AN ANALYSIS OF A SAMPLE OF COUNTY WELFARE FAMILIES WITH A RECORD OF PREGNANCY CAUSING INCREASES IN WELFARE EXPENDITURES

APPROVED:

[Signatures]

Major Professor

Minor Professor

Director of Economics and Sociology

Dean of the Graduate School
AN ANALYSIS OF A SAMPLE OF COUNTY WELFARE FAMILIES WITH
A RECORD OF PREGNANCY CAUSING INCREASES
IN WELFARE EXPENDITURES

THESIS

Presented to the Graduate Council of the
North Texas State University in Partial
Fulfillment of the Requirements

For the Degree of

MASTER OF ARTS

By

Bruce Richard Hollingsworth, A. B.
Denton, Texas
June, 1966
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIST OF TABLES</td>
<td>iv</td>
</tr>
<tr>
<td>I. INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>II. THE COST</td>
<td>14</td>
</tr>
<tr>
<td>III. MENTAL PROBLEMS</td>
<td>35</td>
</tr>
<tr>
<td>IV. FATHERLESS HOMES AND MARGINAL MARRIAGES</td>
<td>58</td>
</tr>
<tr>
<td>V. THE HOME ENVIRONMENT</td>
<td>76</td>
</tr>
<tr>
<td>VI. CONCLUSION</td>
<td>98</td>
</tr>
<tr>
<td>APPENDIX A</td>
<td>118</td>
</tr>
<tr>
<td>APPENDIX B</td>
<td>120</td>
</tr>
<tr>
<td>APPENDIX C</td>
<td>122</td>
</tr>
<tr>
<td>APPENDIX D</td>
<td>123</td>
</tr>
<tr>
<td>APPENDIX E</td>
<td>126</td>
</tr>
<tr>
<td>APPENDIX F</td>
<td>128</td>
</tr>
<tr>
<td>BIBLIOGRAPHY</td>
<td>131</td>
</tr>
</tbody>
</table>
LIST OF TABLES

Table                          Page

I. Cost by Resident Members Per Family ........ 18

II. Division of the Families into All- and Partly-Unplanned, With and Without Fathers, By Size .......... 21

III. Cost of Unplanned Children ................. 23

IV. A Comparison of the All-Unplanned and the Partly-Unplanned Families Among the Thirty-Eight that Received Financial Assistance .......... 29

V. Children and Unplanned Children in Families with a Neurotic or Psychotic Parent ................. 47

VI. Types of Separation in Fatherless Homes ........ 59

VII. Sexual Behavior of Mothers by Race and Ethnic Groups ................. 65

VIII. Numbers of Husbands and Wives Going to Welfare Office by Race and Ethnic Group ................ 69

IX. Fathers by Race, Ethnic Group, and Educational Level ................. 70

X. Families Receiving Financial Assistance With and Without Fathers by Size ................. 72

XI. Parent-Child Relationship and Health Practices ................. 78

XII. Years of Schooling of the Mothers and Number of Children by Race and Ethnic Group ................. 84

XIII. Comparison of the Unplanned Sample Mothers with Females of Texas 25 Years of Age and Older ................. 86
CHAPTER I

INTRODUCTION

Objectives of the Study

This is a study of families that had pregnancies while they were recipients or potential recipients of public assistance. "Unplanned pregnancies"\(^1\) are characteristic of a portion of the families on relief but little study has been done to determine the number, cost and related problems at any welfare agency. The objectives of this study are (1) to estimate the cost to a welfare agency of families with a record of unplanned pregnancy in a sample of families receiving assistance at a welfare agency and (2) to determine what factors have influenced the occurrence of unplanned pregnancy.

The influence of the following on the cost of public assistance will be explored among families with a record of unplanned pregnancy:

1. Family size and number of unplanned pregnancies.

2. All of the children in families being unplanned compared with part of the children being unplanned.

\(^1\)"Unplanned pregnancy" means the occurrence of pregnancy when it will increase the public relief load. See the definition of unplanned pregnancy under the title "Socially Undesirable Pregnancies," Appendix A.
3. Pregnancy-caused unemployment which renders the family dependent on relief.

4. Presence or absence of fathers.

5. Racial and ethnic classifications.

Various social problems are associated with pregnancies which increase the relief load, since a pregnancy does not cause a family to depend on public assistance unless there are other contributing factors. The contribution of the following to unplanned pregnancy will be analyzed:

1. Mental disorders.

2. Unstable marital-sexual cohabitation and absence of fathers.

3. Inadequate housing and physical care of the children.

4. Inadequate intellectual and injurious psychological climate in the home, including marital conflict.

5. Racial and ethnic handicaps.

Related Literature

Only a small amount of research has been done on the issues raised in the present study. The forerunner of the present work is Gitta Meier's "The Effect of Unwanted Pregnancies on the Relief Load," based on a project undertaken by a research seminar at the University of Michigan in 1958.

---

2Gitta Meier, "The Effect of Unwanted Pregnancies on the Relief Load," mimeographed by Planned Parenthood-World Population (June, 1959) while the research was still in progress.
Meier was associated with a seminar which selected for intensive study twenty-five direct-relief cases with a record of "unwanted" pregnancies. These cases were chosen from two lists compiled by the welfare department of the city in which the seminar did the research. One list of ninety-one families was described as "long-term and difficult" cases, while the other consisted of the names of twenty recent additions to the welfare rolls--those "considered to have special difficulties or a poor prognosis." Thus, the cases studied were not representative of the unwanted pregnancies of the entire relief load. The students were to read and analyze the records of those cases in which the "mothers were (or had been during most of their Welfare Department contacts) in the fertile age group" and in which the "families already contained two or more children." "Otherwise the actual selection of the 25 case records was dictated by considerations of convenience." 

The determination of unwanted pregnancies used in Meier's study included expressions by the parents themselves concerning the economic ability of the family to have a child, condition of the mother's health, the stability of the marriage, and a number of other conditions. If, in the opinion of one or both parents, a pregnancy occurred when one of

---

3Ibid., p. 7. 4Ibid. 5Ibid. 6Ibid., p. 3. 7Ibid., pp. 3-4.
these conditions existed, the pregnancy was considered unwanted. As a result, the number of unwanted pregnancies was estimated at between 37 and 111 cases. It appears that the wide range in the estimated number of unwanted pregnancies resulted from the difficulty of applying this attitudinal measure.

Meier's sample was not representative of the entire case load or of a type of family within the total load since the sample was not random and not all of the families of a given type were studied. The work is useful, however, as a pioneer study and in providing more understanding of cases similar to the twenty-five selected.

A recent study stimulated by Meier's is H. Ferrand Livingston and Elizabeth Livingston's "The Implications of Unwanted Pregnancies Among Public Assistance Recipients." This work, based on a selection of 400 potentially chronic cases in Ohio, gives an extensive account of the various problems faced by these people, such as poor health, mobility, and a rural background in urban surroundings. Accounts are given of the prevalence of sterilization, the success of a Planned Parenthood "pill program," and the use of other forms of contraception.

---

In a study of multiproblem families, L. L. Geismar and Beverly Ayres, researchers for the Family Centered Project of the Greater St. Paul Community Chest and Councils, Inc., developed a system for measuring family functioning, which will be used in later chapters as it is relevant.9

Certain literature shows that there is a greater amount of psychosis in families in the lower socio-economic levels, the families on relief having among the highest. Since the present study shows that there is a large number of children in families in which there are psychotic and neurotic parents, literature on social class and mental illness will be reviewed in the chapter on mental problems.

A Defense Against Prejudice

There are some who think that families on relief have children in order to receive money from the public. One of the lacunae in literature about families on public assistance is material to counteract unfounded opinions with reliable data, since hostile public opinion, unless challenged, may result in serious neglect. Frank Notestein's account of a population increase in upper New York in 1934 is an example of material that can help mitigate the effect of prejudice. He pointed out that the people on relief were not the cause of changes in the birthrate, since these

---

families had the same high birthrate before and after they were on relief. He stated the cause as follows: "In upstate New York the increase in first births accounts entirely for the 1934 increase in the birthrate in the native white population."\(^{10}\)

Two papers reviewed by Polgar and Shey concerning the question of whether mothers on relief often had pregnancies in order to increase their income are worthy of mention. Health authorities in Florida conducted a study which . . . included 2,600 clinic patients who had an average of somewhat less than 3 children; three quarters were pregnant at the time of the interview and three quarters were married. Seventy per cent wanted no further children, 10% were undecided and, even among the 20% who said they wanted to have another baby, only one in ten wanted to have it within the next year.\(^{11}\)

Another survey of mothers who had had children out of wedlock was undertaken by Greenleigh Associates in Cook County, Illinois, and led to the following conclusion:

Ninety per cent of the mothers of illegitimate children did not want to have the child, but accepted it and loved it once it was born.

\(^{10}\)Frank Notestein, "The Fertility of Populations Supported by Public Relief," The Milbank Memorial Fund Quarterly, XIV (January, 1936), 37-49.

Over 600 mothers where the youngest child was illegitimate, interviewed at length about their attitude toward illegitimacy and contributing factors, were aware of the disadvantages to themselves and their children. All but a few felt great guilt at having illegitimate children. Contrary to much of the literature on the subject of Negro cultural patterns, these mothers did not accept illegitimacy as a normal way of life. They resented their status and recognized the handicaps.\textsuperscript{12}

The views expressed by the mothers who had had pregnancies out of wedlock may have been primarily indicative of the way they felt at the time of the interview. Many factors leading up to the sexual relations that caused the pregnancies may have been unrecognized or rationalized and the memory of thoughts at the time of the sex relations may have been colored by later experiences. However, since pregnancy, birth, and the care of children are difficult whether in or out of wedlock, the powerful incentives that lead to pregnancy can scarcely be reduced to a desire for an unearned income. Factors associated with the birthrate are probably similar among lower social class families whether they are on or off relief.\textsuperscript{13}


\textsuperscript{13}Material concerning factors related to the birthrate in various situations includes the works of the following: Leontine Young, case histories of unwed mothers; Clark Vincent, a community research project on unmarried mothers; Lee Rainwater, marriage and contraception among working-class people; Charles Westoff and others, a longitudinal study of the birthrates in numerous classifications of people.
Gathering Data

This study was conducted at the Dallas County Department of Public Welfare, which serves those who do not qualify for assistance at the state welfare office (which is also in the city). The research was carried out with the help of the district caseworkers and is based on a selection of cases from their active case records during February, 1962.\(^1\)

The district caseworkers were welfare workers assigned to various districts in the city-county area to visit in the homes of the welfare clients, to give guidance, to assess the amount of need, and to see, as far as possible, that none of the clients were receiving assistance when they did not qualify under the rules and policies of the department.

Each caseworker was given a copy of the definition of unplanned pregnancies and a sheet of instructions\(^1\) asking him to determine every case in which there was an unplanned pregnancy or child that had been born from an unplanned pregnancy. There were 140 cases from which 50 were chosen by the researcher by a table of random numbers for detailed analysis. Information for this analysis was gathered by

\(^1\)The active records were those in the working files in the offices of the district caseworkers. These did not include any transients, since these cases were handled by other offices in the same department.

\(^1\)See "Instructions to Caseworkers," Appendix B.
means of a questionnaire\textsuperscript{16} devised by the researcher and completed by the district caseworkers from their records and experiences on each of the fifty random cases. Each questionnaire consisted of five typewritten pages. Twenty-eight questions were asked, twenty-three of them being elaborate multiple choice questions, and five requiring written answers. Comments were encouraged in response to any part of the questionnaire.

The fifty random cases are hereafter termed the Unplanned Sample because the sample was composed only of cases that had had one or more unplanned pregnancies.

General Characteristics of the Sample

The definition of unplanned pregnancies used in the selection of the Unplanned Sample in this study is an outgrowth of Meier's definition of unwanted pregnancies. As explained in Appendix A, the term "unplanned" refers to cases in which a pregnancy occurred when the family was unprepared (financially or in other ways) for pregnancy. In this sense, many pregnancies occur unplanned in the non-relief population, but in this study the pregnancy must have caused the family to seek assistance or increased assistance, or must have worsened its situation while on relief.

\textsuperscript{16}See Appendix D.
No questions were asked about whether children were wanted or unwanted, since the impact on society is the same when either a wanted or an unwanted child is a public expense or receives grossly irrational care or is neglected.

Of the fifty families in the sample, thirty-eight received financial assistance during February, 1962, while the other twelve were either emotionally unstable\(^{17}\) and were on the rolls for guidance only, or were under observation but were receiving no financial assistance at the time of the study.

There were twenty-two Negro families (44 per cent of the sample), twenty-one white families (42 per cent of the sample), and seven Latin families (14 per cent of the sample). Family size ranged from two families composed of a mother with one child and no father to one family with two parents and ten children, with the average number of children per home being 4.86. This was over twice as many children per home as the 2.2 average in the United States.\(^{18}\) No father was residing in twenty-eight of the homes (56 per cent). Fourteen women (28 per cent) had been sterilized or had undergone hysterectomies.

\(^{17}\)Emotional instability means that a parent withholds normal expression of his emotions or lacks emotional control or steadiness--from the "Definition of Unplanned Pregnancies," Appendix A.

The Unplanned Sample in Perspective

We may reasonably presume that the 140 families from which the Unplanned Sample was drawn included all of the decided instances of unplanned pregnancy and most of the less evident cases. The researcher closely examined the files of the caseworkers and added cases which had been omitted in the few instances in which there was reason to suspect that the caseworker had omitted cases that should have been included.

The Unplanned Sample is representative of the families with a record of unplanned pregnancy but is not representative of the group of families on relief with no such record. The head caseworker required his staff to advise their clients of means of avoiding pregnancy but the scope of this study does not include families with no record of unplanned pregnancy because of this policy.

In the state in which the present research was undertaken, the findings of the study are more likely to be representative of city and county welfare than of state welfare recipients. The city-county welfare offices generally serve those who cannot receive state assistance. However, city-county welfare recipients include a number of cases pending the establishment of eligibility for state assistance.
Summary

This study is an attempt to determine the financial cost and various problems of families that had had unplanned pregnancies and were receiving financial or other public assistance from a county welfare agency. Meier pioneered in research on this type of family with her work in "The Effect of Unwanted Pregnancies on the Relief Load." There are two principal differences between the present study and Meier's:

(1) This is a study of clients who failed to prevent pregnancies that were destined even at the time of conception to increase the public relief load. Whether a pregnancy was wanted was not a criterion, since it is possible to want and have a child when there is no possibility of doing so without adding to the relief load.

(2) The present study is based on a random sample of all of the families at the Dallas County Department of Public Welfare with a record of unplanned pregnancy. The results are representative within the limitations of the size of the sample. The Meier study was concerned largely with families that had extensive problems, a fact which may have resulted in a better understanding of the type chosen but did not enable a sampling of the unwanted pregnancies in the population from which the twenty-five families were selected.

The relief population is the target of unfavorable and very likely mistaken beliefs. Literature to counteract this
kind of opinion with factual data is needed; examples of such material are Notestein's evidence that relief families did not cause a population increase in New York in 1934 and Greenleigh Associates' evidence that unwed mothers, Negro and white, on relief in Cook County, Illinois, were not happy with their situation. Ninety per cent of them stated that they had not wanted a pregnancy.

The present study is based on a selection by the caseworkers of all 140 families at the Dallas County Department of Public Welfare with a record of unplanned pregnancies from which a sample of 50 families was drawn. The caseworkers filled out extensive forms on all of the 50 families in the sample, and this material became the basis for the present study.
CHAPTER II

THE COST

The Work of Meier and the Livingstons

The pioneer study dealing with the cost of pregnancies in families on relief was Gitta Meier's "The Effect of Unwanted Pregnancies on the Relief Load"; similar work was done by H. Ferrand Livingston and Elizabeth Livingston.¹ Both studies were based on an intensive analysis of individual cases but neither was based on a random or representative sample of a larger population. One of the groups studied by the Livingstons was a selection of families that had cost the welfare agency over $5,000 per home.²

In the Public Interest

Society pays for each unplanned pregnancy when women receive prenatal care at public expense or give birth to children in county hospitals. Even family service cases not on financial relief are a financial expense to society. If a "service" case has a pregnancy listed as unplanned, it

²Ibid., p. 8.
means that the pregnancy occurred at a time when it added burdens to families unable to function without assistance. Additional pregnancies in service cases are likely to require welfare workers to spend more time assisting the families; the children are in danger of being handicapped in various ways and thus a burden to society.

The occurrence of unplanned pregnancies in families on relief is a social problem as evaluated by Bernard's Utilitarian Criterion.\(^3\) She states that a social problem is not properly defined by such factors as law violation or human suffering, but rather by its "impact on others." The cost of unplanned pregnancies must be assumed by society and therefore is a matter of social concern. In a former day people born in underprivileged homes could find work and rise above the level of their parents, but in the present era only trained people with at least a high school education are in demand for employment.\(^4\) The Unplanned Sample children of this study characteristically need special help if they are to become useful citizens.


\(^4\)According to the Bureau of Labor Statistics, there is little employment for those with less than a high school education. See "The Relation of Education to the Rate of Unemployment," *The Occupational Outlook, A Current Supplement to the Occupational Outlook Handbook No. 2*, May, 1958, p. 27.
Gathering the Cost Data

The caseworkers were instructed to search through their active files for all families served during February, 1962, in which there had been one or more unplanned pregnancies. As a result of the search 140 cases were found, and out of these cases 50 were selected by the researcher for intensive study by the use of a table of random numbers. Some of the questions on the forms filled out by the caseworkers were designed to gather information about the amount of assistance given during February, 1962. There were four cases receiving assistance during only part of the month of the study. The manner in which these cases were handled is found in Appendix E. The cost of the families to the agency was calculated by adding the amounts entered on the forms. The cost of the four families receiving assistance during part of the month was estimated by computing the amount these people would have received if they had been given financial assistance during the entire month.

The amounts entered on the forms by the caseworkers included the cost of food, clothing, housing, utilities and incidentals, like bus tokens, but did not include any of the overhead for salaries or maintenance of the welfare plant. Grants of federally donated food were often given in emergencies and cost the agency nothing except for overhead expenses. Medical and drug costs were expenditures of the county hospital and were not included. In four cases
families were receiving assistance from both state and county welfare offices by mutual arrangement, since the local state welfare office was operating under state-wide rules which made granting adequate assistance to these families impossible. These cases are listed only for the amount spent for them at the county office.

Twelve families in the Unplanned Sample received guidance or were under observation but received no financial assistance during the month of the study. Therefore, the present chapter concerns the thirty-eight cases receiving financial assistance unless otherwise stated.

Two groups of families in the Sample accounted for the largest expense to the county welfare office. The most costly group was the six-member families, parents included, because there were twice as many families of this size as any other, except those of seven. Five of these families were composed of four children and both parents, while five were composed of five children and a mother. The next most costly group of families was those of seven individuals. This group cost over twice as much as any other family size except those of six. Families with more than seven members were few in number, and families of the three largest sizes were not costly; in fact, all the families with more than seven members cost less than one fourth of the total expenditure for the Unplanned Sample.
If cost by family size were the only important consideration, then it would appear that discouraging the fourth pregnancy would be of primary importance. This would prevent the costly six- and seven-member families, as shown in Table I.

### TABLE I

**COST BY RESIDENT MEMBERS PER FAMILY**

<table>
<thead>
<tr>
<th>Number in Home</th>
<th>Number of Families</th>
<th>Fathers Present</th>
<th>Av. Cost Home</th>
<th>Total Cost of Size</th>
<th>Per Cent $2887</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>2</td>
<td>0</td>
<td>$ 60</td>
<td>$ 120</td>
<td>4.2</td>
</tr>
<tr>
<td>3</td>
<td>4</td>
<td>0</td>
<td>40</td>
<td>158</td>
<td>5.5</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>3</td>
<td>60</td>
<td>298</td>
<td>10.3</td>
</tr>
<tr>
<td>5</td>
<td>4</td>
<td>1</td>
<td>67</td>
<td>268</td>
<td>9.3</td>
</tr>
<tr>
<td>6</td>
<td>10</td>
<td>5</td>
<td>81</td>
<td>806</td>
<td>27.9</td>
</tr>
<tr>
<td>7</td>
<td>6</td>
<td>2</td>
<td>99</td>
<td>591</td>
<td>20.5</td>
</tr>
<tr>
<td>8</td>
<td>2</td>
<td>1</td>
<td>123</td>
<td>246</td>
<td>8.5</td>
</tr>
<tr>
<td>9</td>
<td>2</td>
<td>1</td>
<td>125</td>
<td>249</td>
<td>8.6</td>
</tr>
<tr>
<td>10</td>
<td>1</td>
<td>0</td>
<td>46</td>
<td>46</td>
<td>1.6</td>
</tr>
<tr>
<td>11</td>
<td>1</td>
<td>1</td>
<td>55</td>
<td>55</td>
<td>1.9</td>
</tr>
<tr>
<td>12</td>
<td>1</td>
<td>1</td>
<td>50</td>
<td>50</td>
<td>1.7</td>
</tr>
<tr>
<td>Totals</td>
<td>38</td>
<td>15</td>
<td>$ 76</td>
<td>$2887</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Cost by family size is not the only consideration. Ideally, the seventeen families who had had only unplanned pregnancies and averaged 3.6 children would never have had any children. Furthermore, the twenty-one families with both "planned" and unplanned pregnancies, who averaged 5.3 children, often were not on relief until after the fourth pregnancy. (The average number of their children conceived before they became dependent was 3.3.) To discourage pregnancies at the point of dependence, then, whether at the
first, fourth or whatever child, would substantially reduce a social problem. However, care should be used in the pro-
motion of family planning; any such program among relief families would, ideally, be a part of a wider program among the general population, since large numbers of conceptions occur before families become dependent.

Estimating the Cost of Unplanned Pregnancy

The measurable part of the cost of unplanned pregnancy in the Sample consisted of the assistance granted the homes of eight women not working because of unplanned pregnancy plus the cost of unplanned children in the other thirty families that received financial assistance during the month of this study.

The Cost of Pregnancy-Caused Unemployment

The mothers in eight families were employed until pregnancy forced them to quit working. The total cost of this group to the county was $692, allotted to the families for food, clothing, housing, and utilities. This does not necessarily mean that all of these needs were fully met by the county in every family. A limited welfare budget meant that if a family could supply all of its bare needs except food, for instance, then only a food order was issued, but if a family became completely dependent on the county, then
the welfare office paid for all its food, clothing, housing, and utilities up to the limit permitted by county regulations.

The Cost of Unplanned Children

This aspect of unplanned pregnancies was estimated separately from the eight homes above because there was no evidence that the mothers in these thirty homes would have been supporting their families if they had never had an unplanned pregnancy. Therefore, since in each of these cases the family was already on relief, an unplanned pregnancy increased the public assistance allotment by only the amount allowed for one additional child (and not for the entire household).

To determine the cost of unplanned children in the Sample, it was first necessary to break down the total cost of the Unplanned Sample, dividing it into two main groups, the all-unplanned and the partly-unplanned families. Each of these groups was in turn divided into families with and without fathers. These divisions were made so that the cost of the unplanned pregnancies could be abstracted from the other costs of the Sample. The further subdivision of families into larger and smaller sizes was to provide a basis for a later process of determining the cost of each additional child per family.

Table II shows the eight divisions of the Unplanned Sample cost data resulting from the three dichotomies. The purpose of the table is primarily to supply the necessary
data for abstracting the cost of adding a child in each of the four divisions of Table III. However, the high costs of the first and the last entries of partly-unplanned families are worthy of note.

TABLE II
DIVISION OF THE FAMILIES INTO ALL- AND PARTLY-UNPLANNED, WITH AND WITHOUT FATHERS, BY SIZE

<table>
<thead>
<tr>
<th></th>
<th>No. of Families</th>
<th>Total Children</th>
<th>UP Children</th>
<th>Total Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL-UP</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>With Father</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-4 children</td>
<td>3</td>
<td>8</td>
<td>8</td>
<td>$164</td>
</tr>
<tr>
<td>5- children</td>
<td>2</td>
<td>10</td>
<td>10</td>
<td>135</td>
</tr>
<tr>
<td>Fatherless</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-4 children</td>
<td>8</td>
<td>17</td>
<td>17</td>
<td>352</td>
</tr>
<tr>
<td>5- children</td>
<td>4</td>
<td>26</td>
<td>26</td>
<td>342</td>
</tr>
<tr>
<td>PARTLY-UP</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>With Father</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-4 children</td>
<td>6</td>
<td>21</td>
<td>10</td>
<td>523</td>
</tr>
<tr>
<td>5- children</td>
<td>4</td>
<td>32</td>
<td>12</td>
<td>391</td>
</tr>
<tr>
<td>Fatherless</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-4 children</td>
<td>3</td>
<td>11</td>
<td>7</td>
<td>191</td>
</tr>
<tr>
<td>5- children</td>
<td>8</td>
<td>47</td>
<td>15</td>
<td>789</td>
</tr>
<tr>
<td>Total</td>
<td>36</td>
<td>172</td>
<td>105</td>
<td>$2887</td>
</tr>
</tbody>
</table>

To determine the cost of adding a child to any of the all-unplanned or partly-unplanned families, with or without fathers, the following steps were taken (also see Appendix F):

1. The number of families with five or more children was multiplied by the average cost of families with four or fewer children. This gave the total amount that the larger
families would have cost if they had averaged the same amount per family as the smaller families.

2. The number of families with five or more children was multiplied by the average number of children in the families with four or fewer children. This gave the total number of children that would have been in the larger families if they had averaged the same size as the smaller families.

3. From the actual total cost of the larger families was subtracted the hypothetical amount that they would have cost had they been the same cost as the smaller families. Similarly, from the total number of children in the large families was subtracted the hypothetical number of children that would have been in these families had they been the same size as the smaller families.

4. The excess number of people in the larger families was divided into the excess cost. This was the average cost of adding one more child to a family.

The above steps were used with the data of Table II, giving the cost per additional child, as shown in the second column of figures in Table III.

In Table III the nineteen unplanned children in the homes of the mothers temporarily unemployed were omitted, since these unplanned children accounted for the cost of the entire household. The total costs of the unplanned children, minus the nineteen, are shown in the third column of Table III.
TABLE III
COST OF UNPLANNED CHILDREN

<table>
<thead>
<tr>
<th></th>
<th>Unplanned Children*</th>
<th>Cost Per Additional Child</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL-UNPLANNED</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>With Father</td>
<td>15</td>
<td>$5.54</td>
<td>$83</td>
</tr>
<tr>
<td>Fatherless</td>
<td>41</td>
<td>9.49</td>
<td>389</td>
</tr>
<tr>
<td>PARTLY-UNPLANNED</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>With Father</td>
<td>16</td>
<td>2.35</td>
<td>38</td>
</tr>
<tr>
<td>Fatherless</td>
<td>14</td>
<td>15.51</td>
<td>217</td>
</tr>
<tr>
<td>TOTAL</td>
<td>86</td>
<td></td>
<td>$727</td>
</tr>
</tbody>
</table>

*These figures do not include the nineteen unplanned children in the homes of the eight mothers temporarily unemployed because of unplanned pregnancy.

With the two measurable aspects of the cost of unplanned pregnancy estimated—the cost of pregnancy-caused unemployment and the cost of unplanned children—it was possible to state the measurable part of the cost of unplanned pregnancy in the Sample by combining the two kinds of cost.

The Total Cost of Unplanned Pregnancy

The combination of $692 (the cost of families of mothers temporarily unemployed because of pregnancy) and $727 (the cost of unplanned children not included in the families of the mothers temporarily unemployed) totals $1,419. This was the part of the cost of unplanned pregnancy to the county welfare office which could be approximated.

In addition to the cost, as estimated above, an undetermined number of mothers, either never employed or underemployed,
might have supported their families if they had never had any unplanned pregnancies. Twenty-five mothers were never employed and five did not earn enough to support their families. In nineteen of these thirty cases illness or disability of the mother or other family member made it necessary for the mother to remain at home most or all of the time. In eleven other families in which the mothers were never employed or earned so little that public assistance was necessary, unplanned pregnancies of the past might have prevented the mother's total support of the family. The unplanned children in these families were counted in the cost of unplanned children already estimated. But, if these unplanned children prevented their mothers from supporting their families, then the welfare cost not only of the unplanned children but also of the entire household was caused by unplanned pregnancy. If this reasoning is correct, the cost of unplanned pregnancy in these eleven families added $324 to the total of $1,419 for all unplanned pregnancy in the Sample, as estimated above. This means that the cost of unplanned pregnancy in the Sample was at least 49 per cent (almost half) of the total cost of the Sample and, if estimated at the higher figure ($1,743), would have been approximately 60 per cent of the total cost.

The 140 cases with a record of unplanned pregnancy at the agency under study were represented by the Unplanned (random) Sample within the limitations of the size of sample.
It follows, then, that the cost of unplanned pregnancy was approximately 10.5 per cent of the total expenditure for all relief grants—namely, $37,659—at the County Department of Public Welfare during February, 1962. Also, since the cost of the entire households of the eleven mothers (referred to above) might have been caused by unplanned pregnancy, then the total cost of unplanned pregnancy could have been almost as high as 13 per cent of all county welfare grants.

The Welfare Income of Families with Fathers

The families with and without fathers were compared by cost per size. The average cost of families with fathers was $81, while the average per family without a father was $73, the families with fathers costing $8 a month more per family. The average size of each family with a father was 6.74 and 5.39 for the families without fathers. This means that one and one-third more individuals in homes with fathers were paid $8 more than fatherless homes during the month of the study.

But the possibility that certain unusual cases might have exaggerated the appearance of minimal assistance for fathers was explored. The three largest families with large numbers of children and little assistance appeared to be unique. Apparently the parents in these cases had some income but not enough to support such large families without a small amount of public assistance. With the assumption
that if these three families were not counted the welfare income of fathers might be substantially more, they were removed to determine the amount of difference this would make. In spite of the fact that one of the families, the third largest, had no father, the homes with fathers averaged .82 more persons per home when the three families were omitted, and the welfare income per home with a father was $11.19 more than each home without a father, on the average.

Even with the three largest families omitted, the additional amount paid to families with fathers was still not enough to maintain a man in a home. Unless a man's presence in the home in some way added more per month than the $11.19 of public assistance, he was a heavy burden on his dependents. Obviously, the small amount of additional support for fathers placed a strain on their families. Although the reasons for the absence of only five fathers were known, in one instance the father, a Negro, had deserted because he could not find adequate employment to support his family.

Cost by Racial and Ethnic Classifications

The Negroes and Latins were disproportionately represented in the Sample, both in numbers and cost. Of the total assistance granted to the thirty-eight families, $1,369 went to Negroes, $1,200 to whites, and $319 to Latins. These figures correspond to the actual percentages of families in each of these groups—Negroes 47 per cent, white 42 per cent, and
Latins 11 per cent. The difference in cost between the Negroes and whites was the result of the Negroes' having two more families than the whites. However, equal numbers of Negroes and whites would have remained disproportionate, since the Negroes represented only 14 per cent of the population of the county. If they had been proportionately represented, there would have been five or six Negro families rather than eighteen. The Latins, 3.4 per cent of the population of the county, were also over-represented, with four families among the thirty-eight. One or two would have been their proportionate share of the Sample.

Comparison of the All-Unplanned and Partly-Unplanned Families

All-unplanned families were those in which all pregnancies occurred when there was some condition present or impending that caused dependence on public assistance. Partly-unplanned families were those in which some pregnancies occurred before the troublesome condition was evident but some pregnancies did not.

Supposedly the all-unplanned families would have been a greater cost than the partly-unplanned families, but the data

6 Walter B. Moore, editor, Texas Almanac 1964-1965 (Dallas, 1963). This figure is based on the total population and the number of Negroes in Dallas County, p. 130.

7 Ibid., based on white people of Spanish surname, Dallas County, p. 113, and on the total population of Dallas County, p. 130.
of this study show otherwise. The partly-unplanned families averaged a higher cost per person, the families were larger, and the cost per family was half again as much. The total expenditure for the partly-unplanned families was close to twice as much as that for the all-unplanned families.

In one respect the all-unplanned families were a greater cost; they had 1.6 more unplanned children per home. This was of little significance, however, since a "planned" child required as much public assistance as his unplanned siblings in the same home and the partly-unplanned families had 1.7 more children per home than the all-unplanned.

Table IV shows a comparison of the size and cost of all-unplanned and partly-unplanned families, including the number and percentage of families in each ethnic-racial group.

Compared with the all-unplanned families, the higher cost of the partly-unplanned classification presumably could have been related to the smaller number of Negroes or the larger number of fathers in the partly-unplanned group. The smaller number of Negro families did not account for any of the difference, however, since Negro families averaged the same amount of assistance per home as the whites. Neither did the larger number of fathers in the partly-unplanned group account for any notable difference in cost. To determine whether the greater number of fathers materially increased the cost of the partly-unplanned families compared with the all-unplanned
<table>
<thead>
<tr>
<th></th>
<th>All-UP Number</th>
<th>Partly-UP Number</th>
<th>All-UP %</th>
<th>Partly-UP %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Families</td>
<td>17</td>
<td>21</td>
<td>45</td>
<td>55</td>
</tr>
<tr>
<td>Negro</td>
<td>12</td>
<td>6</td>
<td>32</td>
<td>16</td>
</tr>
<tr>
<td>White</td>
<td>5</td>
<td>11</td>
<td>13</td>
<td>28</td>
</tr>
<tr>
<td>Latin</td>
<td>0</td>
<td>4</td>
<td>.</td>
<td>11</td>
</tr>
<tr>
<td>Total Cost</td>
<td>$993</td>
<td>$1894</td>
<td>34</td>
<td>66</td>
</tr>
<tr>
<td>Cost per family</td>
<td>$58</td>
<td>$90</td>
<td>.</td>
<td>.</td>
</tr>
<tr>
<td>Cost per person</td>
<td>$12</td>
<td>$13.34</td>
<td>.</td>
<td>.</td>
</tr>
<tr>
<td>Total Individuals</td>
<td>83</td>
<td>142</td>
<td>37</td>
<td>63</td>
</tr>
<tr>
<td>Fathers</td>
<td>5</td>
<td>10</td>
<td>.</td>
<td>.</td>
</tr>
<tr>
<td>Children</td>
<td>61</td>
<td>111</td>
<td>35</td>
<td>65</td>
</tr>
<tr>
<td>Children per family</td>
<td>3.6</td>
<td>5.3</td>
<td>.</td>
<td>.</td>
</tr>
<tr>
<td>UP Children</td>
<td>61</td>
<td>44</td>
<td>58</td>
<td>42</td>
</tr>
<tr>
<td>UP Children per family</td>
<td>3.6</td>
<td>2.0</td>
<td>.</td>
<td>.</td>
</tr>
</tbody>
</table>

families, the approximate cost of the fathers was deducted from each of the two classifications. This changed the ratio from only 34-66 to 35-65 per cent of the total cost of the Sample.

The Birthrate of the Families on Relief and the Population Dilemma

The price of the high birthrate in families on relief needs to be seen in perspective along with other costs that are a result of an excessively high birthrate in the general population. An example is the increasing amount of support
the state gives to education because of an increasing school population. Between 1950-1951 and 1960-1961 there was an increase of 682,547, or 43.6 per cent, in the scholastic population of Texas.\(^8\) Since, in addition to local funds, the state was contributing an annual average of $158 for each pupil,\(^9\) Texas spent $107 million more on education in 1960-1961 from federally-subsidized state funds alone than if the school population had remained static since 1950-1951. Federally-subsidized state funds were also supporting 61,308 to 62,469 children through the state Assistance to Dependent Children program during the year ending August 31, 1962.\(^10\) Thus, the 1960-1961 cost of the ten-year school population increase was between five and six times as great as the Assistance to Dependent Children program of 1961-1962.

The population increase is a national and world threat, as The Population Dilemma, edited by Philip Hauser, shows. This book is composed of the papers written for background reading for those attending the American Assembly in 1963. Donald Bogue, in the chapter on the birthrate in the United States, projected the population increase from 1960 into the

---

\(^8\)Moore, ed., Texas Almanac 1964-1965, percentage, p. 481; population increase estimated from the table on scholastic population, p. 482.

\(^9\)Ibid., pp. 481-482; 2,249,157 students divided into $355.7 million spent on public education, 1960-1961.

\(^10\)Ibid., p. 528. Payments were $1,557,525 for one month.
future and stated that the trend could "... blight the lives of our children and grandchildren already born or to be born from now on."^{11}

Greater effort to reduce the birthrate among families on relief would be desirable, but society in general needs to be aware of the fact that families on relief have caused only a fraction of the cost of an excessive birthrate. It would be desirable, for instance, to regard each birth as involving more than confinement and child care. Presumably, each child born has a potential life span of seventy years or more. Regardless of whether or not this individual is productive, he will require food, clothing, housing, and medical care all of these years. He will receive an education at public expense. When he is elderly, he is likely to be cared for at public expense. New housing, educational, and occupational facilities must be built to keep pace with an expanding population. More and more teachers, doctors, technicians, engineers, and various service personnel must be trained to maintain even the present level of services. On the other hand, stabilization of population size would mean that new facilities and more trained personnel would insure improved services.

All social groupings must ultimately cooperate if there is to be a stabilization of the size of the population. This includes families like those of the Unplanned Sample, whose birthrate accounts for a minor portion of the cost of the total population increase.

**Summary**

The data on cost for this study were gathered by forms completed by caseworkers on the basis of a selection of fifty cases drawn by random sampling from the total of 140 active cases at the county welfare office.

Families of six (parents included), followed by families of seven, were the most costly sizes; there were many more six-member families than any other size. Since many of these most costly families were composed of two parents and four children, an examination of the family sizes and costs alone might lead to the conclusion that the fourth child should be prevented whenever possible. However, the problem was not that simple. Numerous factors indicated that society would have been less burdened if any pregnancy that caused a family's dependence on public assistance could have been prevented.

The cost of unplanned pregnancy in this study was estimated by combining (1) the cost of adding individual unplanned children to families already on relief and (2) the cost of adding an entire family to the welfare rolls, as in the case of eight mothers who were supporting their families except
when pregnancy prevented them from doing so. The cost of adding unplanned children to families was determined by comparing large and small families matched according to certain criteria to see how much more, on the average, additions to families in the various categories cost.

The total measurable cost of unplanned pregnancy was 10.5 per cent of the cost of all relief grants from the county welfare office during the month of the study. The less measurable part of the cost of unplanned pregnancy was that of eleven mothers who could not work because of family responsibility. If unplanned pregnancy prevented all eleven of these mothers from supporting their families, the cost of unplanned pregnancy in the Sample would have been almost 13 per cent of the welfare office grants to their entire case load.

A comparison of the cost of families with and without fathers was made. The families with fathers cost an average of $8 more per month and averaged one and one-third more individuals per family. When the three largest families were omitted, however, the additional family size caused by the father's presence cost $11.19 per family; these three families had been provided little assistance because they were largely self-supporting. Even after eliminating these three families from the sample, the amount of added support given because of the presence of fathers was still too small to prevent these men from being a heavy financial burden to their families.
If the ratio of Negroes and Latins to whites had been the same as in the city-county area, there would have been five or six Negro families rather than eighteen being subsidiz ed. Instead of four Latin families among the thirty-eight families, only one or two would have been in this group if the Latins had been proportionately represented. The Negro and the Latin families were granted the same amount of assistance per family as the whites.

Because the general population is burdened much more by a high population increase than by the birthrate of families on relief, family planning among families on relief should be considered as part of a program for society in general.
CHAPTER III

MENTAL PROBLEMS

Gathering Data

Two questions in the forms completed by the caseworkers were especially designed to probe the extent and nature of mental disorders in the Unplanned Sample. These questions inquired into the reasons the parents were not supporting the family (if they were not) and into the presence of any salient peculiarity in their manner, such as a state of being visibly detached from their surroundings.

A survey made by those not trained in psychiatric observation may indicate roughly the prevalence of mental diseases; however, as Richard Plunkett states, "... absence of a main psychiatric orientation limits observation to the more obvious instances of mental illness."¹ Therefore, despite the definite diagnoses given in most cases, the nonpsychiatric observation and the limited time the caseworkers spent with each case caused the present data on mental disorders to be approximate, compared with that of psychiatrically oriented observers. However, since mental disorder is one of the


35
factors with which caseworkers must cope, they have a vocabulary for describing mental cases. The caseworkers involved in this study were closely supervised by a social worker with a master of social work degree, and kept detailed records of their caseload. Since the caseworkers were experienced with mental illness, the information they supplied was doubtless more accurate and more inclusive than the data that would come from a survey by lay persons.

From the brief replies of the caseworkers it was possible to find a classification that appeared to be appropriate for the symptoms in every case except one of the fourteen families reported. A fifteenth family was not listed by the caseworkers among the mental cases but has been included in the tabulation of this study because the woman had been released from a state mental hospital only four months before. At the time of the study this mother was attending a mental health clinic, although the caseworker knew nothing to be psychologically abnormal about her.

In thirteen other homes the children were neglected or mistreated, or there was family conflict to such an extent that, according to the caseworkers, the situations would have warranted legal intervention, although it was not reported whether such action was undertaken. A certain number of parents in these homes were doubtless mentally ill also, but none was so recorded.
Classification of Disorders

The pattern for the classifications of the mental disorders in the present study was that of the Veterans Administration as it was simplified for research purposes in the New Haven study reported by August Hollingshead and Frederick Redlich. Although the description of the disorders is lengthy, the basic pattern is as follows:

The disorders are divided into two main divisions, neuroses and psychoses. The neuroses include acute anxiety, physical pain, malfunctioning of the body, loss of memory, or disapproved behavior, when these symptoms result from an unresolved problem or conflict. Because neuroses arise from social situations, the values of a given culture and class cause neuroses of particular frequencies and types. The diagnoses of similar symptoms often vary from one social class to another.

Psychoses are described as the more severe disorders, but the meaning of the word "psychosis" is implied in part of the description of the affective psychoses. The affective psychoses cause the patient to have a distorted view of reality "to such an extent that there is no connection between what he feels and what he thinks and what the situation

---


3Ibid., p. 237.
is in fact."4 This lack of contact with reality appears always to be the primary factor for which the word "psychosis" is used.

Related Literature

While families on relief with a record of unplanned pregnancy are not a standard social classification, there are numerous studies that are highly relevant to the present one. Robert E. Faris and H. Warren Dunham studied the ecology of mental disorders in Chicago and found that there was a strong correlation between the socio-economic pattern of the city and the frequency of mental illness. Mental Disorders in Urban Areas gives the findings of the Faris and Dunham study. The fact that the Unplanned Sample families represented a low socio-economic group, with numerous cases of mental illness, relates the Unplanned Sample to the studies that give information about mental illness and the lower social classes.

The Faris and Dunham study has been followed by other studies in other cities and on related subjects. For instance, Robert E. Clark reported a study, "Psychosis, Income, and Occupational Prestige," in the American Journal of Sociology, March, 1949. Clark found that psychoses were more frequent among the occupations with little prestige.

4Ibid., p. 226.
Nosology of Mental Disorders

Emil Kraepelin, 1856-1926, was responsible for the original classification of mental illness along the lines used today. But nosology changes in a growing discipline and requires new terminology. For example, "After the data of the New Haven study were collected, the system developed by the Veterans Administration was replaced by a modified system approved by the American Psychiatric Association." Since the two systems were similar, however, the researchers of the New Haven study decided not to change to the one approved by the American Psychiatric Association.

But even since the publication in 1952 of the Diagnostic and Statistical Manual by the American Psychiatric Association, the classification of mental disorders has not become unified under one major recognized code. In 1948 The Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death was published by the World Health Organization of the United Nations. Revised in 1955, this manual has been adopted by many hospitals, although it moves toward diffuseness. Furthermore, E. Gartly Jaco notes that "despite the efforts of the American Psychiatric Association to develop a systematic classification of mental diseases, such a

---

5 Hollingshead and Redlich, Social Class, p. 145.
6 Ibid., p. 221.
7 Plunkett and Gordon, Epidemiology, pp. 18-25.
classification system is not consistently used throughout the United States and other countries. Even many distinctions deserving diagnostic nomenclature are not agreed upon by the psychiatrists concerning the difference between neurotics and normal or healthy people. While psychiatrists do not differ widely in diagnosing the more extreme cases, the psychoses, even here there are distinctions that are now only beginning to become recognized and classified. Plunkett and Gordon note that this is true of schizophrenia, the most widespread of all mental diseases, and other diseases that have primarily a psychogenic basis.

In the light of these different diagnostic systems among psychiatrists, it is quite possible that, if the Unplanned Sample families had been examined by such professionally trained people, there would not necessarily have been agreement in the diagnosis of the cases, especially the less severe ones. However, the present study doubtless lacks the detail and accuracy of a survey conducted by psychiatrically oriented personnel.

---


Social Class and Mental Illness

Hollingshead and Redlich's *Social Class and Mental Illness* proved especially valuable as a standard for classifying mental disorders. This work reports the findings of a team of researchers, including, among others, Hollingshead, a sociologist, and Redlich, a psychiatrist. An exhaustive study was made of the medical classifications, social class levels, and kinds of treatment given to New Haven people who were receiving mental care. The researchers found that psychotic patients were more prevalent among members of each successively lower social class, especially class V, the lowest level of social classes. Evidence was also presented which showed that the greater amount of psychosis among the lower social classes was not the result of people's drifting to a lower social class because they were mentally ill; rather, the data indicated that being in a lower social class increased the likelihood of psychosis.\(^{11}\)

Part of the New Haven study was an extensive analysis of fifty families of the lower middle and the lowest social classes (classes III and V). This aspect of the study was reported by Jerome K. Myers and Bertram H. Roberts in *Family and Class Dynamics in Mental Illness*. Class V would have been comparable to the Unplanned Sample families with less schooling. Two differences must be noted, however. The Myers-Roberts data

\(^{11}\)Hollingshead and Redlich, *Social Class*, pp. 244-248.
included only white families with a member in a mental hospital, whereas the Unplanned Sample families included 44 per cent Negro, 42 per cent white, and 14 per cent Latin, with no parents in a mental hospital. Despite these differences, however, *Family and Class Dynamics in Mental Illness* gives a basis for greater understanding of lower social class families on relief and an insight into their reactions in the presence of mental illness.

People in the middle and upper social classes generally are more understanding of mental illness, and this makes it possible for them to face the problem of mental illness in the family more rationally than the lower classes. Furthermore, people of the lower social classes have less money with which to meet their needs during a crisis caused by mental illness. Thus, with greater stress resulting from mental illness, it follows that lower social classes often have to seek public assistance.

Hollingshead and Redlich have their critics, to be sure. Robert Kleiner and Seymour Parker reviewed various materials on "Goal Striving, Social Status, and Mental Disorder." They accept Hollingshead and Redlich's work as far as schizophrenia is concerned but question whether there is sufficient

---


evidence that other mental disorders have a significant relation to social class. These reviewers have concluded that research on goal striving may indicate why social class and schizophrenia are negatively correlated in a majority of studies. Goal striving causes stress when an individual attempts but fails to ascend to a higher status; furthermore, goal striving may even cause stress when an individual does move up to a higher status but fails to measure up to his own expectations or that of others. If it is correct that goal striving causes schizophrenia, those in the lowest social stratum experience more stress than any other social class when they strongly desire to attain a higher social status.

Kleiner and Parker point out that not all low social class groups have a higher incidence of mental illness than those in middle and upper classes. Some lower social class groups evidently experience little psychological stress from their social status.

Prevalence of Disorders

Another related study is one in which Jerome Manis and others have reviewed three research projects concerning the frequency of mental illness. Of the three studies, the

14Jerome G. Manis and others, "Estimating the Preva-

Midtown Manhattan project reported the largest per cent of treated and untreated cases of mental illness. In the Midtown Manhattan area the treated cases numbered 12.9 and the untreated impaired cases 234, per 1000. These untreated impaired cases included 27 incapacitated, 75 severe symptom formation, and 132 marked symptom formation. Thus, even in the Midtown Manhattan area, which had an unusually large number of psychiatrists, only approximately 1 out of 18 impaired cases of mental illness was receiving treatment.

Manis argues that the variation in the frequency of mental disorders in the communities studied was the result of different standards of measurement rather than differences in actual frequency. For the purpose of this study, it is assumed that Manis is correct and that a generalization of his thesis holds for most areas of the United States. The frequency and pattern of mental illness then would have been approximately the same in New Haven, the location of Hollingshead and Redlich's study, as in Midtown Manhattan. It is assumed that the frequency and pattern of mental illness in the area of the present study generally resembles that of other areas of the United States.

Since Hollingshead and Redlich's study dealt only with treated cases of mental illness, it does not explore the various samples of the untreated population. However, these researchers had as a major thesis the supposition that the
selection and treatment of patients varied according to social class. It is assumed that a similar pattern of selection and treatment of mental disorders was prevalent in the area of the present study. The Unplanned Sample, then, with a record of only one mental case being treated, offers a point of comparison between a type of family on relief and the treated population.

Unplanned Sample Data

In one home in five in the Unplanned Sample a parent was neurotic to such an extent that this factor necessitated a greater amount of guidance or financial assistance through the county welfare office. In one family out of 12.5 of the more classifiable cases one parent was psychotic. With the two less classifiable cases counted as psychotic (to be explained later in the chapter), one in 8.3 homes would have been numbered among those with a psychotic parent.

The greater number of cases of neurosis than psychosis in the Unplanned Sample furnishes an important comparison with the New Haven study, in which there were more psychotics than neurotics among the lower social classes. Hollingshead and Redlich reported that in social class IV there were 518 psychotics to 146 neurotics (over 3.5 to 1), while in class V, the lowest social class, the ratio of psychotics to neurotics was 9 to 1.\footnote{Hollingshead and Redlich, Social Class, p. 240.} With the assumption that the data of the
Unplanned Sample is similar to the general population of lower social class families, the following generalization appears to be correct: In the lower social classes the psychoses are often serious enough to arouse the family, the neighbors, or the police and the courts to see that large numbers of the cases are provided some form of special care. Conversely, the neuroses serious enough to render a family dependent on public assistance are not so likely to lead to psychiatric care as are the psychoses. Thus, publicly supported mental hospitals admit large numbers of lower social class psychotics, while the neurotics of the lower social classes are often in the homes of "unplanned sample" families, increasing the load of welfare workers. Nevertheless, the smaller number of psychotics in the Unplanned Sample may have caused more difficulty for the welfare workers than the neurotics, since psychosis is generally more serious than neurosis.

The total number of children among the families with a neurotic parent was larger than the total number of children with a psychotic parent. The number of unplanned children was also larger among the neurotic families. However, these higher figures were the result of a larger number of families with a neurotic parent. The number of children per family and the number of unplanned children per family were greater among the families with a psychotic parent. The neurotics, like the average family of the total Unplanned Sample, had
about one more child per family than the average lowest-income homes in the United States; the psychotics had about two more children than the average family on this income level.

In Table V there are two listings in each column pertaining to the psychotics. The smaller numbers are those based on clear-cut descriptions that classified parents as psychotic. The larger numbers include, in addition, the two less classifiable families that appeared more likely to be psychotic than neurotic. The percentages in Table V are based on the 50 families in the Unplanned Sample, the total of 243 children, and the 153 unplanned children, respectively.

TABLE V
CHILDREN AND UNPLANNED CHILDREN IN FAMILIES WITH A NEUROTIC OR PSYCHOTIC PARENT

<table>
<thead>
<tr>
<th></th>
<th>Neurosis Number</th>
<th>Psychosis Number</th>
<th>% UP Sample Neurosis</th>
<th>% UP Sample Psychosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Families</td>
<td>10</td>
<td>4-6</td>
<td>20</td>
<td>8-12.3</td>
</tr>
<tr>
<td>Total Children</td>
<td>47</td>
<td>23-35</td>
<td>19.3</td>
<td>9.5-14.4</td>
</tr>
<tr>
<td>Av. No. Children in Fam.</td>
<td>4.7</td>
<td>5.75-5.83</td>
<td>.</td>
<td>.</td>
</tr>
<tr>
<td>Total Unplanned Children</td>
<td>29</td>
<td>20-27</td>
<td>19</td>
<td>13.1-17.6</td>
</tr>
<tr>
<td>Average UP Children per Family</td>
<td>2.9</td>
<td>5-5.5</td>
<td>.</td>
<td>.</td>
</tr>
</tbody>
</table>

The families with a neurotic parent had slightly fewer than their proportionate share of the Sample's children,

both of the total and of the unplanned children. The families with a psychotic parent had a few more than their proportionate share of the children and around one half again as many as their proportionate share of unplanned children. Thus, the families with a psychotic parent gave greater cause for concern per family than those with a neurotic parent.

**Further Classification**

Only three different classifications of neurosis and two classifications of psychosis were used for the Unplanned Sample. These classifications were made according to Hollingshead and Redlich's adaptation of the Veterans Administration description of these disorders.

**The neuroses—ANTISOCIAL AND IMMATURE Reaction.** "This group of illnesses is characterized by unapproved and intolerable behavior with minimal or no overt sense of distress to the patient. . . ."\(^{17}\) It is not known in the present study whether or not the symptoms were distressing to the three cases so classified. This group includes those ". . . who are inadequate socially and emotionally."\(^{18}\) However, "It is a moot point whether anti-social reactions should be grouped with the neuroses. Many anti-social reactions are borderline illnesses between neuroses and psychoses. . . ."\(^{19}\)

---

\(^{17}\)Hollingshead and Redlich, *Social Class*, p. 223.

\(^{18}\)Ibid., p. 224.

\(^{19}\)Ibid.
The three cases classified under this heading were described by the caseworkers as follows:

1. "Father recuperating from pneumonia and possible mental breakdown. . . . According to mother, Mr. ______ has become very abusive and does fly into rage."

2. Father "emotionally disturbed--has been at VA hospital. . . . Husband sometimes keeps quiet, but when worker leaves, will take it out on the wife. This applies to any visitor and relatives also."

3. The mother had "limited mental capacity . . ." and "angry tirades. . . . Husband disorderly when drunk." At the time of the study the father was separated from the rest of the family and divorce was pending. The statement about him concerned the period before the separation.

DEPRESSIVE REACTIONS. "This category includes patients burdened with emotional reactions to some social situation in which feelings of grief, guilt, and anxiety are internalized in a specific way. . . ."21

The four cases in this group were described as follows:

1. "Mrs. ______ is timid, withdrawn, and seemingly fearful of doing the wrong thing."

---

20 The case descriptions quoted in the statements that follow are from the forms completed by the caseworkers for the researcher.

21 Hollingshead and Redlich, Social Class, p. 224.
2. "Mr. _______ nearly always leaves the room during the interview." His response to the caseworker was checked "timid-fearful."

3. Mother "passive—burdened with home duties." She was also checked "timid-fearful."

4. Mother had had "nervous breakdown (passive depressive personality). . . . Many somatic complaints; acute anxiety reactions."

HYSTERICAL REACTIONS. "... Symptomatologically, anxiety in hypochondriacal reactions is manifested by many complaints about physical health, and it may be focused upon a number of organs and organ systems. . . ."22

Three cases were classified in this category:

1. "She always complains of her illnesses and their symptoms."

2. Father "probably neurotic—accident prone."

3. Mother described as "Psycho, accident prone, sick all the time."

The psychoses.--ORGANIC PSYCHOSES. "... Epileptics who developed psychotic reactions and are being treated by psychiatric agencies . . . are placed in this group."

The Hollingshead-Redlich adaptation of the Veterans Administration classification does not describe the two Unplanned Sample cases exactly, since there was no record of the individuals in this category having been treated.

22Ibid., p. 225.  
23Ibid., p. 227.
However, the two following cases seemed to fall in this group:

1. Mother "epileptic-chronic schizophrenic" appeared to be a case of epilepsy with psychotic reactions.

2. Mother had "seizures . . ." and was "inarticulate and childlike." The "seizures" were assumed by the researcher to indicate epilepsy and the "inarticulate and childlike" reactions were assumed to be psychotic, since the mother was so unresponsive to her environment. She was also described as "passive-dependent."

SCHIZOPHRENIC PSYCHOSES. "... In these disorders there are fundamental disturbances of ideation, emotion, and volition. . . ."

The two cases assumed to be schizophrenic were as follows:

1. "Mother has hallucinations—considered potentially dangerous."

2. Mother "sits there dumb . . . mentally ill." Her reaction to the caseworker was checked "timid-fearful." She was taken to a state mental hospital after the period of the study.

The two cases for which the classification was uncertain, even as neurotic or psychotic, appeared more likely to be psychotic. In the first instance, there was some question as to whether there was mental disorder. The father was

---

24 Ibid.
reported as "withdrawn and gives the impression of being mentally retarded." However, mental retardation per se does not cause a person to appear withdrawn, and neurosis would have been more apt to result in a patterned withdrawal than a general state of being withdrawn. Moreover, this person was illiterate, a fact which suggests that he may have never learned to communicate effectively with people. But it appears unlikely that lack of schooling would entirely account for withdrawal serious enough to cause unemployability. Thus, although this person showed no other evidence of psychotic behavior, his withdrawal appeared to remove him from the world of reality. For this reason psychosis appeared the more likely classification for his case. The other uncertain case was the woman who had been released from a state mental hospital four months before the present study and was attending a mental health clinic at the time of the study. It is more likely that she had been psychotic than neurotic, since a larger percentage of lower social class mental patients are psychotic.

With ten cases of neuroses and four of psychoses, exclusive of the two uncertain cases, a mental disorder occurred in more than one family in four in the Unplanned Sample. Probably a psychiatric investigation would have shown that at least one third of the families in the Sample were dependent or more dependent in some way because of a mental disorder.
In the psychotic families it appears that the disorder tended to increase the number of unplanned children.

A Defense Against Prejudice

It would seem that the presence of numerous parents with mental disorders would be a strong defense against those who think that relief families have children to increase the size of their relief checks. A psychotic person cannot be expected to exercise judgment; someone else must act in his behalf. When it becomes excessively burdensome or impossible for families to control a psychotic person (and control includes prevention of procreation), who will?

Unlike the psychotics, the neurotics do not present a clear-cut defense against those who think that families on relief have children to increase the size of their welfare payments; except in certain specific cases, neurotics must be held responsible for their behavior. However, those disabled by neurosis cannot use will power to restore their health; they are in need of psychiatric and/or other medical care. In the area of the present study the medical staff of the county hospital, recognizing that some neurosis is disabling, recommended families for relief when neurosis rendered them incapable of self-support.

Population Control and Mental Illness

The need to restrain the birthrate among those with mental illness is not a need of the lower social classes
alone, although these people are less able to cope with the problem than are those with greater wealth and more education. Nor were the Unplanned Sample families with mental disorders the only families in the Sample with a high birthrate. However, the higher percentage of births among psychotic mothers than any other group in the Sample appeared to be an instance of serious social neglect.

Women should not have pregnancies unless they are able to exercise parental responsibility. This the psychotic mothers of the Unplanned Sample were unable to do adequately, although the epileptic-schizophrenic mother was able to care for her family except after epileptic attacks.

Apparently, those who have determined sterilization policy have paid little attention to the need to discourage pregnancy among psychotics. Of the five mothers in the Sample with a record of psychosis or probable psychosis, only the mother who was unable to care for her family after epileptic attacks had been sterilized, and then not until after her sixth child. A smaller proportion of the mothers in the psychotic group had been sterilized than in the Sample as a whole; yet the psychotic mothers appeared to be the group requiring sterilization if any does.

The neurotics of the Unplanned Sample did not appear to compose a group needing any different kind of attention in population planning from that needed by other Unplanned
Sample cases. However, there is one difference between some neurotic cases and those who are not neurotic. Psychological problems and conflicts and a history of nervous breakdown often cause mothers to have problems with pregnancy and childbirth.\textsuperscript{25} Whether a neurotic mother without financial resources is among those who will probably have pregnancy and birth complications, or only wishes to have no more children, she should be offered public assistance in preventing pregnancy. This classification in the Sample appeared not to have been neglected as much as the psychotic mothers, since three of the six neurotic mothers had been sterilized.

Summary

Fifteen cases in the Unplanned Sample had a parent with an apparent mental disorder. While the quantity of data pertaining to mental disorders was scant and of poorer quality than desirable for research purposes, it was sufficient to permit classification in all of the fifteen families except two. Hollingshead and Redlich's New Haven study of mental illness among the lower social classes was used as a basis for classification in this study.

Little analysis has been made of the types of mental illness among people on relief. However, the study by Hollingshead and Redlich of a selection of treated cases

\textsuperscript{25}Benjamin Pasamanik, editor, \textit{Epidemiology of Mental Disorder} (Washington, D. C., 1959), p. 113.
among lower social classes indicated a high proportion of psychotics, as compared with neurotics. Other studies of mental illness among the general population show that only a small fraction of the mentally ill receive psychiatric care, even in an area with numerous psychiatrists. Because of this, it follows that a selection of treated cases does not necessarily represent the frequency of disorders in the total population.

The mentally ill parents of the Unplanned Sample, with a record of only one case being treated, represented another selection of cases among lower social classes. These largely untreated cases included four to six homes with a psychotic parent and ten homes with a neurotic parent. This seems to indicate that in the lower social classes, psychotic cases, which generally create more disturbing problems, are more likely to receive special care, whereas the neurotic cases, which offer no obvious threat to society but are ineffective in supporting their families, become dependent on public assistance.

The neurotics had about the same number of children per family as the average Unplanned Sample family. The psychotics had larger families and contributed around 50 per cent more than their share of unplanned children to the Sample.

The presence of mental disorders among the families on relief should be an additional point of defense against the allegation that welfare programs encourage women to have
children to increase their income. Since psychotics cannot be held responsible for their behavior, the high birthrate of this classification must be considered the result of society's neglect rather than the desire for a larger income. Unlike psychotics, neurotics are presumed to be capable of assuming responsibility, although those on relief are there because their condition has caused them to be unable to get along without public assistance. This group was not especially different from the average Unplanned Sample case in having large families and unplanned pregnancies, but it is important to note that a higher percentage of the neurotic mothers (one half) had been sterilized than of the Sample as a whole (slightly less than one third). On the other hand, among the psychotic mothers, who appeared to be the group most needing sterilization, a smaller proportion had been sterilized than in the Sample as a whole, another indication of society's neglect.
CHAPTER IV

FATHERLESS HOMES AND MARGINAL MARRIAGES

The large number of fatherless homes and marginally adequate marriages in the sample was a notable finding of the present study. There was no father in residence in 56 per cent of the homes in the Unplanned Sample, as compared with 9.7 per cent (estimated) of the homes in the United States with a female head of the household and children under 18 years of age in 1962. Not only were there few homes with father in residence, but less than half of these homes were rated as having adequate marriages. This chapter is an attempt to analyze the reasons for these fatherless homes and marginal marriages.

Analysis of Fatherless Families

Table VI shows the types of separation found in the fatherless homes. One father who was in prison and had an inadequate marriage may have returned home later. Two marriages had been terminated by the father's death. Twenty-two marriages had ended in divorce or desertion; one mother had never lived with her husband, while two mothers had lived with various men but were not considered married.

---

TABLE VI
TYPES OF SEPARATION IN FATHERLESS HOMES

<table>
<thead>
<tr>
<th>Classification</th>
<th>Families</th>
<th>Per Cent of Families</th>
</tr>
</thead>
<tbody>
<tr>
<td>Separated or Divorced</td>
<td>12</td>
<td>24</td>
</tr>
<tr>
<td>Deserted</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td>Husband Dead</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Never Lived with Husband</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Never Were Married</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Father in Prison</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Total Fatherless Families</td>
<td>28</td>
<td>56</td>
</tr>
</tbody>
</table>

Three possible reasons for the loss or lack of fathers were explored: (1) financial problems, (2) marriage problems, and (3) failure to qualify.

Financial Problems

Chapter II has dealt with the cost to the county of the various classifications of families. Families with fathers received $8 more for one and one-third more members per family than the average family without a father; with three unusual cases of large families omitted, the additional amount for families with fathers was a little more but still not adequate. Because of limited funds, the caseworkers faced the dilemma of being able to grant even slight additional assistance to families with fathers only at the expense of reducing the already inadequate grants to families without fathers. Since this additional amount for fathers was still
not enough to maintain a man in the home, the result was that fathers were, financially, an irritant to the family unless they had some income in addition to the county welfare assistance.

Moreover, if a father could not show adequate reason for not supporting his family, his presence in the home meant that the welfare office could not continue to provide any assistance whatever. If either a father or a mother appeared unable to support a family because of physical or mental reasons, this person was requested to report to the county hospital for an examination, the results of which were reported to the county welfare office. Of the thirty-eight families receiving financial assistance, fifteen had fathers and, of these fifteen fathers, thirteen were physically or mentally unable to support their dependents, while two fathers were able to provide only partial support for their families.

A possible additional reason for the lack of fathers in the Unplanned Sample was the influence of wide areas of need left unattended by the categorical state welfare system. The only way a family could receive state assistance was for the father to be aged, blind, or totally disabled, or to be separated from his family.\(^2\) The state rules accepted no

\(^2\)John H. Winters, "Questions and Answers Concerning Aid to Dependent Children," duplicated document of the State Department of Public Welfare, Austin, Texas, April 1, 1958, pp. 10-12.
families in which the father was unable to support his family because he was partially disabled or lacked qualifications for adequate employment.

Although the present study is not about state welfare recipients, there is reason to suspect that state welfare rules might have reduced the number of fathers in the Unplanned Sample. The state provided around twenty-three times as much financial assistance through its county office as the county government did through its welfare office; therefore the public image of welfare in that area was doubtless shaped largely by state regulations and policies. Thus, despite the fact that the fatherless families in the Unplanned Sample were evidence that fatherlessness did not always qualify families for state assistance, some parents may have reasoned that the father's absence would qualify the family for relief from some source.

In any case, it is apparent from the study that the more poverty a group faced, the more the maternal family pattern was forced upon them. Among the Negroes, with a tradition of

---

3 Four families in the Unplanned Sample were receiving state assistance, with the county welfare giving supplementary aid. Two of these families had fathers in the home and two did not.

4 Moore, ed., The Texas Almanac, 1964-1965, p. 529. State assistance in Dallas County, September 1, 1961, to August 31, 1962, was $10,561,572. Comparing one-twelfth of this amount with the $39,859 for county welfare during February, 1962, shows the county figure to be 4.3 per cent of the amount granted by the state per month.
both the maternal pattern and widespread poverty,\textsuperscript{5} 73 per cent of the homes lacked fathers. Among the Latins, with the financial problems of a minority group, four of the seven families (57 per cent) were without fathers, while the whites, without racial and ethnic handicaps, had the smallest number of families without fathers, 38 per cent.

**Marriage Problems**

In only six of the twenty-eight fatherless homes was the reason known for the father's absence. In another three cases mental illness appeared to have been involved in the separation. But in nineteen instances there was no statement about the former marriages except that they were terminated by divorce, separation, or desertion. This information, based largely on the statements of the mothers themselves, does not indicate whether, in some instances, a non-marital sexual relationship had been regarded as marriage. Some mothers might have reported a male predatory achievement as marriage. At the time of this study, four former fathers had other families, but it is not known whether any of these fathers had a second family at the same time they were with their Unplanned Sample family. It is significant, however, that with only two exceptions the mothers without husbands had lived with a...

\textsuperscript{5}C. E. King, "Negro Maternal Family," \textit{Social Forces}, XXIV (October, 1945), 100-104.
man whom they regarded as a husband, while a third woman reported not ever having lived with her husband.

There was evidence from the data of the study that mental illness and/or non-marital sexual relationships had been or were present in twenty-one of the twenty-eight fatherless families.

**Mental problems.**—This type of problem appeared to be a probable factor in three instances of fathers leaving their homes. In the first instance, the wife was listed as having "low mentality" and being "epileptic, chronic schizophrenic"; in another case, the wife was listed as being mentally ill. (Husbands who have little knowledge of mental problems cannot be expected to understand the behavior of mentally ill wives, nor to recognize the fact that there are resources in society for helping them.) In both of the instances listed here, the husbands had left their homes and started a new home or had become fathers in some other fatherless home. The third case was the wife who had angry tirades and whose separated husband had been a heavy drinker (mentioned in Chapter III).

**Non-marital sexual relations.**—Eighteen of the fifty mothers of the Sample had some or all of their children outside a legal marriage, including either common-law marriage or marriage by certificate. Twelve mothers were either living alone and were having sexual relations with one or
more men or were cohabiting with insufficient permanence for the relationship to be classified as common-law marriage. Only one of these twelve mothers was not counted among those having illegitimate children; since she did not have a record of non-marital sexual relations until after her marriage failed, all her children were counted as legitimate. Thus nineteen (38 per cent) of the mothers had been involved in non-marital sexual activity that was known to the social workers; thirty-one women or 62 per cent had not.

In Dallas County men who cause pregnancy without assuming any responsibility for the welfare of the mother and her children are called "boyfriends," a familiar phenomenon to county hospital personnel and social caseworkers. Boyfriends are known to father Negro families frequently, but when an attempt is made to persuade or to force a boyfriend to assume responsibility, he either cannot be found or is evasive.

By their own standards of what constitutes marriage, only two mothers of the fifty in the Sample had never had a husband. Forty-five per cent of the Negro women had had all their children within legal marriages (marriage by certificate and/or common-law marriage). Three of the seven Latin mothers had had one or more illegitimate children, but all the Latin mothers were either unmarried and living without sexual involvements or were steadily married at the time of the study. In eighteen out of twenty-one cases (86 per cent
of the white families) the white mothers claimed to have had all of their children within a legal marriage.

Welfare workers do not pry into the sexual conduct of the mothers except that they must guard against public support of any man whose sexual relations with one of the mothers have caused him to become, de facto, a family member. Table VII shows the number of mothers by race and ethnic classification who were known to be having non-marital sexual relations at the time of the study, and the number of mothers who reported ever having had an illegitimate child.

### TABLE VII

**SEXUAL BEHAVIOR OF MOTHERS BY RACE AND ETHNIC GROUPS**

<table>
<thead>
<tr>
<th>Race and Ethnic Group</th>
<th>Mothers Having Non-Marital Sexual Relations</th>
<th>Mothers with Some or All Children Illegitimate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>Per Cent of Cases</td>
</tr>
<tr>
<td>Negro</td>
<td>10</td>
<td>45% of 22 Negro Cases</td>
</tr>
<tr>
<td>White</td>
<td>2</td>
<td>9.5% of 21 White Cases</td>
</tr>
<tr>
<td>Latin</td>
<td>0</td>
<td>. .</td>
</tr>
</tbody>
</table>

Non-marital sexual intercourse, alone, does not account for the fact that a family has been included in the Unplanned
Sample. Two conditions were required for such sexual intercourse to cause dependency: (1) the experience must have resulted in pregnancy, and (2) financial resources, other than public assistance, were inadequate to meet the expenses resulting from the pregnancy.

It follows then that not only discouraging non-marital sexual intercourse but also developing financial responsibility among the poor and reducing the number of pregnancies resulting from intercourse would be effective in reducing the relief load. It would appear that medical assistance and contraceptive supplies should be available to both the married and the unmarried who wish to experience sexual intercourse and want to avoid pregnancy, if the issue is approached from the point of view of social cost. This would not necessarily constitute an expression of public approval of sexual intercourse outside of marriage but rather would serve as a vital measure in helping to control population expansion for which adequate economic and social preparation has not been made.

**Failure to Qualify**

When any man lives with a family on relief, he is expected to support the family unless he can qualify for assistance himself. The fathers who remained in families on relief, then, had withstood investigation and had been found to be qualified for assistance. When a man found in a home does not
qualify for assistance, the family will not receive any welfare support unless he separates from the family. One of the reasons welfare workers visit in homes is to discover any unreported male who should be supporting the family with which he is living.

Fathers in the Home

Only one in five of the Unplanned Sample families had both a father and an adequate marriage. Using the rating of family functioning developed by Geissmar and Ayres, the case-workers rated the families with a father in the home as follows: two of the marriages were inadequate, nine marginal, and ten adequate. (One family was omitted because the case-worker had no knowledge about this aspect of the family.)

In one of the two marriages listed as inadequate, the husband was recovering from pneumonia and had become abusive, occasionally "flying into a rage"; however, the marriage was thought to be continuing. The wife had been married before, and the first marriage was also listed as inadequate. But, even with the tension in the present marriage, the wife had become pregnant and was not working due to the after-effects of an abortion. In the other inadequate marriage, no reason was given for classifying the marriage except that the house

7Geissmar and Ayres, Measuring Family Functioning, pp. 91-102.
was described as a dirty, disorderly, small shack, and the family recorded as having numerous problems.

The difficulties with the nine marginal marriages were varied. The father's illiteracy and occupational limitations apparently were causing stress in two families, while in two other families the father's emotional disturbances added strain. One house was disorderly and unsanitary, a fact which may have had some relation to the quality of the marriage; one wife had had three or more husbands and her present marriage was not considered stable; and one man, whose marriage was marginal, had returned home from prison recently. The imprisonment had doubtless placed a strain on family relations. In one instance the caseworker may have been judging the legality rather than the quality of the marriage, while in another instance the marriage was listed as marginal but without any clues as to why it was so listed.

Contacts with welfare office.--In two-thirds of the homes with fathers the mother conducted all of the business with the welfare office. This indicates that the majority of the fathers who failed to support the family also refused to take responsibility for seeing the welfare workers, or were not even consulted. Table VIII shows the pattern of responsibility taken in visiting the welfare office.
None of the Negro fathers went to the welfare office. This suggests a strong maternal orientation among Negro families even when a father was present in the home. In contrast, the Latins were represented at the welfare office by two of the three fathers. Apparently, if a Latin father managed to stay with his family on relief, he was still likely to feel a sense of responsibility. Of the thirteen white homes with fathers, eight were represented entirely by mothers at the welfare office, while five were represented by fathers only or by fathers and mothers together. Thus, less than one-half of the white fathers living with their families showed
evidence of paternal responsibility by going to the welfare office.

Fathers by race, ethnic background, and years of schooling.--In an earlier section of this study it was pointed out that when the income level of the family was marginal and the father was adding no income, the problem of sheer economic survival was more difficult than if there had been no father at all. Negroes seem to have been better adjusted to extremely low incomes and a greater number of the Negro families were mother-only families, although not all of the Negro families in the Unplanned Sample were maternal. Part of the explanation for this may be found in the amount of schooling of the Negro men in the Sample who were still in the home. Most of them had attended school longer than men in the white and Latin groups, as Table IX shows.

TABLE IX
Fathers by race, ethnic group, and educational level

<table>
<thead>
<tr>
<th>Years of Schooling</th>
<th>Negro</th>
<th>White</th>
<th>Latin</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-2</td>
<td>0</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>3-5</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>6-8</td>
<td>0</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>9-11</td>
<td>5</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>12</td>
<td>0</td>
<td>3</td>
<td>0</td>
</tr>
</tbody>
</table>
The Negroes with high school experience appeared to be attempting to break away from the maternal family pattern, but their attempts often resulted in dependence on county assistance. In the cases in which the father had completed high school, the family was less likely to become dependent. In fact, no Negro male who had completed high school was in the Unplanned Sample. If a man had a bona fide reason for not supporting his family, the county could be of assistance even though the state welfare office could not, unless the father qualified according to the letter of the law under one of the state-federal assistance programs. Only one Negro man with less than nine years of schooling was in the Unplanned Sample. By not having a man living in the home, a Negro mother with little schooling had a considerably better chance of receiving state assistance than she would have if she had been married. The Negro men and women who had attended high school and needed assistance were more likely to depend on county assistance and avoid falling into the maternal family pattern. Five Negro fathers with nine to eleven years of schooling were attempting to remain with their families.

The Advantage of Small Families

As was indicated in Chapter II, the families that had survived for a while without financial difficulty but turned to public assistance after one or more pregnancies were more
numerous and more costly than families that had been dependent before any children had been born. Families starting with a measure of independence but later becoming dependent were twice as likely to have a father if they were small (one to four children). But if there were five or more children in the family, there was twice the likelihood that the father would be absent. Table X shows this difference.

TABLE X

FAMILIES RECEIVING FINANCIAL ASSISTANCE WITH AND WITHOUT FATHERS BY SIZE

<table>
<thead>
<tr>
<th>Type and Size of Families</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-4 Children</td>
<td></td>
</tr>
<tr>
<td>With Father</td>
<td>6</td>
</tr>
<tr>
<td>Fatherless</td>
<td>3</td>
</tr>
<tr>
<td>5 or More Children</td>
<td></td>
</tr>
<tr>
<td>With Father</td>
<td>4</td>
</tr>
<tr>
<td>Fatherless</td>
<td>8</td>
</tr>
</tbody>
</table>

When families became larger and encountered difficulties, two possibilities seemed to account for their having fewer fathers than the smaller families: fathers were unable to support the large family; they left home, and the family turned to public assistance for support. When fathers died or were separated from their families because of marital failure, the mothers were able to support small families more often than large ones.
Summary

Marriage in the Unplanned Sample was generally unsuccessful. Fifty-six per cent of the homes were without a resident father at the time of the study, and only one home in five had both a father and a marriage that could, with reasonable assurance, be called adequate. Furthermore, the term "marriage," as used in the Sample, was based largely on the statement of the women themselves that they had been married. Their use of the word "marriage" may have been different from its more common usage. In some instances, it may have reflected the woman's wish that a union had been a genuine marriage.

Twenty-eight families were without fathers. Mental illness appeared to have been involved in three of the separations; two husbands were dead, and one was in prison. Two mothers had never been married, and another had never lived with her husband. This left nineteen marriages which were terminated without any explanation except that they had ended in divorce, separation, or desertion.

In the Unplanned Sample several factors appeared to have been at work exerting pressure against the presence of fathers in the home. The welfare income of the families in the Sample was so small that it could contribute very little to the maintenance of a father in the home. Three mothers had mental disorders which apparently the fathers had been unable
to endure. A further possible factor may have been that a certain number of needy families had fathers that could not qualify for assistance and some fathers may have separated from needy families for this reason. The state welfare office, with twenty-three times as large a budget as the county, probably created the general public image of welfare rules. It appears that an aspect of this image consists of the belief that it helps if there is no father in the family when public assistance is sought. However, not all needy families succeeded in qualifying for state assistance even when the father was absent; the fatherless families in the Unplanned Sample are an illustration of this fact.

Thirty-nine per cent of the mothers in the Unplanned Sample had one or more illegitimate children or were currently involved in non-marital sexual relations. Somewhat less than one half of the Negro mothers were known to be involved in non-marital sexual relations at the time of the study, although 55 per cent of them had one or more illegitimate children. Non-marital sexual intercourse caused public expense only when the sexual relations resulted in pregnancy and the woman was not financially responsible.

In a majority of cases in which there was a father in the home, he did not participate in the responsibility of contacting the welfare office in spite of the fact that he was unable to support his dependents.
One semi-literate individual in the Unplanned Sample was a father in a Negro home; the other five Negro fathers in the Sample had been high school drop-outs. Probably the less literate Negroes were more likely to follow the maternal family pattern, and these mothers were more likely to qualify for state rather than county assistance. The absence of any Negro fathers in the Unplanned Sample who had completed high school suggests that educational attainment to this level generally enabled a Negro father to support his family without outside assistance.

Finally, it is apparent that the factors contributing to fatherlessness in the Unplanned Sample homes were numerous and complex. From the point of view of minimizing social cost, more attention needs to be given to mental illness and lack of schooling among such families, as well as to their financial needs. Developing financial responsibility among the poor and reducing the number of pregnancies resulting from intercourse are measures that would help to reduce the relief load.
CHAPTER V

THE HOME ENVIRONMENT

In addition to the factors dealt with previously, four other areas of social concern are surveyed in this chapter: care of the children, education of the mother, ethnic group characteristics of the sample, and quality of housing.

The Care of the Children

An effort was made to study the parent-child relationship and health practices in the families of the sample. The instrument used for measuring these patterns was Geismar and Ayres' Levels of Social Functioning. Each caseworker had a copy of Levels of Functioning along with a set of instructions asking him to use this instrument as a guide in completing certain sections of the forms provided by the researcher. The Levels of Social Functioning schedule divides behavior into that which is inadequate, marginal and adequate. The general meaning of inadequate behavior is behavior which is so dangerous to the members of the family or to society that intervention by authorities is warranted. An example would be the case of a parent whose children are threatened with grave physical harm.

or extreme emotional deprivation. Marginal behavior is not serious enough to warrant intervention but family life is characterized by "conflict or apathy." The existence of certain levels of affection, responsibility and sharing with others typify adequate family functioning.\(^2\)

Several generalizations made by Geismar and Ayres about the parent-child relationship and health practices are especially relevant for the present study. The parent-child relationship is inadequate, they say, when no affection is shown between parents and children, and parent-child conflict is extremely severe. The parent-child relationship is marginal when affection between parents and children is intermittent or weak, or obscured by conflict, and the parents' anger is unpredictable and unrelated to the specific conduct of the children. In an adequate parent-child relationship "parent-child conflict is minimal or restricted by consistent attention, free communication and desire for harmony."\(^3\) When inadequate health practices are followed, parents neglect or refuse to provide medical or other remedial care for the health and well being of the children. Disease prevention practices (sanitation, diet, etc.) are not followed. Marginal health practices are poor but not to the extent that intervention by the authorities is warranted. Adequate health practices mean that medical attention is sought when

\(^2\)Ibid., p. 91. \(^3\)Ibid., p. 92.
needed, medical advice is followed and effective measures (including provision for sanitation) are taken to prevent disease.4

Table XI shows the different levels of family functioning in the parent-child relationship and health practices of the Unplanned Sample. Often a family was inadequate or adequate in one of these respects and marginal in the other, but only one family was inadequate in one way and adequate in the other.

TABLE XI

PARENT-CHILD RELATIONSHIP AND HEALTH PRACTICES

<table>
<thead>
<tr>
<th>Levels of Functioning</th>
<th>Families</th>
<th>% Families</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Parent-Child Relationship</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inadequate</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Marginal</td>
<td>24</td>
<td>48</td>
</tr>
<tr>
<td>Adequate</td>
<td>19</td>
<td>38</td>
</tr>
<tr>
<td>Not Reported</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td><strong>Health Practices</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inadequate</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td>Marginal</td>
<td>15</td>
<td>30</td>
</tr>
<tr>
<td>Adequate</td>
<td>25</td>
<td>50</td>
</tr>
<tr>
<td><strong>Both Parent-Child Relationship and Health Practices</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Both Inadequate</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>One Inadequate, One Marginal</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>One Inadequate, One Adequate</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Both Marginal</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td>One Adequate, One Marginal</td>
<td>13</td>
<td>26</td>
</tr>
<tr>
<td>Both Adequate</td>
<td>15</td>
<td>30</td>
</tr>
<tr>
<td>One Factor Unreported</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>50</td>
<td>100</td>
</tr>
</tbody>
</table>

4Ibid., p. 98.
In fifteen of the fifty families (30 per cent) the parents possessed, to a reasonable degree, all of the following qualities necessary in adequate child care: emotional stability, ability to provide guidance for children and responsibility for cleanliness, medical care and a diet balanced within the limitations of their financial means. At the other extreme, only four families (8 per cent of the sample) provided such poor care that public intervention would have been warranted both because of the inadequacy of the parent-child relationship and the health practices. Twenty per cent of the families were reported to have provided poor child care in some way or ways warranting public intervention, while 46 per cent of the families provided poor care in one or more respects, but no one in the family or in the community was in serious danger as a result of the poor care.

The failure of 70 per cent of the Unplanned Sample families to provide adequate care for their children and the completely inadequate care provided by 8 per cent of the families were the most notable findings reported in Table XI. The following sections on Social Regulation of Procreation, and on Child Care and Mental Disorder, will further elaborate the more notable findings reported in Table XI.
Social Regulation of Procreation

A utilitarian concept of procreation leads to a policy of discouraging the occurrence of pregnancy in those families in which the children have been poorly cared for or would be poorly cared for if there were any. If either dysgenic procreation or poor child care threatens to burden society with a larger number of mentally or physically ineffective citizens, formal social action is warranted.

If society had been assuming authority over procreation whenever there was evidence that there had been or would be unsatisfactory child care, the 70 per cent of the families in the Unplanned Sample which provided less than adequate child care would have been affected. The other 30 per cent were probably providing society with emotionally balanced and physically sound individuals, but they needed to be encouraged to practice family planning because they were heavily burdened with various problems and with child care.

As the county welfare caseworkers coped with the Unplanned Sample during February, 1962, 42 per cent of the mothers were likely to become pregnant again or were already pregnant. This 42 per cent was composed of fourteen mothers who failed to practice adequate child care and seven mothers who cared for their children adequately. In addition to the 42 per cent of the mothers who were pregnant or likely to become pregnant, 20 per cent of the mothers were not likely
to become pregnant again unless they remarried or otherwise became involved in cohabitation; 10 per cent of the mothers, who had not been pregnant for three years or were forty years of age or older, were cohabiting with males and pregnancy was possible although not imminent; and 28 per cent of the mothers had been sterilized or had undergone an operation that rendered them sterile.

With one exception, the caseworkers strongly favored sterilization as a method of preventing unplanned pregnancy. Tubal ligation was certain to prevent a heavy added burden to the families, since the county did not pay as much for added children as the children cost the family. Other forms of birth control apparently were not used or were ineffectively used by the mothers even though the caseworkers suggested contraception.

The caseworkers routinely suggested that especially needy mothers request sterilization when they went to the county hospital to give birth to another child. Large numbers of the mothers were sterilized but frequently an extremely urgent case would not receive the operation and would have another child.

**Child Care and Mental Disorder**

When child care was especially poor, the cause was frequently severe mental illness. Among the four mothers about whom there was fairly conclusive evidence of psychosis
and the one mother who was more likely psychotic than neurotic, not one case was adequate in the parent-child relationship nor in health practices. Of the nine cases rated inadequate in both of the above respects or inadequate in one way and marginal in the other, four were contributed by the five serious mental cases above and two of the four families inadequate in both the parent-child relationship and health practices were those of psychotic mothers.

In the homes with a neurotic parent there was no instance of inadequate care, but these homes had numerous instances of marginal care. Of the ten homes with a neurotic parent, three were rated adequate in both the parent-child relationship and in health practices, and five were rated adequate in one respect. One home was marginal in both respects and information was lacking concerning the parent-child relationship in one instance.

In the five instances in which neurotic cases were marginal-adequate, the marginality was in the parent-child relationship. The neurotics, alone, appear to account for a higher frequency of adequate health practice than of adequate parent-child relationship in the total sample. If it is correct that the cases diagnosed neurosis were, in reality, this disorder, it may be expected that some may have had difficulties with domestic interpersonal relationships and others may have been overly conscious of health problems.
Years of Schooling of the Mothers
and Number of Children by
Race and Ethnic Group

As far as the mothers' education was concerned, the Negro children generally had a better opportunity for scholastic excellence than the white children of this sample, although other necessary factors concerned with such scholarship may have been lacking for all of the families of the Unplanned Sample. Table XII shows the mothers divided into classifications of race-ethnic and various numbers of years of schooling. The Negro children whose mothers had 9-11 years of schooling were nine times as numerous as the white children whose mothers had this amount of schooling. The Latins were similar to the whites except that they were underrepresented in the 6-8 years-of-schooling category. It would be expected, then, that a higher proportion of the Negro children in the Unplanned Sample would have responded favorably to schooling than the other two racial-ethnic classifications.

In Table XII, the category "0-5 years of schooling" is a combination of 0-2 years and 3-5 years. The 0-2 years of schooling group, if shown, would have included two Latin mothers with no schooling, one white mother with no schooling, and another with one year.

---

5Lester D. Crow and Alice Crow, Educating the Academically Able (New York, 1963), p. 22. Thirty-two per cent of the academically able children studied had mothers with a grammar school education but none had mothers with less.
### TABLE XII
YEARS OF SCHOOLING OF THE MOTHERS AND NUMBER OF CHILDREN BY RACE AND ETHNIC GROUP

<table>
<thead>
<tr>
<th>Race-Ethnic and Years Education of Mother</th>
<th>Number of Mothers</th>
<th>Number of Children</th>
<th>Average No. Children by Ed. Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>White 0-5</td>
<td>8</td>
<td>48</td>
<td>6</td>
</tr>
<tr>
<td>6-8</td>
<td>11</td>
<td>50</td>
<td>4.6</td>
</tr>
<tr>
<td>9-11</td>
<td>2</td>
<td>5</td>
<td>2.5</td>
</tr>
<tr>
<td>Negro 0-5</td>
<td>3</td>
<td>11</td>
<td>3.7</td>
</tr>
<tr>
<td>6-8</td>
<td>7</td>
<td>32</td>
<td>4.6</td>
</tr>
<tr>
<td>9-11</td>
<td>10</td>
<td>45</td>
<td>4.5</td>
</tr>
<tr>
<td>12-</td>
<td>2</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>Latin 0-5</td>
<td>5</td>
<td>32</td>
<td>6.4</td>
</tr>
<tr>
<td>6-8</td>
<td>1</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>9-11</td>
<td>1</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Totals</td>
<td>50</td>
<td>243</td>
<td>. .</td>
</tr>
</tbody>
</table>

If there were only slight differences between the years of schooling of the Unplanned Sample mothers and a comparable age-range of mothers in the city and county, the years of schooling of the mothers in the sample would be of limited significance. Since it was not within the scope of the present study to obtain a representative sample of the mothers of the city-county area, inferences will be drawn from a comparison between the Unplanned Sample mothers and certain U. S. Census data. These data report the years of schooling for persons 25 years of age and older for Texas drawing rural-urban, male-female, and white-nonwhite
differences.\footnote{U. S. Census of the Population 1960, Vol. I, Characteristics of the Population, Part 45, Texas (Washington, 1963) p. 330, "Table 47--Years of School Completed by Persons 25 Years Old and Over, by Color and Sex, for the State, Urban and Rural, 1960 and for the State, 1940."} Although the urban census data might vary somewhat from the present area (which is entirely urban), a more probable discrepancy is the difference in the age-range between the Unplanned Sample mothers and the census data. The Unplanned Sample mothers ranged from 19 to 49, while the particular census data used included all ages from 25 years up.

The 1940-1960 trends indicate that the older women probably had little effect on the percentage of females who had attended high school for 1-3 years but there has been considerable increase since 1940 in the percentage of female high school graduates. In 1940, 22 per cent of the females 25 years of age and over had completed 1-3 years of high school, and in 1960 this percentage had decreased to 21. The proportion of the females in the state 25 years of age and over who had completed four years of high school was 15 per cent in 1940 and 25 per cent in 1960.\footnote{Ibid. The percentages have been estimated from the census data.}

The assumption is made that the number of years of schooling completed by the urban female population is approximately the same in Dallas county as it is in the state.

Table XIII compares the years of schooling of the Unplanned
Sample mothers with the U. S. Census data on the years of schooling of the urban females 25 years of age and older.\(^7\)

**TABLE XIII**

**COMPARISON OF THE UNPLANNED SAMPLE MOTHERS WITH FEMALES OF TEXAS 25 YEARS OF AGE AND OLDER**

<table>
<thead>
<tr>
<th>Race and Years of Schooling</th>
<th>% of Unplanned Sample Mothers</th>
<th>% of Urban Females of Texas 25 Years and Older</th>
</tr>
</thead>
<tbody>
<tr>
<td>White (incl. Latin)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-8</td>
<td>89</td>
<td>33</td>
</tr>
<tr>
<td>9-11</td>
<td>11</td>
<td>20</td>
</tr>
<tr>
<td>12 only</td>
<td>..</td>
<td>28</td>
</tr>
<tr>
<td>13-</td>
<td>..</td>
<td>19</td>
</tr>
<tr>
<td>Nonwhite</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-8</td>
<td>45</td>
<td>51</td>
</tr>
<tr>
<td>9-11</td>
<td>45</td>
<td>23</td>
</tr>
<tr>
<td>12 only</td>
<td>10</td>
<td>16</td>
</tr>
<tr>
<td>13-</td>
<td>..</td>
<td>10</td>
</tr>
</tbody>
</table>

Unfortunately, the Latin-American mothers could not be entered separately from the whites, since this ethnic group is classified "white" by the Census Bureau, thus limiting the amount of information available about the Latins as a distinct group. White mothers were less likely to be in the Unplanned Sample if they had attended high school 1-3 years. But the Negro mothers were not less likely to be in the sample if they had attended high school 1-3 years; in fact, they might have been

\(^7\)Ibid. The percentages are estimated from the census data.
more likely to be on the county welfare roll and in the Unplanned Sample with this amount of schooling than if they had never attended high school. Negro mothers with a high school diploma appeared to be less likely to be in the Unplanned Sample than any of the groups of Negro mothers with less schooling.

Since the county welfare roll was a selection of families not qualifying for state assistance, it is possible that the less educated Negro mothers, who were likely to be without husbands, qualified for state assistance more often than those who had completed more years of schooling. If this is correct, it would account for the pattern of schooling in the Unplanned Sample.

Latin-American Group

Among the families of the Unplanned Sample, various factors can be identified that affected the birthrate. These factors will be noted in relation to the Latin-American families of the Unplanned Sample. In the Unplanned Sample, abortion, sterilization, and separation of the fathers from their families, but apparently not contraception, tended to reduce the birthrate. When fathers were living in the home and/or there was a pattern of non-marital sexual intercourse, the birthrate was increased. The only mother in the sample who had experienced abortion was not Latin, but all the other factors that decreased or increased the birthrate of the
sample were influential in determining the number of children in the Latin group. One Latin mother was sterilized following the birth of her eighth child. Four mothers were not sharing their homes with a father. Three Latin mothers had given birth to a total of ten illegitimate children, which was 24 per cent of the Latin births and almost identical to the 23 per cent rate of illegitimacy in the total Unplanned Sample. There was less sterilization among the Latins than in the other two groups. The two fathers with mentally ill wives did nothing to prevent repeated pregnancies.

Mental illness was about as frequent among the Latins as the other families, but the large number of children in two of the Latin families accounts for most of the difference in family size between the Latins and the others. In the larger of these two families, the mother was psychotic and had nine children, six of them illegitimate. This family had the largest number of children of any mental case in the Unplanned Sample. The other family had eight children; the mother appeared mentally retarded and was given to occasional angry tirades; the marriage had been inadequate and the father had been an alcoholic. Despite all the problems, however, the father had endured living in his home until eight children had been born. Only then did he desert. By having nine and eight children per family, respectively, these two Latin families raised the average family size of this ethnic group
from five to six children, as compared with the 4.9 average of the total Unplanned Sample. The average number of children in the non-Latin families in which the mother had suffered a mental disorder was 4.6. This may show that the Latin families with mental illness were ignorant of various community services or that they failed to realize or to act upon their need for guidance.

Religious opposition to contraception was noted in only three instances in the total Unplanned Sample. Two of these were Latin; but in one instance the caseworker presumed that the religious affiliation of the family meant that they were opposed to contraception. This might not have been correct. However, if the caseworker's assumption was correct, religious views would have influenced the size of two Latin families. But it is doubtful that religious views about contraception per se influenced the birthrate, since the Unplanned Sample families may not have practiced contraception in any case. Nevertheless, if a family do not believe in contraception for religious reasons, it follows that they would be less likely to request sterilization.

Housing and Utilities

The caseworker reported whether houses were weather-tight in forty-seven of the fifty cases. They also reported on the presence or absence of plumbing in all but one instance. Twenty-nine housing units were weathertight, sixteen marginal
and two dilapidated. Of the forty-nine units about which plumbing facilities were reported, forty-four had running water and forty-one a flush toilet. At considerable inconvenience, one family shared a bathroom with other families in an apartment house. The majority of the families lived in housing that was passable as far as plumbing and weather-tightness were concerned.

The caseworkers reported the number of rooms in the housing of all but one of the fifty families; the number of rooms ranged from one to six, with the modal number being five. The average number of individuals per room ranged from five families averaging less than one person per room to one family of four living in one room. However, at the time of the study, in this latter household there actually were only three individuals living in the room since the father was in the hospital. The most crowded housing was the one-room apartment referred to above and the three two-room housing units of the sample; six individuals lived in each two-room unit.

The crowdedness in the one and two-room housing units appeared to be a smaller problem in each instance than other problems facing the families involved. In the one-room apartment the illness of the father and the need of the mother to find employment and increase the family income were more important considerations for the well-being of the family than the amount of room the family had.
One of the three families in the two-room apartments, a Negro family, had a father who was recovering from pneumonia and had become abusive. (This case was reported in the chapter on mental illness.) The small number of rooms made it necessary for this father to be in close proximity to the other family members, which may have intensified the friction in the family, but more rooms hardly could have been the family's greatest need. A greater need was psychiatric care for the father and an opportunity for him to support his family, assuming that psychiatric care would assist him in becoming an effective parent.

It was more urgent that the father in the second case, who had recently been released from prison, be rehabilitated than that the family be provided more spacious housing. The family would have been even more secure in two rooms while the father was being provided work and guidance than in better housing but with no funds provided for the father's rehabilitation.

In the third family, the marriage might not have been inadequate and the father might not have deserted, as the mother reported, if it had not been for the fact that the family was clearly in need. There was no evidence that the father could support the family. The mother was pregnant with her sixth child, and it was more urgent that she request sterilization and be granted the request when her child was
born than that the family have more rooms. Before the father deserted, employment or an unemployment subsidy would have been more useful than better housing. To rehabilitate the father as a family member would have been justified only if he was potentially an adequate parent.

These cases are not intended to mean that housing should be neglected, but they do show that in the four most crowded homes there were greater needs than better housing.

The data on housing have shown the number of rooms, the condition of the house, and the presence or absence of plumbing. Doubtless many houses were unpleasant or inadequate in ways not taken into account in this type of survey. Also, some of the deficiencies reported may not have caused the families particular difficulty. Two houses were so deteriorated that they needed to be torn down; four families, at least, needed more spacious housing; four other housing units lacked both running water and flush toilets; three others had running water but no flush toilets. Sixteen housing units were not weathertight, but apparently they were not too deteriorated to be habitable. It appears that housing was not the most serious problem of the families of the Unplanned Sample, except in the two instances in which the houses were hopelessly dilapidated, which constituted only 4 per cent of the housing units. However, more ample housing or utilities were greatly needed in eleven other homes constituting 22 per cent
of the Unplanned Sample. In sixteen instances better housing was quite apparently needed, although housing conditions were not causing hardships for the families. Thirty-two per cent of the Unplanned Sample families were in this category. In 42 per cent of the cases no housing problem at all was noted.

Summary and Comment

This chapter completes the survey of the Unplanned Sample. Data about the care of the children, the number of years the mothers attended school, characteristics of the ethnic groups studied, and the quality of the housing have been reported in this chapter.

In the evaluation of the parent-child relationships and health practices, inadequate care warranted the intervention of authorities, while marginal care, although not warranting such intervention, was nevertheless poor. A utilitarian point of view would logically discourage procreation among those who probably will not provide society with many useful citizens. The application of this principle would have led to enjoining those in the Unplanned Sample who provided inadequate or marginal care for their children to have few pregnancies and, in some instances, none. If society had assumed this authority, 70 per cent of the Unplanned Sample families would have been under supervision and 30 per cent would not have been. However, even the 30 per cent were facing conditions of hardship which probably would make family planning services useful to them.
Not all of the Unplanned Sample families needed family planning services during the month of the study. Twenty-eight per cent of the mothers had no further need of such services because they had been rendered sterile by surgery. Twenty per cent of the mothers of the sample were not cohabiting with a man nor experiencing sexual intercourse, as far as the caseworkers knew, but would have needed to practice family planning if they became involved in cohabitation. Mothers who were forty years of age or older or who had not given birth to a child for over three years but still might have become pregnant constituted 10 per cent of the mothers. Probably most of these mothers needed measures to prevent pregnancy. The group that was especially in need of family planning services consisted of women who appeared likely to have repeated pregnancies unless they were sterilized at the county hospital the next time a child was born. They constituted 42 per cent of the mothers in the sample.

Sterilization appeared to be the only form of birth control effectively influencing the birthrate in the Unplanned Sample. But sterilization was performed only in those instances in which the mother requested the operation, had enough children to qualify, the hospital quota for sterilizations was not being exceeded, and the physician believed in sterilization as a form of birth control. However, the above conditions did not apply in those instances in which
a pathological condition indicated the necessity of sterilization, except that the operation was performed only at the mother's request.

The most pronounced instances of inadequate child care often occurred in the families in which the mother showed symptoms of psychosis. Inadequate child care was not reported in any case in which the mother showed milder symptoms of mental illness, although care of a marginal nature was frequent. The marginal child care in this group tended to be more frequent in the parent-child relationship than in health practices. It appears that the marginal parent-child relationship was often the result of neurotic behavior; neurosis is a type of disorder that does not ordinarily undermine the individual's responsibility for his behavior, although human relationships, like management of a family, are made quite difficult. Many of the neurotics whose mental condition affected their physical health may have been highly health-conscious and taken care of their children's health—perhaps some of them were even overly-solicitous of their children's health.

The Negro mothers were more frequently in the high school drop-out classifications than white or Latin mothers, whereas most of the white and Latin mothers had attended school for less than nine years. Negro mothers who had been high school drop-outs, and white mothers or Latin mothers who had never
attended high school had large families. It is likely that a larger portion of the Negro children of the Unplanned Sample were able to learn more readily from their studies than were the white and Latin children. In a study of academically able children, the Crows found that there were many such children among the offspring of mothers with a grammar school education, but they listed no such children with mothers with less than a grammar school education.

The larger average family size which distinguished the Latin-American group was caused almost entirely by two families in which the mothers were mentally ill but had nine and eight children, respectively. There may have been considerable opposition among the Latins to any so-called "artificial" method of preventing pregnancy. Such opposition probably caused some of the Latins to avoid requesting sterilization.

Except for two families living in dilapidated houses constituting 4 per cent of the houses in this sample, the quality of the housing and/or utilities was a less pressing problem than various others confronting these families. However, better housing and/or utilities were greatly needed in eleven instances (22 per cent of the housing units).

Probably, of all instances of serious neglect reported in this chapter, the worst were the two poorest housing units and the two Latin families in which the fathers continued to permit their wives to have children when these women were
mentally ill. The two dilapidated houses will sooner or later be noted by the people of the city and county and will doubtless be torn down in due time. Unfortunately, the combination of the lack of integration of the Latins into their community, lack of mental care in this group and, finally, lack of any measure to curb the intolerable birth-rate in the families with mentally ill mothers is not as obvious to the casual observer as the two houses in dilapidated condition.
CHAPTER VI

CONCLUSION

The present study was based on a sample of fifty families from the current caseload files of the district case-workers at a county welfare office during the month of February, 1962. The fifty families were termed the "Unplanned Sample." The families selected were those that, failing to prevent pregnancy, had added to the cost of public assistance.

County welfare work does not receive any federal assistance except donated foods; the funds must be raised locally. State-federal assistance in the state office of the present county was about twenty-three times as great as the city-county welfare budget insofar as grants to clients were concerned. The state-federal assistance program has rigid categories of families and individuals that may be assisted; these categories leave out numerous needy families that do not qualify for assistance under any of the rules. For example, a partially disabled father unable to qualify for any employment currently available cannot receive any state assistance. The county aids needy citizens who do not qualify for state assistance and occasionally supplements state assistance when statewide rules do not permit the state office in the county to grant enough aid to meet even minimal needs.
The county welfare office operates under stringent rules imposed by the commissioners' court of the city-county area. The caseworkers can grant only a limited amount of money per family, based, except for rent, on the age and number of children in the family and on the number of adults. (Actually, the clients never receive money, only orders with which they can make purchases.) However, the maximum per family is only occasionally spent, since the total amount of funds available is far less than the maximum that may legally be granted for all of the families in need.

The caseworkers were requested to search through the files of their caseloads and list the names of all the families that had increased the relief costs by having pregnancies. Such pregnancies and the children conceived under these circumstances were termed "unplanned." There were 140 cases thus listed, and a random or representative sample of 50 families was selected. Forms on these families were completed by the caseworkers; 38 of the families were receiving financial assistance during the month and 12 were not. The two types of cases not receiving financial assistance were (1) family service cases, a classification on the rolls due to problems other than lack of money, and (2) cases not receiving any financial assistance during the month of the study, although they were on the rolls because they lacked income. Although only two cases were clearly family service cases, others may have been
as well. Twenty-two families were Negro (44 per cent of the sample), twenty-one were white (42 per cent), and seven were Latin-Americans (14 per cent). Family size ranged from two families composed of one child, one mother, and no father to one family with two parents and ten children. The average number of children per home was 4.9. This was over twice as many children as the 2.2 average for the United States. There was no father in twenty-eight of the homes (56 per cent). Fourteen mothers (28 per cent) had been sterilized or had undergone hysterectomies.

The Literature

First Meier, and later the Livingstons, studied samples of families that had added to welfare costs because of pregnancies, as in the present study. They estimated the cost of these pregnancies, and showed how costly certain families can be if they are neglected and continue to have numerous children after they are on relief.

The charge has been made that families in upstate New York often increased their family size during the depression of the 1930's in order to receive larger relief checks. Notestein, in rebuttal, pointed out that an increase in first births completely accounted for the increase in the birthrate at that time, and thus ruled out the possibility that families on relief conceived children in order to receive larger relief checks. Notestein observed that the birthrate in families
receiving assistance tends to be high independent of increases or decreases in the number of families on relief.

Planned Parenthood-World Population, an organization whose purpose is largely to encourage families to prevent unwanted pregnancy, has collected various materials which show that mothers on relief generally wish that children (including illegitimate children) which cause them greater economic burdens had not been born. It is important to know how most mothers feel as they face the burden of motherhood under adverse conditions, but such studies do not show the conditions that permitted, or perhaps encouraged, the children to be conceived.

The Cost

An effort was made to determine the cost to the County Department of Public Welfare of the Unplanned Sample. The forms completed by the caseworkers who had the families in their current caseload furnished data about the cost of the thirty-eight families receiving financial assistance. The total cost of a family included the expenditures for housing and utilities as well as the cost of food and clothing. The average cost per individual in any group must be understood to be either the cost of adding the individual to a family or the average cost per individual of the total household expense, since these amounts are not necessarily the same. When a child is added to a family, for example, the cost of
the rent is not changed unless the family moves into more costly housing. The total cost of the Unplanned Sample included the cost of rent and utilities as well as food and clothing for which the welfare office paid.

The larger families, collectively, were not the most costly to the county, since these families were few in number and did not receive an amount per family great enough to warrant any more concern about their cost than that of medium-size or small families. The families with six and seven members, parents included, cost 48 per cent of the $2887 that was granted in assistance to the thirty-eight families during February, 1962. The families with eight or more individuals in the home cost less than one-fourth of the total grants for the month, while the families of two to five individuals cost 29 per cent of the expenditure for the thirty-eight homes.

The most unexpected finding related to cost was that the families with only unplanned children were not as numerous or as costly as the families that had one or more children before they became dependent. Seventeen families in which all children were unplanned accounted for 34 per cent of the cost of the thirty-eight families, and twenty-one families in which only part of the children were unplanned were responsible for 66 per cent of the cost. The partly-unplanned families had an average of 3.3 children before they had a pregnancy
that added to public costs. Thirty-nine per cent of the children of the thirty-eight families were not unplanned; they were conceived before their unplanned siblings, while their parents were still self-supporting. Nothing that is currently done in welfare work can prevent families from being too large at the time they first apply for public assistance.

In estimating the cost of each additional child to families, those with fathers were processed separately from those without so that the cost of the fathers themselves in the homes would not be confused with the cost of adding children. The families with some children conceived before dependency became imminent were estimated separately from those with all children unplanned because the all-unplanned families were less costly per individual as well as per family; thus "planned" children were eliminated in estimating the average cost of adding unplanned children. The two divisions of the families formed four groups: (1) all-unplanned families with fathers, (2) all-unplanned families without fathers, (3) partly-unplanned families with fathers, and (4) partly-unplanned families without fathers. In each of these four groups the cost of adding a child was estimated by comparing families in which there were five or more children with families in which there were four or fewer children. Families with one child were not compared with families with
two children, three children, etc., because this type of comparison proved to be misleading. The costs were sometimes less in a larger family than in a smaller one because some families were partially self-supporting and required less assistance than smaller families totally dependent on outside assistance. These incongruities were "averaged away" when families were dichotomized in terms of size. The process of estimating the cost of adding a child to each of the four groupings was accomplished by the following procedure:

1. The number of families with five or more children was multiplied by the average cost of families with four or fewer children. This product indicated the total amount that the larger families would have cost if they had averaged the same expenditure per family as the smaller families.

2. The number of families with five or more children was multiplied by the average number of children in families with four or fewer children. This gave the total number of children that would have been in the larger families if they had averaged the same size as the smaller families.

3. From the actual total cost of the larger families was subtracted the hypothetical amount that they would have cost had they been the same cost as the smaller families. Similarly, from the total number of children in the large families was subtracted the hypothetical number of children that would have been in these families had they been the same size as the smaller families.
4. The excess number of children in the larger families was divided into the excess cost.

This was the most meaningful and also the most feasible method of determining the average cost of adding children to the families. By this process it was found that during the month the average cost of adding a child to each of the four divisions was $5.54, $9.49, $2.38, and $15.51, respectively. These were the amounts used in estimating the cost of unplanned children in families that might have been on relief even if there had been no unplanned pregnancy.

The only instances in which there was sufficient evidence that pregnancy had caused the family to be on relief were the homes of eight mothers whose pregnancies had forced them to quit working and depend on the county until they were able to be employed again after childbirth. The cost of unplanned pregnancy in these eight homes was not the unplanned children alone but all the assistance granted to these families by the county. The grants received by the eight mothers totaled $692 for the month.

The unplanned children not in the eight homes referred to above cost a total of $727. The total cost of unplanned pregnancy, which included the eight households on relief due to unplanned pregnancy and the cost of the unplanned children not in these homes, was $1,419.

Since the Unplanned Sample was randomly selected from the total of 140 families at the county welfare office with
a record of unplanned pregnancy, it is presumed to be representative of that population. The average cost of unplanned pregnancy was estimated for the fifty families of the sample and this figure was multiplied by 140. The cost of unplanned pregnancy was approximately $3975, 10.5 per cent of the value of all of the grants to all of the clients receiving assistance at the county welfare office.

The cost of unplanned pregnancy would have been estimated at 13 per cent of the welfare office expenditures rather than 10.5 per cent if eleven families, not so counted, had been on relief due to unplanned pregnancy. The cost of these eleven families was estimated on the basis of the cost of the unplanned children alone, since there was insufficient evidence that the unplanned children had caused the families to claim other forms of relief. More extensive data might have shown that these unplanned children had, in fact, confined the mothers to their homes and prevented them from supporting their families.

The meager amount of funds available to the county welfare office made it impossible to provide adequate assistance for both the fathers and the rest of the family. Two estimates may be given concerning the cost of fathers. Both estimates are based on the average size and cost of the families with fathers compared with the average size and cost of the families without. The second estimate excludes the three largest families because they were largely self-supporting;
these atypical families changed the total estimate of the amount the fathers received considerably. When all of the families were included in the calculation, the homes with fathers averaged $8 more for one and one-third more individuals than the fatherless homes. When the three largest families were excluded, .82 additional individuals averaged $11.19 more for the month. Either way the estimate is made, the fathers did not receive enough to support them.

The numbers of Negroes and Latins supported by the county were disproportionately large in the sample. Compared with the proportion of Negroes and Latins to whites in the county, there would have been five or six instead of eighteen Negro families and one or two Latin families instead of four receiving financial assistance.

The cost of the high birthrate in families on relief becomes more meaningful when considered along with other costs that result from a high birthrate in the general population. The 1960-1961 cost of the ten-year school population increase in Texas was between five and six times as great as the Assistance to Dependent Children program of 1961-1962. Thus, in terms of cost, the welfare program among families on relief is a rather small part of the total cost to society brought about by the prevailing birthrate pattern. Family planning services offered to families on relief are justifiable and needed as part of welfare service, but this type of
public assistance should not be construed as an effort to stabilize the population at large.

**Mental Illness**

The forms completed by the caseworkers showed that from fourteen to sixteen cases may have involved a mental disorder (28 to 32 per cent of the Unplanned Sample cases). The symptoms were compared with a widely recognized diagnostic scheme and, even with the limited facts available, most of the cases could be placed in a specific category. However, even among psychiatrically oriented caseworkers, the diagnosis of less severe mental illness lacks certitude, and the workers in the present study were not psychiatrically oriented. But the more severe mental illness was more likely diagnosed correctly.

There were four cases indicating severe mental illness. In addition, one mother recently discharged from a state mental hospital probably had had a severe mental health problem. A sixth case of severe mental illness was uncertain because the symptoms reported were ones which are included among the symptoms of various disorders. Despite the problems of diagnosis in a study of this nature, the data do suggest a need for research by psychiatrically-oriented personnel among families receiving financial assistance and among families receiving family guidance service.
The study showed that the cases with severe mental illness averaged about six children in their homes and that almost all of these children were unplanned. It is clear that severe mental illness has a relationship to unplanned pregnancy. It is concluded that society has reason to concern itself with procreation patterns among the mentally ill receiving public assistance.

Fatherless Homes and Marginal Marriages

Two of the most notable facts concerning the Unplanned Sample were the frequent absence of fathers and the infrequency of adequate marriages in those families which included fathers. In the 44 per cent of the cases with father present, less than half of the marriages were rated adequate. Poverty and sheer lack of understanding of how to manage a successful marriage were factors which very likely reinforced one another and made marriage fail or caused it to be unsatisfactory.

Unsatisfactory marriage or cohabitation ended in desertion, separation, or divorce in twenty-two families. In three of these the fathers evidently could not endure living with mentally ill wives. The twenty-two families in which marriage was unsatisfactory and was therefore abandoned, plus three homes that never did have a father, accounted for all but three of the homes that did not have a resident father. In two of these homes the father had died and the third was in prison.
The Negro "maternal family pattern" added to the number of fatherless homes; a father was resident in only six (27 per cent) of the twenty-two Negro homes. This maternal pattern was most pronounced among the less educated Negroes. One woman with three years of schooling was the only Negro mother, out of ten possible with less than eight years of schooling, to share her home with a father. But, of the ten Negro mothers with nine to eleven years of schooling, five shared their homes with a father. The maternal family pattern often enables Negro mothers to receive state assistance; whereas, if they have husbands, they will not likely qualify under any of the state welfare program categories. This ability of the less educated Negro mothers to qualify for state assistance reduced their number in the Unplanned Sample. As a result, women with less than eight years of schooling were not more numerous than the high school dropouts.

The twenty-one white mothers were reported to be abstaining from extramarital sexual intercourse except in two instances, although three of the white mothers had some of their children out of wedlock. None of the seven Latin mothers were having non-marital sexual relations at the time of the study, but three of them had illegitimate children.

When the families with fathers became dependent on public assistance, only the mother went to the welfare office to conduct business in fifteen of the twenty-two cases. None
of the six Negro fathers went; this failure to go to the welfare office seems to have been part of the Negro maternal pattern which prevails even when fathers are living with their families. Five of the thirteen white fathers and two of the three Latin fathers conducted business with the welfare office.

The families that became recipients of financial assistance after one or more children were born were more likely to have fathers in the homes if they had four or less children. In these smaller families there were six homes with fathers and three without, or 67 per cent. But in the homes with five or more children there were four families with fathers and eight without, or 33 per cent. Two possibilities seemed to account for the fact that there were fewer fathers in the larger families. First, fathers who were unable to support their large families left home and the family turned to public assistance for support. Second, when fathers died or were separated from their families because of marital failure, the mothers were able to support small families more often than large ones. As a result, those with small families would not appear in the agency records.

The Home Environment

In fifteen of the fifty families (30 per cent), the parents possessed, to a reasonable degree, all of the following qualities necessary for adequate child care: emotional stability,
ability to provide guidance for their children and responsibility for cleanliness, medical care, and a balanced diet within the limitations of their financial means. At the other extreme, only four families (8 per cent of the sample) provided such poor care that public intervention would have been warranted both because the parents failed to give any warmth or guidance and because they did not provide for the health of their children. There was a high correlation between inadequate child care and severe mental illness.

If society assumes only minimal responsibility for the development of the minds and the bodies of children, it will discourage procreation in the homes that endanger the life and health of their offspring. This is similar to the responsibility that society assumes when children are removed from a home in which they are in imminent danger. If it is assumed, hypothetically, that society can effectively discourage procreation among those not competent to care for children, 28 per cent of the families would have been affected during the month of this study. This would have included mothers likely to become pregnant and mothers who might have been persuaded to prevent another pregnancy when their present pregnancy terminated.

A comparison between the years of schooling completed by the Unplanned Sample mothers and the years of schooling in the population at large shows that white and Latin mothers
who had attended high school were less likely to be in the sample than their per cent in the population warranted. Negro mothers who had attended but not completed high school were more likely to be in the Unplanned Sample. When they had completed high school they were not as likely as the less educated Negro mothers to be receiving assistance from the county welfare office.

The Latins generally had little education and large families, but, in these respects, they were not unlike many white or Negro families. However, the continued failure of two fathers to prevent pregnancy or to seek assistance for their mentally ill wives was a situation found only among the Latin families. The mothers had eight or more children before any action was taken that prevented further pregnancies or that provided care for a mentally ill mother. These two families accounted for the fact that the family size was greater among the Latins than among the whites or Negroes.

Two of the three families which were classified as opposed to contraception were Latin. This opposition among the Latins may have been a major reason that their birthrate was higher than that of the Negroes or whites. It was not opposition to contraception alone, however, that caused the high birthrate in this group, since there was no evidence that contraception was ever used in the Unplanned Sample.
But families opposed to contraception would doubtless have been opposed to sterilization also, and sterilization was an effective form of family limitation in the Unplanned Sample.

Except for two families living in dilapidated houses, constituting 4 per cent of the housing of the sample, the quality of the housing and/or utilities was a problem of less pressing importance than various others confronting these families. However, improved housing and/or utilities were clearly needed in eleven instances (22 per cent of the housing units).

Discussion

The Inadequacy of the Welfare Budget

It is likely that conditions associated with poverty led many mothers to request sterilization, and some may have practiced contraception even though they did not mention this fact to the caseworkers. But the Unplanned Sample, with an average of 4.9 children per family, revealed that many families conceived children in spite of the hardship which this caused. Large numbers of children, which poverty did not prevent from being born and may in fact have caused, were born under circumstances that precluded the development of healthy bodies and useful skills. The limited amount of assistance rendered in 1962 may prove to be costly economizing in the long run.
Each child needs a financially responsible family as long as children are dependent upon the family income. If parents are unable to earn a sufficient income to meet the needs of the children, some other provision must be made. The average of $11.19 granted to the typical home for the month to maintain a father is simply inadequate. When a father would otherwise be a desirable parent, his presence is harmful to his family unless he can receive more than he did in the Unplanned Sample. Unless the budget of the county welfare office is large enough to sustain every person entitled to live in dependent homes, it seems reasonable to assert that it is too small.

Problems in Family Planning

More widespread use of sterilization and contraception clearly seems to be needed among families on relief. Although sterilization has been the only form of family planning known to be effective in the Unplanned Sample, the caseworkers cannot do anything more than they have done to increase the number of clients receiving this operation. Sterilization was often performed upon request, but it was also often not performed when needy mothers gave birth to children at the county hospital. The only influence that the welfare workers can use is to urge the mothers to seek the operation when a child is born. The fact that 28 per cent of the Unplanned Sample mothers had received operations that prevented further
pregnancies indicates that the caseworkers were influential in a significant minority of cases and that medical practice and hospital policies were moderately liberal.

The failure to sterilize needy mothers on relief in many instances is related to restraint in granting the operation to families in general. It would be difficult to justify a policy that permits all impoverished mothers to be sterilized when they seek the operation and refuses the operation to other mothers. If different rules are used for one social class than another in granting sterilization, it can be charged that the inconsistency is a kind of discrimination against the poor. Either mothers not on relief must be sterilized in most of the instances in which they strongly desire the operation or else families on relief must be refused the operation on the same basis.

Actually, since sterilization is a solution to a problem, it might be argued that refusal to perform the operation is discrimination against the person refused, regardless of his socio-economic position. On this basis, sterilizations performed freely among the poor but not freely among others would be discrimination in favor of the poor. However, any distinction made between social classes that permits the poor to be sterilized more readily than others could be used by demagogues to prejudice the poor against permitting themselves to receive the operation. Perhaps it is unnecessary
to refuse sterilization except in unusual cases, regardless of social class. Sterilization granted freely to a majority of those who wish to receive the operation would be of assistance to destitute mothers who now may or may not be granted the operation when they request it.

Sterilization, in any case, can be expected to meet only part of the need for family planning in society. Perhaps even among families on relief other methods will need to be used in a majority of instances. Although the Unplanned Sample showed no evidence of the use of contraception, sterilization was meeting only part of the need. The situation could be handled more effectively if ways are devised for preventing as many pregnancies as possible among families, like those of the Unplanned Sample, which are not being granted or are not requesting sterilization.

It is hoped that the present study will stimulate concern for children in families such as those in the Unplanned Sample, and that this concern will lead to greater efforts to assist these children to become useful citizens. The task of working with these families will be facilitated by assisting in the prevention of pregnancies for which the parents are not psychologically, socially and/or economically prepared.
APPENDIX A

A WORKING DEFINITION OF SOCIALLY UNDESIRABLE PREGNANCIES
AMONG FAMILIES SUPPORTED BY PUBLIC FUNDS

A pregnancy is undesirable when there is evidence of any of the following:

1. "The family is experiencing severe economic stress and an additional birth will further reduce marginal living standards . . .," Gitta Meier, p. 3.

   Examples:
   - There is chronic unemployment.*
   - Illness or incapacity has and will strain family finances.
   - Transiency has reduced the marginal living standards to a minimum.

2. There are medical reasons why pregnancy should be discouraged.

   Examples:
   - The mother's health is not good.
   - Pregnancy is recognized as involving undue risk to the life or health of the mother.
   - Stillbirths recur until there is medical advice opposed to further pregnancies.
   - Because of a hereditary pattern, the child is likely to be severely incapacitated.

*The use of the definition showed that "or marginal income" should have been added to this statement.
3. There is mental or physical inability of parents to care for the child adequately, as a result of which it becomes necessary for the community to intervene or provide help.

**Examples:**

- A parent is feeble minded or otherwise mentally incompetent.
- The mother is severely crippled and unable to care for the child.

4. One or both of the parents are emotionally unstable to such an extent that the family is rendered unable to cope effectively with reality.

**Examples:**

- A parent acts sullen or withholds a normal expression of his emotions as a result of which there is an oppressive atmosphere in the home.
- A parent lacks emotional control or steadiness and keeps the home in a state of uncertainty or turmoil.

5. There has been growing estrangement between the husband and wife or there never was a bona fide marriage relationship.

**Examples:**

- The husband and wife are on the verge of separation or divorce and the situation is not one in which the coming of a child will help draw the parents together.
- The father has a record of deserting or is threatening to desert.
- The mother has numerous relations with numerous men (promiscuity) or a steady relationship with someone other than the man with whom she lives.
- The mother is not married.
APPENDIX B

INSTRUCTIONS TO THE CASE WORKERS

We are making a study of the families on the Dallas County Welfare rolls who, according to our definition, were families in which there were undesirable pregnancies. The study will be for the month of February 1962. We have devised a method whereby you will need to spend only one block of time in selecting the families who contribute to welfare costs resulting from undesirable pregnancies. Write down the case numbers at your earliest convenience in February. It is necessary that the cases be chosen as of a particular time on one day but each worker may choose his own individual day.

The following will give further clarification of the selection of families we are making:

1. Please read A Working Definition of Socially Undesirable Pregnancies Among Families Supported by Public Funds which accompanies these instructions.

2. Include those cases which qualify according to our definition, even though there are no live children, if there has been a pregnancy which has caused added welfare costs.

3. If a family has a chronic need for welfare that was obviously a condition thirteen years ago when a child was born, that child is listed as part of the cost of socially undesirable pregnancies. We are making thirteen years the oldest year in which we are listing a child as an undesirable pregnancy. A reason we are anxious to include small families in our study is that we want to determine the relative cost of each size of family. If it is not readily obvious whether a family has always had a chronic need for welfare, write down the number and follow it with a question mark.

4. It is not necessary to be laborious in selecting the cases. The research worker will be glad to look at a great many cases marked with a question mark.
mark, but please be careful not to miss any cases that might answer to our definition of socially undesirable pregnancies.

We appreciate the interest you have been showing in the study and are grateful for the time you are giving. We know that you will be interested in what we find out. The definition and these directions are yours to keep if you wish.
APPENDIX C

CASEWORKER'S LIST OF THE CASE NAMES AND NUMBERS OF FAMILIES WHERE THERE ARE INCIDENTS OF SOCIALLY UNDESIRABLE PREGNANCIES

Name of caseworker ____________________________________________
Date when selection of numbers was made __________________________
The time of day the selection represents __________________________
The names and numbers are as follows:
APPENDIX D

INFORMATION SOUGHT IN FORMS

1. Name and case number.
2. Birth date of mother.
3. Years schooling of father.
4. Years schooling of mother.
5. Race or ethnic group.
6. Number of children in this family on February 28, 1962 who had not had their fourteenth birthday on or before January 31, 1961.
7. Number of children who were "socially undesirable pregnancies" before birth.
8. Did pregnancy prevent the mother from working during February, 1962?
10. What is the likelihood of more pregnancies?
11. Why was father not supporting family?
12. Why was mother not supporting family?
13. Number of marriages and consensual unions.
14. Which instances of cohabitation were legal marriages and which were not?
15. Does mother live consistently with one man or is there some other pattern?
16. According to Geismar and Ayres' classification of the quality of marriage, how would you rate the marriage(s)?
17. Which of the pregnancies were legal and which were not and what was the mother's marital status, married, widowed, divorced, or never married at time of these births?

18. Was communication between the client and the caseworker easy or difficult? If "not," why not?

19. Which spouse goes to welfare office?

20. When husband and wife are asked a question, which one(s) respond(s)?

21. Are questions answered honestly?

22. Which of the following characterize the response of the father and of the mother: Defensiveness? Normal? Timid-fearful? Other?

23. How well does family look after a medical need of a child?

24. Is a parent characterized by some unusual pattern like sitting in a withdrawn manner? Describe.

25. Is house clean?

26. Is house orderly?

27. Are meals scheduled?

28. Is diet balanced within the financial means of family?

29. Type of housing.

30. Is there running water?

31. Is there a flush toilet?

32. Number of rooms in house.

33. How weatherproof is housing?

34. According to Gaismar and Ayres' rating of the parent-child relationship, how would you rate this relationship in this family?

35. According to Geismar and Ayres' rating of the health practices, how would you rate the health practices?

36. Suppose the mother had a pain that made her quite uncomfortable, how would the father react?
37. Suppose that the doctor advised the mother to be sterilized because she should never have any more children, how would the father react?
APPENDIX E

THE HANDLING OF THE FOUR CASES WHICH WERE ON THE ROLLS ONLY PART OF THE MONTH

At the Dallas County Department of Public Welfare a case starting any time before the fifteenth of the month is listed as receiving an allotment for the full month, provided the family gets any financial assistance past the middle of the month, while a case starting any time after the fifteenth is listed as receiving an allotment for the second half of the month only. Each caseworker selected his cases on any day he chose during the month of the study. Thus, any cases newly starting after the selection of the 140 cases by all the caseworkers would have been missed.

Four cases out of the fifty in the Unplanned Sample were recipients for only half of February, making the Sample, in reality, fewer than fifty cases for the entire month. However, since the 140 cases were, on the average, selected during the first four-sevenths of the month (rather than at the end of the month) and since, presumably, there were three-sevenths of the half-month cases which were missed after the listing of cases was made, the cost of the four half-month cases reported by the caseworkers was figured as
four-sevenths of the cost of all half-month cases. Hence, the cost of an approximation of fifty cases for the entire month of February was figured by adding the three-sevenths of the half-month cases presumably missed to the four-sevenths of the half-month cases listed by the caseworkers at the time the 140 cases were selected.

The four cases which were for part of February cost $104. The mean number of days left in February after the selection of the 140 cases was twelve days or three-sevenths of the month. Since the case load is about the same any part of the month as any other part, if four-sevenths of the month cost $104 for the one-half month cases, then three-sevenths of the month would add a proportional amount, or approximately $78, which, when added to $2809 for the month-long cases plus the $104, totals $2887.
APPENDIX F

ESTIMATING THE COST OF ADDING A CHILD IN EACH OF THE FOUR DIVISIONS IN TABLE II

In working out a system of determining the cost of each additional child in the Unplanned Sample families, the problem was to find some base on which to measure the cost of larger families compared with smaller families. The most obvious method appeared to be to use the number of children in each individual family as the base, subtracting the average cost of the smaller number from the average cost of each successively larger number. However, a serious flaw in this system appeared; families with more children did not always receive more money than families with fewer children. For instance, two families with two children each received $60 per family, while one family with four children received $43.75. Such anomalies were notably minimized by combining all the smaller (1-4 child) families and using the average cost per family in this group as the basis of comparison with the average cost per family of the larger families (5 or more children). This method of comparison was then applied to the partly-unplanned and all-unplanned families, with and without fathers.

128
To explain the system further, the procedure will be illustrated, using data for the all-unplanned families with fathers. The average cost of the 1-4 child families in this category was $54.53; these families averaged 2.67 children per family. If the large families (5 or more children) had been composed of only 2.67 children per family, there would have been 4.67 fewer children in all of the larger families together, and they would have cost a total of $26 less. Therefore, it cost an average of $5.54 for adding a child to families with five or more children in the all-unplanned families with fathers. Presumably, the addition of a second, third, or fourth child was a similar cost to that of the fifth or later children. The cost of a first child would doubtless have been different, but for lack of any other way of estimating the added cost of the child in a one-child family, the two instances of such were counted the same as the cost of later children in any other family.

The following table applies this system to the four main divisions of Table II.
<table>
<thead>
<tr>
<th>Data Being Processed</th>
<th>All-UP with Father</th>
<th>All-UP without Father</th>
<th>Partly-UP with Father</th>
<th>Partly-UP without Father</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Cost 4 or Fewer Chil.</td>
<td>$ 54.58</td>
<td>$ 44.03</td>
<td>$ 87.17</td>
<td>$ 63.67</td>
</tr>
<tr>
<td>Av. No. Chil. in 1-4 Child Fams.</td>
<td>2.67</td>
<td>2.125</td>
<td>3.5</td>
<td>3.67</td>
</tr>
<tr>
<td>No. Families with 5 or More Chil.</td>
<td>2</td>
<td>4</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Total Cost Families 5- Children if Cost of Large Families Averaged Same as for Small Families</td>
<td>$109.16</td>
<td>$176.00</td>
<td>$348.67</td>
<td>$509.36</td>
</tr>
<tr>
<td>Total Number of Chil. if Families with 5- Children Averaged Same Size as Families with 1-4 Children</td>
<td>5.33</td>
<td>8.5</td>
<td>14</td>
<td>29</td>
</tr>
<tr>
<td>Actual Cost Families 5- Children</td>
<td>$135.00</td>
<td>$342.00</td>
<td>$391.00</td>
<td>$788.61</td>
</tr>
<tr>
<td>Presumed Cost Subtracted from Actual Cost</td>
<td>$ 26.00</td>
<td>$166.00</td>
<td>$ 42.33</td>
<td>$278.25</td>
</tr>
<tr>
<td>Actual Number Chil. in Families with 5- Children</td>
<td>10</td>
<td>26</td>
<td>32</td>
<td>47</td>
</tr>
<tr>
<td>Presumed No. Chil. Subtracted from Actual Number</td>
<td>4.67</td>
<td>17.5</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Surplus Children Divided into Surplus Cost, i.e., Cost of Adding a Child (See col. 2, Table III, p. 23)</td>
<td>$ 5.54</td>
<td>$ 9.49</td>
<td>$ 2.35</td>
<td>$ 15.51</td>
</tr>
</tbody>
</table>
BIBLIOGRAPHY

Books


Articles


Public Documents


Unpublished Materials

