UNPLANNED PARENTHOOD (SERVICES)

APRIL 1974

DEPARTMENT OF BENEFIT PAYMENTS

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STATE SOCIAL WELFARE BOARD

UNPLANNED PARENTHOOD

A STUDY OF UNWED PARENTS AND THE POTENTIALLY ENDANGERED CHILD

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF BENEFIT PAYMENTS

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STATE SOCIAL WELFARE BOARD

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The Potentially Endangered Child

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I. INTRODUCTION

The State Social Welfare Board has had the opportunity to study and observe welfare problems and conditions for the last six years, while continuing to retain its daily contacts with society. The Board entered the field without any preconceived concepts, bureaucratic doctrines, or particular theory or philosophy, thus it has been influenced primarily by the flow of events in the welfare area and personalities who have been involved in the welfare dialogue.

The activities of the Board have provided an opportunity to review the emotional, social and legal disabilities of welfare and nonwelfare children from several perspectives. Out of these experiences grew a concern (on the part of the Board) about the emotional growth, development, and physical well-being of all children.

The first impression was dominated by the fact that more than 1,000,000 children in California received their primary source of support from the welfare system. The Board doubted that such a system could adequately provide for the full needs of the child and further questioned whether society would continue to support ever-increasing costs which appeared to show only minimal benefits.

The initial concern was with the absent father and with his lack of responsibility in the financial support of his children. The Board felt strongly that such responsibility should be placed where it belonged squarely on the fathers of both welfare and nonwelfare children. The Board's report on the absent parent problem issued in January 1971, set forth a number of suggestions and recommendations to increase child support collections. Many of the recommendations have been adopted and implemented with the result that child support contributions have nearly doubled. Our report left two principal questions unanswered. We did not discuss why nearly 85% of the AFDC welfare cases involve absent parents and the phenomenon that approximately 25% of the children of these absent parents were conceived out of wedlock.

In the 1972 study of foster care the Board developed an acute awareness and an in-depth knowledge of the nonfinancial needs of the child. Dramatic evidence of the consequences in a society in which both parents were unable or refused to perform their usual functions was seen. It became obvious that a society in which there was substantial fractionalization of the family unit would produce many children who would be unable to function adequately as adults. The dramatic increase in the foster care caseload over the last ten years is strong evidence of social and family fractionalization. Although there was a minimum of statistical evidence, it was the Board's observation that a substantial number of children in foster care were born out of wedlock, and were in many cases, second generation births out of wedlock.

Integrating the concepts and conclusions we had gained from the study of the absent father and the study of the foster child led to the recognition of the phenomenon of illegitimacy. The Board fully appreciated that the study of such a subject was highly controversial and explosive. However, it was the Board's

search for the causes of these social problems which had brought it to this point. As citizens serving on a public board, we believed it to be our responsibility to raise this issue for public discussion and so the Board issued its first report on illegitimacy in March 1972. It was the purpose of that report to alert the public to the dimensions of a problem which affects one of the most fundamental institutions of our society - the family. The public response confirmed that illegitimacy was indeed a social problem upon which there was a diversity of opinion but a unity of interest.

As a result of the interest shown, the Board decided to undertake as thorough a study of this subject as time, abilities, and the talents of its members permitted. This report was researched, conceived and written by the Board, and although we accept full responsibility for its contents, the report was not conceived or written in a vacuum. In the last two years the Board has made an exhaustive study of materials written concerning illegitimacy and in addition, has searched out and used materials from the related areas of anthropology, sociology, psychology, biology and the law to broaden its views and concepts. In addition two public hearings were held and the Board has taken an opportunity to engage in discussions with many informed experts in these related areas. We did not always agree, but the input of these experts allowed the Board to obtain added insight and perspective on illegitimacy and its related problems.

The Board dislikes the term "illegitimate" as it is a term steeped in emotion and serves to conjure up unconscious reactions which only cloud attempts at problem definition and solution. "Illegitimate" purports to describe a legal condition of birth. Instead, it is a millstone borne by hundreds of thousands of children in California who must suffer a lifelong stigma because of factual circumstances over which they had no control. There is nothing intrinsically "different" about children born out of wedlock. Someone has said there is no such thing as an illegitimate child - only illegitimate parents. Unfortunately, illegitimate is a word which society will not soon relinquish in its attempts to categorize human events and conditions. At this point in time, the introduction of another word or phrase to describe a legal condition of births out of wedlock would only confuse the issue and delay the day when such distinctions may no longer be necessary. Therefore, for the purposes of this statement, the Board has reluctantly chosen to continue using the label of "illegitimate" for those children born to parents who are not married.

The Board believes that the present dimensions of illegitimacy are dangerous to our society as we know it. The continuity of society depends upon the child learning in the family and in the community those things necessary to perpetuate his being and his society. The Board's concern is that the family must perform successfully in the majority of cases, or the result will be a great number of people drifting, rootless and unanchored. These people will be unable to understand society's demands, much less meet them, and will be unable to provide for themselves, not only economically, but of more importance, sociologically. Most will never have the opportunity of becoming healthy, stable persons who are able to relate with reality and feel at home in the world. These persons will be precluded from ever obtaining peace of mind because fundamentally they will never understand their function or role in society.

The Board is aware that, impliedly if not expressly, moral judgments are made in this report. We have made recommendations notwithstanding the current vogue not to pass moral judgments. The exercise of moral tolerance on fundamental issues is, in essence, a decision to let nature take its course until overwhelming events or circumstances force a purely pragmatic decision. We believe that a failure to make moral judgments would be to abdicate our responsibility on an issue so fundamental to our society.

Birth is fundamental to man. The conditions and environmental factors of man's birth effect and influence his well-being and attitude throughout his life. Anthropologists and psychologists all appear to agree that the family unit is the basic structure which is best able to fulfill the needs of the child. The world is changing at an increasingly rapid rate. These changes have minimized the importance of most traditional institutions, placing greater need upon the basic family unit. Therefore, the Board believes the greater the rate of the change, the stronger the family must be. For modern man, the family unit may well provide the only home base which he may ever possess.

The Board discusses illegitimacy in the context of the failing family unit and ill-defined parental roles. Therefore, rather than to discard the family, we believe it should be strengthened and made more viable to contend with the ever-increasing demands of society. The Board reviews and discusses the expected roles of the parents, but because it appears that the male's role has been greatly diminished by other social institutions, a great deal of attention has been given to his role in the family and in society.

The Board also discusses society's attempts to provide emergency and temporary solutions to the social ill of illegitimacy. The Board is convinced abortion is only a temporary and inadequate remedy which, by its nature, creates social problems about which we may not as yet be fully aware. Family planning concepts may assist our society to reduce illegitimacy, but such methods, medications, and devices alone will not solve the problem unless accompanied by proper motivation for their usage.

Society must devote more time and effort to the development of systems and remedies to solve social problems. In particular, the family unit has been too long taken for granted. The courts, social agencies, medical institutions, and educational systems must make themselves available so that the basic family unit will be defined and understood by all members of society.

II. THE CONCEPT OF THE POTENTIALLY ENDANGERED CHILD

There is concern at all levels of society about the increasing incidence of abandonment, neglect and abuse of children. A growing list of research projects seeks to identify and understand further the characteristics of the "battered child" and other factors related to the children, as well as the adults who perpetrate these crimes. Legislation has been enacted in this state and elsewhere to deal with the problem of endangered children - after the fact. In recent years, this solicitude has resulted in the launching of a number of social programs designed to provide protection to children who have been abandoned, neglected, or mistreated. A number of deficiencies have become clearly identified by the Board in connection with its work on this and related subjects:

- The current protective service approach falls short of the mark in that it essentially treats the results.

- There has been a general lack of appreciation that these phenomena may occur in all socio-economic groups, coupled with a reluctance to make difficult decisions necessary for the protection of such children.

- Among those charged with responsibility, there has been a tendency to overlook concomitant factors which place children at risk and, consequently, a significant number of potentially endangered children are overlooked - these are the children born out of wedlock.

The Board has observed over the years, in both its formal studies and its informal work, a distinct correlation between illegitimacy and the problems of abuse, abandonment, and neglect of children. The inability to parent, or perhaps better said, the inability to function well in most relationships and endeavors, also shows a high degree of correlation to these problems. It appears that in situations of multiple illegitimacy these factors increase with each successive illegitimate child born to a particular parent.

Educators, by and large, deal with the problems of children after the age of three. There is a singular lack of concern over the mind of a child under that age. Experience has shown that the problems of the potentially endangered child begin with the parents before his birth, not at the time his formal education begins. By age three, the die has often been cast, the problems are well on their way so that educational programs are attempts at after-the-fact cures which do not get to the cause. The Board feels that the responsibility of bringing children into the world, with emphasis on raising them, should be a major concern in the education of all children. Each child is a potential parent and surely his role as a future responsible parent needs the attention of educators as much, if not more, than anything else. This is looking a long way ahead but there must be a beginning. It is often too late to deal with the problem by the time the potentially endangered child is conceived.

Illegitimate births are not isolated events; rather, they result from a whole series of circumstances and decisions made or not made by the persons involved.

To paraphrase Dr. Hartley of California State University at Hayward, the extent of illegitimate births is related to the number of unmarried women of child-bearing age; reduced by the number who are not sexually active; reduced by the number who use contraceptives consistently and do not conceive; reduced by the number who choose abortion; and, further reduced by the number of pregnant unmarried women who choose marriage. The net result is a birth out of wedlock. In spite of increased contraceptive technology and use and in spite of increased use of legal abortions, there were still 40,171 illegitimate births in California in 1972. The Board suggests that the birth of 110 illegitimate children each day represents a problem of the most serious magnitude.

The illegitimate birth is not the end of the problem. It is a beginning of a whole series of personal and material problems for the unwed mother, the unwed father, for society and, most important, for the child. The birth of a child should be and usually is celebrated as a joyous event, not only by the parents, but by family members and friends as well. The birth of a child out of wedlock is accompanied by social difficulties which often cause it to be shrouded in secrecy. The stigma which clouds such an event is almost an ominous indication of the problems to follow.

The problems faced by the baby conceived out of wedlock begin early without even waiting for the full nine-month gestation period. Studies have shown a higher incidence of premature births in out-of-wedlock pregnancies. For example, the British Perinatal Mortality Survey indicates that "...women with no husbands have a prematurity rate of 10.8 percent which was 30 percent higher than that of the lowest social class."

There is also a higher incidence of infant mortality among illegitimate births. Data from Scotland is consistent with that of other European countries. In spite of ample provision for unmarried women in maternity hospitals and homes, the death rate in the neonatal period for illegitimate infants is 31.9 against 17.2 for legitimates. For deaths between 28 days and one year, the infant mortality rate of legitimate children is 8.5 per 1,000 and of illegitimate children 11.2 per 1,000. Data collected in the United States in the 1964-66 National Natality Survey and the National Infant Mortality Survey show similar distinctions. In 1968, the infant mortality rate in the United States was as follows:

Age of Mother	Deaths per 1000 Live Legitimate Births	Deaths per 1000 Live Illegitimate Births
Under 15 years	20.6	26.5
15 - 19 Years	12.3	19.4
20 - 24 years	10.8	20.8
25 - 29 years	12.0	25.7
30 - 34 years	17.6	41.0
35 - 39 years	26.3	51.5
40 years and over	39.5	57.8

From the outset, therefore, the child conceived out of wedlock begins his existence under more hazardous conditions than those of the legitimate child. He has increased exposure to premature birth and is more likely than his legitimate counterpart to die in infancy.

Economic deprivation is another factor closely related to illegitimacy and represents an additional obstacle which must be faced directly or indirectly by the potentially endangered child. In this context, however, the Board reemphasizes the fact that the phenomenon of illegitimacy is not restricted to welfare families. Out-of-wedlock births occur to some extent in all socio-economic groups. The Board is concerned about the well-being of all potentially endangered children, not just those receiving public assistance, and the positions expressed apply to all children born out of wedlock.

The illegitimate child shows a greater potential for requiring public assistance than does his legitimate counterpart. While only 13% of total births in 1972 were illegitimate, the illegitimate child made up approximately 25% of the welfare caseload that year. Further, the National Council on Illegitimacy has pointed out that "...approximately one-half of the women who receive AFDC for one out-of-wedlock child continue to bear children without benefit of marriage." The specific impact of this problem on tax-supported programs is discussed fully in the section on Dimensions of the Illegitimacy Problem. It can be said that all children, for whom welfare assistance is sought, are economically endangered.

Most out-of-wedlock births occur to women in the younger age groups who have limited vocational skills and economic resources (43% age 19 and under, or 75% age 24 and under in 1972 - Appendix 4). Under these circumstances, there is a strong likelihood that the unwed pregnant girl will qualify for public assistance and related benefits for herself and unborn child as soon as the pregnancy is sufficiently advanced to be verifiable. These circumstances are significant in the life of the potentially endangered child. In addition to the social distinction made by the legal condition of birth, the illegitimate child is further stigmatized as a "welfare child".

A mother and her child become eligible for public assistance where there is financial need and the child has "been deprived of parental support and care ... due to the continued absence of a parent", Welfare and Institutions Code Section 11250. A key element in determining eligibility is the deprivation due to the absence from the home of an identified parent. This deprivation is not only financial, it is sociological. Eligibility for assistance brings with it both monetary support in the form of a grant and parental-substitute support in the form of social services. Although the word "deprivation" is not synonymous with "endangerment", there is a clear recognition by Congress and the California Legislature that the absence of a parent is a departure from normalcy requiring special attention. Not only must the child be given financial assistance, he is given medical care and remedial social service to help compensate for the lack of parental support and care. Further, it is a recognition that the single-parent family may not be capable of meeting the needs of the growing child. It follows, therefore, that such children are recognized as potentially endangered in a nonspecific sense. The combination of factors which have created an illegitimate child and failed to provide adequate social and economic support for him have motivated both federal and state governments to take an active interest in his welfare.

Having considered the alternative of abortion and electing to carry the child to term, the unwed mother is faced with another difficult decision - whether she should keep the baby or relinquish it for adoption. Contrary to the popular viewpoint, the father is not unknown to the unmarried mother involved and should have the right, if desired, to participate in planning for the child. In the Board's study of 259 paternity cases (Appendix 6j), the putative father had admitted paternity to the mother or some other person in 83% of the cases. Further, in studying 1,062 unmarried mothers, Vincent, in Unwed Mothers, found that in at least 80% of the cases, the unmarried mother had a love relationship of some duration (32%); a close friendship relationship (23%); or, a casual relationship (25%) with the father of the baby.

Adoption, particularly in infancy, may represent for the child born out of wedlock his best chance for a stable and loving family life experience in his developing years and beyond. However, over the past few years, there has been an increasing trend of young unwed mothers keeping their children as opposed to relinquishing them for adoption. Appendix 12 reveals that the number of public and private relinquishment adoptions in fiscal 1970-71 (5,559) was about equal to the 1963-64 level, and independent adoptions in 1970-71 (2,603) were less than at any time since 1955 - this in spite of the fact that illegitimacy in California reached its peak in 1970. Although there is some early indication that more unwed mothers are considering adoption in recent months, it seems clear that the number of mothers who elect to keep their babies is part of the problem of the potentially endangered child.

Joseph Reid, Director of the Child Welfare League, has observed, "No other form of substitute care offers children - or adults seeking children - the quality of legal, psychological, and familial belonging that adoption creates." Other authorities have made similar expressions; nevertheless, there is no regular procedure established by which the mother is made aware of this alternative. The young, immature, unwed mother is unable to ensure to the greatest extent possible, the future health and welfare of her child. Concern about this particular problem has led at least two of California's major facilities formerly furnishing maternity home care to design programs with this specific problem in mind. What is planned is a structured living arrangement for the young mother who has elected to keep her child so that the mother can have full responsibility under supervised conditions. It is expected that in this type of setting, the staff can monitor potential neglect or abuse and help the girl take a realistic view of her new responsibilities before the decision to keep the child is final.

One facility executive of Florence Crittenton Services noted that those mothers selected for the program will be the "most deprived, most immature, most vulnerable girls, many of whom have no family, or a caricature of a family, and who are woefully ill-equipped to parent a child." Programs such as this are intended not only to acquaint the mother with her responsibilities, but hopefully to minimize future problems for the child, reduce the possibility of eventual foster care placement, and to provide the mother with basic knowledge of child rearing and vocational training so that she will have a marketable skill, should she continue to keep the child. Responsible professional persons have observed these unfavorable conditions and have independently developed

programs to meet the needs of the illegitimate child. Unfortunately, only a small percentage of potentially endangered children are benefiting from these programs. The concern and actions of these professionals demonstrate their belief that these children are potentially endangered.

Interesting insights with respect to the mothers who keep their children and mothers who gave up their babies are contained in a study based on a sample of unwed mothers served at two maternity homes in the San Francisco Bay Area in 1954. Although recognizing some sampling bias, the data and interpretive material are directly related to the concerns expressed above. Following are some of the observations:

(1) On a group basis, those who kept their children had a significantly less positive CPI (California Psychological Inventory) profile than those who released their children for adoption.

(2) On a group basis, the unwed mothers who kept their children had significantly less positive intrafamily relationships and home situations than those who released their children for adoption.

(3) There was an inference that the unwed mothers who kept their children came from unhappy and mother-dominated homes.

(4) The unwed mothers who kept their children had less self-confidence and experience in heterosexual relations, and more negative attitudes concerning sex.

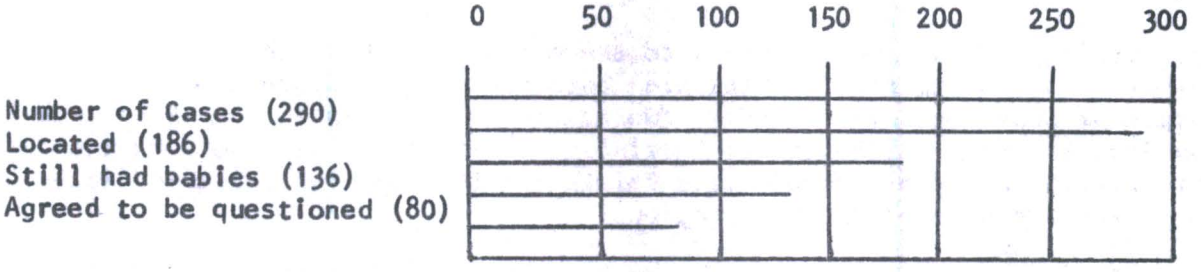
(5) The unwed mothers who kept their children appeared to be either relatively isolated from, or in revolt against, the traditional sex mores and the stigma attached to deviant sexual behavior.

(6) Unwed mothers who keep their children have minimal positive identification with the individuals and social groups who might communicate the traditional sex mores and the stigma concomitant with giving birth out of wedlock to them in a meaningful way.

(7) Unwed mothers, in keeping their children, show their desperate need for at least one primary relationship in which they are needed and loved by someone whose dependence on them makes it safe for them to receive and return that love in their own ways.

There have been a number of similar studies which attempt to assess the adjustment of the unwed mother and her child. Although the results of group studies cannot be applied to individual cases, they do provide interesting perspectives as an aid to planning for the protection of the children.

A study of unwed mothers who kept their babies contained interesting data, but the information not explored was even more significant.



Almost 27% of those contacted no longer had their child, and of the 80 unwed mothers in this highly selective sample, over 40% were identified as maladjusted. These are the kinds of factors which have a direct bearing on the physical and emotional health and development of the children. They represent danger signals which point to a risk group of children whose protection must be assured.

There is a strong tendency to blame the shortcomings and maladjustments of the unwed mother on poverty. Although admitting that poverty does impact on the unwed mother's ability to cope, and recognizing that there is a higher incidence of illegitimacy and maladjustment in the lower economic groups, the Board believes that basic responsibility rests with the particular individual, rather than on some vaguely defined, unsolved social problem. In spite of the human effort expended over the centuries to eliminate poverty, such conditions still exist. This is not a valid excuse for society's continued failure to establish safeguards to protect the individuals who are subjected to possible conditions - in this context, the illegitimate, or potentially endangered child.

Many of the same kinds of emotional and adjustment problems and the level of maturity identified in studies of unwed mothers who keep their children are also found among parents who abuse their children. This is not to suggest a direct cause and effect relationship between illegitimacy and child abuse, or that instances of abuse and neglect are perpetrated by the mother only, unwed or not. It does, however, point up another possible hazardous condition which must be faced by the potentially endangered child.

Some correlating elements between the parents of illegitimate children and abusing parents have been cited by a number of professionals in child-related fields. Consider the following statement by Dr. Kingsley Davis:

> "From the standpoint of child welfare, there is no inherent, or necessary, difference between a legitimate and illegitimate child. A child whose parents live together, take good care of him, and guide him on the road to a successful life--even though they are not legally married--is better off than one whose parents are legally married but are irresponsible and incapable of supporting him. If so, the essential problem is

that of irresponsible and incompetent parenthood rather than legitimacy or illegitimacy. Legitimacy comes into the welfare picture simply because the proportion of individuals unqualified to rear children is much higher among unmarried than among married parents. As a result, in every country the rate of stillbirths, deaths, adoption, dependency, abandonment, neglect, and cruelty is much higher for illegitimate children than for legitimate ones. The reason is that, if two people both have a responsible attitude toward children, they do not mind committing themselves publicly by getting married. On the other hand, if one or both have no responsibility toward children--in fact, did not intend to have any at all, but had offspring as a by-product of carelessness--they (especially the man) will likely have little interest in marriage." (Emphasis added.)

Mrs. Nielsen of Florence Crittenton Services stated:

"The most constant personality factor among the battering parents is marked emotional immaturity. Their acute immaturity and insecurity tends to make them look to their infants for reassurance, comfort, and love. When the baby does not fulfill this fantasy they become enraged, lose control, and neglect and abuse the child." (Emphasis added.)

Some, but not all, of the characteristics of abusing and neglecting parents have been identified as lack of responsibility toward recognizing and meeting the child's needs; emotional immaturity; social isolation; and personal decomposition sufficient to result in incompetency in fulfilling the parental role. Studies of young unwed mothers describe many of these same characteristics as being found among those who unrealistically elect to keep their children as a means of fulfilling their own needs. Role reversal, mentioned by Nielsen (above) is a common phenomenon in cases of abuse and neglect. Here the insecure and immature mother becomes dependent on the child for love, security and affection. When the child does not act properly, the mother treats this as a rejection, often becoming enraged and turning to physical abuse. Further, there is mounting evidence that among parents who abuse their child, the greatest percentage were themselves abused as children. The marked similarities in the characteristics discussed in relation to young unwed mothers, as a group, as compared to those attributed to child abusers is a matter which must be given consideration in efforts to protect the potentially endangered child.

The decision of the unwed mother to keep her child, as opposed to relinquishing it for adoption, is crucial for the child in terms of both its short and long-term ramifications. Elsewhere in this report, the Board discussed the problems created for the child growing up in a single-parent family group. The other side of the problem relates to the unwed mother who reverses her decision to keep the child, often coming to the realization that she cannot cope with the child's material and emotional needs, or realizing that her social and academic life-style suffers by comparison with her peers who do not have babies. In such

instances, the child is frequently placed in foster care. By this time, emotional damage, sometimes severe, has been done to the child and the separation often adds to his problem. Although foster care is intended to be a short-term form of temporary placement, studies conducted by the Board and others reveal that nearly 39% of the children have been in foster care for five or more years, that 64% are known to have been placed two or more times, and that the most frequent disability found among foster care children is severe emotional distress. Often, the mother remains in the periphery of the child's life out of her own needs, rather than for any positive influence on the child, effectively preventing his adoption. The possibility that the unwed mother may reverse her decision to keep the child, and the impact of this action on the child, represents just one more factor which places the potentially endangered child at risk.

Child support is probably the area in which the deprivation suffered by the illegitimate child can be most clearly demonstrated. Once again, however, statistical data must be gleaned from welfare caseloads since detailed information on nonwelfare families is not available. The Board has done extensive work on the subject of child support enforcement and on the basis of its contacts with law enforcement professionals, as well as with organized groups of mothers seeking a higher level of enforcement activity, it has found the problems of welfare and nonwelfare child support are quite similar. The child born out of wedlock is missing one-half of his legal support base (the father) and, consequently, the full load is placed on the mother - or, as is often the case, assumed by the taxpayer.

The child is entitled to the support of both parents. This right should not and cannot be compromised by either the unwillingness of the mother to identify the father, or an unwillingness on the part of the father to assume his full share of responsibility. There is long-standing legal and moral precedence to sustain the support right regardless of whether the child is aided by public assistance or not. Herein lies a basic conflict between the child's right and the claimed rights of the natural mother who pursues the "new life-style" to have and raise children without benefit of marriage. This conflict has nothing to do with the status of women or their respective rights. Whether the mother herself may be able to support the child now or in the future is not at issue. The plain fact is that a mother who, having given birth to a child out of wedlock, refuses to identify the father and to assist in efforts to enforce his responsibility to the child is, in fact, failing to meet her responsibilities to the child.

The lack of responsibility demonstrated by absent fathers in the State of California represents a major social and fiscal problem. Although there has been marked improvement, the Board reported in 1971 that only 14.7% of the fathers of California's welfare children were contributing anything to the support of these children. The report further disclosed that the nonwelfare problem was equally as serious. The mounting of a major statewide effort by agencies of state and local government has proven that a coordinated child support enforcement program can produce positive results for the benefit of affected children. The problem of the collection of child support is compounded with respect to those children who are born out of wedlock. Paternity must be established as a prelude to enforcing the support obligation.

The Board's study of 259 welfare paternity cases in August 1972 (Appendix 6, a through l) indicates clearly just how seriously the rights of the children involved have been ignored and how this irresponsibility on the part of the father affects the mother and the taxpayer. The study shows that 83% of the unwed expectant mothers told the putative father of the pregnancy and, interestingly, 83% of the fathers admitted paternity to the mother or another person. However, there was a substantial difference between the "word and the deed". The fact is that 82% of the births were paid for at taxpayer expense through the Medi-Cal program, and 75% of the biological fathers failed to assist the mother before delivery, or the mother and child after delivery.

Considering the fact that there were 40,171 illegitimate births in 1972 and that 245,000 illegitimate children were on welfare in California in 1973, as well as the relevancy of this issue to the lives of the children affected, society must take prompt and effective action to assure the rights of these potentially endangered children. The support responsibility should be placed squarely where it belongs - on the shoulders of both parents.

The problem of illegitimacy in California is further complicated by statutes which amended birth certificates to protect the identity of those persons involved in births out of wedlock. This is in sharp contrast to Department of Health regulations in the State of Minnesota, for example, which require hospitals to report out-of-wedlock births to the Commissioner of Public Health within 24 hours. He has statutory responsibility to protect the interests of illegitimate children to make sure there is secured for them the nearest possible approximation to the care, support and education to which he would be entitled if born of lawful marriage.

Society's efforts to meet the problem of endangered children are reflected in protective services programs and certain statutes which impose a responsibility to report cases of abuse and neglect. Essentially, these activities come into play after the fact - after a child has obviously been neglected or obviously been mistreated. These children do need society's protection. However, it should be clear that the factors described above can and do result in emotional damage which is more subtle, but fully as serious as physical damage.

In a legal context, the United States Supreme Court has issued a number of recent landmark decisions which affirm rights of children born out of wedlock and strike down states' statutes which discriminate against these children. There is evidence that other states are advancing to establish safeguards for the protection of these children and their rights. In California, the situation continues to be relatively static. Civil Code Section 232 provides a mechanism for terminating the legal parent/child relationship under a variety of circumstances. As with protective services programs and statutes requiring reports, Section 232 is used mainly in connection with abandonment, obvious neglect or physical abuse - seldom in response to emotional abuse or deprivation. The public's preoccupation with the obvious and failure to adequately monitor the more subtle problem can be illustrated by the involvement of the Superior Court in dissolution proceedings involving children. The court maintains a continuing jurisdiction as an intermediary between the parties with respect to custody, support, visitation and the welfare of the children of divorcing parents - no such protection is afforded to the child born out of wedlock.

The cloud which surrounds the birth of a child out of wedlock, along with the higher incidence of stillbirth and infant mortality, are but forerunners of the physical and emotional risk and the risk of material deprivation which follows the child throughout his life regardless of socio-economic class. The child is potentially endangered by irrational decisions of the unwed mother who is often young, immature and ill-prepared to care for herself, let alone an infant. The child is faced with the high potential of economic deprivation and the twofold risk of growing up in an "incomplete" family and bearing an added stigma as a "welfare child". There is the increased risk that the child will require foster care when his mother is unable or unwilling to care for him. The child's deprivation is increased by the fact that he has half the legal rights to support and inheritance as does his legitimate counterpart. Then there is the ominous correlation between the personality factors of some young unwed mothers and parents who have abused or neglected their children. It is time for society to look at these many factors which place the illegitimate child at risk.

III. DIMENSIONS OF THE ILLEGITIMACY PROBLEM

In 1972 there were 40,171 potentially endangered children born in California. These are our youngsters born out of wedlock. Assuming this level remains constant, by the time these children reach their 18th birthday, they will have been joined by an additional 720,000 children born out of wedlock. From birth, these children are in jeopardy facing the social stigma associated with illegitimacy; the emotional trauma; the legal disabilities; and, the diminished rights and entitlements to support from both their parents during their childhood years.

How many of these children will join the more than 245,000 illegitimate children now receiving Aid to Families with Dependent Children (AFDC) in California cannot be accurately predicted. However, it is clear that the very nature of their birth meets one of the basic eligibility requirements for AFDC-FG (Family Group) - absence of at least one parent, in this case, the father. All that remains is a determination of financial need and the Board suggests that in too many cases, this need is present.

A. Visibility of the Problem

Out-of-wedlock births are not a new phenomenon in human history, nor are the problems encountered by these youngsters unique. However, the growth of this social problem and its costs, in terms of human suffering and public resources, has not been effectively communicated in recent years. For each of the few social scientists who have sought to inform or warn our social planners and programmers, there have been scores who literally turned their back on the problem. Generally, those who would overlook the problem have tended to be guided by an overly-protective attitude toward the unwed parents or have been motivated by a desire to safeguard or rebuild public confidence in a particular program. The Board suggests that such a misguided approach in fact, works to the detriment of the innocent party - the child. These actions obscure the magnitude of the problem, represent a barrier to understanding the phenomenon, and, make corrective action much more difficult. Two examples of this kind of obscuration are cited below.

California has recently enacted statutes to protect the identity of parents of children born out of wedlock. The intent of the statute is to protect the rights of the parent. While this intent is commendable, the effect is to secrete or disguise a birth out of wedlock. Society is thus prevented from dealing with the problem or helping the child who is a victim of these circumstances.

A second result is that efforts to define, understand and cope with the problem of illegitimacy are further frustrated. The State Department of Health has had to develop an inferential method for the statistical classification of live births in this state by their apparent legitimacy status. This statute is in sharp contrast with other states, such as Minnesota, which requires the reporting of births out of wedlock so that efforts can be made to protect the illegitimate child, as well as his rights and interests.

The second example illustrates an official defensiveness on the subject of illegitimacy in the face of waning public confidence in tax-supported welfare programs. Following is a quotation from the U. S. Department of Health, Education and Welfare pamphlet titled "Welfare Myths vs Facts":

> "Myth: Most welfare children are illegitimate."
>
> "Fact: A sizable majority - approximately 68% - of the more than seven million children in welfare families were born in wedlock according to data compiled by Social and Rehabilitation Services."

The information contained in the HEW pamphlet on illegitimacy is doubtless true. However, it begs the question - what about the 32% of the seven million welfare children who were not born in wedlock? In raw numbers this is 2,240,000 children! The subtle intent of the statement is to protect and support the welfare program, rather than shed light on the true nature of the problem. This type of rhetorical gamemanship illustrates one of the reasons why it is so difficult to resolve social problems and it should only serve to further infuriate the thinking person.

The fact is that by any standard of measurement, births out of wedlock do represent a significant problem. Government leaders and social planners have a responsibility to the public to ensure that accurate and objective data is available and is not manipulated to further obscure the problem. In virtually all cultures, a birth out of wedlock is not a socially acceptable occurrence. In recognition of this fact, government, in the broadest context, needs to work toward four general goals:

a. Develop better reporting systems to assist in understanding and coping with the problem;

b. Provide for the responsible and effective dissemination of birth control information;

c. Establish safeguards for the physical and emotional needs of children born out of wedlock, as well as their rights and interests; and

d. Place primary responsibility where it belongs, squarely on both natural parents.

B. Illegitimacy in California

The State of California did not begin to keep records of illegitimate births until 1966, therefore, there is no accurate means for determining the actual number of illegitimate births prior to that year short of a survey of old birth certificates. Further, the method currently used to determine birth status is an inferential one. That is, the Vital Statistics Section of the State Department of Health infers that in all probability an illegitimate birth has occurred where certain data is present or absent from the birth certificate. This, of course, means that some births out of wedlock may escape unnoticed thus making the resultant statistics minimum figures. It is relatively easy for a birth certificate to be filled out in such a way that the occurrence of an illegitimate birth may be disguised.

Probably the most recent and authoritative sources of information on illegitimacy in California are the works of Berkov and Sklar entitled "The Impact of Legalized Abortion on Fertility in California" and "The Effects of Legal Abortion on Legitimate and Illegitimate Birth Rates: The California Experience". Both documents were prepared under the direction of Kingsley Davis, Ford Professor of Sociology and Comparative Studies and Chairman of International Population and Urban Research. They rely heavily on the data compiled by the Vital Statistics Section of the State Department of Health.

Reference is made to Appendices 3 and 4 for detailed analysis of births in California from 1966-1972. The following information has been extracted from the charts:

LEGITIMATE AND ILLEGITIMATE BIRTHS

Year	Legitimate	Illegitimate	Live Births	% Illegitimate
1966	305,819	31,804	337,623	9.4
1967	301,369	35,215	336,584	10.6
1968	301,168	38,053	339,221	11.2
1969	210,822	42,058	352,907	11.9
1970	317,059	45,593	362,652	12.5
1971	289,914	39,912	329,826	12.1
1972	266,204	40,171	306,375	13.1

ILLEGITIMATE BIRTHS BY MOTHER'S AGE

Year	15 - 19	20 - 24	25 - 34	35 +
1966	12,819	10,303	6,582	1,627
1967	14,440	11,658	6,841	1,740
1968	15,587	13,110	7,177	1,614
1969	17,348	14,557	8,009	1,600
1970	18,888	15,615	8,793	1,676
1971	16,726	13,222	7,887	1,419
1972	17,499	12,056	7,917	1,277

The information reveals some very startling characteristics with respect to the number of illegitimate births compared to the total number of live births. In 1966 approximately 9.4% of all children born in California were illegitimate. Just six years later this figure increased to 13.1% of all births. While such an increase may not appear too alarming on its face, the fact is that in numbers there were 39,615 fewer live births in 1972 than in 1966, but there were 8,367 more illegitimate births in 1972 than in 1966.

The same chart reveals that the number of illegitimate births has declined from the 1970 peak of 45,593. There seems little doubt that this decline is due to the increased use of abortions under the California Therapeutic Abortion Act passed in 1967. Berkov and Sklar stated:

> "The increased availability and use of legal abortions in California appears to have been a major influence in both the illegitimate and

legitimate birth rate, although examination of the data shows that the legal abortion seems to have had a relatively greater impact on illegitimate fertility."

Of the 113,034 abortions performed between July 1, 1971 and June 30, 1972, 82,573 or 73% were performed for unmarried (single, widowed, divorced or separated) women.

The increasing percentage of births involving illegitimate children can be understood more fully by reference to the age groups where illegitimate births occur.

ILLEGITIMATE BIRTHS COMPARED TO LEGITIMATE
1972

	Total Number of Births	Number Illegitimate Births	% of All Children Born to Group Who Are Illegitimate	% of All Illegitimate Children Born to Group
19 and under	52,329	17,499	33.4%	43.5%
20-24	110,639	12,806	11.5%	31.9%
25-34	126,279	7,917	6.3%	19.7%
35 and over	16,268	1,277	7.8%	3.2%
all ages	306,375	40,171	13.0%	100.0%

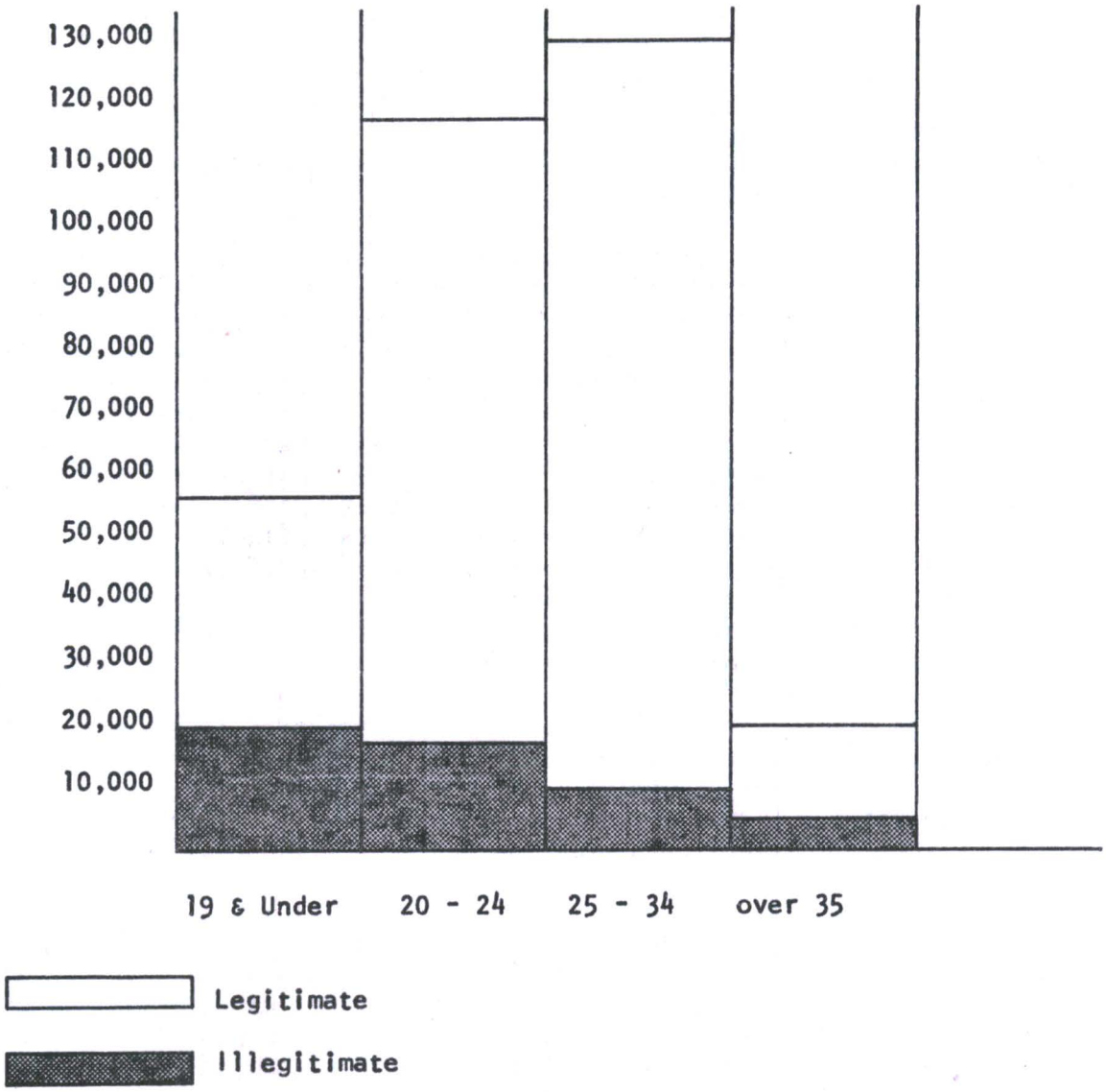
What is clear is that the group "19 and under" is responsible for 43% of all illegitimate children born and one out of every three children born to this group is illegitimate. The Board submits that the group least prepared for and able to cope with a child is the very group where the problem of illegitimacy is most serious.

A simple graph of legitimate versus illegitimate births by age group further illustrates the magnitude of the phenomenon of children having children.

ILLEGITIMATE AND LEGITIMATE BIRTHS

IN CALIFORNIA

IN 1972 BY MOTHER'S AGE



As the graph illustrates the problem of illegitimacy is nearly unique to the youngest age groups. When the data on the age of women who have abortions is compared to the age group most involved in the illegitimacy problem, similar patterns appear.

LEGAL ABORTIONS BY MARITAL STATUS AND AGE
FISCAL 1971/72

	Total	Married	Unmarried
19 and under	37,006	2,550	34,456
20 - 24	35,786	8,386	27,400
25 - 34	31,619	14,235	17,384
35 and over	8,623	5,290	3,333
all ages	113,034	30,461	82,573

As the figures indicate it is the younger unmarried groups (24 and under) that account for more than one-half of all legal abortions and three-fourths of all illegitimate births!

It is difficult to project future trends in legitimate and illegitimate birth rates. Berkov and Sklar tend to attribute a significant part of the anticipated increases in legitimate birth rates in 1969 and 1970 to the female babies born during the "baby boom" shortly after World War II who would now be in their child-bearing years. The decline in 1971 and 1972 was significant and may be due to a number of factors including economic consideration, concern about population growth, etc. Coupled with these is the increased awareness of and use of birth control devices and techniques by married couples and, to a lesser extent, the use of therapeutic abortions by some married women as a final means of limiting family size. Similar kinds of variables confound efforts to project a future trend with respect to illegitimate births. Economic factors will not be a consideration as it is in the case of married couples' decisions to limit family size. Birth control usage will be a factor, but the extent is difficult to determine for reasons discussed elsewhere in this document. It is suggested that the meteoric increase in the number of therapeutic abortions performed in this state has had a significant impact on births out of wedlock. Although the continued use of abortion as a "backstop" will likely have an appreciable influence on illegitimate births in coming years this practice may be a mixed blessing as will be discussed later.

The reduction in the number of illegitimate births since 1970 has not in any way diminished the Board's concern about the problem. The phenomenon that 43% of all illegitimate children are born to children 19 and under and that 75% of illegitimate children are born to women 24 and under is of grave concern to the Board. Even at today's rate of illegitimate births nearly 110 babies are brought into the world each day with legal and social disabilities which all too often include a young immature girl as a parent.

C. Illegitimacy in the United States and Abroad

Concern about the problem of illegitimacy should not be confined to California. The startling fact is that illegitimate births in the United States more than doubled between 1950 and 1967 and more than tripled since 1940 according to the United States Public Health Service.

Illegitimate Births in the United States

1940	1950	1967	1968
89,500	141,600	318,100	339,200

For the sake of comparison, it is interesting to note that the total illegitimate births in the United States in 1968 (339,200) equalled the total number of all live births in California in the same year (339,221). Another troublesome comparison reveals that California's illegitimate births in 1968 (38,053) represented more than 10% of the national total. Further, the rate (measure of illegitimate births per 1,000 unmarried females of child bearing age) of illegitimate births in California exceeded the national rate and between 1966 and 1967, it increased to a greater extent.

Illegitimate Birth Rate

	1966	1967	Change
California	25.6	27.2	+1.6
U. S. (National Average)	23.4	23.9	+ .5

Gathering timely and accurate data on illegitimate birth rates from countries throughout the world presents some difficult problems. Appendix 5 represents one attempt at ranking forty-six countries by their illegitimacy rate. It should be noted that the latest year for which information was available for use in this chart varied from 1947 to 1965. The Board also expresses a note of caution against making judgments based solely on the data contained in Appendix 5. There is only limited comparability between the illegitimacy rate of the various countries. The data contained in this chart, even if timely, would have to be weighed to take into consideration cultural, social, economic and statutory differences in the countries listed. The information, in its present form, is suitable only for very broad generalizations.

Even with the deficiencies noted above, Appendix 5 offers some interesting broad insights. In spite of increased awareness and use of birth control devices and techniques in the United States over the past several years, this country occupies only a mid-point position with respect to the illegitimate birth rates of the forty-five other countries. This chart also shows a heavy representation of Central and South American countries with illegitimate birth rates greater than the United States and a consequent clustering of European countries with rates lower than the United States. It should be noted that almost without exception, those countries immediately above the United States on the chart - with higher illegitimate birth rates - are undeveloped countries with nonindustrialized societies.

Hartley has stated in testimony before the Board:

> "All societies have what we think of as the principle of legitimacy. That is, all societies prefer to have children born in wedlock with parents responsible for their upbringing."

In the face of this, however, there is a considerable variance in the illegitimate birth rates of the various countries - based on the data in Appendix 5, from a low of 1.3 to a high of 209.9 (per 1,000 unmarried women ages 15-44). Attaining a zero illegitimacy rate is an ideal that most societies are far from achieving. The social practices which affect the illegitimacy rate in foreign countries are not necessarily those which could or should be adopted in the United States.

At the outset, it should be understood that an illegitimate birth is not a point-in-time phenomenon, but rather the result of a process which takes place over a period of time. In the beginning, cultural practices play an important part. Later, whether or not an illegitimate birth will occur will depend on the individuals exercising certain options prior to and following conception. The availability of these options, however, again depends on social attitudes as reflected by statutes and programs offering alternatives to the members of the society. These factors can be more clearly illustrated by reference to circumstances in other countries.

Hartley's work reveals that two of the early controls are still in use in some societies. Social mores in some countries provide that young girls are married off at puberty; in most cases such marriages are arranged by the family. In other instances, a system of strict chaperonage of single girls is still in force. Early marriage and "guarding" of young girls has an obvious effect on premarital intercourse and, consequently, on out-of-wedlock births. The outrage of the girl's family and overt actions which they may take may also represent a form of control or a deterrent factor. Guttmacher in the Planned Parenthood newsletter states that in India, unmarried minors rarely visit birth control clinics; marriages are still arranged at a very youthful age and a system of strict chaperonage is still in force. He points out that for the young unwed pregnant girl, an illegal abortion or suicide are the only solutions. Although India recently enacted an abortion law, he expresses the view that if any change occurs, it will be very slow. Quoting an International Planned Parenthood Foundation official, Guttmacher further states that in the Mid-East, premarital intercourse is almost unheard of. "If a single girl becomes pregnant, her brother is likely to kill her to absolve the disgrace brought upon the family."

Quoting from physician-author, Dr. Han Suyin, Guttmacher also indicates that premarital sex in the Peoples' Republic of China is very uncommon despite the fact that the state exhorts women to postpone marriage until they are 25 and men until they are 28. He states that it is not uncommon to see groups of female and male youths walking separately on the streets, but the two never meet and mix. This is another example of a form of control exercised as a result of the social mores of a particular country.

Guttmacher further describes the changing patterns in Africa based on his travel observations. He indicates that monastic female sexual behavior is the norm for most of Asia and Africa, but suggests that chastity may be encouraged by the legalized prostitution which exists throughout these areas. There are indications that traditional female chastity is breaking down in some places, however, and he reports a serious outbreak of illegitimate

pregnancies among teen-agers in Nairobi. There seems to be a growing sentiment, at least among some elements of the clergy in parts of Africa, to provide birth control information and devices to young single girls. While visiting birth control clinics in Central Africa he observed that the very young were conspicuous by their absence.

Social practices in Latin America are significant in view of the heavy representation of these countries among those with the highest illegitimacy birth rates in Appendix 5. Dr. Ofelia Mendoza, Field Specialist for the International Planned Parenthood's Western Hemisphere Region, observes that the pattern of female sexual behavior in Latin American countries differs markedly according to social class. He states as follows:

> "The small upper class behaves in a very sophisticated fashion and unmarried girls of this group do not hesitate to go to private physicians for pills and other contraceptives. If pregnant, they are likely to go abroad for abortion. On the other hand, the middle class lays great emphasis on chastity, and to effect a good marriage a bride must be a virgin. Chaperonage is rigidly enforced to protect this goal. In the very large lower class, females ordinarily begin intercourse between the ages of 12 and 14 without any attempt at contraception. The female consorts with a succession of men, constantly seeking the one who will give her financial security. Two-thirds of children born in Latin America are illegitimate."

Beyond the controls imposed by social custom as discussed above, i.e., chaperonage, early marriage; the programs of a particular country, which are based on that country's statutes, are also a reflection of that group's social attitudes and represent a factor in the illegitimacy birth rate. The presence, or absence, of these programs offer, or limit, the options which are available to young unmarried individuals. Hartley refers to these options as "escape mechanisms". She conceptualizes these escape mechanisms as occurring along a time line leading from the large part of a society's population which is at risk (women of child-bearing age) to a smaller part of the at-risk population which eventually give birth to a child out of wedlock. Each escape mechanism represents an option point along the time line which, if chosen by the woman, will reduce or eliminate the potential birth out of wedlock. The path leading to births out of wedlock is described by the following points considered in chronological sequence, with the escape mechanisms represented by the indented lines:

-Proportion of the population in the child-bearing ages
    -Proportion married (a)
-Proportion of the population unmarried
    -Proportion not sexually active (b)
-Proportion unmarried but sexually active
    -Proportion consistently using contraceptive measures (c)
-Proportion conceiving out of wedlock
    -Proportion marrying during pregnancy (d)
-Proportion still unmarried and pregnant
    -Proportion aborting (e)
-Proportion giving birth out of wedlock

As suggested earlier, social traditions and customs in such matters as early marriage and various forms of chaperonage, etc., relate closely to options (a) and (b) and are factors in controlling out-of-wedlock pregnancies. Although still common in many parts of the world, it is doubtful that such a rigid system of controls could or should be applied in the United States. On the other hand, the practice of entering into marriage after conception is common in the United States. Hartley observes that in countries such as Jamaica and Japan, unmarried pregnant women do not hurry into marriage, but in the United States 60% of the white women and 17% of the nonwhite women who have conceived out of wedlock opt to marry. In other parts of this paper, the Board will discuss factors which may influence this decision on the part of the unwed pregnant woman.

Clearly, the way in which each society views birth control and abortion will determine if options (c) and (e) are even available to the sexually active woman. Both have significant impact on the illegitimacy birth rate of the particular country. However, both subjects also involve some significant trade offs - fewer births out of wedlock compared to many traditional and very basic moral and religious considerations related to premarital intercourse, individual and family responsibility, and the rights of the unborn child. These issues continue to be the subject of heated debate in most parts of the world and are treated separately later in this document.

Although easy access to abortion may have an effect on illegitimacy, as demonstrated in California in recent years, some enlightened countries have been able to maintain relatively low out-of-wedlock birth rates without resorting to abortions on a large scale. Scandinavian countries, for example, do not allow easy abortion; yet according to the information in Appendix 5 have comparatively lower illegitimacy rates. Norway is somewhat unique in that laws were enacted in 1916 based on the concept that every child should have a legal father. Since that time, they have been quite successful in determining paternity of children born out of wedlock and insuring a full support base for the child.

Japan is another country whose history involves rather unique circumstances. This country recognized a relationship wherein a woman could contract herself to a man, presumably married, as a concubine. Thus, there has been historical acceptance of these nonmarital relationships, the issue of which were illegitimate. Japan is also one of those countries which has permitted relatively easy and safe abortion. Japan has also been marked by one of the most dramatic declines in illegitimacy anywhere in the world, according to Hartley. She also discusses family cohesiveness in Japan and the quality and effect of these family relationships on the individual to the extent that the irresponsible individual is simply pushed out by his family and peer group. She attributes Japan's decline in illegitimacy, or the motivation for such decline, to these strong family relationships and responsibilities pointing out that the legalization of abortion in that country came late in the decline in illegitimacy.

Throughout the world, there is and has been almost universal lack of acceptance of illegitimacy as a viable social condition. Societies and cultures have evidenced varying degrees of acceptance of premarital sexual

relations, but have been essentially united in their rejection of out-of-wedlock births as being socially acceptable. Societies continue to approach the problem from various points. In some countries, women are closely protected against contact with members of the opposite sex, and in other countries young girls are married off at puberty. Other countries have placed a heavy reliance on individual responsibility and the influence of family tradition and allegiance. What is also clear is that in some advanced (nonagricultural) countries, such as the United States, there are many factors which, in fact, maximize the opportunities and facilitate the social and sexual intercourse of unmarried persons. In addition, advertisements, movies and television present a constant sex bombardment so that young people are pushed toward, not away from sexual involvement. Whether or not the Board agrees or disagrees with practices in other countries, it is clear that these countries have a social policy direction on this subject. The Board suggests that a more balanced approach to the problem of out-of-wedlock pregnancies lies in a manner which fosters and enhances the assumption of responsibility by individuals and the quality of family relationships and responsibilities which have a stabilizing influence on the individual members.

D. The Cost of Illegitimacy in California

The Board perceives its responsibilities as including a concern for all the people of this state. It has a commitment to those who are in need of public help, but it also has an equal commitment to the public who must pay for this help. In the study of social problems and recommendations made for their resolution the Board has given balanced consideration whenever possible to the interests of all persons.

This consideration includes, whenever possible, a full disclosure of cost factors. The fact of the matter is that public assistance and illegitimacy are linked. The incidence of illegitimate children in welfare caseloads is twice that in the general population. There are also direct costs related to the care and support of these youngsters which are being borne by the taxpayer. Although all children born out of wedlock in a given year do not immediately find a place on welfare rolls, the Board suggests that a substantial percentage of illegitimate children will at some time be aided by one or more of the publicly supported programs.

It is virtually impossible to catalogue all of the cost elements to learn the full impact of conceptions outside marriage. To do a complete analysis, it would be necessary to consider those persons who marry following conception. There are no statistics available to determine the numbers or costs involved in this group. If marriage does not follow conception, then the cost of abortion needs to be considered. The fees for at least 40% of the abortions performed in California in 1971 were paid by the tax-supported Medi-Cal program. If abortion is not chosen and the unwed pregnant woman carries the baby to term, a child is born out of wedlock. Beginning at this point, complicated efforts to identify the fiscal impact are further compounded. Although it is relatively easy to determine how many of the children receiving public assistance at any given time were born out of wedlock, it is not known how many of the illegitimate children born during a particular year will receive public assistance at some point in time, will require free medical care, will utilize food subsidy programs,

will incur public expense related to adoption, or, will now or at some future time be served by foster care programs. Although these costs are impossible to document in detail, the following estimates related to only a few of these points indicate the potential of a very significant cost impact.

There were 116,749 therapeutic abortions performed in California in 1971. At least 40% of these services were performed at public expense (46,669). The minimum charge throughout the state for the suction-type abortion is $200. Amnio-type abortions for more advanced pregnancies exceed $400 in cost. However, using the lower figure as an average indicates very conservatively that the public cost of abortions in California in 1971 was $9,339,800.

It is also difficult to determine the cost of obstetric services related to the delivery of babies born out of wedlock. Prior to the Medi-Cal program (implemented in mid-1966), most obstetric care provided to medically indigent women was in county hospitals. Illegitimacy is much more frequent in lower economic and social groups. Medi-Cal payment of these services has resulted in diverting substantial numbers of the medically indigent to other hospitals of various types (nonprofit, proprietary and district). In 1966, county hospitals accounted for 47,324 babies delivered. The mothers of nearly 12,000 of these babies were unmarried. Considering the rapid increase in welfare rolls between 1966 and 1971, along with Medi-Cal eligibility, it is not unreasonable to assume that the percentage of illegitimate births paid by public funds in 1966 has at least remained constant through 1971. Simple arithmetic reveals that the above figures result in approximately 12,000 illegitimate children delivered at public expense in 1966. Even at an average of $500 per delivery, this represents a cost of $6,000,000.

There is good reason to believe, however, that the public cost of obstetric services related to births out of wedlock may be several times greater than the conservative estimates noted above. For example, in the course of its work the Board conducted a characteristics survey of 259 paternity cases in two California counties during August 1972 (see Appendix 6). These were cases involving children born out of wedlock in which the district attorney's offices were now attempting to obtain a judicial determination of paternity. In 82% of the cases (212), the child was born at Medi-Cal expense. If this nonscientific percentage is applied to the number of illegitimate births in 1971, at $500 per delivery, it would yield an estimate of $16,400,000 representing the public cost of obstetric services related to illegitimate births. The Board suggests that the actual cost is somewhere between these two figures.

Of the 40,171 illegitimate births in 1972, 43% of the mothers were age 19 or under (see Appendix 4). Further, 75% of the mothers were age 24 or under. It is obvious that considering the age of these mothers, they are the least likely to be able to provide the full support and maintenance needed by their children. This coupled with the fact that state and federal welfare law and regulations provide for the immediate payment of public assistance to the unborn child and expectant mother in the approximate amount of $197 per month, where financial need exists and as soon as the pregnancy is verified. There is also good evidence

to indicate that of those unwed mothers who elect to keep their child, as opposed to utilizing adoption services, a number will eventually place their children in foster homes. These costs far exceed $100 per month and generally are not of short-term duration. These welfare mothers and their children also qualify for the food subsidy programs and, along with children in foster care, free medical care. The costs are nearly impossible to document accurately.

What can be documented is the number of illegitimate children and their unwed mothers currently receiving benefits under the Aid to Families with Dependent Children-Family Group program (AFDC-FG). In January 1974 there were 1,184,887 persons aided in the AFDC-FG program (830,856 of them children). Funding for this program comes from state, county and federal tax resources. In the AFDC-FG program in January 1974 there was an average payment of $93.44 per child.

Based on its 1971 study the United States Department of Health, Education, and Welfare indicated that in the United States, 43.5% of the families aided by the AFDC program had one or more illegitimate children. Further, the proportion of all AFDC children who were illegitimate stood at 31.4% (of over 7,000,000 children). With 36.7% of its AFDC recipient families comprised of one or more children classed as illegitimate, California was not among the leading states (see Appendix 7).

Critics of the Board's work on the emotional subject of illegitimacy have been quick to point out that in California, the percentage of AFDC-FG families with one or more illegitimate children has dropped from 44.0% in 1960 to 39.4% in 1970. However, in January of 1973 the percentage had risen to 43.0%. This shows California to be very close to the national average and represents a numerical increase of 18,905 AFDC-FG cases involving illegitimacy between 1970 and 1973. These percentages are, of course, functions of two variables - the number of AFDC families with illegitimate children and the total number of families receiving AFDC at a given time.

Year	Number of Families with Illegitimate Children on AFDC-FG (California)	% of Caseload
1960	32,497	44.0
1962	43,217	50.0
1965	52,842	43.5
1966	65,908	46.4
1967	74,740	45.1
1968	84,525	45.8
1969	106,920	44.8
1970	143,412	39.4
1973	161,507	43.0

In its March 1972 Position Statement on Illegitimacy, the Board categorized those California AFDC-FG families with illegitimate children by the number of illegitimate children in each as of December 1970. The following chart was extracted from publications of the State Department of Social Welfare and updated using information from the forthcoming report for January 1973, Department of Benefit Payments:

	Dec. 1970	Jan. 1973	% Change
Total AFDC Families with illegitimate children	143,412	184,159	+ 28.4
Number of families with:			
1 illegitimate child	97,140	123,772	+ 27.4
2 illegitimate children	28,384	38,117	+ 34.2
3 illegitimate children	12,154	11,135	- 9.1
4 illegitimate children	5,976	4,711	- 21.2
5 illegitimate children	3,297	2,998	- 9.0
6 or more illegitimate children	2,641	3,426	+ 29.7

The 248,407 illegitimate children aided by AFDC-FG and AFDC-U in December 1970 represented 25.0% of the total number of children in the caseload. In January of 1973 the AFDC-FG and AFDC-U caseload was 991,274 children of which 244,117 or 24.6% were illegitimate. These figures add substantial weight to the Board's concern over the significant number of children born out of wedlock each year who will be at one time or another aided by public programs.

The fiscal impact of tax-supported programs resulting from aid payments to caretaking parents of children born out of wedlock is staggering. In calendar year 1973 it is estimated that AFDC-FG and AFDC-U cash grants amounted to more than $1,044,000,000. As discussed 24.6% of the children receiving AFDC-FG and AFDC-U in 1973 were illegitimate and assuming the child/parent ratio to be at least equal to that in cases involving legitimate children it would appear that nearly one-quarter of the grant payments went to illegitimate children and their caretakers. Thus, approximately $256,800,000 was paid during 1973 in welfare grants for the maintenance of illegitimate children. This by no means is the total cost. Applying the same percentage (24.6) to the annual administrative budget for AFDC of $139,624,000 some $34,340,000 of the administrative expense may be traced to illegitimate children and their caretakers.

Persons receiving AFDC-FG and AFDC-U during 1973 were also eligible for food stamps. The bonus value (purchasing power less cost to recipient) of these food stamps exceeded $92,995,000. The share estimated to have gone to children born out of wedlock and their caretakers would be $22,877,000. AFDC-FG and AFDC-U recipients are also eligible for Medi-Cal benefits. In 1973 the out-of-wedlock group accounted for more than $100,686,000 of the $409,296,000 spent to give medical care to AFDC-FG and AFDC-U families.

AFDC-FG and AFDC-U benefits also include eligibility for various social services. These social services cost approximately $242,288,000 in 1973. The share allocable to illegitimate children and their caretakers would be $59,602,000.

One can readily observe that the cost of AFDC ($1,928,632,896) for 1973 is almost beyond comprehension, but equally staggering is the cost of supporting and caring for the nearly one-quarter million (250,000) illegitimate children who were linked to AFDC that year. Briefly, the costs traced to this group were:

1)	Cash Grants	$256,800,000
2)	Administrative	34,340,000
3)	Food Stamps	22,877,000
4)	Medical	100,686,000
5)	Social Services	59,602,000
	TOTAL	$474,305,000

In raw figures the welfare cost involved in the quarter million illegitimate children approached one-half billion dollars in federal, state and county funds in 1973. Can anyone argue that illegitimacy is a serious social, as well as fiscal, dilemma?

The size of the California taxpayers' commitment in caring for the children born out of wedlock in this state is substantial. However, the Board cautions that this is only part of the fiscal picture. As noted above, HEW indicates that 43.5% of all AFDC families in the United States in 1971 had one or more illegitimate children as compared to 36.7% in California. This is further illustrated in the list of "selected states" shown in Appendix 7 which reveals the fact that most of these states have a higher percentage of welfare families with illegitimate children than does California. The significance of this fact is that public assistance programs involve a substantial application of federal tax funds. California county and state taxpayers are also federal taxpayers and, as such, share a major part of the cost burden for aiding illegitimate children and their caretaking parents in other states as well.

It is clear that the social and fiscal magnitude of the illegitimacy problem in this state has reached enormous proportions. Without repeating the detail mentioned earlier in this section, the Board suggests that at least <u>some</u> of the fiscal costs will approximate the following:

1.	Estimated cost in payment for abortions performed on 40% of 116,749 pregnant women in 1971, most of whom were unmarried	$ 9,339,800
2.	Estimated cost of providing obstetric service to unwed mothers	$ 6,000,000 to $ 16,000,000
3.	Estimated cost of providing public assistance benefits to illegitimate children in 1973	$474,305,000
	Total Cost	$489,644,800 to $499,644,800

IV. MANIFESTATIONS OF FAMILY AND SOCIAL PROBLEMS

There are many factors which have contributed to what the Board sees as a numbing of the conscience of a growing number of individuals with respect to their basic obligations and responsibilities and their relationship with society generally. Some of these contributing factors may be: overpermissiveness on the part of parents and other authority figures; the lack of strong religious ethic in contemporary society; the growing lack of cohesiveness in the family structure as a stabilizing and learning influence; the increased frequency and magnitude of attacks on fundamental beliefs generally held and on time-honored institutions; overemphasis on the rights of individuals without a balanced emphasis on the responsibilities; social isolation of the individual growing out of increased urbanization; and the increased tendency toward substituting government-sponsored social programs as the responsible entity for individual and family problems.

Although the problems growing out of individual irresponsibility are many fold, they can be most clearly illustrated with reference to family life and, in this context, projected into their broader social impact. The family has long been recognized as the bulwark and the basic unit of this and other social systems. However, economics, mobility, and a myriad of other factors have resulted in changes in family structure over the years.

It is important to note that family life embodies a number of important and basic elements which are in no way affected by the move to a more complex and industrialized social system. A close and healthy family unit continues to represent the most effective entity for individual sustenance. The functioning family not only provides for the material needs of the growing child, it represents a network of relationships which provide the child, during his developmental years, with an understanding of interpersonal relationships, security and acceptance, early exposure to his responsibilities as a member of a larger social unit, and models of adult behavior which the developing child can emulate. All of these elements are vitally important to the child's emotional growth and development and remain as the most significant contribution of family life.

Many cultures have been successful in preserving the essential elements of family life in the face of a complex industrialized society. In the United States, however, the basic family unit, now commonly referred to as the nuclear family, has been the subject of attack by certain groups, the consequences of which they hope will lead to a complete reshuffling of our social structure in order to accommodate their particular interests and desires. They question the future viability and effectiveness of the nuclear family.

Chief among these critics are those who claim the nuclear family is "going out of style" and eventually will be replaced by new and varied social structures such as the group family and the commune. But one must ask the advocates of such living arrangements why, if they are so successful, is there up to a 70% turnover in their membership? And more pertinent still, where is there evidence

that these arrangements produce emotionally (or even physically) healthy children who mature into happy and productive adults? Indeed, the facts suggest just the opposite. One can cite the kibbutzes of Israel as a successful example, but they are supported by tremendous ideological forces, not the least being national survival, are politically sophisticated, and represent a return to an agrarian society. Even in Israel, the kibbutzes are gradually moving toward a more traditional family structure.

Critics of the nuclear family also include certain groups who advocate the right of women to make individual decisions with respect to childbearing, regardless of marital status. These women who claim the right to bear illegitimate children ignore the fact that every society, ancient and modern, primitive and advanced, has by necessity concerned itself with the procreation and the rearing of future generations. The social group is advantaged by the development of responsible adults; indeed, the survival of a society (as well as the individual) and its cultural patterns are dependent upon the socialization process. (Hartley: "From the 'Principle of Illegitimacy' to a Concatenated Theory of Illegitimacy," paper delivered at the 7th World Congress of Sociology, 1970 and Illegitimacy, U. C. Press, forthcoming). Malinowski stated the situation somewhat differently, as a "universal sociological law":

> "The most important moral and legal rule concerning kinship is that no child should be brought into the world without a man...and one man at that...assuming the role of sociological father, that is, quardian and protector, the male link between the child and the rest of the community..."

Although formulated forty years ago, Malinowski's "principle of legitimacy" has been confirmed by other social scientists over the years. Virtually every society views birth out of wedlock as undesirable. (Murdock, Blake, Goode)

Advocates of childbearing out-of-wedlock by choice conveniently overlook the fact that although an illegitimate child may grow up to be a happy and productive member of society and that there is no guarantee that a legitimate child will mature successfully, the probabilities for both groups are vastly different.

Many studies have shown that there is no question that there are deleterious effects on children who are products of fatherless homes. Both male and female children need both mother and father to relate to. While girls are taught their feminine roles by their mothers, they learn how to relate to and what to expect from the opposite sex through their fathers. Boys, on the other hand, learn their masculine roles from their fathers. Moreover, the father, for a boy, is far more than just a disciplinary figure; he is also an expressive leader, that is, he is important in expressing love and warmth to his son. Boys from fatherless homes have been found in a number of studies to be less mature, less well-adjusted in peer relations, striving for "compensatory masculinity", more anxious about sex, and more effeminate than boys who have had consistent fathering. Father-absent

girls showed greater dependence on their mothers than those from father-present homes. Research also shows that being alone or lacking a secure commitment from the father deeply affects the mother's self-esteem, and that this self-esteem or lack of it is passed on to the child. (Hartley from Jones, Cattell, & Coopersmith)

There has been a good deal of research done on the question of parental absence and its impact on the child. Most studies deal with families of European seamen who are away from home for extended periods of time; families in which the father is in the military on overseas assignment; and families in which the father is deceased. Little, if any, research has been done with respect to the impact on youngsters in homes where there is no father - by choice. The fact is in the first stated instances, there is a father figure in the family constellation. Because of prolonged absence, he may not be involved in the day-to-day responsibility of child rearing, but the fact that his presence is felt in the family structure can have a significant influence.

Herzog and Sudia in "Boys in Fatherless Homes" have concluded,

> "It seems at least reasonable speculation that temporary, planned, socially approved (or even honored) father absence is likely to have a different impact on a child than permanent, socially deplored absence, even if the social and economic settings were similar."

The very nature of the single-parent family means it probably will be less effective in meeting the material needs of the family members, regardless of equal pay and opportunity.

> "Money, furthermore, is only one of the many contributions of a father to his family. The lack of a stable father figure, the completion of a nuclear family cannot be overcome by government fiat. Just as the child needs the emotional and financial support of the father, most mothers need his emotional and financial support in order to feel adequate to fulfill their roles." (Hartley, Illegitimacy)

In spite of this and other factors, the advocation of single-parent families by otherwise responsible professional persons and some groups continues to gather momentum. The number of one-parent families resulting from divorce and desertion is put forth as justification for the views held by those who champion this life-style.

One such professional testified before the Board at its public hearing on July 28, 1972. After stating that the one-parent family was even more superior than the two-parent structure, she then admitted that the single-parent arrangement needed "supports" to give it a chance of success. By supports she meant a minister, family friend, or social worker to substitute for the father. However, it would seem logical that if a father figure is necessary to maximize the chances of a one-parent family for success, a father himself would be all the better. Thus, unintentionally, she was saying that the two-parent family with father present was more likely to be better for the child.

When confronted with the deficiencies of the single-parent family, such persons also speak of other supports necessary to make this structure more effective; public assistance to back up the mother's earning power; government subsidized child care, along with components to assist with the children's educational, nutritional, medical, and emotional needs in the absence of the mother who is employed; and other programs to assist the youngster with role identification. Unfortunately, the simple fact is that money cannot buy nor anyone substitute for stable and consistent fathering. The increasing number of mothers who are attempting to raise their children alone with or without public assistance will attest to this. As a result of its work in child support enforcement, the Board has had broad contact with these mothers. They know well the daily heartache, responsibility, and strain of raising a family without the material and emotional support of the second parent.

Much is heard today on the subject of individuals' rights and freedoms. Precious little is heard on the subject of responsibility. The contemporary scene is remarkably void of anyone demonstrating in support of responsibility and yet the two elements - rights and responsibilities are inexorably linked. One cannot long survive without the other.

The Board suggests that the lack of a strongly imbued sense of responsibility on the part of the individual to fulfill his legal and moral commitments to himself and others is really at the heart of the issue. In the viewpoint of the Board, the following are some of the concerns which form a part of the chain reaction traceable to lack of responsibility. In reviewing these brief examples, the reader should be alert to the significant changes which have occurred in the past 8-10 years as set forth under each subject heading.

A. Preparation for Marriage

For all practical purposes, there is no real preparation for most marriages. This problem is usually found among the young, but is not necessarily restricted to them nor does it necessarily apply only to the first marriage. Essentially, emotionally immature people who do not yet know or understand themselves are embarking on what should be a lifelong commitment to and relationship with another individual. The concept of marriage is too often formed by exposure to the unreality of the mass communication media. Often the young person does not have experience with a strong marital relationship in his own family home to help him with an understanding of the qualities, benefits and sacrifices necessary to a stable marriage relationship.

B. Dissolution and Annulments

Another link in the chain reaction of social problems, assiciated with the discussion above, can be demonstrated by the statistical data on family breakup. In the six-month period, January through June 1972, there were 73,187 initial complaints for divorce, annulment and separate maintenance or petitions for dissolution of marriage, judgment of nullity and legal separation in California. This represents a continuation of a long-standing increasing trend and, in fact, represents a 30% increase over the same period in the year 1966 when there were 52,008 such actions. This

increase occurred during a time when the state's population increased by only 5.9%. As alarming as this information may be, it should not be treated in isolation. The breakup in family life illustrated by this data has a dramatic effect on society in terms of its children, its economy, and the social programs that have been developed to treat the aftermath.

C. Problems in Child Support

Once a marriage fails, lack of responsibility tends to manifest itself in an unwillingness to support the children when the father no longer has the benefits of that union. Often, in a dissolution proceeding, the court will agree to a settlement which places first priority on the payment of the couple's debts with child support considerations assuming a secondary role. This interferes with the child's basic legal and moral rights and places an undue strain on the ability of the mother to raise the child. The division of the father's income among the creditors results in the mother and children being diverted to the welfare system, where the taxpayers subsidize the family. In effect, the creditors are favored to the detriment of the children and the taxpayer.

1. Nonwelfare cases

In many cases, welfare programs are called upon to take up the slack when the child support payment is too low, delayed or discontinued. The specific impact on welfare caseloads is discussed below. Nobody has authoritatively measured the dimension of the problem suffered by low-income nonwelfare mothers who are attempting to meet their families' needs without resort to publicly-supported programs. Information obtained by the Board indicates that this is a major but largely unrecognized problem in our society. Even in those cases where the mother's outside earnings are quite low, some district attorneys will not assist with child support enforcement. One measurement of this problem is the frequency with which district attorneys in California contact the Attorney General's Central Registry in an attempt to locate nonwelfare absent fathers who are failing to support their children. In the seven-month period, July 1972 through January 1973, local agencies initiated 27,106 locater inquiries. Of these, only 4.2% (1,163) were nonwelfare cases.

Without the financial ability to hire private counsel, many low-income nonwelfare mothers are faced with a financial crunch month in and month out and, finally, simply give up and turn to welfare programs. As a cash benefit recipient, she and her children now not only qualify for free medical care and food subsidy programs, but also, assistance from the District Attorney's Office in enforcing the child support obligation. It is clear that in these cases, an important element of prevention is lost with the resulting increase in local tax expenditure. It is also clear that aside from the problem of family economics, the irresponsible behavior of the father cannot help but color the attitudes and interrelationships of the family members during the children's formative years and beyond.

2. Welfare caseload

Aid to Families with Dependent Children (AFDC) is the largest single category of public assistance in California comprising approximately 2/3 of the welfare population. Of these 1.3 million people, nearly 85% qualify for welfare because of the economic and social deprivation related to the absence of a parent from the home.

In 1969 and 1970 the Board set up a Task Force which studied this problem and in January of 1971 released the final report of the Task Force on Absent Parent Child Support. This report showed that only 14.7% of the absent parents contributed support. More surprising, however, was the Task Force discovery that the typical absent parent was still in the same geographic area as his family and further that he had the ability to pay child support.

The Child Support Task Force released the "Guide for Administration and Conduct of a Coordinated Child Support Program by California Counties" in September of 1971. The Welfare Reform Act of 1971 embodied many of the Task Force recommendations, such as the grand jury child support audit and the Support Enforcement Incentive Fund. Since the implementation of these new child support provisions the percentage of contributing absent parents has increased to 24.1% and the dollar collections in welfare cases alone exceed 55 million annually. Clearly more needs to be done to increase family responsibility, however, the Board feels that a good start has been made.

The real problem in family support is the result of the large incidence of desertion, dissolution, and the high incidence of illegitimate births. All of these factors are related to the failure of one or both parents to meet legal and moral responsibilities. Government makes an inadequate and expensive "stepparent." Those with the primary responsibility to care for their offspring must be made to recognize and meet the obligations they have created.

D. Abdication of Responsibility for Birth Control

Every significant research study, including that conducted by the Board, indicates that with respect to the birth of "unplanned" children, the overwhelming majority of parents had knowledge of birth control methods. It is also a fact that the more responsible and mature segment of society makes more use of birth control techniques. They tend, for exemple, to voluntarily place limits on family size based on their ability to meet the financial demands of raising children. This subject will be treated more fully under the heading of Family Planning later in this report.

In any discussion of responsibility in relation to birth control, an important point must be made. The fact is that men have shifted almost complete responsibility for birth control onto their female partners and tend to adopt the same irresponsible attitude toward the child when birth control methods are not used or fail. Over the years, the use of the condom was popularized as an effective device in the prevention of venereal disease transmission. In the minds of many men, however, the condom played a dual and equally important role in preventing unwanted pregnancies.

As birth control pills for women came into vogue, men simply deferred to the simple but unrealistic expediency of expecting their sex partner to be the responsible party. In questioning young unwed fathers about their failure to use condoms, the responses clearly indicated that their use for venereal disease prevention loomed larger in the minds of these young men than their use for pregnancy prevention. The fact is that many women do not use birth control pills because of unpleasant side effects or for other health reasons. Further, to expect any person to exercise the sole responsibility and diligence necessary for an effective birth control program using the pill, without any consideration being given to the woman's age, level of maturity, emotional stability or the pressures of daily living is asking a great deal. Apparently, many men have overlooked these factors in their headlong flight toward newfound sexual liberation.

How much the reduced use of condoms has contributed to the epidemic incidence of venereal disease, particularly among the young, has never been fully documented. What is crystal clear, however, is the fact that men must bear equal responsibility along with women for the application of birth control methods. The other inescapable fact is that men clearly bear an equal and joint responsibility for unwanted pregnancies, whether conceived in or out of wedlock. This concept needs to be emphasized through changes in attitudes at all levels of society and social programs must be reformed to highlight and enforce this responsibility.

E. Increased Illegitimacy

Another way in which irresponsibility manifests itself is through the incidence of births out-of-wedlock. This subject has been discussed at length earlier in this report. Suffice to state, however, that the increase in illegitimate births in California has been startling. In 1966, there were 31,804 births out-of-wedlock in California. In 1970, four years later, illegitimate births increased to 45,593 - from 9.4% of total live births to 12.6%. The rapid increase in the number of therapeutic abortions performed during those years contributed to the drop in illegitimate births in 1972 to 40,171 - still over 8,000 more than in 1966.

As alarming as this fact may be, the reader should resist the tendency so common in today's computer oriented social research of thinking about this problem only in terms of numbers. Each of these out-of-wedlock births represents a baby who begins life under a disability resulting from the legal condition of his parents' relationship - a baby who has immediate needs which must be met now and at every stage of his growth and development. Each of these out-of-wedlock births also means that two biological parents have, through their irresponsible actions, created a living human being who must, throughout his lifetime, bear the burden of their deficiencies.

In the absence of parents who are willing and able to assume their obligations, society has a responsibility to the child to ensure that its interests are safeguarded, that it enjoys an equal status with legitimate children, that the biological parents fulfill their responsibilities to the child and to society, and to ensure that the rights of the biological parents are carefully balanced in relation to the legal and moral rights of the child they have created.

F. Increases in Abortion

The Board has previously discussed some of the ways in which irresponsible behavior influences family life and society. Closely related to the problems cited earlier is the impact of abortions performed in this state. California's Therapeutic Abortion Act was enacted in 1967. In 1968 there were 5,018 therapeutic abortions performed in California. In 1971, three years later, there were 116,749 therapeutic abortions performed - more than one abortion for every three live births in that year. What had been created through the misapplication of California's Therapeutic Abortion Act was a "backstop" method of birth control for irresponsible persons whose ineffective or nonuse of more traditional methods resulted in an unwanted pregnancy in or out of wedlock.

An entire new medical-industry has grown up around the abortion statutes. In application, the provisions of California's abortion statutes were seriously "stretched" to accommodate the vocal few who view this procedure as a fail-safe method of problem solving . The effect of recent court decisions on California's statutes, essentially, represents a legitimation of the questionable practices which marked the application of this state's law prior to the decisions. The Board does not question the need to reduce births out-of-wedlock. In the viewpoint of the Board, what does need to be questioned is the method. Further, the Board is concerned about the direction that future planning will take with respect to decisions affecting human life after having overcome the first hurdle exemplified by a legalization of what amounts to "abortion on demand". The discussion of this concern, as well as specific examples, may be found in the section entitled Abortion.

G. Foster Care

Foster care is the program which provides substitute parents for children whose natural parents are unwilling or unable to care for them either on a temporary or permanent basis. The Board's study of this program revealed that California's foster care caseload increased by almost 100% between 1964 and 1972. What the Board has seen is a reduction in the stigma associated with out-of-wedlock births, resulting in a growing number of young unwed mothers keeping their babies instead of relinquishing them for adoption. When many of these child-mothers finally realize they cannot provide for their youngster's material and emotional needs, the child is placed in foster care.

Recently, however, caseload growth has tended to stabilize and the figures between June and December 1972 reflected an 8% reduction to 30,936. The Board is forces to question if the number of abortions performed in 1971 (116,749) has had its effect on the recent static condition of this caseload.

Aside from the numbers, however, the real significance lies in the youngsters themselves. Almost half of the children placed in foster care are placed voluntarily. The remainder are placed by court order following abuse, neglect and/or abandonment of the child by the natural parent(s). Again the ravages of irresponsibility are noted in the form of damaged children.

The placement of the child in foster care is not a cure-all. The present system is such that the child may remain for long periods of time, if not indefinitely. He is likely to be shifted from one home to another and likely to be emotionally damaged when placed. Even if it is clear that he has no natural home to which he can return or his return is unlikely, his chances of enjoying the security and stability of an adoptive home are remote. Often the biological parent or parents remain in the periphery of his life, having little positive influence on the child, but effectively preventing adoption.

H. Shifting Responsibilities to Education

Observers will note a subtle broadening of educational programs, particularly at the elementary level, which embody the assumption of responsibilities which have traditionally been the province of families. This shift has taken place at a time when the birth rate in California has started to decline, with the expectation of reduced elementary school enrollment in coming years. One prelude to the change has been an increased preoccupation by professional educational planners with emotional considerations in relation to the school children.

Education's shifting emphasis is illustrated by the enactment of two recent pieces of legislation in California. One provides for early childhood education in the public school system and the other centralizes within the State Department of Education, total responsibility for child care programs in California. Although not yet fully implemented, these programs involve vast changes in the traditional role of education. Children may enter the system at 3½ years of age; vast plans are being made for the rendering of social services within the educational system; and, the addition of child care responsibilities results in almost total involvement of the various educational disciplines in the early formative years of California's children.

The Board raises questions about the further surrendering of family responsibilities to a governmental entity. Questions are also raised about the ability of such an entity to assume this broadened role in the face of the present overwhelming educational needs of California's children which, in some respects, does not meet public expectations from the standpoint of

quality. The Board does recognize the need for educators to be more alert to problems presented by youngsters in the classroom situation. In fact, this need, identified by the Board in its report on foster care, is one of the factors which raises questions about the ability of education to involve itself deeply in matters affecting the noneducational needs of children. In the Board's study of 533 foster care placements, it was noted that in only eight cases (1.5%) were the child's physical and/or emotional problems brought to the attention of the social agency by school authorities. The Board also supports carefully regulated programs beginning at an early grade level designed to acquaint students with family life and the responsibilities of parenting. The Board believes that to the maximum extent possible, families should exercise responsibility for providing for the early emotional sustenance of their children as opposed to government.

I. Summary

What has been discussed in the preceding section is the Board's perspective on manifestations of family and social problems resulting from an abdication of individual and family responsibility by a growing number of persons in society. The Board suggests that each of the several social problems and programs discussed are among those which are influenced directly or indirectly by such irresponsibility. The issues cited above are not new nor are the programs which are designed to cope with the problems. The Board suggests there is a correlation between these phenomena "lack of responsibility" and the full impact of this influence cannot really be appreciated without depicting as a whole what previously has been treated as a series of isolated social concerns. The following summary table shows the various increases mentioned in previous subsections with regard to California:

	Jan.-June 1966	Jan.-June 1972
Dissolutions and Annulments	52,008	73,187
	1966	1971-2
Fathers Contributing to Support of Welfare Children	30.3%	24.0%
	1966	1972
Births Out-of-Wedlock	31,804	40,171
	1968	1971
Therapeutic Abortions Performed	5,018	116,749
	1966	1972
Children in Foster Care	21,002	33,550

In mid-1966 California's population was 18,851,000. In August 1972, the state's population had climbed to 20,025,000 - this represents an increase of 5.9%. In the face of this relatively modest rise in the state's population, the above chart reflects a 30% increase in dissolutions and annulments; a 6.3% decrease in the percentage of absent fathers supporting their welfare children, a 26.3% increase in the number of illegitimate births; and, a 38% increase in the number of children in foster homes. Although there were 23 times as many abortions performed in 1971 as in 1968, the kinds of comparisons made in other programs do not necessarily apply to abortions since the law was so recently enacted.

From the vantage point gained by the State Social Welfare Board, after several years of viewing social issues and programs, it is the Board's viewpoint that an abdication of individual and family responsibility are at the root of many of society's most serious social problems. The laissez-faire attitude held by irresponsible segments of society has been strengthened by ill-conceived and misapplied tax-supported programs which at least condone, if not reward, such behavior. What should be apparent to social planners in the face of past failures, is that the investment of additional billions of dollars will not promote greater responsibility.

What is required on the part of each individual is a rethinking of his personal philosophy and a reordering of his personal priorities. The concept of individual and family responsibility must be clearly enunciated and it must represent the basic element and motivating influence in social planning. An inventory of social programs and policies should be made to identify and utilize those which encourage, rather than substitute for, individual responsibility. There needs to be a clear and unequivocal realization that responsibilities will be placed with those who have the legal and moral obligation. This will be a long and arduous task, but if the chain reaction stemming from lack of responsibility is to be broken, it must start with the individual - in his relationship with the members of his family, his community, and, his government.

V. ROLE OF THE MALE

A. Introduction

That there is an unwed father for every unwed mother is a fact that society and particularly those involved in the social sciences have largely ignored. The father has not been recognized as a person, given an identity or credited as being more than a financial resource.

The traditional approach to the problem of an illegitimate child is focused upon motivation and education of the girl. The boy is unprepared, untrained and unaware of his role. Society apparently has assumed that unwed parenthood is a problem created solely by female behavior. The boy's acts, attitude and behavior are tolerated or ignored. Reuben Pannor properly described the unwed father as the "forgotten man".

It is time that society treat the whole problem, not just the female aspect. The father has a responsibility to understand the consequences of his acts as they relate to society, himself, the mother, and the child.

Efforts to adequately cope with the mother of the illegitimate child will be incomplete until the father is involved in the solution. The problems created by an out-of-wedlock birth cannot be minimized. As Reuben Pannor aptly described it, "The problems have deep roots, have deep scars, affect numerous lives and often perpetuate themselves into the next generation. For the overwhelming majority of unwed fathers and mothers there are no easy, uncomplicated solutions."

To avoid the tragedies of unwed parenthood, society must do the best job possible to provide meaningful and effective assistance to the unwed parents. As already stated, encouraging progress has been made with respect to the mother; we must now do some hard thinking and seek to develop solutions which include the father.

To this end the Board has devoted this section. Hopefully this work will be a beginning to the establishment of a realistic approach to one of society's most perplexing dilemmas.

B. Sociological Father

As an initial and beginning premise the Board feels that every child should have a sociological father. It is preferred that the biological father and the sociological father be one and the same. Adopting the concept of the "principle of legitimization" first enunciated by Malinosky, the father's role is primarily to serve as a link between the child and society; he is primarily the guardian and protector of the child. He is, in essence, a shield against the adversary and negative aspect of society until the child is able to defend himself.

In a primitive society the absence of the father meant that the mother, as well as the child, might well fall prey to an enemy people or other physical evil. In such a society the father provided for the basic physical needs, the support and stability, and gave the child status - both social and legal.

The question must be asked, "Has the role of the male really changed?" The Board thinks not. Because of these changes it is believed now more than ever the role of the man is a necessary and vital ingredient in the child's status and stability. The clearly defined role as protector has been displaced by a vague linkage role, creating some of the ambivalence toward the male's role in modern society. Unfortunately our society appears to be on a course to diminish the role of the male in the family context at the very time the role should be increased.

Society's inability to correlate the traditional and linkage roles of the male is exemplified by the increasing interest in the female dominated single-parent family. A further substantial cause of this trend is the confusion on the part of the male himself as to his role in our changing society. He fails to adequately perceive his role as that of the sociological father and is confused by the inapplicability of the traditional role he understands.

The traditional role as physical protector, provider of food and shelter, creator of social and legal status in the group, preparor for the child's economic role, and provider of a link with society has given way to a far more subtle and complex role. Today government often gives the appearance of fulfilling many of these functions. Law enforcement agencies are charged with the primary duty of protection; insurance or welfare benefits act as a back-up provider of food and shelter; our public education system purports to prepare the child for his economic role. What then is left of the traditional role of the male? It is small wonder that many fathers fail to clearly perceive the sociologicathe long-term consequences of their failure to perform the duties of the sociological father.

The Board submits that the male's role as provider of social and legal status in the group is too often overlooked or minimized and his role as a link to society, explaining and interpreting its ways, is not accorded proper significance. Rather than the father being primarily a shield against society, he must act more as a referee and interpreter of society to the child. Further, he must serve as an identifiable figure to assist the child in having an awareness of self-worth, and to help the child understand the complex social, legal, and economic status which the child must in turn assume. The importance of the father figure itself as a contributor to the continuity of the child's life should not be underestimated.

The Board feels that it is time the role of the sociological father in our society is studied, analyzed and defined. An ill-defined father role all too often leads to frustration and failure of the basic family unit. The male must understand what is expected of him before he will gain satisfaction in performing duties necessary to continue in this role.

C. Social and Cultural Attitudes

In our society the father has been held less accountable for the conception of the illegitimate offspring than the mother. Undoubtedly the social acceptance in our culture of the double standard is a primary source of this social attitude. There are, of course, many other social and cultural reasons and no attempt will be made herein to make an exhaustive identification of all the causes. However, a review of some of those causes may be helpful in placing the problem in a better perspective and in helping us find solutions.

The mother's internal chemistry is affected by the pregnancy, the father's is not. The mother's appearance is changed, the father's is not. The mother's daily activities are affected, the father's likely are not. The mother's well-being and energies are fundamental to the child's birth, the father's are not. Therefore, the mother is more directly involved socially, economically, physically, and psychologically. The father may be more affected psychologically than is generally recognized, but otherwise his daily pattern and activities are unaffected.

Another cause of the social attitude is the fact that in the last one hundred years the father has had the opportunity for great mobility and, even if his identity is known, he may easily defeat any responsibility by moving on.

There is also the contention that the father of an illegitimate child has no resources, will not pay, and it is not worth the time and money to chase him for the few dollars that he may or may not have. And, last but not least - the mother's identity is obvious, whereas there may be some question as to the identity of the father. This, incidentally, raises by implication, the unfortunate social attitude that, but for the conduct of the mother, there would be no illegitimate child and resulting unhappy consequences.

It is our contention that society needs today a new attitude toward the father of the illegitimate child. What was at one time, perhaps, a private affair is now "a public affair" in which the public has a real and legitimate interest. Society can no longer tolerate or excuse this conduct as a harmless adventure of the father for the consequences are such that the illegitimate child pays throughout his life.

Unfortunately the issuance of this report will not immediately change long held social attitudes on so basic a subject. However, it is hoped that those persons dealing with the problem will realize that great inroads toward its solution will not be made until it is established that it is socially unacceptable for one to father an illegitimate child without assuming the responsibility.

There is no question that the father's lack of interest in his responsibility has been encouraged by many mothers, grandparents and by social agencies. By refusing to identify the father, the mother may treat the child as her own property, unaware of the child's best interests or the father's desires and suggestions. Many social agencies actually prefer that the father not be involved, believing that adoption and foster care placements and other solutions may be more easily reached if he is not. However, it is believed that the more enlightened view and experience is that the involvement of the father offers the best solution, and one with which the mother can more easily live. It can work if the natural father participates in some way in the decisions for the child. Attention is directed to the studies of the Vista Del Mar Institute in which it is shown that the assistance of the father has, in fact, been of great value to the mother.

D. The Teen-Age Father

Elsewhere in this report we have devoted considerable attention to the unmarried teen-age mother. We have pointed up her relative inabilities to be a mature mother, or to make logical decisions in the best interests of the child and for herself. But what about the teen-age father?

Although occasionally there is a considerable age gap between the teen-age mother and the natural father, in most situations, the teen-age mother has had sexual relations with one of comparable age and, therefore, the father is most often a teen-ager as well. Thus, society finds the unusual phenomenon of children having children. With teen-age illegitimate pregnancies amounting to approximately 43% of all illegitimate births, it is vitally important that we give the teen-age father our keen attention.

A review of the work of Reuben Pannor, discloses that a boy in his teens is often confused and uncertain. His character and personality are in the formation stage. Usually his ability to provide economic support is limited. He lacks experience for decision-making, particularly on problems of this dimension. There are few people with whom he can discuss such problems.

An incisive study conducted by the Youth Study Center, a part of the juvenile division of the Philadelphia County Court, is reported on by Robert F. Perkins, and Ellis S. Grayson. The study contains individual interviews of teen-age fathers in a detention facility. It is assumed that this group consists of boys who committed some infraction of the law. This group is in contrast to the young men involved in the Vista Del Mar Study, who were essentially a law-abiding group. The Philadelphia findings are dramatic. Perkins and Grayson conclude that at least 75% of the youngsters are boys who are not deserters, uncaring or detached. Their first reaction was, of course, defensive, usually showing a certain amount of bravado and aggressive overlay. However, once the boys started talking it developed they had deep-seated anguish and doubt about their respective self-worth. The boys were confused as to what they should do and what society expected of them. There was a strong feeling about deserting the child when they had specific knowledge that the girl would keep the child. Some would attempt to "play father" by making attempts to visit the child. Unfortunately, most of the boys had no real idea as to what the responsibilities of a father are.

A factual finding of the study disclosed that more than 75% of the boys themselves came from female-dominated homes in which the natural father was absent or only minimally involved. These boys who had been deserted had strong feelings about this fact. Now they saw themselves caught up in the same father-desertion syndrome.

The study disclosed a direct relation with the female-dominated family. The report states as follows:

> "When the records of hundreds of hours of individual and group counseling sessions were analyzed, one particular pattern in the makeup of the boys' families began to emerge - the pattern of female domination of the family. There seemed to be a connection between this pattern and the opinions the children held regarding the opposite sex. This was especially true of boys between the ages of 14½ and 16 who came from families headed by the mother and in which the father was entirely absent or only minimally present. It is of first importance that this factor of female domination be held in focus and considered as distinct from the many other factors that can result in a child's warped outlook on life."

The report concludes that unless we realistically work with the teen-age father, he will engage in other antisocial conduct which may well include further fathering of illegitimate children.

The Board desires to direct particular attention to the absent father factor. These boys, because of their experience in a female-dominated situation, have developed deep-seated emotional feelings against their own mother and against their natural father, and these feelings in turn are a cause for their own conduct. In essence, we see developing a father-desertion cycle from one generation to the next. Although this study does not disclose the number of boys who are illegitimate, it does point up the attitude and feelings of the boys created as a result of being from a home in which the father was absent. They blame their mother for the absence of the father, whose absence in turn deprived them of an opportunity for a meaningful masculine relationship and the opportunity to obtain a firm male identity.

In the opinion of the Board it is the 43% of the illegitimate birthrate attributable to teen-agers that constitutes the most difficult portion of this social problem. Usually, children born of teen-age parents are less likely to have any resources from the father or the mother. Further, these teen-age parents are often themselves the products of fractured families from which relationships they have received little or no experience or awareness of their role as parents.

Unfortunately for society, the number of children born of these teen-age parents is increasing, and the respective age of teen-age parents is decreasing. It is indeed a new phenomenon in our society. No apparent analogous situation experienced by other societies or civilizations comes to mind except for the existence of street children in Europe following World War II.

Society, unfortunately, has requested little of the teen-age father. He has been ignored primarily for the reason that it is apparent that he has little if anything to offer to the mother, child, or the situation during pregnancy, at birth, or immediately thereafter. By the act of conception, he has set in motion a series of events and consequences which he does not understand, nor can he control. The hard facts are, that he is equipped only biologically for parenthood; he lacks the social, emotional, and economic tools or resources to be of significant and meaningful help.

It is the teen-age father, because of his inability to cope with the problem, who is most apt to take advantage of the welfare alternative. His rationalization that welfare may better provide for the young mother and the child, is based upon a sound premise.

His feelings and attitudes are probably correct when he contrasts his own confused efforts with those of the apparently knowledgable social worker. So too, is he influenced when he compares his earning ability with the regular, continuous, and reliable monthly welfare check, which is in addition to the free medical services. He possesses sufficient good sense and instinct not to compete; he shrinks from responsibility. In fact he is encouraged to do so by the very institutions which were created to solve the problem.

For society, this experience sets a bad example, for he has learned that if he appears hopeless and incapable to cope with a difficult problem, others will solve the problem for him. His sense of responsibility, if any, is dulled. He

learns to avoid responsibility and the opportunity to learn to face up to social problems and difficulties is lost. This experience may well set an example for future conduct when confronted by other difficult problems encountered at school, on the job, or future family responsibilities.

For these reasons the young teen-age father is usually ignored and he fails to realize that the child needs a sociological father. Although his ability to assist with the immediate needs of the child is indeed limited, he will, in the future, hopefully have resources and abilities to provide for the long-term needs of the child, and at least provide a masculine identity and relationship with the child.

We believe that society is now caught up in a most unique problem which it has as yet failed to identify or to understand its significance. By focusing our attention on the teen-age father, we begin to see the results and consequences of having in our society, a substantial number of families which are designated as female oriented, or families headed by women.

The failure to establish a meaningful male identity and relationship directly affects the ability of the boys of these families to in turn learn and/or become aware of the responsibilities of parenthood. Growing up in a family without a male image with which to identify, they are under a severe disability to understand the male role in the family context, or in our society.

A recent report of the Census Bureau, issued in the latter part of 1973, indicates that the number of families headed by women has been on the uptrend continuously since 1959. The report further reflects that there is increasing poverty in these families as contrasted to families headed by a male. In black families the growth rate was substantial. Presently 66% of all poor black families are headed by the female, an increase from 33% in 1959. There was also a significant increase among the white population. We are now witnessing the by-product and social implications created by the absent father. It is not suggested or intended that all children of absent fathers are illegitimate; many of the absent fathers did indeed have a marriage relationship with the mother. The point is, however, the absence of a sociological father has devastating effects upon the boys born of these relationships. Perhaps boys, more than girls, are more profoundly affected by the absence of the father.

We see no decline in births out of wedlock from in the teen-age group. In fact, because of the continuing increase in female-dominated homes, we will continue to experience increasing illegitimate births, not less. It is anticipated that this group will comprise 50% of the unwed parents within a few years. However, society is faced with the burden of attempting to find a solution for this unusual problem. Frankly, we question whether or not courses in family planning or parenthood will be much help to this group of teen-age fathers. Hopefully in a generation or two, when the principles of parenthood and family responsibility have become an integral part of the educational fabric and of the community, these attitudes will modify his conduct because of the awareness of social norms.

In the meantime, what do we do ... unfortunately, the Board has seen few suggestions in this area. There are no proven solutions. We must take some steps to increase and improve our knowledge and ability to reduce what appears to be a continuing and growing cycle. We see no decrease in births-out of wedlock. In fact, because of the substantial increase in female-dominated homes and

single parent families, we believe that births from teen-age parents will steadily increase unless something is done immediately.

E. The Welfare Alternative

Undoubtedly a contributing factor for the lack of involvement of the male has been the welfare alternative. Welfare benefits are now available to the mother upon her pregnancy being medically verified if she is otherwise eligible. This enables the young pregnant minor to escape parental control and to establish her independent residency.

Further, her financial independence may be achieved without help from the father. In most instances the young father's resources are limited or nonexistent. The fact that the state provides medical assistance during pregnancy and at birth, and provides cash grants after birth, gives the appearance that the father is not necessary. In essence, he is not expected or required to satisfy any of the apparent immediate needs. Thus, the welfare alternative may well create in the unwed father the attitude of lack of involvement because welfare is apparently taking care of the problem. In light of that influence he may rationally believe that the child will be just as well off without his assistance ignoring the fact that there is more responsibility to parenthood than providing financial support. This frustration of not being needed may cause the father to abdicate responsibility in the long term.

The welfare alternative may well be contributing to the lack of involvement by the male. We do not recommend that such assistance be abolished, but that it not be relied upon as the sole resource. The public should demand that the mother and the welfare agencies thoroughly explore and obtain for the child all the resources, including the social as well as economic support of the father.

F. Male's Role in Conception

The activity of Planned Parenthood and many other organizations is generally directed toward the female. Little is said about the responsibility of the male in preventing conception. This responsibility is dealt with in the Family Planning Section of this report.

It is the Board's observation that generally it is the female who shoulders this unique burden of responsibility. Perhaps this is because the medical professions' knowledge and training in the development of contraceptive devices have been primarily directed toward the mother.

Studies show that many unwed fathers knowingly engage in sexual intercourse without any thought of its consequences. They place total reliance on the contraception devices, if any, used by the girl. It is also appropriate for the young man to take a long look at this problem for the simple reason that statistics show that a high percentage are likely to become casualties. In the past several years the annual statistics disclosed that boys have fathered nearly one-quarter million babies out of wedlock, impregnated approximately another one-half million girls who underwent legal and illegal abortions, and in addition at least another one-half million entered into hasty and questionable marriage relationships because the young girls were pregnant.

For the male to really appreciate his role in conception a society must establish systems by which his responsibility is enforced. To perform an act without experiencing its consequences breeds irresponsibility. This is really our current policy - or nonpolicy. An innovative program on family education structured for small groups of teen-age students in which questions and answers may be given freely should be the first step taken in a preventative program.

In our sections dealing with services to teen-age fathers and paternity the Board has set forth specific recommendations which should be implemented to involve the teen-age father. These recommendations, of course, reach the problem after the fact. It is our expectation that these programs will reduce the recurrence of births out of wedlock for those concerned. It is also our expectation that the awareness the existence of these programs and their effectiveness will serve as a deterrent to bolster and complement the structured family life instruction.

G. Male's Role in Abortion

The U. S. Supreme Court recently ruled that the abortion decision during the first three months of pregnancy is in the complete discretion of the mother. After that time is passed, the state has an interest in the situation and may so regulate.

The Board feels that the potential father of an illegitimate child should be consulted in the abortion decision; however, it does not feel that the father's wishes should govern. The mother cannot and should not be forced to carry and bear a child against her will solely because the father of the child desires her to do so. The father's role should be purely advisory with no right to dictate the decision of the mother during the first trimester.

Once the first trimester of pregnancy has passed, the decision to abort should be made solely for medical reasons which lie beyond the control of either parent. Therefore, the Board would limit the role of the unwed father in the abortion decision beyond the first trimester to be solely advisory as well.

Studies conducted by Vista Del Mar Maternity Home and a special study conducted by the Adoptions Department of the County of Los Angeles demonstrate that the interest and concern of the father is most helpful to the pregnant mother in making a rational decision. The rejection by the father of the mother only serves to aggrevate an already emotional experience.

The father's attention and interest in the ultimate decision of the mother will improve her outlook and mental health during a most important period in her life. Rather than leaving the experience embittered and psychologically scarred, the event may well serve as a meaningful experience.

The question has been raised as to whether the unwed father should contribute to the expense of abortions when performed by a public agency. State statistics reflect that more than 30% were paid for at public expense. As the abortion is a direct consequence of the actions of both parties, the primary financial responsibility for it should rest with both parents.

H. Male's Role in Marriage

The Board acknowledges that the mere existence of a marriage does not alone safeguard or guarantee the protection of the child. A successful marriage requires the genuine commitment of both parties; it requires their sincere efforts to promote and maintain a stable relationship.

Marriage is not only a legal status or condition, but it is one of life's fundamental processes through which each individual has the opportunity to grow and mature. Too often it appears that marriage is primarily for the condition of the female rather than the male. Malinosky acknowledges this dilemma when he finds that it is the paternal side of kinship which raises most difficult problems and question. "It is the ignorance of fatherhood and its social consequences which are among the problems which must be functionally solved."

Again it appears that the husband's role in marriage is too often ill-defined and misunderstood by the male. His uncertainty and frustration as to his proper role creates an unstable relationship which may ultimately lead to separation or divorce. Participation in marriage must be more than assuming burdens and acquitting responsibilities. Both parties must expect and realize meaningful rewards for their efforts. In the Board's opinion it is perhaps the failure of the parties to realize reward concepts within the family relationship that contributes to family disorganization.

Our society creates and reinforces a definite female family role while the male role in the family context is left ill-defined or often ignored. This discussion leads the Board to conclude that society must develop means by which the male role - as defined in the sociological father - is understood and reinforced. The lack of a definite role causes frustration where no role/reward correlation is established.

For example our society is witnessing a severe dichotomy. In our daily newspaper we observe that the sports and financial pages are primarily for men, and the women's section is for the female. This demonstrates that it is the woman who appears to be primarily engaged in maintaining, sustaining and strengthening the relationship. In what way does modern man have to extend his knowledge and his awareness of the duties and responsibilities of marriage?

Of course, the Board's primary concern is the effect upon the child of an unstable relationship. The Board accepts the fact that the unstable family relationship in the context of a marriage may well be detrimental to the child's emotional and psychological growth. However, unless the separation occurs soon after the birth, the child at least has the knowledge as to the identity of his father and may well obtain some image of the male model. Depending upon many variant circumstances, the child may well enjoy an episodic or perhaps meaningful male relationship with his father. Notwithstanding the admitted potential inadequacies of this unstable relationship, in the Board's opinion it is superior to the condition and status of the child born out of wedlock. It is this child who perhaps will never have the opportunity to know his father or to know the balance of the male/female relationship.

In many cases, separation and divorce occur some time after the birth of the child and the child has had a chance to gain emotional and psychological stability during the young formative years of his life when the separated parents did function in a manner so as to assure the child of a good start in life.

The Board believes that these distinctions are more than distinctions in degree, but are really in-kind distinctions. To support this conclusion, reference is made to our discussion in "Manifestations of Family and Social Problems".

I. Male's Role in Adoption

The Board is of the opinion that the practice of placing children for adoption has been generally a successful social solution which recognizes the best interests of the illegitimate child. In California, as in most states, a legitimate child cannot be placed for adoption without the consent of both parents. This practice is often experienced in stepparent adoptions where one legitimate parent relinquishes the status of parenthood. Until recently the general rule was that the illegitimate child could be placed for adoption without the knowledge or consent of the natural father. In practice, in California, the adoption agencies would make a concerted attempt to obtain the consent of the natural father in those cases in which the parents lived together.

As a result of several recent judicial decisions, one of which being Stanley v. Illinois, the Supreme Court determined that the natural father should have the right to obtain custody of the child if he so desired. The implication of this decision is that the natural father must be given notice of the adoption proceedings. This places upon the adoption procedure the burden of attempting to give notice to every natural father in this condition. It adds to the expense of the proceeding and it increases its duration. In essence it appears to provide an additional disincentive to the utilization of the adoption procedure. The question is, are the rights of the child to be placed in a suitable home of more social magnitude than the right of the father to be informed and given the opportunity to gain custody of the child if he so desires?

It may be reasoned that the former state of the law implies that the natural father was unfit, or at least uncaring so that society could move ahead to make permanent plans for the child without his involvement.

This policy of the law was undoubtedly too harsh and not in keeping with reality. It closed the door on all natural fathers with very few exceptions. On the other hand we do not believe that the best interest of the child in permanent placement should be prevented by the arbitrary action of the natural father. Action which may well be based on emotion more directed toward the mother or her family than a genuine concern for the welfare of the child. However, the arbitrary action of the mother should not be permitted to foreclose the rights of an interested father.

It is obvious that a system must be established which provides a means by which the natural father may protect his rights but at the same time not unduly burden the adoption procedure to the detriment of the child. We believe the interested father must assert himself in at least a minimal manner - that he cannot lie back and demand that society search him out; that he cannot remain silent, permitting others to assume responsibilities or adopt courses of action and then belatedly ride into court on his writ of mandamus.

As in all legal matters the one proclaiming a right must timely assert it. The natural father of an illegitimate child should be no exception. We believe that a procedure should allow the assertion of these rights in a manner that is simple and not costly.

Initially he should be afforded full opportunity to place his signature on the birth certificate. This act would automatically require that he be notified of all proceedings affecting the child. As suggested elsewhere in this report, the mother should not have arbitrary and sole power over the contents of the birth certificate. Hospital authorities must be authorized to make the birth certificate available to him. As an additional procedure he should be permitted to assert right by filing with the Vital Statistics Section of the State Department of Health a request for notice which would place agencies on notice as to his interest in the child. This procedure would safeguard the rights of the natural father in those cases where the natural mother attempted to hide herself or use other tactics to preclude the father from asserting his rights. By this procedure only interested fathers would be required to be notified, thereby eliminating unnecessary expense and delay which would otherwise be required in giving uninterested persons notice only to have them fail to assert any rights.

J. Male's Role in Foster Care and Guardianship

Foster care and guardianship are programs designed to deal with the child whose parents either cannot, or refuse to, care for him. While the Board dislikes shifting of parental responsibilities from the natural parent to the state or other individuals, it realizes the necessity of such programs to protect the interests of the child concerned.

Under current law the father of an illegitimate child need not be notified nor consent to foster care or guardianship proceedings. The Board feels that these situations are analogous to that found in adoption. There is a need to expedite these proceedings as much as possible, yet the rights of an interested and concerned parent should not be arbitrarily cut off.

The procedure by which the interested unwed father either signs the birth certificate or files a request for notice with the Vital Statistics Section of the State Department of Health would serve here as well as in adoption proceedings. At the time a child is placed for foster care or guardianship proceedings are initiated, a check with Vital Statistics would reveal the name filed by an absent parent. If no name were recorded no notice need be given and only the consent of the mother would be required.

Where an unwed father receives notice of a foster care placement or guardianship proceeding he would be given full opportunity to have his views heard, but should have no veto power unless he is willing to take responsibility of the child. To hold otherwise would be to give the unwed father power to keep the child with an unwilling mother.

The Board feels that in serious decisions affecting a child's future such as placement for foster care or guardianship proceedings, the advice of all concerned persons including the natural father should be sought. However, where the natural father has expressed no prior interest or responsibility, his right to appear and participate in such proceedings should be deemed waived so that notice to him is not required.

K. The Birth Certificate

Current law and practice allow the mother of an illegitimate child to place the name of the father on the birth certificate. The mother possesses an arbitrary power to do this, as the father's consent is not required. The mother may name the true father, may attempt to disguise the fact the child is born out of wedlock by naming a fictitious person, or may name another to protect the true father.

The Board feels that the birth certificate is the most fundamental and basic document of one's life. The state has an interest to see that the content of the document is accurate and complete. To assure this accuracy and completeness, we recommend that the birth certificate require the signature of both the natural mother and the natural father. The absence of the father's signature would signal the fact that the child was, perhaps, born out of wedlock.

Provision would be made for an affidavit form for fathers who are unable to be present at the birth of the child but who desire to legally identify themselves as the father.

The legal effect of signing the birth certificate would be a rebuttable presumption of paternity, that is, the signer would be presumed to be the natural parent. In any subsequent proceedings in which paternity was raised as an issue, the father would have the burden of proof to rebut this presumption.

In essence, this procedure would protect the father from being falsely accused and it would provide a simple procedure for a putative father to legally admit paternity. Further, we would have a system that would not distinguish between welfare and nonwelfare mothers.

It is suggested that by placing his signature upon the birth certificate the putative father would be admitting paternity only. This act standing alone would not constitute legitimation. The distinctions between legitimation and paternity are set forth in the following section.

In order to protect the confidentiality of the birth certificate, it is suggested that a separate affidavit of live birth be utilized whereby the official custodian of the original birth certificate could issue such affidavits where appropriate. This affidavit would declare under penalty of perjury that a person was born at a certain time and place.

L. Paternity and Legitimation

During the Board's discussions pertaining to illegitimacy problems, the issue was raised as to whether it would be in the best interests of the child to equate paternity with legitimation. As a result of this discussion, the Board has made an analysis of the rights and obligations of the child born out of wedlock as they pertain to paternity and legitimacy, and concluded that there appears to be some confusion as to the different relations established by these proceedings.

Generally, paternity is established for the primary reason of perfecting the child's right to support from the natural father. This right did not exist in common-law. Modern law, however, allows a paternity action with the added benefit of establishing the child's ancestry and origin, as well as obtaining the right to support.

Statutes provide that paternity may be imposed upon the putative father, by the mother, or the state, or a guardian ad litem on behalf of the child. The father may voluntarily admit his paternity, but even if he does not, this condition can be imposed upon him after a trial on the merits. On the other hand, legitimation, historically and under our present law, cannot be imposed upon the father of a child born out of wedlock. In California, the father may voluntarily legitimize the child by the subsequent marriage of the mother or by bringing action pursuant to Civil Code Section 230. At common-law there was no method by which the father could legitimize his child born out of wedlock.

Civil Code Section 231 is entitled, "A Declaration to Establish Parental Relationship", and there is some confusion as to whether this law is intended only to establish paternity or whether it may also be used to establish legitimation. It is our recommendation that this law be clarified to permit establishment of legitimacy.

Once legitimation is established, the rights and responsibilities of each parent become equal. Both parents must care for and support the child and have full rights and obligations of one another.

To adequately differentiate between paternity and legitimation, a close analysis must be made of the rights and obligations between the child born out of wedlock and the putative father. The following is an attempt to set forth more important elements of this relationship. When the paternity only is established, the respective rights of the parties are as follows:

1. The child has a right to support from the father during his minority. It would appear that an adult child would have no such right to support and the state could not compel a putative father to pay for medical assistance or other services provided by the state to an adult child.

2. The father has no right to support from the assets or earnings of the minor child or an adult child. The state could not, therefore, reach the earnings or assets of the adult child under the parents' responsibility program or similar statutes.

3. The father has limited visitation rights. For a more complete discussion on this issue, see comments set forth in the latter part of this section.

4. The father has no right to the services of the child.

5. The father has no right to direct or authorize the care, education, or training of the child.

6. The father has no right to possession or control of the property of the child, nor does the child the property of the father.

7. The father has no right to family allowance or homestead from the estate of the child.

8. The child may have limited rights to family allowance from the estate of the father but no rights to the homestead in his estate.

9. The father does not inherit from the estate of the child or through the child.

10. The child does not inherit from the estate of the father or through the father.

11. The child does not establish any legal sibling relationships with other children of the father or of the father's wife, if any.

    a. The child inherits solely through his natural mother.

12. The father has no parental authority over the child.

13. The father has no right to custody if the mother is alive and has a right to custody if the mother is dead only if he is found to be a fit person.

14. The father would not have a right to be an heir under the wrongful death statute.

15. The child would have limited rights under a wrongful death statute, but would not be entitled to comfort or the society of the father, but only entitled to the father's support.

In contrast, legitimate parents and children enjoy all of the rights enumerated above.

Because of the obvious differences between the respective legal relationships established by paternity and by legitimation, it would not appear to be wise to treat the relationship as the same. However, we believe the law should encourage legitimation and we understand it to be the policy and law in the State of California to encourage legitimation. Civil Code Section 195 provides that a child born of a marriage which is later determined to be invalid or declared a nullity still remains a legitimate child.

Legitimation of the child removes the stigma from the child, it gives status, it affords rights and protection, it is obviously a more desirable condition. Civil Section 230 provides that the father may legitimate the child by subsequent marriage of the mother or by publicly holding out the child as his and taking the child into his home.

Although the first impression is that the terms and conditions of Civil Code Section 230 are easy to satisfy, unfortunately, court decisions have narrowly construed its terms. Public acknowledgment must be clear and unequivocal and the problems of proof may occur years later in will and probate contest. Further, the mother well may frustrate the efforts of the father who, in good faith, attempts to legitimize the child. For if the mother denies the father access to the child, it would thereby be impossible to legitimize the child under the above statute.

Following our initial illegitimacy report, the Board received criticism to the effect that present law did not afford legitimation to the child born of

the common-law relationship. Certainly the law should be clarified in this respect. Perhaps the husband and wife living in these conditions believe in good faith that the child is legitimate. In any event, there appears to be no sound social policy against providing for their legitimation under certain conditions. Therefore, the Board recommends that Civil Code Section 230 should provide an additional method of legitimation. We recommend that the statutory method for legitimation should be extended. That is, Civil Code Section 230 should provide in the event the natural father resides with or supports the natural mother and child for a period of one year, that such conduct is deemed to constitute legitimation. Such provision will provide protection for the child who in some other state would be the legitimate issue of the common-law marriage. Providing support for the child and/or admitting to paternity standing alone will not amount to legitimation. The key element would be the father's relationship with the natural mother. If the father provided substantial support and the father and mother held themselves out to be husband and wife, or lived together in such a manner as to appear to be a common-law relationship, and held the child out as their issue - then legitimation from birth would be established. It is also suggested that if the period of the relationship was the substantial portion of a year that legitimation would be established by estopping the father from denying legitimacy.

Civil Code Section 231 should be amended to clearly declare that such statutory declaration of legitimation should be looked upon as an adoption statute. The putative father should be advised of the existence of his statutory rights at the time paternity is established. It would appear to be in the public interest to waive filing fees incurred for the fathers who initiate such a proceeding.

Upon the filing of a legitimacy petition, the court should be empowered to order an investigation report by the county agency created for this purpose. This report would be submitted to the court in order to permit the court to make an adequate finding concerning visitation rights of the natural child and father.

In addition to the above proceedings, a new procedure should be established in the Vital Statistics Section of the State Department of Health. A simplified procedure would provide that the child could be legitimated simply by the father declaring that he is the natural father and that he intended to treat the child as his own legitimate child for all purposes. The declaration witnessed by two persons or signed before a Notary Public, upon being filed at Vital Statistics would establish presumptive legitimation. Vital Statistics would then notify the natural mother of this filing. If, in the event the mother filed no protest within 60 days after being so notified, the child would be deemed to be legitimated. Of course, an adult child should have the power to prevent legitimation by his father when for selfish reasons the father now wants to claim his offspring.

The Board is aware that we are subjecting ourselves to the criticism that to liberalize the legitimation processes we would be opening the door to abuse and possible fraud and unmeritorious claims, particularly in probate proceedings. However, it is the conviction of the Board that these suggestions will not lead to such a result but rather would provide substantial benefits and protection to many children who otherwise would not be legitimated. Further, we believe this policy will bear substantial benefits for society at large.

Paternity is a necessary first step for legitimation in most cases. Once paternity is established, the father may well desire to legitimize his child. However, paternity will not necessarily lead to legitimation unless society encourages a continued relationship between the natural father and the mother. The Board is well aware that in many cases it will not be practical or desirable for the parents to maintain any relationship. However, studies show that in most cases the putative father and the mother are of similar age, have some knowledge of one another, and there is some meaningful relationship. It is suggested that a continued relationship between the natural parents in which there is cooperation, communication, and consultation can only lead to the child's benefit. This relationship may be only visitation of the child and advice and cooperation in making the major decisions affecting his life. Such a relationship with the natural father cannot be established when the natural father is not given an opportunity to see and visit the child. Therefore, the question as to the extent of his rights of visitation must be answered and because of its individualized nature it must be answered on a case-by-case basis. Therefore, we recommend that when paternity is established the court also make a determination as to the father's visitation rights. Such visitation rights, of course, could be modified by either party upon making appropriate application.

M. Paternity

Every child should have the right to know both his parents and to receive the benefit of their resources; the child born out of wedlock should be no exception. Unfortunately, these rights are often unrealized, ignored or compromised, when the natural mother either fails to identify the father, or fails to institute an action to have the parental relationship established. The mother, by her failure to act, effectively cuts off the child's rights.

Unfortunately, the mother cannot be required by those administering the welfare system to cooperate to determine paternity as a condition of obtaining support. The natural mother may accept the welfare benefits while refusing to identify the father, and thereby deprive the child of his most fundamental rights and resources. Under present law there is no way in which the child can assert his rights without the help of the mother.

The Board endorses the approach to this problem proposed by the members of the U. S. Senate Finance Committee. This proposed legislation requires cooperation of a mother on welfare as a condition of eligibility for assistance. It provides that local officials may bring a paternity and support action on behalf of the illegitimate child. The Board takes some pride in noting that this approach is similar to the one outlined by the Board's recommendations in "Guide for Administration and Conduct of a Coordinated Child Support Program by California Counties" issued in 1971.

The right to support of the child, by the natural father is an established statutory right in the State of California. Court decisions and administrative procedures which permit a mother to refuse to identify the natural father, we believe, deny the child this fundamental right. The child born out of wedlock has enough burdens placed upon him. This child needs all the resources which the law permits. The mother's arbitrary refusal to name the father, a decision which is often made under emotional stress and circumstances, has long and enduring consequences and effect upon the child. Society should not tolerate or permit one to exercise such absolute power. Neither at Common Law, nor under our present law, does the mother own the child.

The law should be administered for welfare and nonwelfare mothers alike. Certainly, the fact that a mother is receiving welfare should not entitle her to gain by her refusal to cooperate, or to have advantages not available to nonwelfare mothers.

We contend that the State Legislature should declare that it is in the public interest for a child to know its natural father, therefore his own heritage, and to enjoy the benefits of support which the law allows. It should be a matter of public policy that, unless the child is placed for adoption at birth, or immediately thereafter, it is in the best interests of the minor child born out of wedlock in the State of California for paternity to be established. This recommendation should apply to children born of welfare and nonwelfare mothers alike. Therefore, the Board recommends that the state adopt and establish a mandatory paternity program by which a state agency or designated branch of county government is charged with the responsibility to carry out these proposals.

It is appreciated, that for many practical reasons, it will not be possible to establish paternity. The State of Minnesota which has adopted such a program for all its children, regardless of welfare status, has experienced certain limitations. Such circumstances as unusual promiscuity, transience of the mother, the natural father being a relative or close friend, or the total desertion of the father, may preclude an adjudication of paternity.

Notwithstanding these limitations, we believe that a mandatory paternity program would establish paternity for a high percentage of the children born out of wedlock. Questions may be raised as to the need to establish a mandatory program, rather than to simply provide for stronger enabling legislation which would permit each respective county to pursue a program in accordance with local needs and conditions. The Board appreciates that the initiation of such a program places additional burdens upon county agencies, although many county agencies are presently involved in this activity. However, because of the statewide importance of this problem, and because of the mobility of the natural mother as well as the natural father, it would appear that there should be established a consistent and uniform program throughout the State of California. To assure this consistency and uniformity, it appears desirable to establish the program on a mandatory basis.

To some observers this program may appear to be severe and harsh because the program does involve an intrusion into the personal affairs of the natural mother as well as the natural father. However, it would appear that these personal affairs must give way in light of the state's interest in preserving for the child his fundamental rights as we have set forth herein.

The Board in its consideration of this problem of conflicting interests has given considerable attention to the establishment of a system or procedure by which paternity could be established. The first question to be resolved is, "How may the child born out of wedlock, be identified?" To identify all children born out of wedlock, both nonwelfare and welfare, the only means available is by reference to the birth certificate. The Board recommends the requirement that both the natural father and mother sign the birth certificate. Those birth certificates which were not signed by the natural father, or those certificates on which the surname of the father differed from that of the mother, would raise a question of legitimacy. It would be the duty of the appropriate

state agency, and that would apparently be the Vital Statistics Section of the State Department of Health, to refer the matter to the county in which the child was born. In the county of birth, it would be the duty of the appropriate county agency to determine the conditions and circumstances of birth. If, as a result of this determination, it was found that the child was born out of wedlock, it would then be the duty of the county agency to encourage the natural mother to commence paternity proceedings through the respective District Attorney's Office. It is our suggestion that these matters be referred initially to the County Welfare Department. We do not believe that the early stages of this procedure should be placed in the hands of the district attorney. It is our hope that, in a great number of cases, the mother after being contacted by a representative of the County Welfare Department, would fully appreciate the problem, and take the appropriate steps to protect the child's rights. We believe in the context of a social problem, that the natural mother will be willing to cooperate. In those situations where there are complex problems caused by the relationship existing between the natural mother and father, the experience and training of the social worker may better handle such a situation, than an investigator of the District Attorney's Office.

These matters should be referred to the protective services division of the welfare department as the protective services worker is best suited to handle complex and difficult family problems. Further, because we have a real concern as to the minor child's welfare, and the conditions in which he may be reared when the young mother retains the child, the experience of the protective service worker would be helpful to determine if in fact the child appeared to be endangered, or potentially endangered.

If in the event the protective services worker was of the opinion that the living conditions of the child were incompatible with normal living standards, or it appeared that the child was in fact endangered, then the protective services worker would be authorized to take such specific action as the circumstances may require. This would include direct referral to the other social agencies.

The protective services worker's primary responsibility, insofar as the paternity program is concerned, would be to prevail upon the natural mother to commence proceedings through the District Attorney's Office. The worker should be sufficiently trained and experienced so that the worker would be able to explain the full consequences and effects to the mother, of not cooperating in identifying the father. As already stated, the Board is well aware that the mother, for many reasons, may be reluctant to identify the father. It is not our intent to attempt to itemize the many reasons for the mother's reluctance, and the Board does not minimize the problems that may exist in these circumstances. However, experience has shown that when a skillful, trained, and properly motivated social worker or interviewer of a District Attorney's Office fully explains the importance of these matters and points out to the mother that her failure to identify the father not only deprives the child of the resources of the father at this time, but perhaps for all time, experience has shown that a great number of mothers cooperate in identifying the father and securing their children's birthright.

The presence of the protective services worker in the context of the young mother's life provides an additional resource and strength to her during this difficult period of time. If there are fears of recrimination or other severe

family problems, the protective services worker can be of some assistance by providing protection for the young mother.

If in the event the mother does not, on her own initiative, commence paternity proceedings within six months from the child's birth, it is then our recommendation that a county agency be authorized to commence the proceedings on behalf of the minor child. In such a proceeding the mother may be called as a witness. The need to conditioning welfare eligibility on cooperation of the custodial parent is thus eliminated as the court has independent authority to call witnesses and take testimony. Should the mother be uncooperative, it would appear that because of the involvement of the protective services worker, considerable evidence would have been obtained from neighbors, friends and associates in order to identify the natural father. However, if following the involvement of the protective services worker, no evidence to determine the identity or location of the natural father was present, the protective services worker should submit to the District Attorney's Office a report setting forth these facts. In those instances, rather than making an effort to establish paternity, an alternative procedure would be followed: to-wit an action to declare nonpaternity. A declaration or finding of the court, of nonpaternity would have the legal effect of terminating the relationship of the natural father to the child, thereby giving to the mother the sole custody of the child, and requiring only her legal consent to place the child for adoption.

The procedure to declare nonpaternity has the legal effect of terminating the parental right of the father, therefore it must satisfy all due process requirements. The Board makes the following suggestions for an action to declare nonpaternity:

> FIRST, that there be established with the Vital Statistics Section of the State Department of Health, in addition to the legitimation procedures outlined in the previous section, a procedure by which a natural father may file a notification request for any paternity action, or nonpaternity actions which may involve his child. In the event the natural father desires to continue the relationship with the child, or live up to his responsibilities, a procedure is established whereby the natural mother cannot arbitrarily cut off his good faith efforts and rights. It would be the duty of the protective services worker, or the District Attorney's Office to obtain from Vital Statistics an affidavit to the effect that neither a legitimation affidavit nor a notification request had been filed prior to the court making a determination of nonpaternity.
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> SECOND, a nonpaternity hearing should be held in the same manner as a paternity hearing, at which time the court would be empowered to question the witnesses, review affidavits, and to satisfy itself that, in fact, paternity cannot be established. This may be because of the inability to identify the natural father, or even if identified, the inability to locate the natural father. The court would make a specific finding on this factual matter, and because of the finality of such an order it would be our suggestion that the court, after the initial hearing, make an interlocutory order in which the nonpaternity would be established. This procedure would require a copy of the order to be filed with Vital Statistics, as well as with the local court, and upon the elapse of 60 days, there being no further request for a hearing, or other information coming to the attention of the county agency or court, a final order

would be made upon the request of the District Attorney's Office. The district attorney's affidavit would include a representation that his office had no further information pertaining to the identity or location of the natural father, and that there was no request for notice filed with Vital Statistics. Again, the legal effect of the final order of nonpaternity would the child for adoption, if the natural mother so desired, or would place with the mother the sole custody of the child.

It is appreciated that there are different points of view as to the benefit to be gained by placing a child in the condition of not having a legal father. However, under present circumstances many illegitimate children, in actuality, have no legal father. Notwithstanding this observation, the Board feels very strongly that the rights of those fathers who, in good faith, desire to involve themselves with their children, should be protected. But, the Board believes that it is in the best interests of the child to sever the rights of the natural father who, after a period of time, has failed to act or to come forward to assist the child in any manner. To continue a meaningless or fictional relationship, which requires difficult legal procedures to terminate, appears to be a questionable social policy. It places the child in an uncertain and ill-defined condition - he is in limbo.

In our opinion, there is much to be said for the certainty of the situation in which all parties know that there is no father. The natural mother, social agencies, and members of the family, fully appreciate that the responsibility of the child is placed clearly upon themselves. That the well-being of the child rests upon the ability and resources of the natural mother, and of the social agencies, not with an illusive and unconcerned father.

Within the first year after the child's birth, certainty as to the child's paternity would have been established. Either paternity has been established, or the alternative - a determination has been made that it is not possible to establish paternity. In any event, this critical question has been crystallized and satisfied. We believe that the best interest of the child will be served by making definite the parental relationship as soon as possible.

The Board is not unaware that the position of a mandatory paternity program in the State of California will impose upon county government additional cost and expenses. Under current law, such a burden cannot be placed upon the county unless the state is willing to provide additional monies to offset increased costs. There is no question that county government will be compelled to expend more monies for increased investigatory interviews and for court procedures, than in the normal child support program. It is recommended that the state provide sufficient monies to the counties to cover these essential expenses. It is further recommended that a financial incentive program be included to encourage counties to effectively carry out these programs. It has been found that such financial incentive programs have worked most successfully in connection with the collection of child support in the State of California. A program similar to the Support Enforcement Incentive Fund is suggested.

Because of the physical size of the State of California, and the fact that it encompasses 20 million people who display a high rate of mobility, it

appears that the need for a state clearing house of information on births is both important and necessary. For this reason we made the recommendation concerning Vital Statistics. The question must be raised, "Is such information open to the entire public?" It is our belief that records pertaining to declarations of nonpaternity, and paternity, should not be open to public inspection and that such records should be available to only those persons in public agencies who are authorized under the law to work with such information. That the information in Vital Statistics would be available to the natural mother, the natural father, or the child, upon presenting to Vital Statistics satisfactory evidence showing their relationship and the reason for their concern.

It is recommended that after the establishment of paternity the court set the amount of child support, and also make a specific determination as to whether visitation rights should exist. Although there is some judicial authority supporting the right of the natural father to visit the child, this right does not appear to be clear in all cases, nor does it appear to be a right which is understood or known by many natural fathers.

Of course, in many cases it would not be appropriate, nor would the father desire to exercise visitation rights. However, in those cases in which the father does disclose an interest and if the court determines that visitation rights of the father are beneficial to the minor child, we believe that such a visitation right and the right to support, should be mutual, rather than independent rights and duties. The Board is well aware that California law has long held that the RIGHT TO SUPPORT, and the RIGHT OF VISITATION, are independent of one another; that the father may be required to pay support but for certain reasons may not be able to visit his child. This has led to many injustices and inequities. Because of the unusual circumstances of paternity action, where the father's ability often to exercise visitation rights is minimal and when the mother attempts to arbitrarily cut off these minimal visitation rights, the consequences are usually that the father becomes delinquent in his support payments and is otherwise disillusioned about the entire relationship.

In any event, the court should make a finding as to the father's visitation rights as it will affect the child. If the relationship between the natural mother and the father has been of some duration, it may well be extremely beneficial to the mother as well as the child, to encourage liberal visitation rights. Obviously, if the father is unable to visit the child, his interest in the child will diminish, and the opportunity for future legitimation proceedings would thereby appear to be precluded.

VI. REMEDIES AND SOLUTIONS

A. Introduction

Now that the Board has raised the social problem of illegitimacy and the potentially endangered child to the attention of the public, it is a fair question to ask, "What is to be done about it?" The Board has given considerable thought and attention both to the problem and to the creation of a structured legal system to which the problem can be referred and hopefully resolved.

In the Board's first report on illegitimacy, recommendations were made that the third illegitimate child born to a mother would give rise to a rebuttable presumption that this particular mother was unfit. After a court hearing to determine her fitness, a court could terminate the mother-child relationship if it was in the best interests of the child. It was further recommended that in the case when the mother was under 16 years of age, a rebuttable presumption would also arise to her unfitness to care for and raise the child. The Board did not propose an automatic removal of the child, the fitness of the mother would be the key issue determined by the court.

Admittedly these suggested solutions were severe and carried with them the consequences of an act of finality if the parent-child relationship was terminated. To avoid these harsh consequences the Board is proposing alternative remedies and solutions which rely heavily upon dealing with the problem in a social context by persons trained and operating in the social work discipline. It is our fervent hope the plan we are proposing will be effective so that society will not be forced to demand more extreme measures.

B. Public Social Services

In making recommendations in the first report the Board impliedly found that social services had not effectively engaged itself in solving problems of illegitimacy. In fact, the Board was critical of persons engaged in the social work discipline because many appeared to be unaware of, or oblivious to, the problem. It has been suggested that this conclusion on our part was reached without taking into consideration the history of public social services.

Unfortunately, the field of social work has been harmed by some of its most ardent supporters. Promises were made and expectations raised as to what social work could accomplish. These promises and expectations have not been met, and we have observed the resultant general discontent and suspicion that such services could not in any way solve our social problems. We believe these attitudes to be an over-reaction to the failure of social work in the 1960's.

It is our observation that the shortcomings of the social work programs were due primarily to the fact that these services were ill-defined, unplanned and nongoal-oriented. The administrative implementation of these programs often rendered them ineffective and was inconsistent with

legislative intent. Another difficulty was that the social worker was trained to be a well-intentioned generalist who acquired little if any specific training to define and accomplish meaningful goals. For example, services to strengthen families has been a well-recognized part of the social services program. Unfortunately this service has never been specifically defined nor have specific programs been developed to attain the overall goal. The schools of social work have been of little assistance as they have failed to adequately train their students to set goals and develop methods of attaining them. There are courses in family dynamics but they are survey courses of general content and are often not even a requirement for a graduate degree. In reality the welfare system gave the appearance of providing services to strengthen family, but was in fact rendering few specific services to attain the goal.

Social workers may claim that they were not provided sufficient tools and resources to obtain significant results. However, when the tools and resources with which they were provided failed to achieve any appreciable result, they were offended by the fact they were held accountable. We submit that they should not be surprised to have lost public confidence when they have largely failed to adapt their knowledge and expertise to problem solving - to the detriment of both the recipient and the taxpayer.

Notwithstanding current inadequacies, the Board firmly believes that unique social problems such as illegitimacy can and must be solved by persons trained and knowledgeable in socially related fields. It is on this note that we embark on the proposed solutions.

C. Success in Goal-Oriented Programs

It has been our observation that during the last few years there has been an emergence of new concepts and attitudes in social work. Many social workers are not shrinking from accountability, and less criticism is being given the concept of goal-oriented services. There is a stronger desire by social workers to become service specialists dealing with specific problems, thereby developing identifiable skills based on experience in cause and effect relationships. The identification of the problem and the expression of concern is not enough. Society expects professionals to have the skill, ability and discipline to solve the particular problem.

The Board believes that it has a basis upon which to be optimistic when we observe the performance of social work concepts in a structured and goal-oriented program. To be specific the adoption program in California, a social service program, has been very successful. The primary reason for the success is that the persons involved are skilled and motivated. They are specialists accomplishing a particular goal in a structured and established system. As a result of the success of the program, thousands of children have been placed in good homes in which they have received the benefits of family life.

Another example is the emerging expertise among social workers dealing with foster care and placement programs. The Board has observed excellent programs and able social workers doing an effective job in these areas.

Therefore, it is our conclusion that social workers can be effective once a properly structured system is established and definite, ascertainable goals are developed.

D. Illegitimacy: A Social Problem

The Board recognizes the phenomenon of illegitimacy as primarily a social problem, even though there are substantial legal ramifications as a result of an illegitimate birth. Although the Board has expended considerable time and effort in dealing with the legal aspects of the relationships established by an illegitimate birth, it is the daily societal problems with which we are primarily concerned. We are concerned with the consequences of a child entering our society without the protection of an identifiable father and, in essence, born out of the family context. It is the day-to-day living conditions which create emotional, psychological and economic problems with which society must deal. Although paternity may well be established in most cases, and even legitimation in some, the legal procedures may not of themselves provide the protection which the child requires. In a dissolution of a marriage the court looks into the circumstances of the children while an illegitimate child does not come to the court's attention unless and until a serious problem involving the child has arisen. It is for this reason that the Board has concluded that this problem must be dealt with in the social context.

In the Board's deliberations on the absent parent problem we concluded that the collection of child support was primarily a legal or law enforcement function. Because of this we recommended that the social agencies remove themselves from this activity. In this study we have concluded that illegitimacy is primarily a social problem and that it must be handled by social services except for the legal responsibility of establishing paternity and collecting child support.

E. Development of the Protective Services System

1. Background

In 1965, the California Legislature passed a law relating to protective services for children. This program provided that an appropriate county agency establish protective services for children so that their physical, emotional and moral welfare would be protected. These rights were to be protected by the application of social casework methods consisting of consultation and guidance. Welfare and Institutions Code Section 16502.5 provided that these programs were to be rendered to every child regardless of family income or welfare status. These services were to be voluntary in nature, and it was specifically provided that this program would not in any manner involve law enforcement activities.

The Board is of the impression that the protective services program has been helpful and has provided us with a basic tool with which to solve critical family problems. Emergency services and crisis teams have been developed by which social workers may put their skills to work to solve specific problems.

Because of this experience and the knowledge gained thereby, we are recommending that the protective service unit be the basis for developing a structured program to deal with illegitimacy and related problems. In essence the protective services unit or worker is to be an active, recognizable social resource in the community to respond to the identifiable social problems created by illegitimacy.

2. Expansions of Authority of Protective Services

Experts agree that for these services to be effective they must be available to all persons within the community regardless of their income or welfare status. Further, the protective services workers must be able to locate and deal with the social problem when it occurs, not simply when a person requests help. It has been the experience of protective services workers that those most in need of help are often those who fail to request it or refuse to accept it. In this regard the protective services worker would be available to respond to a family or community emergency in much the same manner as a policeman or fireman is requested to respond to an emergency. Therefore, the protective services worker must be authorized to initiate activity upon a request from a reliable source such as an interested agency, family or friends.

The protective services worker must be given specific duties, responsibilities and authority which are similar to those given to probation officers in Welfare and Institutions Code Section 626 et seq. An advisory roll is insufficient to meet the dimensions of this problem.

It is recognized that these suggestions will effect an intrusion by public officials into the private affairs of individuals concerned. This interference we believe is socially desirable when we weigh the rights of the child to be protected against the intrusion. We wish to make clear that such an intrusion by a protective services worker does not involve the creation of a public record or police record. The record and files of the social agency are confidential in nature and are not available for inspection or screening by the public at large or disinterested public agencies.

We, of course, recommend that the protective services worker have no law enforcement powers or authority. Specifically, they should not have the power to detain a person or to interrogate a person against his will. The protective services worker in such circumstances should be charged with the duty to make a referral to a police agency or to the Protective Services Board (to be discussed later). We see the protective services worker as the frontline solver of social problems calling upon other systems of the community only if the magnitude of the problem requires it.

3. Protective Services Worker and Illegitimate Child

The Board makes reference to our discussion on paternity set forth in Sections M and N of the Role of the Male. These require the Vital Statistics Section of the State Department of Health to make a direct referral to the protective services unit of the county of birth of

any child born out of wedlock. Therefore in this program the primary and initial referral agency would be the Vital Statistics Section. The responsibility of the protective services worker once the referral is made would be twofold:

a. To locate and make contact with the natural mother for the purpose of informing her of her duty to initiate paternity proceedings in the District Attorney's Office. The duty is not to be extended to investigate the case to prove paternity. Once the mother has been informed of her responsibility to secure the child's birthrights, the protective services worker must monitor the situation to see that the mother does in fact contact the District Attorney's Office. The protective services worker should cooperate with the District Attorney if requested to do so should the mother fail to contact the District Attorney within six months, the protective services worker is to make a direct referral to the District Attorney's Office and cooperate in the subsequent paternity proceeding to the extent requested.

b. The protective services worker will investigate the living conditions and circumstances of the infant child and determine whether the child's welfare is threatened. When the conditions, as set forth in Welfare and Institutions Code Section 600 exist, the protective services worker's duty is to make a direct referral to the Protective Services Board. The conditions specified in Welfare and Institutions Code Section 600 are: 1) a child in need of proper and effective parental control; 2) a child who is not provided the necessities of life; 3) a child who is physically dangerous to the public; or 4) a child whose home is unfit because of cruelty, abuse or deprivation.

   The Board has made reference to Welfare and Institutions Code Section 600 because the legislative terminology and standards have gained a recognizable meaning in our social agencies and have been interpreted and construed by numerous judicial decisions. In essence what the protective services worker is doing is to determine whether the child is a dependent neglected child.

   If in the event the circumstances surrounding the child appear to be satisfactory it is suggested that no referral to any social agency be made, but that the protective services worker from time to time make calls upon the infant and mother to determine if conditions remain the same. The protective services worker should have the affirmative duty to determine the living conditions of any illegitimate child during the first year of the child's life. The Board feels that the State of California owes a special responsibility to children born out of wedlock. The responsibility must include a determination that the child, during its first years, is not an endangered or potentially endangered child.

4. Protective Services Board

It is recommended that there be established in each county a procedure to be known as Child's Protective Service Procedure. The organizational authority of this procedure is to be an administrative Board which

should have quasi-legal authority. The Board should consist of three to five persons who have extensive experience in social, health and family law problems. This Board should receive authority from the Legislature to call hearings, subpoena witnesses, and to issue orders on those matters brought before it; all persons appearing before this Board would have the right to appeal its decision to the Superior Court and the right of appeal which would include the right to request to have a full factual presentation of all issues raised in the Board proceedings. In counties with a population of less than 200,000 no board should be established. In counties of a population less than 200,000, these matters would be referred directly to the Family Court.

It would be this Board to which the protective services worker would refer cases where it appeared that the child required protection that the protective services worker was unable to provide. Because of the infinite variety of circumstances which the protective services worker will undoubtedly find, it would be our hope that this worker would be able to resolve a number of situations without making referrals to the Board. The protective services worker would be authorized to make referrals to other social agencies in the hope that the parties involved would voluntarily follow advice and counsel of the worker. In those cases where there was inability to perform, or noncooperation by the parties, then the protective services worker's remedy would be to make application for a hearing before the Board.

After a hearing the Board would be empowered to make such necessary decisions as to protect the right of the minor child. These would include the power to remove the child from the home for a foster home placement, the power to compel certain actions or to enjoin certain actions by the parents or parent or custodial person, the power to place the case under the continued jurisdiction of the Protective Services Board. This jurisdiction may be continued beyond one year's duration and must be reviewable at least within one year.

It is recognized that the suggested powers for the Protective Services Board are essentially those powers now exercised by our juvenile courts. These are equitable powers which have not traditionally been exercised except by superior courts. Therefore, as a part of this procedure any order which removes the child from the home or places a minor parent in a structured or group home should be automatically reviewed and approved by the Family Law Department of the Superior Court.

Creation of a Protective Services Board is recommended because we are of the opinion that this type of social problem can best be resolved in a nonadvisary proceeding and one in which the informality of the setting would be conducive to a frank and full exchange of views pertaining to the individualized family circumstances.

Hopefully this procedure would be an informative and educational experience for the participants to assist them in better understanding their roles as parents and their responsibilities for the infant child. Encouraging the participants to work out their problems in

cooperation with the protective services workers and Protective Services Board will achieve more positive and lasting results than compelling performance in accordance with court orders.

The primary reason for the Protective Services Board is to protect the basic rights of the child and to develop solutions for the child's best interest. The Board should first ascertain the strengths of both natural parents and the respective grandparents in the hope that these persons can provide an adequate environment to meet the basic physical and emotional needs of the child. The Protective Services Board should determine whether these parties have the ability and motivation to provide the continuity and stability necessary to meet these needs.

F. Shortcomings of the Juvenile Courts System for the Dependent Neglected Child

The Board recommends that in lieu of Juvenile Court procedures, those children who are identified as having the conditions and status as set forth in Welfare and Institutions Code 600 be subject to the jurisdiction of the Protective Services Board and a Family Law Court procedure to be described. It is our intent that those children who are dependent and neglected, who have in fact not committed any culpable acts or become involved in any wrongdoing, and are themselves victims, should be treated and their problems resolved in a noncriminal proceeding or a proceeding which has no taint of criminality.

Unfortunately the Juvenile Court as established under our present law as a result of many judicial discussions and practice has in essence become a criminal or quasi-criminal proceeding. It is adversary in nature and the opportunity to engage in informal constructive dialogue appears to be lost.

Our observations and discussions with persons directly associated with Juvenile Court proceedings leads us to the conclusion that because of the heavy caseloads involving crimes and offenses as defined by Welfare and Institutions Code Sections 601 and 602, the dependent neglected child's problems cannot be adequately resolved in this setting.

Long ago the law established separate civil and criminal courts for adults. With juveniles, their problems were placed in one court thereby creating a mixture of civil and criminal issues, procedures, and problems. The problems created by the criminal aspects have overwhelmed the initial civil proceedings of Juvenile Courts. In that the problems of the dependent neglected child are primarily social in nature it is apparent that the Juvenile Court system does not have the ability or time to cope with them.

G. Creation of the Family Court

In 1970, the California Legislature enacted the Family Law Act. Its primary purpose was to remove the fault concept from family divorce proceedings thereby attempting to make them nonadversary. At the time it was also

recommended that a family court system be established within the Superior Court of each county which would have the effect of consolidating all those legal matters pertaining to families and children under the jurisdiction of one court. In formulating this plan, considerable effort was put forth by many members of the California State Bar. These proposals have already been submitted to the Legislature but as yet have not received its approval.

Rather than set out in detail a model Family Law Act, the Board recommends a Family Law Court as promulgated by the California State Bar or by the U. S. Department of Health, Education, and Welfare be studied by the State Legislature. The Board is of the opinion that the creation of such a family court would develop stability and continuity in resolving family-related problems which usually have their origins as social problems rather than pure legal disputes.

The Board having completed exhaustive studies of foster care procedures, absent father problems, and this report on unwed parents and their potentially endangered children, concludes that society must establish definite procedures and systems for the settlement of family disputes. Society must devote more of its resources to the solutions of these problems. One of our best resources is our court system and it must be more effectively utilized.

The members of the judiciary who are assigned to the Family Law Court must be men and women who are personally motivated and interested in solving these kinds of difficult problems on a case by case basis. They should be fully aware of the value of their services to society in keeping families together, providing adequate protection and support for children, and terminating the family relationship when necessary in a manner so as to reduce harmful consequences to the parties involved and to society.

It is intended that the Family Law Court Department of the Superior Court would be the supervising court for the Protective Services Board and for all matters affecting dependent and neglected children which are presently heard in our Juvenile Courts.

The Board has developed a flow chart (Appendix 13) for consideration of the Legislature in dealing with these problems. It is appreciated that there will be diversity of opinion on many aspects of our proposed system. However, our recommended system should serve as a starting point for other proposals.

As matters now stand there is no procedure by which problems of the illegitimate child may be handled until he comes to the attention of our social or law enforcement agencies because of abuse or neglect. With the birth of an illegitimate child, there is no marriage to dissolve. Therefore, no opportunity for the custody and welfare of the illegitimate child to be brought to the courts' attention. Furthermore, it is the custom and practice in paternity actions prosecuted by district attorneys in the State of California not to inquire as to the potential endangerment of the child.

This inaction should be contrasted with the action of the dissolution procedure where the court does take jurisdiction of the children and defines the custodial rights, support rights, and visitation privileges. In these dissolution proceedings there is usually a party who is interested in raising to the court's attention serious abuse or neglect if it exists. With the child born out of wedlock there is often no interested person to raise such an issue, nor is there a recognized and available court procedure to do so.

H. Conclusion

In conclusion what we have recommended is an intake system for children born out of wedlock which does not now exist. Hopefully the appearance of the protective services worker would resolve many of the problems. At that level the problem is treated strictly as social not involving law enforcement agencies or legal procedures except as to the establishment of paternity. But the system provides adequate back-up authority by the presence of the Protective Services Board and the Family Law Court itself. The existence of such a system, we believe, would compel the parties themselves to attempt to meet their own responsibilities by being given the opportunity to resolve the problem themselves.

VII. FAMILY PLANNING

Family planning is a generic term encompassing a variety of services, all of which are directly related to child birth. The kinds of services falling within the definition of family planning have expanded over a period of years through an evolutionary process. The process was stimulated and guided by a core group of individuals and organizations whose principal interests were divided between advocacy for planned parenthood and concern about world population growth. The forerunner of family planning until the 1960's was "birth control" which meant, in fact, "conception control". Then in 1968, Planned Parenthood-World Population endorsed abortion as a means of population control.

The timing of this policy change is significant since it coincided with the growing national prominence of the women's "liberation" movement and increased concern about the ability of the world to feed its expanding population. The case for a woman's right to abortion could be predicated on the basis of social expediency because of its relationship to a number of acceptable goals and emerging philosophies; namely, world population control; the ideal of a planned family; the viewpoint that the traditional code of moral conduct was antiquated and restrictive; and, it was necessary if the sexual revolution was to succeed. Thus, the divergent views of medical practitioners and world population activists could converge.

It is the Board's viewpoint that many valid distinctions can be made between the essential components of family planning services and abortion. The most obvious difference is the fact that "birth control" is conception prevention, while abortion is conception termination. Although it may be possible that a good case can be made for each under certain circumstances, they are quite different in basic purpose. It is the Board's position that birth control and abortions should be defined as separate services and rendered separately by different service delivery systems. Both types of services involve serious moral considerations and social impact. It is suggested, however, that the prevention of conception does not involve the kinds of individual and social consequences as the termination of a pregnancy. Even so, among the current practitioners of family planning services and particularly among the young users of these services, there is the clear idea abortion is an easily available "backstop" for ineffective or unused birth control techniques. In keeping with what has been stated earlier, the subjects of birth control and abortion will be treated separately in this and the following section of this report.

A. Definition of Family Planning

Perhaps as a consequence of the rapid growth of family planning services and the multiplicity of professional and nonprofessional individuals and agencies rendering such service, it is difficult to identify a common definition of these services. However, the following definition is quoted for purposes of reference:

> "Family planning is a comprehensive service by which parents and potential parents are helped through the voluntary and purposeful application of knowledge about conception and contraception to regulate fertility in order to conceive only wanted children." State Department of Social Welfare, Regulation 30-452; January 1, 1970.

There can be no argument with the purpose and goal of family planning as defined above. Ideally, every individual and family should have the ability to make a conscious decision about whether or not to have children and to determine the number and spacing of the children based on a careful evaluation of their ability to cope with the additional responsibility and to provide for the child's material needs. A major obstacle in achieving this ideal, however, is the fact that conception does not occur as a result of a mechanical act - the number of physiological and psychological variables involved in conception are still being determined and investigated by the experts, even at this late date.

Another impediment to achieving the ideal of family planning services - every child a "wanted child" - is the basic, but yet unresolved, questions about the nature and impact of the services themselves. Generally, the issues with which society has not yet coped are not only quite fundamental but also very sensitive. The same dilemmas encountered by parents in discussing sex-related questions with their children are mirrored in the debates leading to the development of a statewide social policy on the same questions. The result is that there is today no consistent and uniform public policy on sex-related issues in California. This problem is illustrated by the conflicts in laws and practices discussed earlier in this document. Essentially, the unresolved questions which are at the heart of the current debate are:

1. Who should provide family planning information (birth control)?

2. How and to whom should the information be provided?

Specifically, what are family planning services? They involve a full range of counseling and other forms of information dissemination about the benefits of a planned family; providing specific details about the relative effectiveness of various types of contraceptive techniques and devices; prescribing and dispensing appropriate contraceptive medication and devices; promoting the acceptance of voluntary sterilization of both men and women under certain circumstances; and abortion counseling.

Understandably, time and resources of family planning agencies are generally directed toward the major problem - in this instance, conception prevention. However, the Board suggests that problems faced by childless couples who desire to have children but cannot, certainly fall within the definition family planning services. The Board proposes that public and private family planning agencies should be involved in this type of family problem.

B. The Case for Birth Control Information

Every parent who feels a strong sense of responsibility for protecting his child and providing needed information at an appropriate time in the child's development will recognize the inevitable need to broach or respond to questions about sex. Hopefully, these questions can be handled in a way which recognizes the reality of the sex drive and provides the child with necessary information. It is vitally important that this subject be handled in a way which strengthens the bonds of understanding between parent and child and enhances the family's code of moral behavior.

It is a safe generalization that most parents feel anxious about discussing sex-related matters with their children. Also, there is good reason to believe that many parents do not themselves have sufficient knowledge of the subject to impart to their children. And, finally, how does the parent convey the information the child needs for his protection without seeming to condone unrestrained sexual activity?

Adequate sex education for children is a vitally important factor and should be presented within a conceptual framework which emphasizes ethical and moral behavioral standards. Most important, the information should be conveyed in the context of the relationship between sexuality and love, and between marriage and the responsibility of parenthood. The nature of the material provided and the manner in which it is presented should be based upon a knowledgeable assessment of the child's ability to understand and grasp the broader meaning and implication of sexual behavior and birth control. The parent who is sensitive to his child's development should be able to determine the appropriate time and establish the level of discussion which will be most meaningful.

Generally, there are four dangers associated with sex education and birth control information:

1. The information is inaccurate.

2. Too little information is given.

3. The information is given too late.

4. It is not provided within an ethical and moral framework.

The parent who, out of a feeling of embarrassment or failing to assess the child's need, provides too little or inaccurate information or provides it too late is exposing his child to dangers almost as serious as if no information were provided. The traditional "birds and the bees" approach will not suffice. Parents must not only ensure that they have acquired the needed knowledge to present to their children, but they must initiate discussions at a very early age to offset the misinformation received by the child and confusion which results from his acquiring information from his peers.

The parental responsibilities mentioned above are very difficult to carry out. A surprising fund of knowledge is required. To illustrate this point, reference is made to the following questions which are extracted from a questionnaire developed by Planned Parenthood for the training of their volunteer speakers:

1. How soon can a pregnancy be determined by a urine test or pelvic examination?

2. Why does a female become pregnant when withdrawl is the method of contraception used?

3. Can a female become pregnant if there is no penetration?

4. If a female has been raped, had unexpected intercourse or had a condom break and is fearful of this resulting in pregnancy, what can be done for her?

5. Is it possible for conception to occur during a menstrual period?

6. How soon after delivery, miscarriage or abortion can a new pregnancy occur?

7. Why do some young girls who have had sexual relations for 3 or 4 years after puberty without using any form of birth control find themselves pregnant when they are in their late teens?

8. How does the pill compare in numbers of fatalities to pregnancies?

9. At what age of the mother are birth defects most likely to occur?

10. Name the symptoms of German measles.

11. When does a girl become old enough to have an abortion without her parents' consent?

12. What, if any, responsibilities are involved when a minor fathers a child?

13. At what age can a girl get contraceptives without parental consent if she might become a welfare recipient?

These questions illustrate only a few of the factual and complex points which must be discussed with the child as determined by his age and level of maturity. These are the kinds of questions which pregnancy counselors say, "If the girl had known the answer, she probably wouldn't be pregnant." Even most parents who have overcome their anxiety and shyness about discussing such subjects with their children will admit to answering incorrectly at least one of the above questions - and this is part of the problem.

Exposed to talk among their peers and to sexual bombardment in the media and in advertising, even young children are not the "innocents" as were their parents at a similar age. In view of the external pressures brought to bear on children today, especially in the face of an apparent relaxation of sexual behavior standards, there probably has never been a time of greater need for providing the young with factual information in the context of sound moral and ethical principles of sexual behavior. As Johnson commented, "But the end of innocence is not the same thing as the beginning of wisdom." What Do You Want Your Children to Learn About Sex.

The other point that needs to be faced by parents is the tendency to view their children as "too young" and consequently put off to a later date a frank and meaningful discussion of sex and birth control. This is the other half of the problem - "too little too late". The child's peers do not have the same kind of parental concern about the child's level of maturity or chronological age. He may, in fact, be exposed to sexual talk and relationships some years before his parents believe he is ready to participate in an in-family discussion. The potential of sexual activity among the young is a reality which must be faced by parents and faced early

enough so they can help the child through this difficult phase of development. The following information is presented to counter the argument that "it can't happen in my family":

Number of Live Births to Mothers Age 16 and Under by Legitimacy Status - 1971

Age of Mother	Illegitimate	Legitimate
Under 13	13	--
13	91	7
14	528	111
15	1,560	757
16	2,912	2,892
TOTAL	5,104	3,767

The above information reveals that "it did happen" in 8,871 families in the State of California in 1971. There were 5,104 births out-of-wedlock to mothers age 16 years or younger and a total of 3,767 legitimate births within the same age group which, of course, raises the question of how many of these legitimate births took place following "forced marriages".

C. The Providers of Birth Control Information

The same kind of advocacy which brought together those with concerns about planned parenthood, world population growth, and the right to abortion has stimulated the growth of family planning services across the state. The investment of both private monies and public tax funds in a proliferation of programs has, in fact, spawned a new industry in California. The purveyors of family planning services presently include medical doctors, public health nurses, social workers, trained family planning specialists, and, the group of concern to the Board - the relatively untrained. So rapid has been the development of family planning services in the past few years - which now includes abortion counseling - that such services are rendered by certain individuals and groups in very informal store-front offices, particularly in large cities.

Family planning services received its first major governmental support in the mid-1960's when the President frequently mentioned federal responsibility with respect to family planning. A 1965 Supreme Court decision that anticontraceptive laws were unconstitutional further facilitated action by the Federal Government. The 1967 Amendments to the Federal Social Security Act included family planning as a required service. Thus, private donations which had been the primary funding source of family planning clinics were augmented by the availability of federal funds on a 75%-25% matching basis, and further bulwarked by substantial grants from the Federal Office of Economic Opportunity.

Rather typical of this kind of rapid growth of government supported programs, the family planning movement has been marked by a lack of planning and an absence of consensus with respect to a balanced social

policy. The goal of family planning services - in this context, birth control - has not been effectively communicated to the public. This failure has resulted in confusion in the mind of the public as to the distinction between family planning and sex education. The merging of family planning with abortion has added another layer of controversy.

One of the conflicts in laws and practices discussed earlier in this report relates to the availability of birth control information and devices to minors. In connection with this subject, a distinction is made between those who are current, former or potential welfare recipients and those who are not. Welfare and Institutions Code Section 10053.2 (Senate Bill 796 enacted in 1971), provides that family planning services shall be offered to all former, current or potential recipients of child-bearing age (age 15 to 44 inclusive). This section states, "Notwithstanding any other provisions of law, the furnishing of these family planning services shall not require the consent of anyone other than the person who is to receive them." These same public and private family planning clinics are precluded from providing birth control information without parental consent to persons under the age of 18 who are neither current, former, nor potential welfare recipients.

Faced with what they perceive to be their duty, the conflict in law noted above, and a certain level of demand for services, some family planning clinics have adopted the practice of serving nonwelfare-connected children under the age of 18 years regardless of the need for parental consent. In some instances, elaborate subterfuges have been developed to communicate with youthful clients in a way which prevents the parent from having knowledge that the child is being served by a family planning clinic. A young girl who is a student in a San Fernando Valley high school has said:

> "Throughout the Los Angeles area there are many free clinics. There are at least three that I know of just in San Fernando Valley. It doesn't matter how old you are, you can go in and stand in line for a long time. What you sign is a consent form which says you are well aware of what you are doing, and that the county, or whatever organization is conducting the clinic, will not assume any responsibility for bad reactions and things like that. Personally, I know people who have been taking birth control pills for up to four years, and their parents don't know it, and their parents probably never will know it. There is no need for parental consent at all, it doesn't matter how old you are."

In addition to proposing and lobbying for legislation favorable to their cause, family planning groups are also seeking means of working around current legal restrictions with respect to providing contraceptives to minors. The following is offered as an example of this attitude:

> "The most important barrier to family planning services relates to continuing restrictions on the capacity of minors to consent to medical care related to contraception.
>
> "In view of the importance and currency of this issue in many states, several factors should be emphasized. The general rule of law is that

parental consent is necessary before medical care can be provided to a minor; otherwise the care constitutes an unauthorized touching - the tort or wrong against the person called battery. But there have always been exceptions to this rule. Harriet Pilpel and Nancy Wechsler review these exceptions in their two excellent articles on this subject in Family Planning Perspectives, Spring 1969 and July 1971. Since many of us fall into the trap of saying that parental consent is always necessary before medical care can be provided to a minor, let me review the exceptions:

- in cases of emergency (one might view lack of contraception for a sexually active minor as an emergency)

- when the minor is emancipated, which is a question of fact (e.g., married, in the armed forces, living away from home, self-supporting)

- in cases of parental neglect (one might view refusal or failure of parents to consent to contraception for a sexually active minor as parental neglect)

- when the minor is a 'mature' minor, the procedure is for the benefit of the minor, and the minor can understand its nature and consequences (increasingly the emerging doctrine of the mature minor is being recognized by courts in varying circumstances)." (Legal Aspects of Access to Family Planning Services)

There is a clear intent on the part of some family planning agencies and clinics to subvert the long-standing rule of law relating to parental consent. The only argument that can be made in support of this position is that "the end justifies the means". This attitude is always dangerous, but it is especially so when a third party is interjected into the relationship between the child and his parents.

Family planning information and counseling may be given to a minor without the parent's consent or knowledge; however, upon the state permitting such an intrusion into parental authority the state then assumes the responsibility to assure that those persons providing such informational and counseling services are sufficiently trained in accordance with statewide standards established by the Department of Health. A minor child is permitted to obtain contraceptive devices from trained medical personnel without obtaining parental consent upon such medical practitioner determining that there is a likelihood of conception unless such device is provided. A minor child may obtain prescriptive contraceptives provided they are prescribed by a licensed doctor, if he finds the prescription is necessary to prevent conception. The use of prescriptive contraceptives may continue subject to the parent's right to modify or terminate such course of treatment.

Ideally, parents should take responsibility for initiating ongoing discussion of this very sensitive and important subject with their children. This lost opportunity on the part of parents and the information void, from the standpoint of the children, is being partially filled by family planning clinics.

What is clear is that in recent years there has been a substantial increase in the availability of birth control information to children and adults alike. This service is provided through a vast number of public and private agencies funded through the use of donated funds and tax funds. It is also clear that this information resource will continue to undergo significant expansion in the coming years. A further aid to expansion is the fact that under the new Social Service Regulations published by the United States Department of Health, Education, and Welfare in May 1973, family planning (birth control) is one of those services which is mandated and will receive more favorable funding consideration.

The Board supports the broad availability of birth control information services to adults as well as children under certain circumstances. In this context, however, the Board is concerned about two important points. First, there are insufficient standards or guidelines to define and assure the provision of quality services in all types of public and private birth control information programs. Most responsible public and private agencies have established their own independent guides and standards; however, such a fragmented approach does not provide adequate protection to the public. The California State Department of Health, as the appropriate state agency, should develop guidelines and standards for birth control services and take the necessary steps to ensure that these requirements are met by providers of birth control services throughout the state.

The second major problem in the viewpoint of the Board is the fact that there are essentially no qualifications which individuals providing birth control information services are required to meet. This state and/or its political subdivisions licenses doctors, teachers, psychologists, contractors and barbers as well as a host of other professional individuals and craftsmen, many of whom are engaged in activities having far less significant social impact than do those persons involved in disseminating birth control information.

Many individuals currently providing birth control information services are highly qualified professional persons who have adequate background and training to provide such services. It is the Board's contention, however, that the significant and rapid growth in the family planning field has resulted in a substantial number of people with notably little background or experience being placed in the position of providing such services. There is a need to establish some basic qualifications in terms of education, experience or training which the individual purveyors of family planning services would have to meet.

The California Business and Professions Code Section 17800 et seq. governs the licensing of persons engaged in marriage, family or child counseling. A legal interpretation of this section reveals that the provisions do not apply to persons engaged in providing family planning services. It is the Board's viewpoint that this section of the Business and Professions Code should be amended to provide for licensing of family planning practitioners and that the basic qualifications as suggeste above, when met, should represent a prerequisite for state licensing.

D. Psychological Vulnerability in Birth Control

Earlier sections of this report have primarily dealt with the dissemination of birth control information to children and the importance of this factor as it relates to their protection, especially during the time of the child's awakening sexuality. In fact, there are a number of circumstances and stages which occur during the individual's lifetime which have been found to have a significant affect on the individual's motivation with respect to birth control protection. Dr. Miller has reported on his research of women who were seeking a therapeutic abortion. He was interested in determining why these women got pregnant, their subsequent behavior (request for abortion) indicating that the pregnancy was rejected and they did not want to have the baby. He identified a number of situations and circumstances which resulted in psychologically vulnerable stages in the life of the fertile woman which affected her motivation to properly utilize birth control techniques and devices. These stages of vulnerability as identified by Dr. Miller are as follows:

I. During early adolescence,

a. when fecundity is absent or low, but increasing, and as a consequence, contraceptive diligence is infrequently developed.

II. At the start of the sexual career,

a. at the time of the first few intercourses, for which there is typically no contraceptive preparation;

b. during the six months afterwards, until the woman recognizes and acknowledges the beginning of her sexual career.

III. In relation to a stable sexual partner,

a. while the relationship is in the stage of development, before a stable sexual and contraceptive pattern has been established;

b. during conflict or separation, when patterns of communication and cooperation are disrupted and the sense of interpersonal loss may be acute;

c. after breakup with the partner with whom a particular sexual and contraceptive pattern have been established;

(1) when situationally reexposed to the old partner, but without access to the previous contraceptive method;

(2) when exposed to new partners with different sexual and contraceptive styles.

IV. After geographic mobility,

a. when there are major changes in social fields such that sexual contraceptive norms and opportunities change;

(1) after moving away from home and family;

(2) after moving to a new socio-cultural area.

V. In relation to marriage,

a. just before or just after, a contraceptive diligence is relaxed;

b. during conflict or separation;

c. after separation or divorce.

VI. After each pregnancy,

a. during the postpartum period, when there is subfecundity, altered sexual activity and, often, the use of interim contraceptive methods;

b. when a new level of contraceptive diligence is required as a result of the demand brought about by a new baby.

VII. In relation to the end of child bearing,

a. when the decision to stop having children is being dealt with.

VIII. During menopause,

a. when fecundity is decreasing and as a consequence, contraceptive diligence is waning.

A significant part of the activity and resources of public and private family planning agencies is directed toward providing birth control information to teen-agers. The youthful age groups have been identified as a target group within which there is a significant need for these services. The Board generally concurs with this viewpoint; however, it suggested that such agencies need to recognize other factors which affect conception vulnerability and to broaden their program to include these target groups as well. It is suggested that the kinds of research summarized above, can serve to identify such other target groups which should be included in the expanded programs.

E. The Moral Issue in Family Planning

Another major issue in agency rendered family planning services is the method of presentation of the material. Basic to this issue is the concern that the simple presentation of cold factual information to the child without some moral frame of reference ... a possibility which can more easily arise in a clinical environment than in a parent-child relationship ... will represent nothing more than a "how-to-do-it" approach. There are those family planning advocates who tend to deny that they have a responsibility beyond simply providing information and permitting the child to make his own choices.

This attitude is similar to providing a young person with the knowledge required to fire a rifle without acquainting him with safety measures and the legal and moral implications of injuring another person or taking a human life. It is a question that has been much debated, but never resolved. Family planning agencies must come to grips with this issue now in order for their credibility to be accepted by the public. Since these agencies are injecting themselves into a subject matter which has a very deep and lasting social and family significance, they must go far beyond the mere providing of cold clinical information.

Consider one comment on the related subject of sex education:

> "If indeed, a person by understanding what I like to call education for human sexuality rather than just sex education, goes ahead and engages in sexual activity, is this harmful? We have never been able to find any kind of proof that if we remove the telltale symptoms, such as pregnancy and venereal disease, that sexual activity is harmful. If there is no venereal disease, because we are so educated that we know how to prevent it, if we have no pregnancies, because we are also educated to prevent pregnancy, what indeed is the harm of sexuality?"

This statement is not only simplistic, but it is inconsistent with family attitudes upon which our social norms are based. The attitude expressed in the above few sentences represents the nub of the problem associated with providing birth control and sex information to minors.

A common feature of relatively new and rapidly developing social programs is that they tend to draw together those individuals who are prone to express what they view as the advanced thinking of the profession. While the Board certainly favors creative thinking and innovation, it suggests that in the area of birth control, especially as related to minors, the public expression of extreme viewpoints does a disservice to the profession as a whole, particularly in such a sensitive area as birth control.

It is suggested that one way in which the public and private family planning agencies can encourage greater acceptance of their service would be to recruit the membership of their policy making boards from among interested citizens and concerned parents residing in their service area. With citizen input into their policies, such agencies might better reflect community attitudes on sexuality, particularly in the area of service to teens.

F. Other Considerations in the Delivery of Birth Control Services

At the present time, birth control services are provided throughout the State of California by a host of public and private agencies on a drop-in basis. In spite of the fact that such services have reached vast numbers of people in this state, those persons served thus far represent only a small part of the target or vulnerable groups which need such family planning services.

Family planning services should also be offered on a voluntary basis to other target groups who do not now have these services generally available to them. For example, reference is made to the number of women who are residents in public and private medical and psychiatric hospitals and in county and state penal facilities. In many instances, the contraceptive program used by women are seriously disrupted when they enter such institutions are either on a temporary or longer term basis. Their release and return to normal family relationships without adequate provision for birth control information and resumption of their contraceptive program makes them particularly vulnerable.

Early efforts to provide family planning services, particularly to women incarcerated in county and state penal institutions have met with much success. Some progressive county jails have permitted the development of voluntary family planning programs operated by local volunteers and the acceptance of these programs by female inmates has been enthusiastic. Another example of such an innovative approach on a broader scale is a highly regarded family planning program directed toward young men functioning within California Youth Authority facilities. The significance of these kinds of programs points out the need for public and private family planning agencies to develop approaches for bringing these services to men and women who are facing a time of high vulnerability.

Another important concern relates to the role and responsibility of the welfare system for providing information and referral services to their clients needing family planning services. At present, family planning services to current, former and potential recipients of welfare in California are provided by local health departments under a contract between the State Department of Benefit Payments and the State Department of Health. Local welfare staff has responsibility for providing information and referral services and local agencies outside the welfare department are responsible for providing the birth control services. Too often, local welfare staff members have not received sufficient training and experience in family planning services to feel comfortable in raising this issue with their recipient-clients. In too many instances, information and referral services to a family planning resource means simply providing the recipient with the name, address and telephone number of the service agency. The same kinds of motivational problems exist with respect to the woman making her way to the family planning agency as exists in the woman using birth control information and devices once they have been provided. Welfare staff needs to be sufficiently informed and trained about family planning considerations so they will be able to speak comfortably about this subject and further consideration must be given to follow-up activities to ensure that the recipient actually reaches the family planning agency to which she has been referred.

Motivating the individual to recognize the need for birth control services and effectively utilizing such services remains a significant problem. Motivational considerations require that the presentation of birth control

information must go far beyond the mere presentation of factual clinical data. The entire conception process must be explained in sufficient detail and understood so that the recipient of these services, male or female, will have a clear concept of his vulnerability and need for protection.

There is ample research to demonstrate that, for the most part, conceptions of unwanted pregnancies result more from human failing than from ineffectiveness of a particular birth control device or method. For example, in the Board's two-county survey of 259 paternity cases (Appendix 6i), 46% of the mothers had received some type of training in birth control and a larger percent had an awareness of the subject matter. However, 88% of the mothers in these cases failed to use any protective device or method during the period of conception.

Effective pregnancy prevention requires planning and self-discipline. Many young girls are reluctant to consider consciously the possibility of intercourse in advance and, consequently, do not take adequate precautions. Unfortunately, the female has had to assume major responsibility for guarding against conception due to the relative ease and increased use of the pill. In the minds of many males, they are relatively free of responsibility. They tend to relate the use of the condom more to venereal disease prevention than to pregnancy prevention. As stated earlier, when researchers asked a group of young unwed fathers why they had not used this form of protection, the usual response was, "She's not that kind of a girl." This attitude places an unequal and an unfair burden on the woman.

Birth control services have the potential of resulting in great public good. The broad and effective dissemination of this information can help childless couples with their problems; can assist other couples in determining the number and spacing of the children they will have; and assist others, particularly teen-agers, by providing protective information as a means of preventing conception outside of marriage. There are many serious unresolved problems connected with the providing of these services, and there continues to be a heated controversy over many of the issues. Although the proposals suggested herein by the State Social Welfare Board do not purport to address themselves to all of the problems, the Board suggests that the adoption of these principles and recommendations will represent significant progress toward the development of a rational public policy on this sensitive matter.

VIII. ABORTION

In 1971 the State Social Welfare Board was requested by James Hall, Secretary of the California Human Relations Agency, to make a study of abortion. Therefore, testimony on the subject and its possible impact on society was sought at the public hearings on illegitimacy. This section deals with information gleaned from the hearings, related extensive research, and observations gained from both.

Abortion is the termination of pregnancy via expulsion of the fetus or an embryo from the uterus. There are two types of abortion: spontaneous, commonly referred to as miscarriage, and induced. Between 10 and 15 percent of all pregnancies end in spontaneous abortion. Over 116,000 legally induced abortions were performed in California in 1971. The terms legal and therapeutic are used interchangeably in this report to describe certain induced abortions. This specific type of induced abortion is the subject of this section.

A. Philosophical and Historical Perspective

As was stated in the earlier section on family planning, legal abortions became more socially acceptable as a result of the merging of previously divergent viewpoints with respect to women's rights, population control, the problem of illegal abortions, and the attitudes of certain segments of the medical profession. This was not an easy transition. The passage of legal abortion acts in states across the country did not occur without heated debate and the subsequent court decisions related to these statutes served to spark additional dialogue.

The fact that California enacted its Therapeutic Abortion Act on November 8, 1967, has not quelled the debate in this state. Essentially, the pro-abortionists defended the act and sought further liberalization based upon their protestations that every child should be a wanted child; that parents should be able to determine the number of children and the spacing of their children; and, it is the right of every woman to determine whether or not she will bear children. Birth control techniques and devices had come into increased use. However, not all of these proved to be totally effective and most require planning and self-discipline which tend to be inconsistent with the timing and emotional nature of sexual relations.

> "Abortion, then, appeared as the surgically certain way of eliminating accidents, the completely effective way of preventing unwanted children. Through abortion, the individual's control of the consequences of his sexual freedom was affirmed." The Morality of Abortion

In discussing this "backstop" concept of abortion, Dr. Kingsley Davis has stated:

> "In current thinking, legalized abortion is also often regarded as a preventive measure. In my view, it is likely, at least in the short run, to be more effective than stepped-up contraceptive programs in reducing the number of children with inadequate parents. Since sexual intercourse is an ephemeral

> activity engaged in under many kinds of situations and under varying degrees of emotional rationality, it is not always compatible with a systematic utilitarian use of contraception. Further, the best contraceptives from the standpoint of female health (the condom and spermicidal jellies) are not necessarily the best from the standpoint of birth control. Abortion, on the other hand, is a back-up measure that can be used when, for whatever reason, unwanted pregnancy has ensued. There is plenty of time to seek objective advice and to make a careful decision. If the girl has taken a chance and lost, abortion allows her to avoid the full penalty of having an unwanted child."

This "backstop" concept, cited by Davis and others, is held as justification for aborting the unwanted child and, in many cases, has replaced the former practice of giving life to the child and then placing it in an adoptive home where it is wanted.

Antiabortionists plead for the right to life of the fetus and express concern about the moral and social consequences to the individual and members of a society which legitimize pregnancy termination on a wholesale and "demand" basis. In support of their argument that the fetus is an unborn child endowed with life, they point out that the fetus has a heartbeat within 18 to 25 days; has human brain waves within six weeks; moves within six weeks; and, breathes within 12 weeks.

The debate continues to rage at both the state and national level, and there is every reason to believe that it will continue into the future. A constitutional amendment banning most abortions has been proposed by a member of Congress. The proposal in effect defines life as beginning at the moment of conception, a position which is disputed in medical circles and among abortion advocates. Also, on this particular subject, welfare laws and regulations have coped with an issue which has, so far, been sidestepped by law makers and social planners. As soon as a female welfare recipient has a verified pregnancy, her grant may be increased to account for the additional "person" (the unborn child). This factor suggests that two realities must be faced: That life begins at the time of conception and that abortion is, in fact, the taking of a life. With this in mind, more rational decisions should be made with respect to public policy on the important question of abortion.

It is clear that societies in western civilization have long demonstrated a moral, social, legal and religious abhorrence toward abortion. Generally, the only recent exception to prohibiting abortions was in those cases when the procedure was necessary to save the life of the expectant mother. The exception has now become the rule, changes have been made in abortion statutes tending to overlook moral, legal and religious considerations and without a basis of facts on social consequences, good or bad.

It was in the midst of this controversy and debate that the California Legislature enacted the California Therapeutic Abortion Act which became Section 25950, et seq., of the Health and Safety Code. The particular provisions of these sections, the court decisions affecting them, the particular applications and misapplications of this law will be the subject of this section.

B. Statistical Perspective

The year 1968 was the first year of full implementation of California's Therapeutic Abortion Act. In that year, there were 5,018 abortions performed under the provisions of this act and within four years, this number had increased 23-fold to more than 116,000 therapeutic abortions in the year 1971. The increasing number of abortions performed each of the four years is shown in the following chart.

Therapeutic Abortions Performed in California

1968	5,018
1969	15,339
1970	65,369
1971	116,749

Appendix 10 describes some of the selected characteristics of the women having abortions in California during the years 1968 through 1971. Some of the significant characteristics shown in Appendix 10 are the fact that over half the women receiving abortions in 1971 had never been married. Over 31 percent of the abortions performed in that year were performed on women under the age of 20 years. Ninety percent of the abortions performed in 1971 were performed in private hospitals as opposed to county medical facilities, and more than 30 percent of these surgical procedures were paid for at public expense. Another significant feature is the increased representation of black women in the population receiving abortions from 7.2 percent of the total in 1968 to 13.7 percent of the total in 1971.

Of the 116,749 abortions performed in the year 1971, 104,844 were performed on women who were residents of the State of California. The startling fact is that over 1,100 of these abortion procedures were performed on young girls between the ages of 10 and 14 years. These children are included in the 31 percent of the abortions performed in California in 1971 on girls age 19 and under. The following chart reflects the numbers of abortions performed in the various age groups.

Therapeutic Abortions Performed in California in 1971
By Age Groups

Age Groups	Number
10-14 years of age	1,166
15-19	31,806
20-24	35,988
25-34	27,940
35-44	7,944

As stated in the section "Dimensions of the Illegitimacy Problem", there seems little doubt that the increased use of therapeutic abortions in California has had an effect on illegitimate births. For example, of the 65,529 abortions performed under California's law in 1970, 48,205 were performed for unmarried women (never married, widowed, divorced or separated). Further, Berkov and Sklar point out certain parallels between the characteristics of mothers of illegitimate children and those who receive abortions. In 1971, the age group between 20 and 24 had the largest drop in the illegitimate birth rate. This age group also had the highest therapeutic abortion rate in 1970.

C. Relationship of Therapeutic Abortions to Illegal Abortions

A significant feature of the increased number of legal therapeutic abortions in California is its estimated effect on illegal abortions. For obvious reasons, the number of illegal abortions performed in California at any given time is not known. However, a recent study of both spontaneous and illegal abortions in urban North Carolina indicates that in the 18 to 44 age group, it was estimated that the proportion of white women having induced abortions was 13.9 per 1,000 and the proportion of nonwhite women was 68.1 per 1,000. The Board expresses a note of caution on the applicability of this data to California, especially in view of the sparcity of other research information.

The California Department of Public Health has applied these rates to the number of California women ages 15 to 44, and estimated there were over 80,000 illegal abortions in the state in 1967. Thus, it was not until 1971 that therapeutic procedures exceeded the previous level of illegal abortions. From 1968 through 1970, it appeared that therapeutic abortions were replacing illegal ones. This indicates that despite the increases in therapeutic procedures, the rate of total induced abortions (illegal plus therapeutic) did not really change until 1971 when the rate for therapeutic abortions was greater than that estimated for illegal procedures in 1967.

Public attitudes about illegal abortions as reflected in the various California legal codes are quite clear. For example, Business and Professions Code Section 601 provides that advertising for producing or facilitating an abortion is a felony. Business and Professions Code Section 2377, provides that aiding or abetting or attempting or agreeing or offering to procure a criminal abortion constitutes unprofessional conduct by a physician. Under Section 2761, a nurse may be the subject of disciplinary action for being involved in a criminal abortion. The license of a vocational nurse may be suspended or revoked for similar conduct under Section 2878. Similar action can be taken against a psychiatric technician under Section 4521. Penal Code Section 187-a defines murder as the unlawful killing of a human being or a fetus with malice aforethought, but further qualifies the definition of murder involving a fetus so as to be consistent with the provisions of the California Therapeutic Abortion Act. Several other sections of the Penal Code describe the punishment for soliciting the use of or supplying chemicals and/or instruments designed for the purpose of inducing a miscarriage. From this, it can be seen that public policy took a clear and opposing view of criminal abortions.

D. The Therapeutic Abortion Act in Practice

California's Therapeutic Abortion Act was passed in November 1967. Essentially it provides that the holder of a Physician's and Surgeon's Certificate may perform an abortion if each of the following requirements is met:

1. The abortion is performed in a hospital accredited by the Joint Commission on Accreditation of Hospitals.

2. The abortion is approved in advance by a committee of the medical staff which is established and maintained according to the standards of the Joint Commission and if such committee consists of no more than three licensed physicians, the unanimous consent of all committee members is required to approve the abortion.

3. The committee of the medical staff finds that one or more of the following conditions exist:

    a. There is substantial risk that continuance of the pregnancy would gravely impair the physical or mental health of the mother;

    b. The pregnancy resulted from rape or incest.

The law also provides that the above-described committee must consist of not less than two licensed physicians, but three are required if the pregnancy is to be terminated after the thirteenth week and in no event shall the termination be approved after the twentieth week of pregnancy.

The California Department of Public Health estimates that prior to 1967, there were fewer than 600 legal abortions per year performed in all California hospitals. It is presumed that most of these abortions were performed because of the danger to the mother's physical health and relatively few were performed following rape or incest. Only four years later, in 1971, the number of therapeutic abortions performed in this state jumped to 116,749. It is estimated that an excess of 90 percent of these abortions were performed under Health and Safety Code Section 25951(c)(1) holding that the continuance of the pregnancy would gravely impair the mental health of the mother.

The term "mental health" as used in Health and Safety Code Section 25951 is defined in Section 25954 and means "mental illness to the extent that the woman is dangerous to herself or to the person or property of others or in need of supervision or restraint." This definition appears to be even more stringent than that contained in Welfare and Institutions Code Section 5150. This section describes the individual's psychiatric condition in circumstances when she may be involuntarily detained for evaluation and treatment. That definition reads "When any person as a result of mental disorder, is a danger to others, or to himself, or gravely disabled..." The enactment of California's Therapeutic Abortion Act opened the door and from that time on, relatively little attention was paid to the specific requirements of the statute by a number of large-scale abortion facilities in the state.

In many facilities, the pregnant woman simply makes written application for an abortion, indicating that unless the abortion is approved her mental health will be impaired and the abortion is approved solely on the basis of the unverified written application.

The law specifically requires the establishment of a committee structure maintained in accordance with standards promulgated by the Joint Commission on Accreditation of Hospitals. An accreditation surveyed by the Joint Commission involves a detailed study of the administrative and medical-psychiatric practices in each accredited institution. California's law has been in effect for six years and it is curious that the Joint Commission has not publicly raised questions about the informal functioning of the Therapeutic Abortion Committee in a large number of public and private facilities across the state.

The California State Department of Public Health reports that in 1970, 17 hospitals, each performing over 1,000 abortions, accounted for over 27,000, or 42 percent of the total 65,369 procedures. In 1971, the number of institutions performing more than 1,000 abortions each increased to 22 and they did more than half (51 percent) of the 116,749 abortions that year. The distribution of therapeutic abortions among medical facilities in this state is quite interesting. Appendix II reflects the number of therapeutic abortions reported by county and individual hospitals throughout California in 1971, as well as the abortions performed in these facilities, other than those in Los Angeles County, in the first quarter of 1972. This information reveals that reports on therapeutic abortions performed were received from 351 public and private hospitals in 48 counties. It is interesting, however, to note that four hospitals in Los Angeles County (Avalon Memorial, Los Angeles-University of Southern California, Parkwood, and San Vincente) accounted for over 29,000 abortions which represented 25 percent of the total abortions performed in the State of California in the year 1971.

In its Report to the 1972 California Assembly on the Effects of Therapeutic Abortion Law on the Medical Profession, Patient-Doctor Relationships, Relationships Between the Medical Profession and General Public, the California Department of Public Health stated on Page 2: "Within the medical community, therapeutic abortions have changed from a rare operation in 1967 to the most common surgical procedure in the state in 1971." As mentioned earlier, in relation to the subject of family planning or birth control, a whole new medical industry has been created with significant fiscal ramifications. The average cost of a therapeutic abortion is $250 Applying this amount to the 116,749 abortions in 1971 reveals that the fees for this service totaled almost $30 million during that year, approximately 40 percent of which was reimbursed by public tax-supported medical care programs.

Misapplication or misuse of the California Therapeutic Abortion Statutes is not restricted to the abortion procedure itself, but rather includes other aspects as well. The same problems identified earlier with respect to birth control also exist in relation to abortion counseling, but are considered to be more serious because of the possible consequences. There are no statewide guidelines which require that individuals or agencies meet certain standards of quality for the service they perform, nor are

there requirements that the individuals performing pregnancy counseling and referral services must meet certain qualifications in terms of their education and experience. Obviously for the protection of pregnant women, standards of service and educational and experience criteria must be established by a responsible agency of state government and then enforced on a uniform statewide basis.

At one of its public hearings, the Board received testimony from Stewart Knight who alleged that there exists in the State of California the practice of referral payments between pregnancy counselors and medical centers which provide abortion services. The magnitude of this particular problem is unknown, but the possibilities could be substantial considering the number of therapeutic abortions performed in California. In that 40 percent of the abortions performed in this state are financed through Medi-Cal funds, the improper expenditure of public funds also raises serious questions. As a part of the effort to develop standards for quality service and minimum qualifications for individuals engaged in pregnancy counseling, legislation should also be enacted to prohibit the soliciting or payment of a fee for referral to an abortion service. The Board is concerned about the apparent conflict of interest involved in such a situation in which implications of such counseling and referral services may exert influence on the emotional young women to seek an abortion.

In the face of the turmoil and emotional debate the United States Supreme Court, in a seven to two decision, overruled all state laws that prohibit or restrict the woman's right to obtain an abortion during her first three months of pregnancy. An analysis of the key features of the ruling are as follows:

1. For the first three months of pregnancy, the decision to have an abortion lies with the woman and her doctor, and the state's interest in her welfare is not "compelling enough" to warrant any interference.

2. In the second trimester of pregnancy, a state may regulate the abortion procedure in ways that are reasonably related to maternal health, such as licensing and regulating the persons and facilities involved.

3. For the last ten weeks of pregnancy, the period during which the fetus is judged capable of surviving if born, any state may prohibit abortion, if it wishes, except where it may be necessary to preserve the life or health of the mother.

The California State Supreme Court in December 1972 threw out all requirements for abortions in California except that they be performed by licensed physicians in accredited hospitals before 20 weeks of pregnancy. The U. S. Supreme Court decision went beyond this and threw out all requirements in the first trimester (12 weeks) except that the abortion be performed by a licensed physician. Further, the decision provides for abortion up to 24 weeks as compared with California's 20-week restriction.

The force and effect of both the California Supreme Court decision and the United States Supreme Court Decision on this state was not that significant. Essentially, what the courts have done was to simply legitimize a practice which already existed in California resulting from the misuse of this state's therapeutic abortion statutes.

Even the United States Supreme Court decision of January 22, 1973 and a February 26 denial of petitions for rehearings by Texas and Georgia failed to settle the social issue or quell the debate. By the end of February at least nine states had introduced legislation that would bring their laws into conformity with the decision and an equal number were working on new legislation. One state legislature which had acted by that time, the State of Virginia, rejected a bill that would have brought its law into line with what the court said. In more than a dozen states, attorneys general or local courts have declared existing abortion laws null and void, but in at least five states legal or judicial authorities have supported the old restrictive laws. However, despite actions of the court, various efforts are being made to nullify the recent Supreme Court decision:

1. A constitutional amendment was introduced in Congress which would call for legal protection of life from the moment of conception.

2. Another proposed constitutional amendment was introduced in Congress to give states the unqualified right to make their own abortion laws.

3. Several state legislatures have introduced (and one state passed) resolutions to endorse a federal constitutional amendment to supersede the Supreme Court decision.

E. <u>The Process and Procedures</u>

There has been a rapid growth of pregnancy counseling services since the Therapeutic Abortion Act became effective. Preliminary survey data from the California State Department of Health indicates about half the women obtaining abortions in 1971 used counseling services. The effect of such services tends to limit the physician's role to a medical assessment of the patient and the application of his technical skills. Pregnancy counseling and, in particular, abortion counseling represents a new and unique service. The Department has identified 110 pregnancy counseling agencies in California. The following kinds of organizations are providing these services: Planned Parenthood-World Population, county health and welfare departments, The Children's Home Society, University Hospital and Health Services, free clinics, Community Crisis Centers, Women's Liberation, Zero Population Growth, and the Association to Repeal Abortion Laws. Private individuals are also offering pregnancy counseling services.

The Board has previously expressed its viewpoint on the need for criteria to assure quality service and the establishment of qualifications for individuals providing pregnancy counseling services.

The pregnancy counseling agency is acting as an intermediary between the patient and the doctor. There is no specific legal authority for this practice. After the patient makes the decision as to whether or not the pregnancy will be continued, she is referred to the appropriate medical resource for either prenatal care or therapeutic abortion. The exchange of information about pregnancy alternatives, assessment of emotional needs, and even the institution of follow-up, if any, is carried out largely by the counseling service. The role of the physician is limited to the physical assessment of his patient and implementing the medical procedures whether it be abortion, prenatal care, or contraception. The Board has also expressed its position that such pregnancy counseling agencies should be prohibited by statute from soliciting or collecting a fee for their service from the medical practitioner or the medical facility to which the client is referred.

Essentially, at the time the pregnant woman reaches the doctor or hospital, her decision has already been made with respect to the abortion. It is interesting that pregnant women seeking a therapeutic abortion tend to use medical facilities other than those that they would use for normal procedures. Although there has been a marked increase in the number of therapeutic abortions, with over 300 hospitals in California reporting one or more procedures. For example, in 1970, 24,000 abortions, nearly 40 percent of the total, were performed in only 17 hospitals and these same 17 hospitals accounted for less than seven percent of all total births. These figures make it clear that many women are not obtaining abortions in the same hospitals in which they receive their obstetric care.

The above information also implies that a greater number of women are not seeking abortions from the physician usually providing them obstetric or general medical care. It is not known if this situation stems basically from the patient's desire for anonymity, from a reluctance of many obstetricians and general practitioners to perform abortions, or whether it's simply a function of patients going to the place where services are available. It is clear that therapeutic abortions are frequently obtained in a manner distinct from all other medical surgical services even though as pointed out earlier abortions have become the most common medical procedure in this state.

Assuming that the pregnant woman visits an accredited medical facility which provides an active therapeutic abortion program and her pregnancy is in the first trimester (12 weeks), the entire procedure can be completed in four to five hours including a one-hour counseling session.

Some facilities conduct their preabortion counseling sessions in a group setting with from three to five abortion patients in attendance. Generally, the "counselor" is a nonprofessional from the peer group who devotes a substantial part of the counseling hour to a discussion of the specifics of the medical procedure and to birth control techniques which the patients may have used in the past and which they plan to use in the future. Considering the fact that half of the women attending have had no prior counseling, such sessions are completely inadequate in comparison to general psychiatric or medical practice, and, when witnessed, completely destroy the illusion that the decision to abort is arrived at in a

considered, confidential, doctor-patient conference. The "counseling" session becomes an emotionally-charged experience with each of the women generally offering information about the circumstances which brought her to this point. This hour-session is virtually the last opportunity the woman has to change her mind, and it is also the key point at which the staff has an opportunity to identify the woman who is insecure in her decision.

If the woman's pregnancy is 12 weeks or less, the abortion is normally performed by use of a vacuum aspirator. The placenta is drawn out of the uterus through suction created by an electric pump. Major facilities performing these services advertise that patients flying into metropolitan areas can easily be admitted by 11 a.m. and be released from the hospital in order to make plane connections home that evening.

Women whose pregnancies are more advanced than the first trimester generally are required to rely on the "amnio" method of abortion. This is a more extensive procedure than that described above and requires at least an overnight stay in the hospital. Essentially, a saline solution is injected through the abdominal wall into the uterus and this process induces labor in much the same fashion as normal childbirth. The cost of this procedure is substantially higher than the aspiration method and there is also an increased risk.

Compared to the extensive prenatal and postnatal laboratory and diagnostic testing now common in normal childbirth, some facilities seem lax in this regard. There is generally little, if any, medical follow-up, expecially since a substantial number of women do not live in close proximity to the medical facility they use for abortion services. Some facilities advertise no charge for medical complications, but from the patient's standpoint, this is normally impractical. These factors combine to cloud the whole issue of specifically what kinds of medical and psychiatric complications do, in fact, result from abortions. It also becomes impossible to determine resultant death rates with any precision.

F. The Consequences

There is the potential for deep individual and social significance connected with a society's headlong rush into liberalized abortion. One is forced to wonder how much consideration was given to these factors in the development of legislation. It would also appear that lawmakers and the courts have gone beyond what the majority of people will support with respect to abortion. Davis reports that seven opinion studies taken since 1962 showed only 33 percent of the public believes there should be no legal restraints on abortions. The latest survey taken in late 1972 indicates that ten percent opposed any legal abortion, 19 percent opposed if an expected child was deformed, 55 opposed for financial reasons, and 67 percent opposed abortions on women who just didn't want more children.

The specific effect of abortions on individuals is relatively unclear at this point in time. Most studies involve a relatively small sample of women and the inability of the medical-psychiatric profession to accurately measure cause and effect is a very real problem. Another

compounding element is the fact that a substantial number of women go elsewhere for abortions and are, therefore, very difficult to follow for study purposes. Having obtained her abortion in a metropolitan area, major and minor complications are most likely seen by the family physician near the patient's home and as a result are not reported to the abortion facility.

Dr. Robert Pasnaugh reports the viewpoint that most normal women were found to react to abortions with mild feelings of depression without serious after-effects. Most women who were psychiatrically ill were found to respond with improved mental attitudes. Some were found to respond with increased symptoms. No study has been able to determine in advance which women will react adversely to pregnancy and which to abortion. He states that at present, there is no evidence to suggest that the risk of psychiatric complications in induced abortions constitutes a contraindication to the procedure in either normal or psychiatrically ill women. He does, however, propose three specific steps that should be taken to reduce the risk of psychiatric complications: (1) there should be routine psychiatric consultation; (2) psychiatric evaluation should be requested if patient exhibits symptoms of major psychiatric illness, history of postpartum psychosis, exhibits ambivalence or is passively compliant; and, (3) all patients should be seen in routine follow-up visits. Although the evidence is unclear, there are studies which identify guilt reactions and lowered self-esteem following abortion.

Perhaps the most ambitious study and certainly one which involved a substantial sample is one conducted by the Joint Program for the Study of Abortions (JPSA). This study was based on a total of 72,988 abortions performed from July 1, 1970 to June 30, 1971 as reported by 66 institutions participating in the JPSA study sponsored by the Population Council. The JPSA study also noted that abortions were performed on 164 women who were not pregnant. It is suggested that this document should receive careful consideration as it represents a significant contribution toward assessing postabortion medical complications. Some of the conclusions reached by JPSA with respect to medical complications are as follows:

1. The incidence of early medical complications, including minor complaints, during the first trimester of pregnancy was on the order of one in twenty abortions; the incidence of major complications as defined in the report, was one in two hundred abortions.

2. The risk to health associated with abortions was three to four times as high in the second trimester of pregnancy as in the first trimester.

3. Complication rates were higher for abortions performed at six weeks gestation or less than at seven to ten weeks gestation, especially for major complications. However, the major complication rates were far lower for the earliest abortions than for abortions in the second trimester.

The above study should represent a significant contribution to assessing postabortion medical complications and it is suggested that this document should receive careful consideration.

It is extremely doubtful that any amount of statistical data received through studies will ever totally erase the atmosphere of emotion which surrounds the subject at the present time. It can only be hoped that through proper counseling and education men, women, boys and girls will come to realize the burden of responsibility they place upon themselves and society with the creation of unwanted pregnancies.

IX. APPENDICES

State Social Welfare Board
Analysis of Mail
Preliminary Position Statement on Illegitimacy
Published March 1972

A total of 139 letters were received by the State Social Welfare Board following publication of its preliminary position statement on the subject of illegitimacy. Every letter received a personal reply and in instances where the writer seemed to be reacting to a news report only, a copy of the statement accompanied the letter. Writers were urged to study the problem and then to suggest alternatives. In only two cases did the Board receive follow-up letters containing alternative suggestions.

Persons requesting a copy of the statement	44
Persons expressing a position on the statement	95
	139

Positions Expressed

Of the 95 writers who expressed a position, those who supported the Board's position were as likely to react emotionally as were those who opposed the position:

Support of the Board's position	51	53%
Opposed to the Board's position	44	47%
	95	100%

Basis for Criticism

A number of writers opposed to the Board's position simply reacted on an emotional level and did not propose alternative solutions. There were 83 critical responses contained in the 44 letters of opposition. The breakdown of these responses is as follows:

Interference with mother's rights	32	39%
Excessive governmental power	25	30%
Illegitimacy not criteria for inadequacy	10	12%
Unconstitutional	9	11%
Motivated by cost savings	5	6%
Insufficient adoptive homes	1	1%
Will not promote greater use of Civil Code Section 232	1	1%
	83	100%

Alternative Proposals

Generally, writers making suggestions were inclined to propose more than one. Most of the following 95 suggestions came from writers who opposed the Board's position.

1.	Increased emphasis on family planning and expand availability of contraceptive devices.	17	18%
2.	Increased emphasis on education for family life and responsibility.	13	14%

3.	Provide for sterilization on males and females and consider bonus for voluntary sterilization.	10	10%
4.	Liberalize abortion laws and broaden the availability of information on this subject.	7	7%
5.	Enforce the support obligation of the father.	7	7%
6.	Give recognition to social changes which condone other family life styles.	7	7%
7.	Find some means of getting at the inadequate or unfit parents who are married.	5	5%
8.	Provide more social services during and following the pregnancy.	4	4%
9.	Provide child care so young mothers can complete education and obtain training.	4	4%
10.	No increase in grant following birth of certain number of illegitimate children (usually two).	4	4%
11.	Develop program to assist the young mother to complete her education.	3	3%
12.	Increase the grant level to improve mother's ability to provide good home for child.	3	3%
13.	Evaluate grandparents' home for suitability to avoid repeating mistakes they may have made before insisting that the young mother remain in their home.	3	3%
14.	Provide for financial responsibility on the part of the grandparents of one/both unwed parents.	3	3%
15.	Provide equal job opportunities for women.	2	2%
16.	Use income tax incentives to limit the number of births.	2	2%
17.	Provide for state-run institutions as alternatives to unfit or inadequate parents.	1	1%
		95	97%

Survey Opinion Questions

Following is a summary of responses to survey opinion questions reported in Illegitimacy: Law and Social Policy, by Harry D. Krause, Bobbs-Merrill Co., Inc., App. B, pp 307-322. Refer to the text for a breakdown of responses by characteristics of the respondents and for information on the conduct of the survey and drawing of the sample.

1. Do you agree or disagree that in general, the illegitimate child should have the same legal relationship (rights and duties) with its mother that a legitimate child has with its mother?

Agree	Disagree	Don't Know or No Opinion	Total	Number of Cases
95%	3%	2%	100%	2,031

2. Which one of these statements best reflects your opinion?

   a. The father of an illegitimate child should have no legally recognized and enforceable responsibilities to his illegitimate child.

   b. An illegitimate child should be entitled to the same amount of support as a legitimate child.

   c. An illegitimate child should not be in as good a position as a legitimate child, but it should be entitled to receive enough support from its father to take care of its basic needs.

a.	b.	c.	Total	Number of Cases
4%	78%	18%	100%	2,031

3. Which one of these statements best reflects your opinion?

   a. Unless the father leaves a will in which he specifically gives his illegitimate child an inheritance, the illegitimate child should have no right to inherit from its father.

   b. If the father does not leave a will, the illegitimate child should inherit from its father the same inheritance to which the child would be entitled if it were of legitimate birth.

   c. If the father does not leave a will, the illegitimate child should inherit from its father enough to cover support needs until the child is able to go to work and earn its own living.

a.	b.	c.	Total	Number of Cases
5%	64%	31%	100%	2,031

4. If the father is fit, willing, and paying adequate support, and if a family court considers this in the best interests of the child, the father of an illegitimate child should be allowed to visit his child periodically, even if the mother objects.

Agree	Disagree	Don't Know or No Opinion	Total	Number of Cases
82%	14%	4%	100%	2,031

5. The illegitimate child should have the same rights involving the payment of benefits for the death or disability of the father (for example, workman's compensation) as a child of legitimate birth.

Agree	Disagree	Don't Know or No Opinion	Total	Number of Cases
87%	9%	4%	100%	2,031

6. In each case of an illegitimate birth, appropriate legal authorities should investigate the fitness of the mother to bring up the child and if the mother is considered unfit, should ask the courts to determine whether the child should be given into foster care or into adoption.

Agree	Disagree	Don't Know or No Opinion	Total	Number of Cases
86%	10%	4%	100%	2,031

7. Unless the child is given up for adoption by its mother, appropriate legal authorities should investigate the identity of the father in each case of an illegitimate birth and should ask the court to hold the father responsible for his child.

Agree	Disagree	Don't Know or No Opinion	Total	Number of Cases
86%	10%	4%	100%	2,031

Do you agree or disagree with the following statements?

8. If the father cannot be found or cannot contribute to the support of his illegitimate child, the welfare authorities should give the mother (if she is a fit person) enough money to make a decent home for her illegitimate child.

9. The discrimination imposed by our law on the illegitimate child is an effective way to discourage sexual intercourse between unmarried persons.

10. Making fathers financially responsible for their illegitimate children would seem to be a more effective way to discourage promiscuous sexual intercourse than imposing no obligation or a limited support obligation on fathers of illegitimate children.

	Agree	Don't Know or Disagree/No Opinion
Question 8	79%	21%
Question 9	20%	80%
Question 10	75%	25%

11. The law should not disadvantage the illegitimate child for the misdeed of its parents that brought it into the world. Do you agree or disagree?

Agree	Disagree	Don't Know or No Opinion	Total	Number of Cases
96%	3%	1%	100%	2,031

12. Fathers and mothers of illegitimate children should be punished by the criminal law for bringing them into the world. Do you agree or disagree?

Agree	Disagree	Don't Know or No Opinion	Total	Number of Cases
20%	70%	10%	100%	2,031

NUMBER OF LIVE BIRTHS BY LEGITIMACY STATUS
RACE OF MOTHER AND AGE OF MOTHER
CALIFORNIA 1966 - 1972

LEGITIMACY STATUS AND YEAR		ALL RACES					WHITE[1]					BLACK[1]				
		All Ages	15-19	20-24	25-34	35+	All Ages	15-19	20-24	25-34	35+	All Ages	15-19	20-24	25-34	35+
Illegitimate	1972	40,171	17,499	12,806	7,917	1,277	26,821	11,243	8,620	5,644	950	12,420	5,928	3,865	2,044	297
	1971	39,912	16,726	13,222	7,887	1,419	26,522	10,685	8,930	5,514	1,041	12,450	5,738	3,950	2,145	341
	1970	45,593	18,888	15,615	8,793	1,676	31,052	12,345	10,996	6,187	1,222	13,602	6,231	4,277	2,396	404
	1969a/	42,085	17,348	14,557	8,009	1,600	29,371	11,517	10,742	5,683	1,156	11,924	5,537	3,571	2,120	406
	1968a/	38,053	15,587	13,110	7,177	1,614	27,141	10,597	9,963	5,143	1,162	10,393	4,818	2,972	1,905	416
	1967	35,215	14,440	11,658	6,841	1,740	24,987	9,636	8,943	4,873	1,262	9,750	4,630	2,590	1,839	429
	1966	31,804	12,819	10,303	6,582	1,627	22,204	8,531	7,712	4,582	1,167	9,124	4,138	2,450	1,860	418
Legitimate	1972	266,204	34,830	97,833	118,362	14,991	239,217	32,075	88,890	105,264	12,821	14,450	2,134	5,630	5,785	883
	1971	289,914	36,989	111,955	123,422	17,410	260,919	33,954	101,919	109,935	14,987	16,595	2,404	6,569	6,470	1,142
	1970	317,059	42,125	121,668	133,234	19,863	286,116	38,597	111,107	119,122	17,144	18,531	2,842	7,206	7,158	1,311
	1969a/	310,822	41,406	118,842	129,442	20,978	280,823	37,498	108,765	116,232	18,228	18,700	3,209	7,104	6,970	1,381
	1968a/	301,168	42,135	115,476	121,488	21,923	272,618	38,129	106,248	108,953	19,193	18,113	3,375	6,667	6,680	1,351
	1967	301,369	44,168	114,939	117,963	24,165	272,862	40,048	105,784	105,642	21,282	18,746	3,568	6,770	6,862	1,523
	1966	305,819	46,698	112,520	119,869	26,610	276,287	42,587	103,274	106,867	23,465	19,723	3,647	6,910	7,458	1,690
All Live Births	1972	306,375	52,329	110,638	126,279	16,268	266,038	43,318	97,510	110,908	13,771	26,870	8,062	9,495	7,829	1,130
	1971	329,826	53,715	125,177	131,309	18,829	287,441	44,639	110,849	115,449	16,028	29,045	8,142	10,519	8,615	1,483
	1970	362,652	61,013	137,283	142,027	21,539	317,168	50,942	122,103	125,309	18,366	32,133	9,073	11,483	9,554	1,715
	1969	352,907	58,754	133,399	137,451	22,578	310,194	49,015	119,507	121,915	19,384	30,624	8,746	10,675	9,090	1,787
	1968	339,221	57,722	128,586	128,665	23,537	299,759	48,726	116,211	114,096	20,355	28,506	8,193	9,639	8,585	1,767
	1967	336,584	58,608	126,597	124,804	25,905	297,849	49,684	114,727	110,515	22,544	28,496	8,198	9,360	8,701	1,952
	1966	337,623	59,517	122,823	126,451	28,237	298,491	51,118	110,986	111,449	24,632	28,847	7,785	9,360	9,318	2,108

1/ For 1966-1969, births by race of mother were estimated from births by race of child using 1970 ratios. Prior to 1970, California births were classified by race of child only. Since 1970, they have been classified by race of mother, race of father and race of child.

a/ Figures for illegitimate and legitimate births adjusted for comparability with coding rules applied for 1966-67 and 1970-71.

Note: Totals include births to mothers under age 15 and of unknown age.

Source: State of California, Department of Public Health, Birth Records.

ESTIMATED BIRTH RATES BY LEGITIMACY STATUS, RACE OF MOTHER, AND AGE OF MOTHER: CALIFORNIA RESIDENTS, 1966-1972

Type of Birth Rate and Year	All Races					White[a]					Black[a]				
	15-44[b]	15-19	20-24	25-34	35-44[c]	15-44[b]	15-19	20-24	25-34	35-44[c]	15-44[b]	15-19	20-24	25-34	35-44[c]
Illegitimate															
1972	22.0	20.7	31.3	23.5	5.4	17.4	15.3	24.9	20.7	5.0	65.4	85.5	101.6	42.7	8.5
1971	22.6	20.4	32.8	25.4	6.1	17.7	14.9	26.2	21.9	5.5	69.1	87.6	106.3	49.2	10.0
1970	27.0	24.1	41.3	29.9	7.2	21.6	17.9	34.2	26.0	6.4	80.1	102.0	123.5	58.5	12.2
1969	26.0	22.8	41.6	28.9	7.0	21.2	17.1	36.1	25.1	6.1	74.5	95.9	112.2	55.6	12.6
1968	24.6	21.1	41.0	27.8	7.1	20.4	16.2	36.5	24.2	6.2	69.2	88.8	102.6	54.0	13.2
1967	23.8	20.0	40.3	28.2	7.7	19.6	15.0	36.1	24.5	6.7	69.2	90.1	99.4	56.2	14.0
1966	22.5	18.2	40.4	28.8	7.3	18.1	13.5	35.2	24.2	6.3	69.2	84.8	107.5	60.8	14.1
Legitimate															
1972	98.4	333.8	194.2	102.8	15.9	99.2	342.2	195.5	102.8	15.3	92.3	286.4	192.3	83.9	17.4
1971	109.5	354.7	220.3	114.1	18.3	110.2	364.2	221.3	114.0	17.7	109.7	330.2	223.2	101.0	22.6
1970	122.1	409.6	247.9	127.6	20.7	122.8	418.1	249.5	127.4	20.0	126.4	405.2	254.4	117.0	26.2
1969	120.1	390.8	248.2	126.6	21.4	120.6	392.7	249.9	127.0	20.7	128.9	449.5	255.8	117.3	27.2
1968	117.7	388.9	249.8	122.6	22.0	118.1	388.9	252.3	122.6	21.3	127.4	473.9	248.4	117.0	26.5
1967	119.1	399.2	259.3	122.5	23.8	119.1	395.6	261.7	122.0	23.1	134.4	495.0	263.0	124.6	29.6
1966	122.4	410.6	272.9	127.0	25.8	121.9	410.6	274.6	125.7	25.1	144.5	504.8	287.8	139.4	32.7
All Live Births															
1972	67.6	55.2	121.2	84.9	13.8	67.3	52.2	121.8	85.6	13.4	77.5	105.0	141.1	67.0	13.8
1971	74.7	58.2	137.4	94.3	15.9	74.3	55.1	138.4	94.9	15.4	87.6	111.8	157.9	80.0	17.6
1970	84.6	68.8	158.0	106.1	18.1	84.1	65.1	159.3	106.8	17.5	101.6	133.2	182.4	93.6	20.6
1969	83.9	67.6	161.1	105.8	18.6	83.5	63.7	163.1	106.8	18.1	100.4	134.8	179.1	93.1	21.5
1968	82.7	68.2	164.4	103.0	19.2	82.4	64.6	167.5	103.6	18.7	97.5	133.4	172.7	92.9	21.4
1967	83.9	70.5	172.8	103.6	20.9	83.5	66.7	176.0	103.8	20.4	101.6	139.9	180.7	99.1	23.8
1966	86.3	72.7	184.1	107.9	22.5	85.5	69.5	186.5	107.2	21.9	107.5	139.0	200.0	110.8	26.0

NOTE: Rates are per 1,000 unmarried (illegitimate), married (legitimate), and total women. Unmarried women are those single, widowed, divorced, or separated.

a/For 1966-1969, births by race of mother (numerators for rates) were estimated from births by race of child using 1970 ratios. Prior to 1970, California births were classified by race of child only. Since 1970, they have been classified by race of mother, race of father, and race of child.

b/Rates computed by relating total births, regardless of age of mother, to estimated number of women aged 15-44.

c/Rates computed by relating births to mothers aged 35 and over to estimated number of women aged 35-44.

Source: State of California, Department of Public Health, Birth Records; State of California, Department of Finance, population estimates prepared December 1971 and November 1972; 1970 Census of Population, General Population Characteristics, California, Tables 19, 22; 1960 Census of Population, Vol. 1, Part 6, Table 105 and Subject Reports PC(2)-1C, Table 19.

Illegitimate Birth Rates by Rank Order for 46 Countries
Number of Illegitimate Births per 1000 Unmarried Women 15-44

Latest Year

Rank Order	Country	Date	Rate
1	Guinea	1955	209.9
2	Angola	1960	209.4
3	El Salvador	1961	206.6
4	Venezuela	1961	190.3
5	Jamaica	1960	189.5
6	Honduras	1961	185.1
7	Panama	1960	170.4
8	Ecuador	1962	136.3
9	Peru	1961	125.8
10	Mexico	1960	112.6
11	Puerto Rico	1960	78.4
12	Iceland	1950	76.7
13	Colombia	1951	60.3
14	Congo, D.R.	1957	49.4
15	Chile	1960	48.3
16	Argentina	1947	26.4
17	Yugoslavia	1961	26.0
18	Austria	1951	25.4
19	Bulgaria	1956	24.9
20	New Zealand	1961	24.1
21	United States	1965	23.5
22	Portugal	1960	22.2
23	England and Wales	1964	20.2
24	Sweden	1960	19.7
25	Canada	1961	17.9
26	Australia	1961	17.8
27	China-Taiwan	1956	17.7
28	Denmark	1960	17.1
29	Poland	1960	15.3
30	France	1962	14.5
31	West Germany	1961	13.0
32	Hungary	1960	12.4
33	Norway	1960	9.2
34	Finland	1960	8.5
35	Ryukuy Islands	1960	8.2
36	Switzerland	1950	7.2
37	Belgium	1947	5.4
38	Spain	1960	4.9
39	Italy	1961	4.2
40	Albania	1955	3.6
41	Ireland	1951	3.6
42	Netherlands	1960	3.6
43	Greece	1961	2.2
44	Philippines	1960	1.9
45	Japan	1964	1.6
46	Israel	1961	1.3

Sources: Computations from the number of births by legitimacy and total births, numbers of unmarried women 15-44, from the United Nations, Demographic Yearbook, 1959, 1962, 1963 and 1965.

Characteristics of Persons Involved in Welfare Paternity Actions
Based on 259 Interviews in Two Counties, August 1972

Column one describes the characteristics of persons involved in cases in which the district attorney made a decision to proceed with the action. Column two are those cases in which the district attorney decided not to proceed. Column three represents a combined total of both types of cases.

	Prosecutable				Combined Total	
	Yes		No			
	#	%	#	%	#	%
1. Of the 259 cases interviewed, a decision was made to proceed with the paternity action in 162 (62%) of the cases. The mother, or expectant mother, was asked to indicate if she could identify the putative father.						
Yes	162	100	81	84	243	94
No	0	0	16	16	16	6
2. The present residence of the putative father was indicated by the mother to be:						
In county	115	71	22	23	137	52
In state	28	17	7	7	35	14
Out of state	10	6	42	43	52	20
Unknown	9	6	26	27	35	14
3. The present living arrangement of the mother in these cases is as follows:						
Parents/Relative	76	47	28	29	104	40
Alone	55	34	48	50	103	40
Friends	21	13	15	15	36	14
Husband	3	12	6	6	9	3
Common-law husband	7	4	0	0	7	3

4. The education level of the mother and putative father were determined to be:

	Prosecutable				Combined Total	
	Yes		No			
	#	%	#	%	#	%
Mother:						
Less than 8 years	1	1	10	10	11	4
8 through 11 years	98	60	37	38	135	52
High school graduate	45	28	37	38	82	32
Some college	15	9	11	12	26	10
College graduate	3	2	2	2	5	2
Father:						
Less than 8 years	3	2	6	6	9	3
8 through 11 years	78	48	21	22	99	38
High school graduate	45	28	30	31	75	29
Some college	23	14	10	10	33	13
College graduate	4	2	0	0	4	2
Unknown	9	6	30	31	39	15

5. The present age of the mother and putative father is as follows:

Mother:						
Under 15	0	0	0	0	0	0
15-17	31	19	5	5	36	14
18-19	45	28	19	20	64	25
20-24	59	37	35	36	94	37
25-29	15	9	17	18	32	12
30-34	9	6	15	15	24	9
35 and over	2	1	6	6	8	3

6. At the time of conception, the age spread of the mother and putative father was as follows:

Appendix 6c

	Prosecutable				Combined Total	
	Yes		No			
	#	%	#	%	#	%
Father:						
Under 15	0	0	0	0	0	0
15-17	18	11	1	1	19	7
18-19	17	10	7	7	24	9
20-24	70	44	28	30	98	37
25-29	29	18	24	25	53	20
30-34	16	10	12	12	28	10
35 and over	12	7	11	11	33	12
Unknown	0	0	14	14	14	5
Mother:						
Under 15	4	2	1	1	5	2
15-17	58	37	15	16	73	28
18-19	39	24	26	27	65	25
20-24	49	30	39	40	88	34
25-29	10	6	11	11	21	8
30-34	2	1	5	5	7	3
35 and over	0	0	0	0	0	0

7. The present marital status of the mother and putative father is as follows:

	Prosecutable				Combined Total	
	Yes		No			
	#	%	#	%	#	%
Father:						
Under 15	0	0	0	0	0	0
15-17	27	17	6	6	33	13
18-19	25	15	15	16	40	15
20-24	64	39	34	35	98	38
25-29	32	20	21	22	53	20
30-34	13	8	5	5	18	7
35 and over	1	1	3	3	4	2
Unknown	0	0	13	13	13	5
Mother:						
Never married	101	63	43	44	144	56
Married to another	17	10	21	22	38	15
Divorced from putative father	2	1	0	0	2	1
Divorced from another	20	12	14	14	34	13
Separated from putative father	11	7	2	2	13	5
Separated from another	11	7	16	17	27	10
Widowed	0	0	1	1	1	0

Appendix 6e

8. At the time of conception, the marital status of the mother and putative father was as follows:

	Prosecutable				Combined Total	
	Yes		No			
	#	%	#	%	#	%
Father:						
Never married	86	53	32	34	118	45
Married to another	18	11	11	11	29	11
Divorced from mother	2	1	0	0	2	1
Divorced from another	23	14	7	7	30	12
Separated from mother	11	7	2	2	13	5
Separated from another	9	6	2	2	11	4
Widower	1	1	1	1	2	1
Unknown	12	7	42	43	54	21
Mother:						
Never married	123	79	65	67	188	73
Married to another	12	7	10	10	22	8
Divorced from putative father	0	0	0	0	0	0
Divorced from another	15	9	13	14	28	11
Separated from putative father	2	1	0	0	2	1
Separated from another	10	6	8	8	18	7
Widowed	0	0	1	1	1	0

	Prosecutable				Combined Total	
	Yes		No			
	#	%	#	%	#	%
Father:						
Never married	100	61	54	56	154	59
Married to another	14	9	7	7	21	8
Divorced from mother	0	0	0	0	0	0
Divorced from another	20	12	8	8	28	11
Separated from mother	2	1	0	0	2	1
Separated from another	14	9	2	2	16	6
Widowed	1	1	1	1	2	1
Unknown	11	7	25	26	36	14
9. Based on the knowledge of the mother, the putative father's present occupation is:						
Professional	7	4	1	1	8	3
Proprietor, manager	0	0	0	0	0	0
Clerical	4	2	2	2	6	2
Craftsman	9	6	1	1	10	4
Armed Forces	5	3	7	7	12	5
Operatives	29	18	12	12	41	16
Farm laborer	1	1	0	0	1	0
Service worker	6	4	2	2	8	3
Household worker	0	0	0	0	0	0
Unskilled worker	36	22	18	19	54	22
Retired	0	0	0	0	0	0
Unemployed	25	15	6	6	31	12
Student	19	12	3	3	22	8
Unknown	21	13	45	47	66	25

Appendix 6g

10. Also based upon the knowledge of the mother, the putative father's present monthly income is:

	Prosecutable				Combined Total	
	Yes		No			
	#	%	#	%	#	%
None	43	26	7	7	50	19
Under $200	5	3	1	1	6	2
$200 - 399	17	11	4	4	21	8
$400 - 599	12	7	5	5	17	7
$600 - 799	17	11	1	1	18	7
$800 - 999	4	2	0	0	4	2
$1000 - 1199	1	1	1	1	2	1
$1200 - 1399	0	0	0	0	0	0
$1400 - 1599	0	0	1	1	1	0
$1600 and over	0	0	0	0	0	0
Unknown	63	39	77	80	140	54

11. At the time of the interviews, there were 169 other children in the custody of the mothers, 65 (38%) of whom were born out of wedlock. Distribution by family size and legitimacy status is as follows:

	Prosecutable	Nonprosecutable	Combined Total
Legitimate:			
Families with 1 child	24	25	49
Families with 2 children	9	6	15
Families with 3 children	0	5	5
Families with 4 children	1	0	1
Families with 6+ children	1	0	1
Illegitimate:			
Families with 1 child	26	12	38
Families with 2 children	4	5	9
Families with 3 children	1	0	1
Families with 6+ children	1	0	1

12. An effort was made to determine what had been the outcome of any earlier conception, if any, involving this mother and this, or any other, putative father, in addition to the 169 legitimate and illegitimate children presently in the custody of this mother. There had been at least 39 other conceptions, the outcome of which was as follows:

	Prosecutable	Nonprosecutable	Combined Total
This putative father - placed for adoption	3	0	3
By another father - placed for adoption	1	9	10
This putative father - aborted	4	1	5
By another father - aborted	11	10	21

13. The putative fathers represented in this group of 259 cases had 171 children among them. Distribution by family size and legitimacy status is as follows:

Legitimate - with this mother:			
Cases with 1 child	2	2	4
Cases with 3 children	0	1	1
Illegitimate - with this mother:			
Cases with 1 child	11	4	15
Children by another mother:			
Cases with 1 child	23	10	33
Cases with 2 children	19	4	23
Cases with 3 children	6	2	8
Cases with 4 children	2	0	2
Cases with 5 children	2	2	4
Cases with 6+ children	3	0	3

Appendix 6i

14. We attempted to determine the living arrangment of the two parties at the time of conception:

15. We attempted to learn the level of knowledge on the part of the mother with respect to birth control techniques. Forty-six percent of the mothers had received some type of birth control training, although many more had some knowledge of the subject:

16. Although 46 percent of the mothers had some type of birth control training, and an additional percentage had an awareness of the subject and techniques, 88 percent of the mothers used no form of contraception during the period of conception:

	Prosecutable				Combined	
	Yes		No		Total	
	#	%	#	%	#	%
Lived together during conception	44	27	17	18	61	24
Did not live together during conception	118	73	80	82	198	76
Formal training	18	11	8	8	26	10
Home training	7	4	3	3	10	4
Informal training	56	35	27	28	83	32
None	81	50	59	61	140	54
Yes	23	14	9	9	32	12
No	139	86	88	91	227	88

Appendix 6j

17. Within the 259 cases, expectant mothers most often (83%) told the putative father of the pregnancy. This percentage was higher (95%) among those 162 cases in which the district attorney decided to proceed with a paternity action. The question of whether or not the father was told of the pregnancy was answered as follows:

18. Putative fathers most often admitted paternity to the mother or to another person, or both. Of the 354 responses in the 259 cases, only 11% denied paternity and in 6% of the cases the mother was not aware of the admission or denial by the father.

19. Although the father admitted paternity in an overwhelming number of cases, this fact did not appreciably influence the financial arrangements for the birth of the 259 children. In these cases 82% were delivered, or to be delivered, under the Medi-Cal program.

	Prosecutable				Combined	
	Yes		No		Total	
	#	%	#	%	#	%
Yes	154	95	62	64	216	83
No	8	5	35	36	43	17
Admitted to mother	143	56	45	42	188	53
Admitted to another	94	37	12	11	106	30
Denied paternity	7	3	31	28	38	11
Unknown	11	4	21	19	22	6
Medi-Cal delivery	138	85	74	76	212	82
Non-Medi-Cal delivery	24	15	23	24	47	18

Appendix 6k

20. Some of the fathers did assist the mother in limited ways. However, again, 75% of the fathers assumed no part of the financial burden:

	Prosecutable				Combined Total	
	Yes		No			
	#	%	#	%	#	%
Paid any medical expenses	14	9	3	3	17	7
Made cash contributions	12	7	2	2	14	5
Made in-kind contribution	27	17	7	7	34	13
None	109	67	85	88	194	75

21. We sought to determine if before or after delivery the mother received any type of abortion, adoption or birth control counseling. Of the 259 mothers, 187 had received none (112 prosecutable cases + 75 nonprosecutable cases). Of the 72 mothers who had received counseling, the following agencies were involved:

	Prosecutable	Nonprosecutable	Combined Total
Welfare	8	9	17
Public Health	19	9	28
Probation	2	0	2
Private social agency	10	2	12
Private family planning	11	2	13

22. Mothers sometimes received counseling on more than one subject. The 72 mothers had a total of counseling contacts spread among the three subjects as follows:

Abortion	21	5	26
Adoption	12	9	21
Birth control	33	15	48

23. In 97 of the 259 cases, the district attorney determined that prosecution of the paternity action was not feasible. This decision was based on the following primary reasons:

Reason	Number	Percent
Incarceration of father	3	3
Death of father	0	0
Disability of father	1	1
Absence of father from state	37	38
Too many potential fathers	29	30
Incomplete evidence	17	18
Absolute marital presumption (child of legal husband)	3	3
Mother refused to cooperate	1	1
Child nearing age of emancipation	2	2
Child has limited life expectancy	1	1
Application for public assistance withdrawn	1	1
Mother is an illegal alien	2	2
TOTAL	97	100%

TABLE 32.--AFDC FAMILIES, BY NUMBER OF ILLEGITIMATE CHILDREN, 1971

CENSUS DIVISION AND STATE	TOTAL FAMILIES	NUMBER OF ILLEGITIMATE RECIPIENT CHILDREN						
		NONE	1 CHILD	2 CHILDREN	3 CHILDREN	4 CHILDREN	5 CHILDREN	6 OR MORE CHILDREN
TOTAL:								
NUMBER.	2523900	1426000	559600	262400	129600	71700	37300	37300
PERCENT	100.0	56.5	22.2	10.4	5.1	2.8	1.5	1.5
CENSUS DIVISION:								
NEW ENGLAND	134000	66.7	21.3	7.2	2.4	0.9	0.9	0.6
MIDDLE ATLANTIC . . .	560100	51.8	21.9	12.1	6.7	4.1	1.5	1.9
EAST NORTH CENTRAL. .	363500	51.9	23.9	12.2	5.6	2.8	1.9	1.7
WEST NORTH CENTRAL. .	136600	63.1	20.2	8.2	3.4	2.4	1.4	1.2
SOUTH ATLANTIC. . . .	321800	48.0	24.1	13.5	7.3	3.7	1.9	1.6
EAST SOUTH CENTRAL. .	161900	48.7	25.0	12.4	5.9	3.4	2.2	2.5
WEST SOUTH CENTRAL. .	183000	51.0	21.4	12.5	6.7	3.7	2.2	2.6
MOUNTAIN.	87600	66.4	21.0	6.3	3.1	1.5	1.0	0.7
PACIFIC	517000	65.3	21.9	6.9	3.0	1.5	0.8	0.6
SELECTED STATES:								
ALABAMA	42600	43.2	27.2	12.9	6.3	4.2	3.1	3.1
CALIFORNIA.	440000	63.3	22.7	7.4	3.2	1.8	0.9	0.7
FLORDIA	70200	47.7	22.6	13.8	8.7	3.7	1.1	2.3
GEORGIA	75100	47.3	27.2	14.0	6.3	2.8	1.5	1.1
ILLINOIS.	120300	44.9	22.8	15.4	7.5	4.1	2.7	2.7
KENTUCKY.	37600	64.4	20.2	8.8	2.7	1.9	0.5	1.6
LOUISIANA	54100	43.4	19.0	13.7	8.1	6.1	3.7	5.9
MARYLAND.	40900	39.4	24.0	18.6	7.6	4.6	3.7	2.2
MASSACHUSETTS	72300	67.9	21.2	7.3	1.7	0.8	0.6	0.6
MICHIGAN.	94700	55.2	25.1	10.2	4.5	2.5	1.1	1.3
MISSISSIPPI	34600	38.7	25.4	15.0	9.0	4.6	3.2	4.0
MISSOURI.	48500	53.6	20.0	10.5	6.6	4.1	2.7	2.5
NEW JERSEY.	86200	48.7	23.9	12.6	7.0	3.8	1.5	2.4
NEW YORK.	332600	49.0	22.6	12.8	7.2	4.7	1.8	1.9
NORTH CAROLINA. . . .	39200	50.3	24.0	11.7	6.1	4.1	2.6	1.3
OHIO.	91500	55.5	23.3	11.8	4.7	2.0	1.6	1.1
PENNSYLVANIA.	141300	60.3	18.9	9.9	5.4	3.0	0.9	1.6
TENNESSEE	47100	48.6	26.5	12.7	5.7	3.0	1.9	1.5
TEXAS	84000	52.7	22.7	12.5	6.9	2.1	1.9	1.1
WASHINGTON.	42500	76.9	17.4	3.1	1.9	0.2	0.2	0.2
PUERTO RICO	57800	84.8	9.0	3.6	0.9	0.9	0.2	0.7

Source: Findings of the 1971 AFDC Study, Part I, U.S. Department of Health, Education, and Welfare Publication No. (SRS) 72-03756.

Questions Planned Parenthood speakers must be able to answer. Also questions that pregnancy counselors say, "If the girl had known the answer she probably wouldn't be pregnant."

1. How soon can a pregnancy be determined by a urine test or pelvic exam?

   By urine test, 5-7 days after a missed period. By a pelvic, after six weeks.

2. Why does a female become pregnant when withdrawal is the method of contraception used?

   Often there are sperm down in the penis before the male ejaculates.

3. Can a female become pregnant if there is no penetration?

   Yes - Sperm are mobile and can travel up the entire length of the vagina.

4. If a female has been raped, had unexpected intercourse or had a condom break and is fearful of this resulting in pregnancy, what can be done for her?

   Take the "morning after pill" which can only be prescribed by a physician.

5. Is it possible for conception to occur during a menstrual period?

   Yes

6. How soon after delivery, miscarriage or abortion can a new pregnancy occur?

   2 - 3 weeks.

7. Why do some young girls who have had sexual relations for 3 or 4 years after puberty without using any form of birth control find themselves pregnant when they are in their teens?

   They have not ovulated regularly.

8. How does the pill compare in numbers of fatalities to pregnancy?

   Pregnancy is about 15 times more dangerous than the pill.

9. At what age of the mother are birth defects most likely to occur?

   Early teens and after 35.

Questions (Continued)

10. Name the symptoms of German measles.

    Fine rash, swollen glands behind the ears and symptoms similar to a cold.

11. When does a girl become old enough to have an abortion without her parents' consent?

    At any age that she becomes pregnant.

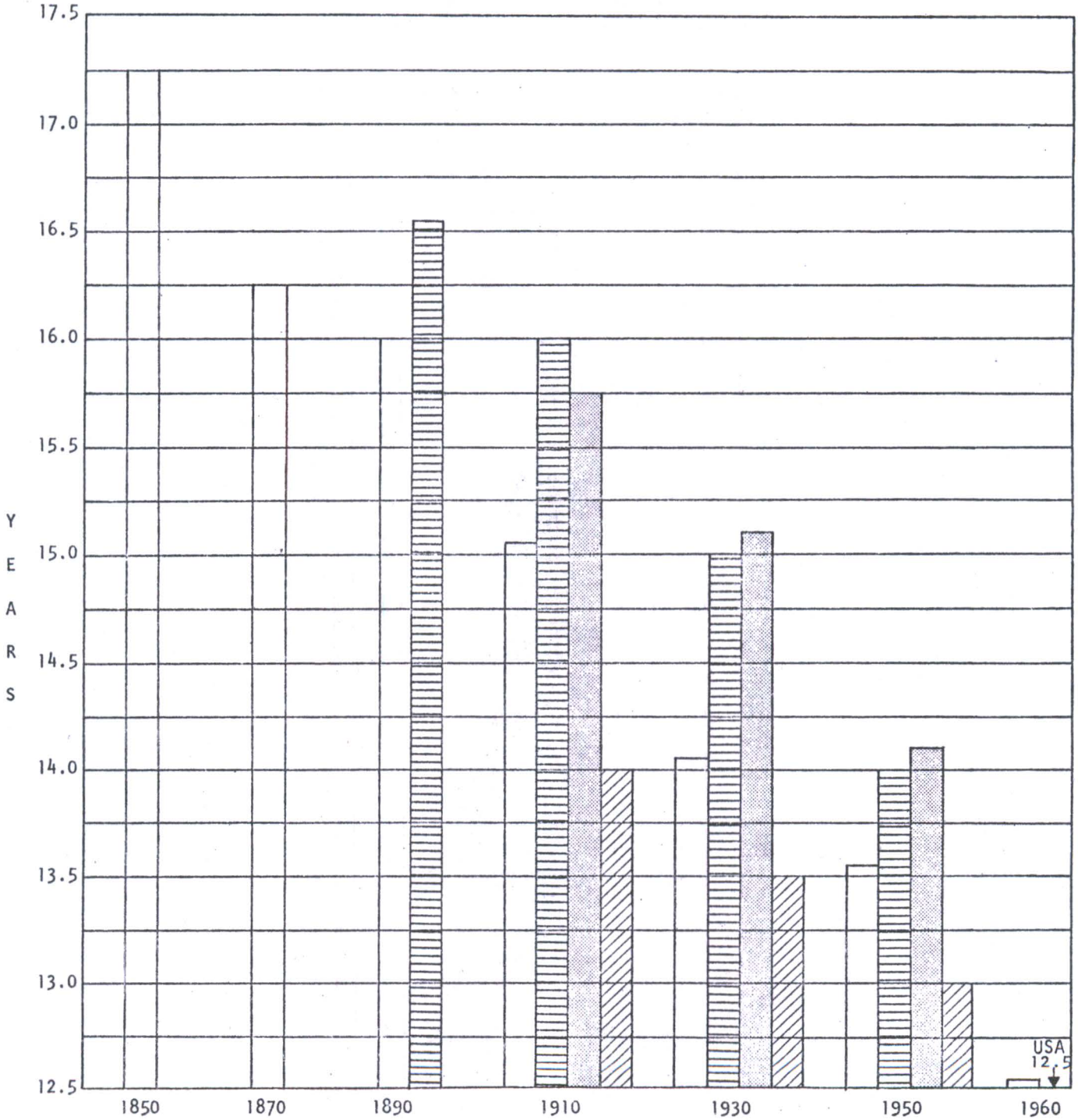
12. What, if any, responsibilities are involved when a minor fathers a child?

    Legally, the boy's parents are financially responsible until the boy is 18; after 18 he is responsible.

13. At what age can a girl get contraceptives without parental consent if she might become a welfare recipient?

    Age 15 and above.

AGE AT ONSET OF MENSTRUATION
PAST 100 YEARS



Menstrual Disorders & Sterility - 1959 Mazer & Israel Gynecology Text

PERCENT DISTRIBUTION OF SELECTED CHARACTERISTICS OF WOMEN HAVING ABORTION

California, 1968-1971

CHARACTERISTIC	YEAR			
	1968	1969	1970	1971
Total: Number	5,018	15,339	665,369a/	116,749a/
Percent	100.0	100.0	100.0	100.0
Ethnic Group				
White	89.1	85.8	81.5	80.0
Black	7.2	9.5	11.8	13.7
Other and Not Reported	3.6	4.7	6.7	6.3
Marital Status				
Married	30.1	25.2	25.4	26.3
Never Married	53.0	57.5	55.0	51.0
Other and Not Reported	16.9	17.2	19.6	22.7
Pregnancy Number				
1	51.4	54.5	49.0	47.8
2-3	23.4	24.2	26.8	30.1
4 or More	23.9	20.6	18.4	19.3
Not Reported	1.4	0.8	5.8	2.8
Age				
Under 20 Years	29.1	31.6	31.7	31.4
20-29	44.4	47.3	49.5	50.9
30-39	21.6	17.8	15.5	15.5
40 and Over	4.7	3.1	2.4	2.2
Not Reported	0.2	0.2	0.9	0.1
Source of Payment				
Medi-Cal	7.8	19.5	35.8	38.5
Other and Unknown	92.2	80.5	64.2	61.5
Type of Hospital				
County	10.5	14.1	9.4	10.0
Private and Other	89.5	84.9	90.6	90.0

a/: Number of therapeutic abortions adjusted for late reports.

Note: Percents calculated independently and may not add to 100.

Source: State of California, Department of Public Health, Bureau of Maternal and Child Health, Therapeutic Abortion Reports.

THERAPEUTIC ABORTIONS REPORTED BY COUNTY AND INDIVIDUAL HOSPITAL

California, 1971, January-March 1972

HOSPITAL	NUMBER REPORTED[1/] 1971	January-March, 1972
Alameda	7,638	2,142
Alameda Hospital 2070 Clinton Avenue, Alameda	189	50
Albany Hospital 1247 Marin Avenue, Albany	1[A/]	0
Alta Bates Community Hospital Webster & Regent, Berkeley	879	160
Civic Center Hospital 390 & 420 Fortieth, Oakland	2,623	911
Doctors Hospital of San Leandro 13855 East 14th Street, San Leandro	98	14
Eden Hospital 20103 Lake Chabot Road, Castro Valley	88	22
Herrick Memorial Hospital 2001 Dwight Way, Berkeley	422	117
Highland General Hospital 1411 East 31st Street, Oakland	181	44
Kaiser Foundation Hospital 27400 Hesperian Boulevard, Hayward	266	73
Kaiser Foundation Hospital 280 West MacArthur Boulevard, Oakland	857	194
Laurel Grove Hospital 19933 Lake Chabot Road, Castro Valley	573	69
Levine Hospital 1030 Levine Court, Hayward	163	24
Memorial Hospital of San Leandro 2800 Benedict Drive, San Leandro	627	282
Oak Knoll Naval Hospital 8750 Mountain Boulevard, Oakland	0	--
Oakland Hospital 2648 East 14th Street, Oakland	43	31
Peralta Hospital 450 - 30th Street, Oakland	50	8
Providence Hospital 3012 Summit Street, Oakland	0	0
Samuel Merritt Hospital Hawthorne & Webster, Oakland	269	80
St. Rose Hospital 27200 Calaroga Avenue, Hayward	0	0
Valley Memorial Hospital 1111 Stanley Boulevard, Livermore	111	26
Washington Hospital 2000 Mowry Avenue, Fremont	198	37

1/ Reports received as of September 12, 1972.
A/ Incomplete reporting. Estimates made from reports received.

Source: State of California, Department of Health.

HOSPITAL	NUMBER REPORTED 1971	January-March, 1972
Amador	1	--
Amador Hospital 810 Court Street, Jackson	1	0
Butte	98	38
Feather River Hospital 5974 Pentz Road, Paradise	1	1
Medical Center Hospital of Oroville 2767 Olive Highway, Oroville	45	22
N T Enloe Memorial Hospital West 5th Esplanade, Chico	52	15
Calaveras	2	--
Mark Twain Hospital El Dorado and Pope, San Andreas	2	0
Colusa	12	5
Colusa Memorial Hospital 119 East Webster Street, Colusa	12	5
Contra Costa	1,845	399
Brookside Hospital Vale Road and San Pablo, San Pablo	266	38
Concord Community Hospital 2540 East Street, Concord	133	22
Contra Costa County Hospital 2500 Alhambra Avenue, Martinez	799	166
Doctors Hospital of Pinole 2151 Appian Way, Pinole	40	28
John Muir Memorial Hospital 1601 Ygnacio Valley Road, Walnut Creek	120	24
Kaiser Foundation Hospital 1425 South Main Street, Walnut Creek	388	85
Martinez Community Hospital 20 Allen Street, Martinez	2	0
Pittsburg Community Hospital 550 School Street, Pittsburg	40	25
Richmond Hospital 23rd and Gaynor Avenue, Richmond	57	11
El Dorado	63	25
Barton Memorial Hospital 4th and South Streets, Tahoe Valley	9	3
El Dorado Community Hospital 935 Spring Street, Placerville	9	2
Marshall Hospital Marshall Way, Placerville	45	20

HOSPITAL	NUMBER REPORTED 1971	NUMBER REPORTED January-March, 1972
Fresno	983	275
Clovis Memorial Hospital 88 Norte DeWitt, Clovis	74	14
Coalinga District Hospital Sunset and Washington, Coalinga	6	1
Fresno Community Hospital Fresno and R Streets, Fresno	202	53
Valley Medical Center 445 South Cedar Avenue, Fresno	701	207
Humboldt	265	64
General Hospital Harris and H Streets, Eureka	83[A/]	22
Humboldt Medical Center 2200 Harrison Avenue, Eureka	182[A/]	37
Trinity Hospital 14th and C Street, Arcata	0	5
Imperial	54	22
El Centro Community Hospital Ross at Imperial, El Centro	54	22
Inyo	36	11
Northern Inyo Hospital 150 Pioneer Lane, Bishop	25	10
Southern Inyo Hospital 501 East Locust, Lone Pine	11	1
Kern	622	175
Greater Bakersfield Memorial Hospital 420 - 34th Street, Bakersfield	332	84
Kern County General Hospital 1830 Flower Street, Bakersfield	146	39
North Kern - South Tulare Hospital 1330 Jefferson, Delano	0	1
Physicians Hospital 901 Olive Drive, Bakersfield	13	5
Ridgecrest Community Hospital 1081 North China Lake, Ridgecrest	45	14
San Joaquin Community Hospital 2628 Eye Street, Bakersfield	82	31
USAF Hospital Edwards AFB, Edwards	4	1

A/ Incomplete reporting. Estimates made from reports received.

HOSPITAL	NUMBER REPORTED 1971	January-March, 1972
Kings	5	4
Corcoran District Hospital 1310 Hanna Avenue, Corcoran	3	4
Hanford Community Hospital 450 Greenfield Way, Hanford	2A/	0
Lake	3	2
Lakeside Community Hospital Lakeshore Drive, Lakeport	3	2
Lassen	27	6
Lassen Memorial Hospital HSP Lane and West Street, Susanville	27	6
Marin C/	487	109
Marin General Hospital 250 Bon Air Road, San Rafael	211	39
Novato General Hospital Hill and Canyon Roads, Novato	16A/	7
Ross General Hospital 1160 Sir Francis Drake, Ross	260	63
Mendocino	2	3
Mendocino State Hospital Talmadge	1	0
Ukiah General Hospital 564 South Dora Street, Ukiah	1	3
Merced	14	3
Merced General Hospital 290 East 15th Street, Merced	3	0
USAF Hospital Castle Air Force Base, Merced	11A/	2
West Side Community District Hospital 151 South Highway 33, Newman	0	1
Mono	6	3
Mono General Hospital Twin Lakes Road, Bridgeport	6	3

A/ Incomplete reporting. Estimates made from reports received.

C/ Los Angeles County, see page 133.

HOSPITAL	NUMBER REPORTED 1971	NUMBER REPORTED January-March, 1972
Monterey	970	227
Alisal Community Hospital 333 North Sanborn Road, Salinas	17[A/]	4
Community Hospital Monterey Pennisula Pacific Grove Carmel Highway, Carmel	146	89
General Hospital of Monterey County Natividad Road, Salinas	39[A/]	7
George L. Mee Memorial Hospital 300 Canal Street, King City	15	7
Monterey Hospital Limited 576 Hartnell Street, Monterey	477	58
Salinas Valley Memorial Hospital 450 East Romie Lane, Salinas	132	51
US Army Registrar's Division Medical Records, Fort Ord	144[A/]	11
Napa	--	1
St. Helena Sanitarium and Hospital Sanitarium Road, Sanitarium	0	1
Nevada	32	19
Tahoe Forest Hospital Tahoe Drive and Pine Street, Truckee	32	19
Orange	3,015	862
Anaheim General Hospital 3350 West Ball Road, Anaheim	54	77
Anaheim Memorial Hospital 1111 West La Palma, Anaheim	4	0
Beach Community Hospital 5742 Beach Boulevard, Buena Park	5	2
Chapman General Hospital 2601 East Chapman Avenue, Orange	48[A/]	36
Costa Mesa Memorial Hospital 301 Victoria Street, Costa Mesa	1	--
Doctors Hospital of Santa Ana 1901 College Avenue, Santa Ana	15	20
Fullerton Community Hospital 100 East Valley View, Fullerton	125	35
Garden Park General Hospital 9922 Gilbert Street, Anaheim	307	30
Hoag Memorial Hospital 301 Newport Boulevard, Newport Beach	321	76
Huntington Intercommunity Hospital 17772 Beach Boulevard, Huntington Beach	6[A/]	5

A/ Incomplete reporting. Estimates made from reports received.

HOSPITAL	NUMBER REPORTED 1971	January-March, 1972
Orange (Continued)		
Lincoln Community Hospital 6850 Lincoln Avenue, Buena Park	381	226
Los Alamitos General Hospital 3751 Katella Avenue, Los Alamitos	19	38
Martin Luther Hospital 1825 West Romneya Drive, Anaheim	28	10
Orange County Medical Center 101 Manchester, Orange	890	151
Palm Harbor General Hospital 12860 Palm Street, Garden Grove	113A/	45
Riverview Hospital 1901 North Fairview Street, Santa Ana	52	37
Santa Ana Community Hospital 600 East Washington, Santa Ana	365	8
South Coast Community Hospital 31872 Coast Highway, South Laguna	132	28
Stanton Community Hospital 7770 Katella Avenue, Stanton	23	7
West Anaheim Community Hospital 3033 West Orange Avenue, Anaheim	118	29
Westminster Community Hospital 200 Hospital Circle, Westminster	8	2
Placer	46	15
Auburn Faith Hospital Highway 49 & Education, Auburn	3A/	2
Roseville Community Hospital 333 Sunrise Avenue, Roseville	43	13
Plumas	90	16
Plumas District Hospital Meadow Valley Road, Quincy	90	16
Riverside	1,456	390
Circle City Hospital 730 Old Magnolia, Corona	31	11
Corona Community Hospital 812 South Washburn Street, Corona	2	0
Desert Hospital 1151 North V Miraleste, Palm Springs	186	49
Hemet Valley Hospital 1116 East Latham Street, Hemet	19	5
Indio Community Hospital 47-111 Monroe Street, Indo	59	13

A/ Incomplete reporting. Estimates made from reports received.

HOSPITAL	NUMBER REPORTED 1971	NUMBER REPORTED January-March, 1972
Riverside (Continued)		
Knollwood Hospital 5900 Brockton Avenue, Riverside	14	9
Palo Verde Hospital 250 North First Street, Blythe	30	B/
Parkview Community Hospital 3865 Jackson Street, Riverside	346	99
Riverside Community Hospital 4445 Magnolia Avenue, Riverside	183	45
Riverside GH University Medical Center 9851 Magnolia Avenue, Riverside	496	127
San Gorgonio Pass Memorial Hospital 600 North Highland Spr, Banning	10	2
US Air Force Hospital March AF Base, Riverside	78	30
Valley Memorial Hospital 82 - 485 Miles Avenue, Indio	2	0
Sacramento	4,202	1,153
American River Hospital 4747 Engle Road, Carmichael	1,079	271
Community Memorial Hospital 2251 Hawthorne Street, Sacramento	117	233
Kaiser Foundation Hospital 2025 Morse Avenue, Sacramento	371	146
Sacramento Medical Center 2315 Stockton Boulevard, Sacramento	865	172
Sutter Memorial Hospital 52nd and F Streets, Sacramento	1,724	323
Twin Lakes Community Hospital 223 Fargo Way, Folsom	21	2
US Air Force Hospital Mather AF Base, Sacramento	9	5
Woodside Community Hospital 3201 Del Paso Boulevard, North Sacramento	16	1
San Bernardino	4,232	4,089
Hi Desert Memorial Hospital 8515 Cholla Avenue, Yucca Valley	2	3
Kaiser Foundation Hospital 9961 Sierra Avenue, Fontana	258	89
Loma Linda University Hospital 11234 Anderson, Loma Linda	24	3
Montclair Memorial Hospital 5050 San Bernardino, Montclair	3,103	3,620
Ontario Community Hospital 550 North Monterey, Ontario	16	4

B/ No report received

HOSPITAL	NUMBER REPORTED 1971	January-March, 1972
San Bernardino (Continued)		
Redlands Community Hospital 350 Terracina Boulevard, Redlands	58	19
San Antonio Community Hospital 999 San Bernardino, Upland	447	179
San Bernardino County General Hospital 780 East Gilbert Street, San Bernardino	160	131
San Bernardino Community Hospital 1500 West 17th Street, San Bernardino	163	41
US Air Force Hospital George AF Base, Victorville	1 1/	0
San Diego	5,829	1,290
Bay General Hospital 435 H Street, Chula Vista	98	61
Childrens Hospital 8001 Frost Street, San Diego	14	0
Clairemont General Hospital 5255 Mount Etna Drive, San Diego	923	250
Community Hospital of Chula Vista 553 F Street, Chula Vista	2	0
Donald N. Sharp Memorial Community Hospital 7901 Frost Street, San Diego	2,589	577
Fallbrook Hospital 624 East Elder Street, Fallbrook	16	1
Grossmont Hospital 5555 Grossmont, La Mesa	195	37
Kaiser Foundation Hospital - La Mesa 8010 Parkway Drive, La Mesa	256	91
Oceanside Community Hospital 1100 Fifth Street, Oceanside	184	51
Palomar Memorial Hospital 550 East Grand Avenue, Escondido	71	20
Paradise Valley Hospital 2400 East 4th Street, National City	362	29
Scripps Memorial Hospital 9888 Genesee Avenue, La Jolla	152	21
Tri City Hospital 4002 Vista Way, Oceanside	14	5
University Hospital of San Diego Center 225 West Dickinson, San Diego	838	120
US Naval Hospital Camp Pendleton, Oceanside	47	9
US Naval Hospital Park Boulevard, Balboa Park	68	18

1/ Reports received as of September 12, 1972.

HOSPITAL	NUMBER REPORTED 1971	January-March, 1972
San Francisco	11,052	3,335
Childrens Hospital of San Francisco 3700 California Street, San Francisco	1,081	245
Chinese Hospital 835 Jackson Street, San Francisco	49	10
French Hospital 4131 Geary Boulevard, San Francisco	828	172
Golden Gate Community Hospital 1065 Sutter Street, San Francisco	648	745
Hahnemann Hospital 3773 Sacramento, San Francisco	62	17
Harkness Community Hospital & Medical Center 1400 Fell Street, San Francisco	4A/	8
Kaiser Foundation Hospital 2425 Geary Boulevard, San Francisco	1,032	257
Letterman General Hospital Presidio of San Francisco, San Francisco	135	16
Mount Zion Hospital 1600 Divisadero Street, San Francisco	632A/	116
Presbyterian Hospital Pacific Medical Center Clay & Webster, San Francisco	477A/	B/
San Francisco Eye & Ear 1801 Bush Street, San Francisco	2,689A/	1,096
San Francisco General Hospital 1001 Potrero Avenue, San Francisco	456	125
St. Francis Memorial Hospital 900 Hyde Street, San Francisco	815	159
St. Lukes Hospital 1580 Valencia, San Francisco	499	170
UC San Francisco Medical Center 3rd and Parnassus, San Francisco	1,377	139
Unity Hospital 2356 Sutter Street, San Francisco	268A/	60
San Joaquin	767	226
Dameron Hospital 525 West Acacia, Stockton	411	147
Lodi Community Hospital 800 South Lower Sacramento, Lodi	43	5
Lodi Memorial Hospital 975 South Fairmont Avenue, Lodi	32	16
Manteca Hospital 300 Cottage Avenue, Manteca	7	2
Oak Park Community Hospital of North Ca 2510 North California, Stockton	7	1
San Joaquin General Hospital Hospital Lane Highway 50, French Camp	265	54
Stockton State Hospital 510 East Magnolia, Stockton	2	1

A/ Incomplete reporting. Estimates made from reports received.
B/ No report received.

HOSPITAL	NUMBER REPORTED 1971	January-March, 1972
San Luis Obispo	411	116
San Luis Obispo General Hospital 2180 Johnson Street, San Luis Obispo	314	90
Sierra Vista Hospital 1010 Murray Street, San Luis Obispo	97	26
San Mateo	1,633	403
Church of St. Matthew Mills Memorial Hospital 100 South San Mateo Drive, San Mateo	202	48
H. D. Chope Community Hospital 222 West 39th Avenue, San Mateo	895	246
Kaiser Foundation Hospital 1150 Veterans Boulevard, Redwood City	65	34
Peninsula Hospital & Medical Center 1783 El Camino RL, Burlingame	320	52
Sequoia Hospital Whipple & Alameda, Redwood City	151	23
Santa Barbara	604	93
Goleta Valley Community Hospital 351 South Patterson, Santa Barbara	20	9
Lompoc District Hospital 508 East Hickory, Lompoc	16	3
Register Office (MSR) USAF Hospital, Vandenberg AFB	54 A/	16
Santa Barbara Cottage Hospital 320 West Pueblo, Santa Barbara	328	25
Santa Barbara County General Hospital P.O. Box 3650, Santa Barbara	117	16
Santa Ynez Valley Hospital 700 Alamo Pintado, Solvang	57	13
Valley Community Hospital 505 East Plaza Drive, Santa Maria	12	11
Santa Clara	5,047	1,270
Campbell Community Hospital 1650 Winchester, Campbell	8	10
Community Hospital Los Gatos Sar 815 Pollard, Los Gatos	482	156
El Camino Hospital 2500 Grant Road, Mountain View	892	224
Kaiser Foundation Hospital 900 Kiely Drive, Santa Clara	639	170

A/ Incomplete reporting. Estimates made from reports received.

HOSPITAL	NUMBER REPORTED 1971	January-March, 1972
Santa Clara (Continued)		
San Jose Hospital & Health Center 675 East Santa Clara, San Jose	B/	227
Santa Clara Valley Medical Center 751 South Bascom Avenue, San Jose	300A/	43
Stanford University Hospital 300 Pasteur Drive, Palo Alto	1,307	192
The Good Samaritan Hospital 15825 Samaritan Drive, San Jose	1,023	182
The Park Alameda Hospital 976 Lenzen Avenue, San Jose	354	49
Wheeler Hospital 651 - 6th Street, Gilroy	42	17
Santa Cruz	2	3
Watsonville Community Hospital Green Valley Holohan, Watsonville	2	3
Shasta	11	--
Memorial Hospital of Redding East & Butte Streets, Redding	11	0
Siskiyou	50	6
Mount Shasta Community Hospital 203 Eugene Street, Mount Shasta	22	6
Siskiyou General Hospital 818 South Main Street, Yreka	28A/	B/
Solano	767	234
Broadway Hospital 525 Oregon Street, Vallejo	428	123
David Grant USAF Hospital Travis AF Base, Fairfield	204A/	54
Intercommunity Memorial Hospital 1800 Pennsylvania, Fairfield	40	29
Kaiser Foundation Health & Rehabilitation Center 2600 Alameda Street, Vallejo	93	28
Vallejo General Hospital 510 Los Cerritos, Vallejo	2	0

A/ Incomplete reporting. Estimates made from reports received.
B/ No report received.

HOSPITAL	NUMBER REPORTED 1971	NUMBER REPORTED January-March, 1972
Sonoma	857	246
Community Hospital of Sonoma County 3325 Chanate Road, Santa Rosa	439	90
Hillcrest Hospital Hayes Street & El Rose, Petaluma	115	34
Palm Drive Hospital 501 Petaluma Avenue, Sebastopol	15	2
Santa Rosa General Hospital 465 A Street, Santa Rosa	138	97
Sonoma Valley District Hospital 347 Andrieux Street, Sonoma	146	23
Warrack Medical Center Hospital 2457 Summerfield Road, Santa Rosa	4	0
Stanislaus	602	105
Doctors Hospital of Modesto 333 West Orangeburg A, Modesto	34	22
Emanuel Hospital 825 Delbon Avenue, Turlock	18	7
Memorial Hospital Stanislaus County P.O. Box 942, Modesto	12	3
Modesto City Hospital 730 - 17th Street, Modesto	16	28
Scenic General Hospital 830 Scenic Drive, Modesto	520	43
Turlock Community Hospital 222 South Thor Street, Turlock	2	2
Sutter	121	28
Fremont Hospital 970 Plumas Street, Yuba City	70	28
Sutter County General Hospital 1965 Live Oak Boulevard, Yuba City	51	B/
Tulare	133	38
Alta Local Hospital 500 Adelaide Way, Dinuba	2	0
Kaweah Delta District Hospital 400 West Mineral King, Visalia	56	17
Lindsay District Hospital City Park, Lindsay	2	0
Tulare County General Hospital 1062 South K Street, Tulare	1	0
Tulare District Hospital 869 Cherry Avenue, Tulare	72	21

B/ No report received.

HOSPITAL	NUMBER REPORTED 1971	January-March, 1972
Tuolumne	4	1
Sierra Hospital 179 South Fairview Lane, Sonora	3	1
Tuolumne General Hospital 101 East Hospital Road, Sonora	1	0
Ventura	787	168
Community Memorial Hospital S Buenaventura 2800 Loma Vista Road, Ventura	155	35
General Hospital Ventura County 3291 Loma Vista Road, Ventura	513	93
Los Robles Hospital 215 West Janss Road, Thousand Oaks	61	17
Ojai Valley Community Hospital 1306 Maricopa Highway, Ojai	25	4
Oxnard Community Hospital 540 South H Street, Oxnard	32	19
Simi Valley Adventist Hospital 2975 Sycamore Drive, Simi	1	0
Yolo	253	46
Davis Community Hospital Road 31 & Road 99, Davis	119	30
Woodland Memorial Hospital 1325 Cottonwood Street, Woodland	93	16
Yuba	69	26
Rideout Memorial Hospital 726 Fourth Street, Marysville	69	26

THERAPEUTIC ABORTIONS REPORTED BY INDIVIDUAL HOSPITAL

LOS ANGELES COUNTY, 1971

Hospital	Number Performed
Alhambra Community Hospital 206 South Garfield Ave. Alahambra	5
Antelope Valley District Hospital 1600 West Avenue J Lancaster	90
Avalon Memorial Hospital 5862 South Avalon Boulevard Los Angeles	10,021
Bay Harbor Hospital 1437 West Lomita Boulevard Harbor City	11
Behrens Memorial Hospital 446 Piedmont Avenue Glendale	89
Bel Air Memorial Hospital 2311 Roseomare Road Bel Air	2,515
Bella Vista Community Hospital 5425 East Pomona Los Angeles	3,640
Bellflower Community Hospital 9542 East Artesia Bellflower	46
Belvedere Hospital 127 South Utah Street Los Angeles	4A/
Beverly Glen Hospital 10361 West Pico Boulevard Los Angeles	162A/
Beverly Hills Doctors Hospital 10390 Santa Monica Los Angeles	770

A/ Incomplete reporting. Estimates made from reports received.

THERAPEUTIC ABORTIONS REPORTED BY INDIVIDUAL HOSPITAL

LOS ANGELES COUNTY, 1971

Hospital	Number Performed
Beverly Hospital 309 West Beverly Boulevard Montebello	61
Bon Air Hospital 250 West 120th Street Los Angeles	86
Broadway Community Hospital 9500 South Broadway Los Angeles	577
Burbank Community Hospital 466 East Olive Avenue Burbank	173
Canoga Park Hospital 20800 Sherman Way Canoga Park	934
Carson Intercommunity Hospital 23621 South Main Carson	324
Cedars Lebanon Hospital 4833 Fountain Avenue Los Angeles	1,251
Centinela Valley Community Hospital 555 East Hardy Street Inglewood	531
City of Hope 1500 East Duarte Duarte	2
City View Hospital 3711 Baldwin Street Los Angeles	24
Community Hospital North Hollywood 6421 Coldwater Canyon North Hollywood	1,541
Community Hospital of San Gabriel 218 South Santa Anita San Gabriel	7

THERAPEUTIC ABORTIONS REPORTED BY INDIVIDUAL HOSPITAL

LOS ANGELES COUNTY, 1971

Hospital	Number Performed
Community Hospital of Gardena 1246 West 155th Street Gardena	51
Community Hospital of Huntington Park 2623 East Slausen Huntington Park	148
Community Hospital of Los Angeles 4081 East Olympic Boulevard Los Angeles	4
Compton Phys. & Surg. Hospital 4200 East Compton Compton	16[A/]
Doctors Hospital 325 West Jefferson Los Angeles	1,755
Dominguez Valley Hospital 3100 South Susana Road Compton	50
Downey Community Hospital 11500 Brookshire Downey	2
Encino Hospital 16237 Ventura Boulevard Encino	15[A/]
Fox Hills Community 5525 West Slausen Avenue Los Angeles	151[A/]
Gardena Medical Center Hospital 2315 West Compton Boulevard Gardena	117
Garfield Hospital 123 Hilliard Monterey Park	139

A/ Incomplete reporting. Estimates made from reports received.

THERAPEUTIC ABORTIONS REPORTED BY INDIVIDUAL HOSPITAL

LOS ANGELES COUNTY, 1971

Hospital	Number Performed
Glendale Adventist Hospital 1509 Wilson Terrace Glendale	47
Glendale Community Hospital 800 South Adams Street Glendale	25
Granada Hills Community Hospital 10445 Balboa Granada Hills	232
Hartland Hospital 14148 East Francisqto Baldwin Park	157
Hawthorne Community Hospital 11711 Grevillea Avenue Hawthorne	111
Hollywood Pres. HP Olmsted 1322 North Vermont Los Angeles	12
Holly Park Hospital 2501 West El Segundo Hawthorne	90A/
Hollywood Community Hospital 6245 De Longpre Hollywood	142
Hospital of Good Samaritan 1212 Shatto Street Los Angeles	49A/
Huntington Memorial Hospital 100 Congress Street Pasadena	217
Imperial Hospital 11222 Inglewood Inglewood	9

A/ Incomplete reporting. Estimates made from reports received.

THERAPEUTIC ABORTIONS REPORTED BY INDIVIDUAL HOSPITAL

LOS ANGELES COUNTY, 1971

Hospital	Number Performed
Inter Community Hospital 275 West College Street Covina	62
Inter-Valley Community Hospital 21704 West Soledad Court Saugus	10
John Wesley Co. Hospital 2826 South Hope Street Los Angeles	946
Kaiser Foundation Hospital 9400 East Rosecrans Bellflower	489
Kaiser Foundation Hospital 4867 Sunset Boulevard Los Angeles	1,316
Kaiser Foundation Hospital 13652 Cantara Street Panarama City	369
Kaiser Foundation Hospital 1100 West Pacific Coast Highway Harbor City	407
Los Angeles County - Harbor 1000 West Carson Street Torrance	278
Los Angeles County - Olive View 14445 Olive View Drive Sylmar	2
Los Angeles County - U.S.C. Medical Center 1200 West State Street Los Angeles	6,184 A/
La Mirada Community Hospital 14900 East Imperial Highway La Mirada	73

A/ Incomplete reporting. Estimates made from reports received.

THERAPEUTIC ABORTIONS REPORTED BY INDIVIDUAL HOSPITAL

LOS ANGELES COUNTY, 1971

Hospital	Number Performed
Lincoln Hospital 443 South Soto Street Los Angeles	2
Long Beach Community Hospital 1720 Termino Avenue Long Beach	739
Los Altos Hospital 3340 Los Coyotes Long Beach	369
Memorial Hospital of Glendale 1420 South Central Glendale	91
Memorial Hospital of Hawthorne 13300 South Hawthorne Hawthorne	140
Memorial Hospital of Long Beach 2801 Atlantic Avenue Long Beach	842
Memorial Hospital of Panorama City 14850 Roscoe Boulevard Panorama City	260[A/]
Memorial Hospital of Southern California 13828 Hughes Avenue Culver City	103
Memorial Hospital of Gardena 1145 Redondo Beach Gardena	186
Methodist Hospital of Southern California 300 West Huntington Arcadia	206
Midvalley Community 7533 Van Nuys Boulevard Van Nuys	109

A/ Incomplete reporting. Estimates made from reports received.

THERAPEUTIC ABORTIONS REPORTED BY INDIVIDUAL HOSPITAL

LOS ANGELES COUNTY, 1971

Hospital	Number Performed
Midway Hospital 5925 San Vicente Los Angeles	12
Mission Hospital 3111 East Florence Huntington Park	2
Monte Sano Hospital 2834 Glendale Boulevard Los Angeles	14
Morningside Hospital 8711 South Harvard Boulevard Los Angeles	727
Mt. Sinai Hospital and Clinic 8720 Beverly Boulevard Los Angeles	71A/
North Glendale Hospital 1401 West Glenoaks Glendale	12
Northridge Hospital Foundation 183 Roscoe Boulevard Northridge	149A/
Norwalk Community Hospital 13222 Bloomfield Norwalk	19
Pacific Glen Hospital 712 South Pacific Avenue Glendale	816
Pacific Hospital of Long Beach 2776 Pacific Avenue Long Beach	158
Pacoima Memorial Lutheran Hospital 11600 Eldridge Avenue Pacoima	372

A/ Incomplete reporting. Estimates made from reports received.

THERAPEUTIC ABORTIONS REPORTED BY INDIVIDUAL HOSPITAL

LOS ANGELES COUNTY, 1971

Hospital	Number Performed
Palmdale General 1212 East Avenue South Palmdale	6
Park View Hospital 1021 North Hoover Street Los Angeles	34[A/]
Parkwood Community Hospital 7011 Shoup Avenue Canoga Park	6,906
Pasadena Community Hospital 1845 North Fair Oaks Pasadena	3
Pico Rivera Community Hospital 5216 South Rosemead Pico Rivera	45
Pioneer Hospital 17831 South Pioneer Artesia	64
Pomona Valley Community Hospital 1798 North Garey Avenue Pomona	263
Presbyterian Intercommunity Hospital 12401 East Washington Whittier	116[A/]
Rancho Los Amigos 7601 Imperial Highway Downey	2
Rio Hondo Memorial Hospital 8300 Telegraph Road Downey	289
San Fernando Hospital 732 Mott Street San Fernando	1

A/ Incomplete reporting. Estimates made from reports received.

THERAPEUTIC ABORTIONS REPORTED BY INDIVIDUAL HOSPITAL

LOS ANGELES COUNTY, 1971

Hospital	Number Performed
San Gabriel Valley Hospital 115 East Broadway San Gabriel	28
San Pedro and Peninsula Hospital 1305 West 6th Street San Pedro	61
San Vicente Hospital 6000 San Vicente Los Angeles	6,524
Santa Monica Hospital Medical Center 1225 - 15th Street Santa Monica	104
Sherman Oaks Community Hospital 4929 Van Nuys Boulevard Sherman Oaks	13
South Bay Hospital 514 North Prospect Avenue Redondo Beach	211
Southeast Doctors Hospital 5900 Pine Avenue Maywood	432
St. Michaels 1845 Pacific Coast Highway Hermosa Beach	120
Studebaker Community Hospital 13100 South Studebaker Norwalk	1
Suburban Hospital, Inc. 3164 Southern Avenue South Gate	2
Temple Hospital 235 North Hoover Los Angeles	191

THERAPEUTIC ABORTIONS REPORTED BY INDIVIDUAL HOSPITAL

LOS ANGELES COUNTY, 1971

Hospital	Number Performed
The California Hospital 1414 South Hope Street Los Angeles	201
Torrance Memorial 1425 Engracia Torrance	345
U.C.L.A. Medical Center 10833 Le Conte Los Angeles	144
University Hospital 3787 South Vermont Los Angeles	28
Valley Hospital 14500 Sherman Circle Van Nuys	15
Valley Doctors 12629 Riverside Drive North Hollywood	1,897
Valley Presbyterian 15107 Van Owen Street Van Nuys	405
Viewpark Community Hospital 5035 Coliseum Street Los Angeles	9
Washington Hospital 12101 West Washington Los Angeles	119
West Hills Hospital 23023 Sherman Way Canoga Park	19
West Park Hospital 22141 Roscoe Boulevard Canoga Park	78

THERAPEUTIC ABORTIONS REPORTED BY INDIVIDUAL HOSPITAL

LOS ANGELES COUNTY, 1971

Hospital	Number Performed
West Valley Community Hospital Fd. 5333 Balboa Boulevard Encino	827
Westside Hospital 910 South Fairfax Avenue Los Angeles	6
White Memorial Medical Center 1720 Brooklyn Avenue Los Angeles	73
Whittier Hospital 15151 Janine Drive Whittier	4
Woodruff Community Hospital 3800 Woodruff Avenue Long Beach	90

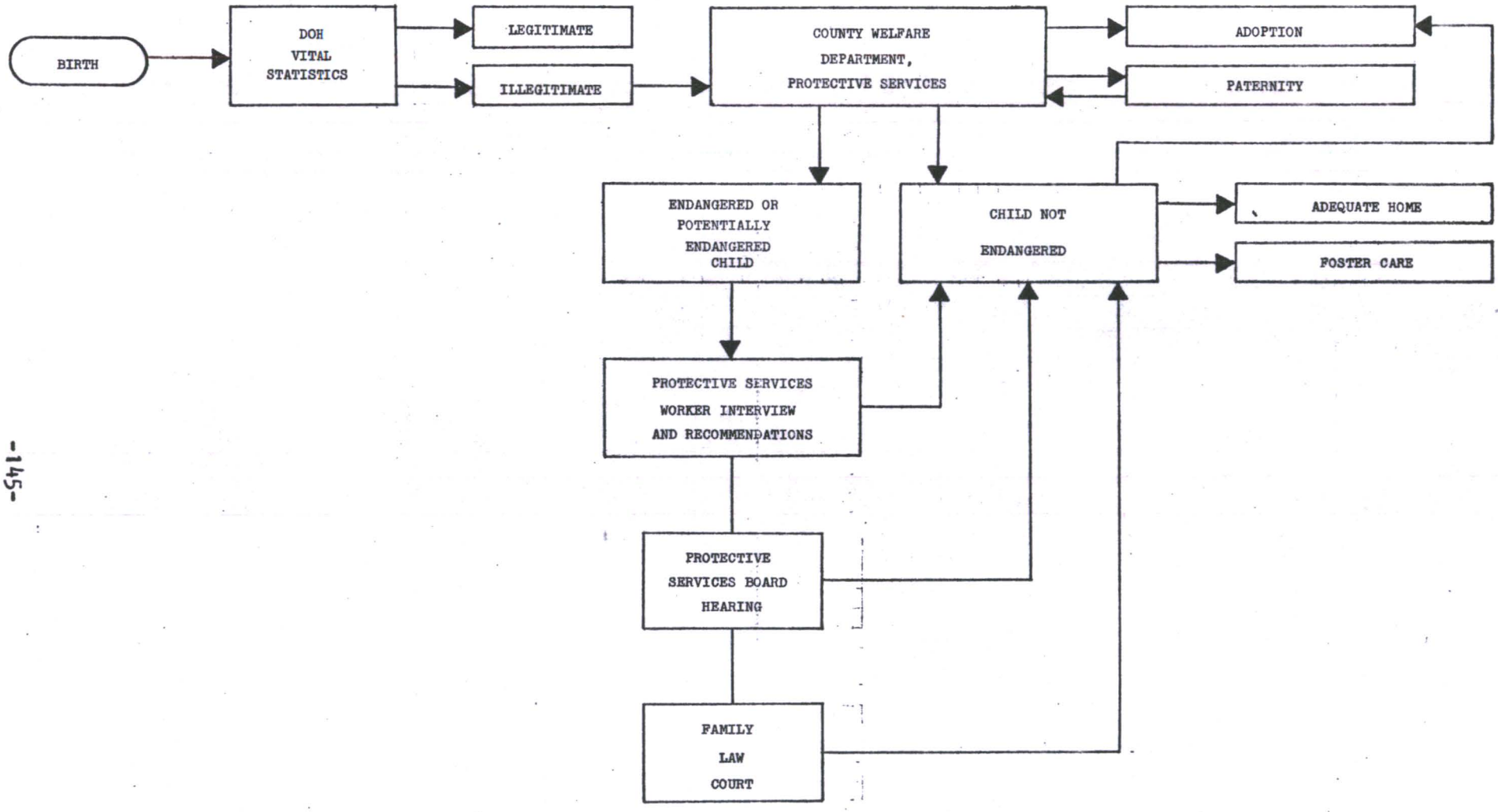
STATE OF CALIFORNIA
STATEWIDE ADOPTIONS
Fiscal 55-56 through Fiscal 70-71

Fiscal Year	Relinquishment Adoptions		Total Public and Private Relinquishment Adoptions	Independent Adoptions	Total Relinquishment and Independent Adoptions	Stepparent Adoptions
	Public	Private				
1955-56	1243	914	2157	4101	6258	3276
1956-57	1271	1147	2418	4214	6632	3644
1957-58	1326	1144	2470	4265	6735	3524
1958-59	1436	1216	2652	4552	7204	3870
1959-60	1758	1508	3266	4994	8260	3862
1960-61	2135	1506	3641	4872	8513	3911
1961-62	2669	1659	4328	4827	9155	4362
1962-63	3207	1531	4738	4890	9628	4605
1963-64	3832	1739	5571	4912*	10483	5019
1964-65	4611	1729	6340	4772	11112	5002
1965-66	5059	1951	7010	4683	11693	5639
1966-67	5410	2200	7610	4370	11980	6453
1967-68	6055	2337	8392	3995	12387*	6369
1968-69	6301	2366	8667*	3390	12057	6433
1969-70	5718	2037	7755	3115	10870	5951
1970-71	4121	1438	5559	2603	8162	7088

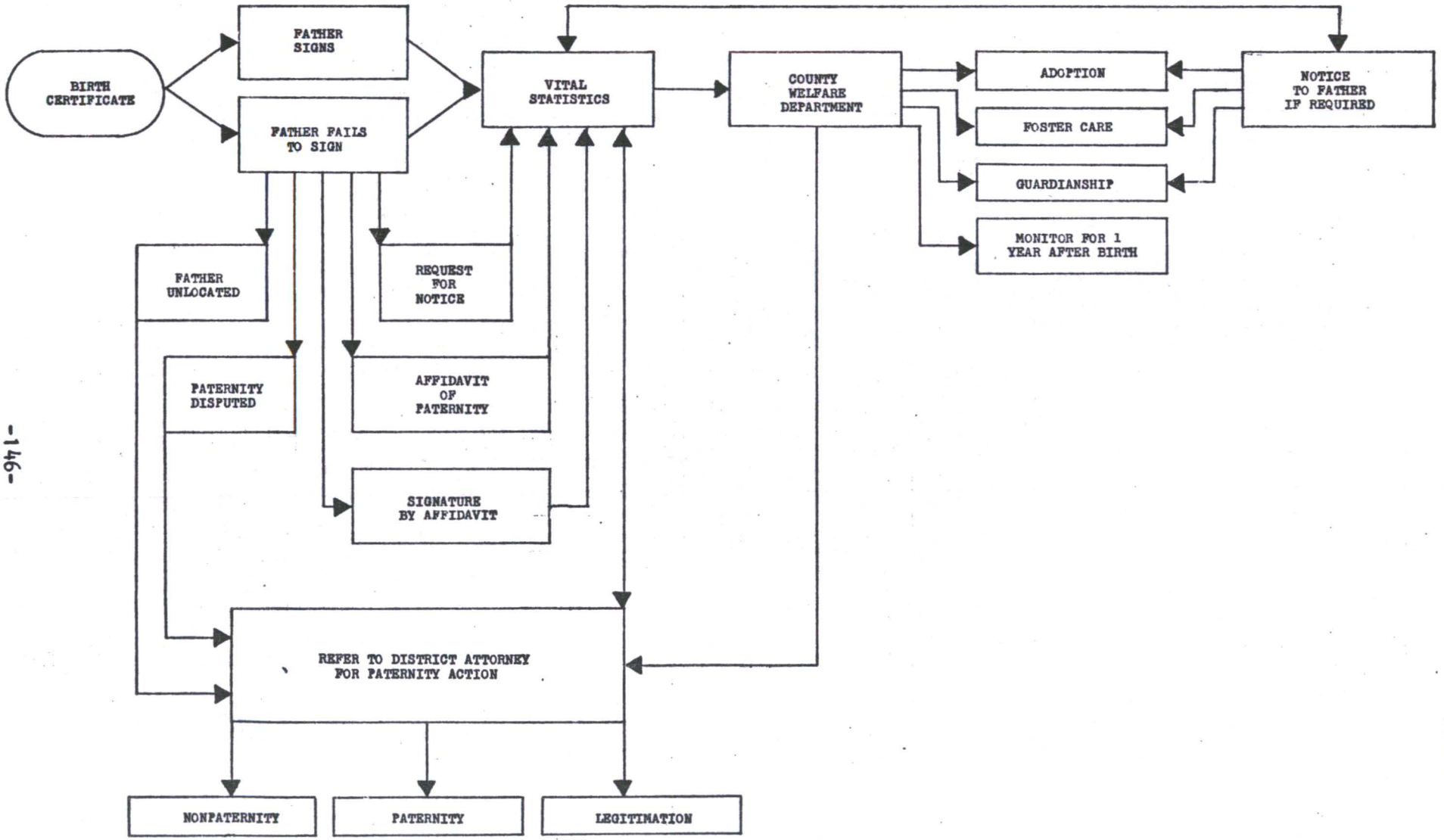
* Peak year followed by decrease.

Source: State of California, Department of Benefit Payments.

PROTECTIVE SERVICES FOR ILLEGITIMATE CHILDREN



ESTABLISHMENT OF PATERNITY AND NOTIFICATION OF INTERESTED FATHER



X. REFERENCES

AFDC Characteristics January 1973; Frank Din, Unpublished State Department of Social Welfare Report

Associated Press Report; Sacramento Bee, January 30, 1973

Birth Records; State of California; Department of Health

Boys in Fatherless Homes; Herzog and Sudia, U.S. DHEW, Office of Child Development, Publication 72-33 (reprinted 1971)

California Department of Finance; Financial and Economic Research Bureau, Population Studies Unit

Elizabeth K. Canfield, Consultant, Student Health Center, San Fernando Valley State College, Moderating Panel on "A Critique on Sex and Health Education in the Public Schools", Meeting of the California Interagency Council on Family Planning, Los Angeles, June 9, 1972

Children; September-October 1968; Children's Bureau, Office of Child Development, U.S. DHEW; Fatherless Homes; Herzog and Sudia; Vol. 15, No. 5

Judith Blake Davis, Professor of Demography, University of California, Berkeley, U.P.I., dispatch, Sacramento Bee, February 6, 1973

Kingsley Davis, Ford Professor of Sociology and Comparative Studies; Chairman, International Population and Urban Research; University of California, Berkeley; testimony before the State Social Welfare Board, July 28, 1972

Early Medical Complications of Legal Abortions; Studies in Family Planning; Publication of the Population Council; Vol. 3, No. 6, June 1972

The Effects of Legal Abortion on Legitimate and Illegitimate Birth Rates: The California Experience; June Sklar and Beth Berkov, University of California Reprint No. 436, November 1973

80 Unmarried Mothers Who Kept Their Babies; Helen R. Wright, Ph. D., State of California, Department of Social Welfare, May 1965

Estimate of Induced Abortions in Urban North Carolina; J. R. Abernathy, B. G. Greenberg, and D. G. Harvitz; Demography, 7 (1970)

Facts of Life in California - 1972-1973; Public Education and Research Committee of California, Berkeley, California

Facts of Life in California - 1973; Public Education Research Committee of California, May 10, 1973

Frances Feldman, Professor of Social Work, University of Southern California; Chairman, Advisory Committee on Family and Children's Services, Los Angeles County in testimony before State Social Welfare Board, November 16, 1972

Fifth Annual Report on the Implementation of the California Therapeutic Abortion Act; California Department of Public Health, Bureau of Maternal and Child Health

Fifth Annual Report on the Implementation of the California Therapeutic Abortion Act; State of California, Department of Public Health, Report to the 1972 Legislature

Final Report of the Task Force on Absent Parent Child Support; State Social Welfare Board; January 1971

Findings of the 1971 AFDC Study; Part I, U.S. DHEW, Publication No. (SRS) 72-03756

Alan F. Guttmacher, M.D., President, Planned Parenthood-World Population, Newsletter No. 61, June 15, 1972

Shirley Hartley, Ph. D., Department of Sociology, California State University, Hayward; testimony before the State Social Welfare Board, July 28, 1972

How They Fared in Adoption; Benson Jaffee and David Fanshel; from Foreward by Joseph H. Reid, Executive Director, Child Welfare League of America, Columbia University Press, New York and London, 1970

Nancy Humpreys, President, National Association of Social Workers, Los Angeles Chapter; testimony before the State Social Welfare Board, Long Beach, June 23, 1972

Illegitimacy: Law and Social Policy; Harry D. Krause; Bobbs-Merrill

Illegitimacy Recidivism Among AFDC Clients; Barbara B. Griswald, Kermit Wiltse, Robert Roberts; In Unmarried Parenthood, Clues to Agency and Community Action; National Council on Illegitimacy, New York, 1967

Illegitimate Births in California 1966-67; State of California, Department of Public Health; March 1971

Infant and Perinatal Mortality in Scotland; National Center for Health Statistics, Series 3 No. 5; Vital and Health Statistics: Analytic Series; November 1966

An Interim Report on Fertility and Abortion in California; Beth Berkov and June Sklar; International Population and Urban Research; University of California, Berkeley; June 1972

International Comparison of Perinatal and Infant Mortality; National Center for Health Statistics, Series 3 No. 6; Vital and Health Statistics: Analytical Series, March 1967

The Juvenile Unwed Father; Robert E. Perkins and Ellis S. Grayson

Stuart W. Knight, Attorney at Law; testimony before the State Social Welfare Board, November 16, 1972

Legal Aspects of Access to Family Planning Services; Ruth Roemer, J.D., Associate Researcher in Health Law, Institute of Government and Public Affairs University of California, Los Angeles; Presented in "Sex and the Law", Western Regional Conference, Planned Parenthood - World Population, Pasadena, April 7, 1972

Memorandum; Public Education Research Committee of California, No. 1, Febraury 26, 1973

Memorandum; Public Education Research Committee of California, No. 2, April 3, 1973

Warren B. Miller, M.D., Department of Psychiatry, Stanford Unviersity, Psychologically Vulnerable Stages in Women Leading to Unwanted Pregnancies; California Interagency Council on Family Planning Meeting

The Morality of Abortion; John T. Noonan, Jr., Harvard Press, 1970

National Natality and Infant Mortality Surveys: 1964-66; National Center for Health Statistics, Vital Statistics Report; Vol. 20, No. 5, August 2, 1971

Mrs. Doanld A. Nielsen, Executive Director, Florence Crittenton Services in Key Notes from the Florence Crittenton Service, December 1972

1970 Census Data for Health Planning; State of California, Department of Public Health, Vol. 2, Table 9, Birth Records and Therapeutic Abortion Reports

Robert O. Pasnau, M.D., Reviews, Obstetrics and Gynecology; Vol. 40, No. 2, August 1972

Position Statement Issue: Illegitimacy; State Social Welfare Board; March 1972

Report on Child Welfare Services in California; State Social Welfare Board; July 1969

Report on Foster Care: Children Waiting; State Social Welfare Board; September 1972

Report to the California Assembly Pursuant to House Resolution No. 44; 1971 State of California, Department of Public Health

Report to the 1972 California Assembly Pursuant to House Resolution No. 44; State of California Human Relations Agency, Department of Public Health

Right to Life; Greater Cincinnati, pamphlet

Senate Documents; Vol. 13, 60th Congress, ED.S.

Sex Code of California; Public Education and Research Committee of California, 1973

A Statistical Analysis of Teen-age and Young Adult Patients Receiving Family Planning Services from OEO and U.S. DHEW Funded Grantees in Region IX During Calendar Year 1971; by Neil Bodine, presented to OEO Workshop, California Interagency Council on Family Planning, Asilomar, July 5, 1972

Gary G. Stewart, M.D., Cathedral Hill Medical Center, San Francisco, in testimony before the State Social Welfare Board, November 16, 1972

Student-Parent Reaction Panel; Proceedings of the Council Meeting, California Interagency Council on Family Planning; June 9, 1972

The Unmarried Father; Reuben Pannor, Fred Massarik, Byron Evans, Springer Publishing Company, Inc., 1971

Unmarried Mothers; Clark E. Vincent, The Free Press of Glencoe, Inc. 1961

Vital Statistics; Marriages and Divorces; California Department of Public Health, August 1972, No. 10, Table VS 72-024

Vital Statistics of the United States; 1967, VII, Mortality, Part A, U.S. DHEW

Welfare Myths vs. Facts; U.S. DHEW; November 15, 1971; Congressional Record - Senate

What Do you Want Your Children to Learn About Sex; Eric W. Johnson; California Interagency Council on Family Planning Newsletter; Vol. 4, No. 1; Reprinted from Parents Magazine

Who Insures the Child's Right to Health?; Helen E. Boardman, ACSW, RSW; Child Welfare League of America, Inc.; July 1963