	M	No	S	M	Not Sure	S	M
	16	11		6	3		0	0

39. Have you ever used any kind of birth control?

Yes	S	M	No	S	M	Not Sure	S	M
	11	9		16	5		0	0

40. Do you believe that abortion by a doctor is o.k.?

Yes	S	M	No	S	M	Not Sure	S	M
	7	4		23	9		3	1

41. Would you desire an abortion if it were available by a doctor?

Yes	S	M	No	S	M	Not Sure	S	M
	5	2		20	12		3	0

42. Would you use birth control if it was available free or at a very low cost?

Yes	S	M	No	S	M	Not Sure	S	M
	23	14		5	0		0	0

43. Would you use birth control even if you had to pay for it?

Yes	S	M	No	S	M	Not Sure	S	M
	22	14		3	0		2	0

44. Would you accept birth control advice if it were given to you by a doctor?

Yes	S	M	No	S	M	Not Sure	S	M
	26	14		1	0		1	0

45. Do you plan on using birth control after the birth of the baby?

Yes	S	M	No	S	M	Not Sure	S	M
	20	12		5	1		3	1

46. Were you using birth control when you became pregnant?

	S	M
Yes	3	4
No	25	10
Not Sure	0	0

47. Would birth control cause you to practice sex more often?

	S	M
Yes	1	3
No	21	10
Not Sure	6	1

48. Are you in love with the father of your baby?

	S	M
Yes	18	12
No	7	1
Not Sure	2	0

49. Do you think that you must be in love with a man to practice sex with him?

	S	M
Yes	14	8
No	11	2
Not Sure	1	3

50. Do you plan on keeping your baby?

	S	M
Yes	17	11
No	10	0
Not Sure	1	1

51. What problems did you have with your other pregnancies (You may check more than one):

This is my first child 17 5 (S M) Kidney infection ____

Premature baby ____ Long labor ____

High blood pressure ____ Swollen feet ____

Other (explain) _____

52. What is the income of the family who raised you?

	S	M
less than $250 per month	6	2
$250 to $500 per month	15	6
$500 to $1,000 per month	3	1
Over $1,000 per month	1	1

53. How much education have you had?

	S	M
Less than 8th grade	2	0
9th grade	2	1
10th grade	5	2
11th grade	4	1
12th grade	9	7
Some college	5	2
Graduation from college	1	0

54. What is your religion?

	S	M
No religion	3	1
Catholic	7	2
Protestant	17	8
Jewish	0	0

55. Who should provide birth control advice (you may check more than one)?

	S	M
Church	1	2
Friends	1	0
Social Worker	1	1
School	3	2
Doctor	23	11
Parents	8	3
Nurses	6	7

56. Where did you receive your instruction on sex (you may check more than one)?

	S	M
Parents	13	2
Other boys	5	1
Books	16	4
School	11	4
Other girls	9	3
Other (explain)		
Church	2	0
Doctor	2	2

57. How many days after the start of your period is sex most likely to cause you to become pregnant?

	S	M
1 to 7 days	9	2
8 to 12 days	2	1
12 to 16 days	6	2
16 to 25 days	0	0
more than 25 days	0	0
I don't know	10	7

58. How old were you when you first had sex relations?

Years 0 0
S M

59. How many people have you had sex relations with? 0 0
S M

60. Before becoming pregnant, how many times a week were you having sex relations? 0 0
S M

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