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RYAN REVISITED:

Updating "The Prevalence of Bastards"

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ABSTRACT

Ryan, in Blaming the Victim, discusses welfare mothers in terms of an ideology of illegitimacy, and its impact on welfare policies. He then refuted the ideology. Since then several conditions have changed. This paper assesses how those changes may have affected Ryan's conclusions, and whether AFDC recipients most likely to fit the ideology differ from other unmarried, pregnant women. Hypotheses: AFDC and non-AFDC recipients will not differ significantly in (1) "promiscuity;" (2) contraceptive usage; (3) number of children being raised; and (4) solution to their problem pregnancy. The sample was 424 AFDC and 741 non-AFDC pregnant, unmarried women. While some significant exceptions were observed, the hypotheses generally were supported. Considering that the sample of AFDC recipients is biased toward support of the ideology of illegitimacy, changed conditions appear to have reinforced Ryan's refutations.

Introduction:

William Ryan, in his Blaming the Victim chapter on "The Prevalence of Bastards" discussed the stereotype of the welfare mother in terms of five beliefs which composed an ideology of illegitimacy, and the impact of such an ideology on various social welfare policies. The five beliefs, directed toward AFDC recipients, were: (1) that poor women are promiscuous; (2) that poor

women are not concerned about the consequences of sexual activity and are therefore careless about contraception; (3) that, consequently, they have a lot of illegitimate babies; (4) that illegitimacy is acceptable to them; and (5) that they continue to have illegitimate babies because AFDC will provide for them. He then proceeded to critique the ideology and to present evidence in refutation of each belief.

A number of other scholars also have documented the prevalence of that ideology among various significant groups, such as politicians powerful in setting welfare policies (Bell, 1965; Handler, 1972; Hill & Jaffe, 1966; Moynihan, 1973), government agencies involved in medical care (Jaffe & Polgar, 1968), social workers (Furie, 1966; Gray, 1965; Greenblatt, 1972; Placek, 1973), and the public at large (Alston & Dean, 1972; Burns, 1962; Feagin, 1972; Fortune, August 1974; Jaffe, 1973; Kallen & Miller, 1971).

The widespread acceptance of such negative stereotypes of women receiving AFDC benefits has very significant implications for social policies. Punitive legislation calling for fines, jail terms, loss of custody of children, and/or sterilization of welfare mothers repeatedly has been introduced in many states, and a number of women on welfare informally have been coerced into being sterilized (Eliot, 1973; Littlewood, 1975; Paul, 1968; Rauch, 1970; Young et al., 1969). Women on welfare also have been coerced into compulsory contraception (Eliot, 1973; Young, Alverson et al., 1969), harassed by social workers in a variety of ways (Piven & Cloward, 1971), or have been deprived of further aid because they became pregnant after receiving AFDC benefits (Bell, 1965; Handler, 1972).

Ryan's arguments in refutation of the ideology of illegitimacy were based upon conditions existing prior to 1971. Several of these conditions appear to have changed quite drastically in the interim, however. More specifically, Ryan (1971:102) concluded that, for poor and black women who are likely to be AFDC recipients,

Being forced to rely on public medical care, they are far less likely to receive accurate and effective contraceptive information; lacking money, they are usually unable to afford an abortion; lacking a job, the man is less able to offer the refuge of marriage; and, finally, their babies are viewed, in terms of adoption, as 'hard to place.'

How have conditions changed since Ryan wrote? First, programs to provide contraceptive assistance to economically deprived groups have been expanded (Corey, 1975; Jaffe, 1973; Rosoff, 1972, 1975; Williamson, 1970). Since 1967, family planning services have been given high priority and increased funds by the federal government. In 1970, a landmark bill (Title X of the Public Health Services Act) was passed, with the purpose of making family planning services available to all people but with priority being given to persons from low-income families (Rosoff, 1972). By the end of the federal fiscal year, 1973, about 70 percent of the low income women estimated to be in need of family planning services actually received them (Family Planning Digest, May, 1974).¹

Perhaps the major change since Ryan's book, however, has been the legalization of elective abortion through the Supreme Court decision of January, 1973. The availability of legal, non-therapeutic abortion in free standing clinics led to a drastic lowering of the cost of abortion, and many states authorized the use of Medicaid funds to pay for abortions for Medicaid recipients (Family Planning/Population Reporter, 1974). Access of the poor to abortion was limited, however, by the failure of most publicly financed hospitals to provide abortion services, since many low-income persons depend on such hospitals for much of their medical care (Weinstock et al., 1975). Nevertheless, abortion clearly became more of an option for women on welfare than it had been before the Supreme Court decision (Kumabe, 1972; Madison & Shapiro, 1973). With respect to the other major option for accidentally pregnant women who do not

wish to keep their babies, the adoption market for black babies has increased considerably in recent years (Aldridge, 1974; Madison & Shapiro, 1973).

Some recent research has provided information relevant to the question of how changed conditions have affected Ryan's conclusions. Much of it, however, has been addressed to single issues, such as contraception among welfare recipients or other poor women, rather than to the series of beliefs making up the question of concern here. Ryan not only has presented the most integrated discussion of the problem, but the most integrated refutation of it. It may be useful, however, to briefly review the contributions of recent studies to an examination of the problem.

There appears to be little or no research directly bearing on Ryan's first point--the promiscuity of female AFDC recipients. Kantner & Zelnick (1972) in a nationwide study of unmarried teenagers looked at the number of sexual partners they had, but did not analyze these data in terms of income levels. While Marriage and Family literature has dealt with sexual behavior both pre-maritally and extra-maritally, the recent Inventory of Marriage and Family Literature (Olsen & Dahl, 1975) lists no articles analysing such behavior for the poor, or, specifically, for AFDC recipients. Recent work on pregnancy among unmarried women and illegitimacy has focused on the variable of youth rather than income. According to Dryfoos (1973) "there are no national data available on the sexual activity of unmarried women 20 years of age and older." Some older work found no relationship between social class and sexual permissiveness, however (Maranell et al., 1970; Middendorp et al., 1970; Reiss, 1967).

Some attention has been given to the question of whether welfare recipients or other poor women are concerned about the consequences of sexual activity. A recent study, for instance, (Hendershot & Placek, 1974; Placek & Hendershot, 1974) comes to the rather strange conclusion that women are more effective contraceptors when they are receiving welfare than these

same women are when they are not receiving welfare. Also, it has been found that most low-income women who received family planning services used pills, IUDs or sterilization (Corey, 1975). Another study indicates that low-income women who chose to use oral contraceptives used them as effectively as middle-income women (Feldman et al., 1971).

Closely related to the issue of whether poor women or welfare recipients are concerned about consequences of sexual activity, of course, is the matter of illegitimate births to women who are black, poor, and/or on welfare. Data for 1969 to 1971 indicated that the median number of children in AFDC families declined during that period, revealing a distinct trend toward smaller AFDC families (Family Planning Digest, November 1972). Other reports showed that 68% of the seven million children in welfare families were born in wedlock, and that illegitimate births to welfare mothers in New York City declined from 1970 to 1971 (Family Planning Digest, July 1972). Another study on teenage childbearing is tangentially relevant, showing that in California black illegitimacy rates have been declining (Sklar & Berkov, 1974), while Jaffe (1974) reports a downward trend in fertility rates for low and marginal income women from 1966 to 1972. Other data indicate a 20 percent higher prevalence of sterilization operations among nonwhite and poor (ward) abortion patients when compared to white and private patients, although it is not known how much of this may result from physicians recommending sterilization more frequently to poor than non-poor patients (Lewit, 1973). While evidence has existed for a number of years that unwanted births are greater among the poor than the non-poor (Jaffe, 1973), especially for blacks (Bauman & Udry, 1973) and, as noted above, illegitimate birthrates are declining, especially for poor and black women, there is no direct recent evidence on Ryan's fourth point, that illegitimacy is acceptable among Negroes and the poor. Some earlier work, however, (Furstenberg, 1970; Rainwater, 1970) reinforced Ryan's point that "acceptance" was a function of lack of other alternatives, and the fact that most births to AFDC mothers are not illegitimate certainly has implications for this point.

With respect to Ryan's final belief, that there is a positive relationship between childbearing and the amount of welfare payments, a study by Winegarden is directly applicable (1973, 1974). In a detailed analysis of the fertility of AFDC women, based on a nationwide sample, he found that higher AFDC benefits do not lead to increased childbearing. Other studies have shown a desire to work on the part of welfare mothers (Goodwin, 1972; Kaplan & Tausky, 1972) which would seem unlikely to be combined with desire to bear more children so as to increase welfare payments.

Aims:

This paper is aimed directly toward assessing how changes in conditions since Ryan wrote may have affected his arguments and conclusions, and toward providing updated evidence which may be used to reassess the validity of the beliefs underlying the ideology.

It is concerned with AFDC recipients who should be most likely to fit the stereotype and are the category of greatest concern to welfare policy makers, i.e., women who are unmarried and pregnant. It does not deal with AFDC recipients who would be unlikely to fit the stereotype; i.e., those who are currently married and/or have been successful contraceptors. It does, however, provide information with respect to contraceptive motivation and lack of desire for pregnancy. Of particular interest is how a lowering of barriers toward use of abortion as a solution for an unwanted pregnancy has affected its use by women on welfare as compared to other women. Utilization of adoption services by welfare recipients as compared to other women is also of concern, although of less moment, since, with the advent of legal elective abortion, this solution to unwanted pregnancy has decreased in significance.

The question of interest is the extent to which unmarried and pregnant women on welfare differ from other unmarried and pregnant women in the stereotypically expected direction. The hypotheses which sprang from this question of interest are:

1. AFDC recipients with problem pregnancies will not differ significantly from non-AFDC recipients with problem pregnancies in degree of "promiscuity."
2. Utilization of birth control will not differ significantly between AFDC recipients with problem pregnancies and non-AFDC recipients with problem pregnancies.
3. The number of children being raised by AFDC recipients with problem pregnancies will not differ significantly from the number of children being raised by non-AFDC recipients with problem pregnancies.
4. AFDC recipients will not differ significantly from non-AFDC recipients in their choice of solution to their problem pregnancy; i.e., in proportions choosing abortion, keeping the child, or releasing the child for adoption.

Procedures:

The data for this paper came from a broader study of Decision Making on Unplanned Problem Pregnancies which was conducted throughout Michigan during 1974-1975. The part of the larger sample for this study consisted of 1165 women, 424 on AFDC and 741 not on AFDC, who were pregnant and not married at the time of the data collection. A two-stage, stratified sampling design was used to obtain the overall sample. The first stage consisted of sampling organizations which served women with problem pregnancies, stratified on the basis of caseload size, type of service provided, and geographic location.² In the second stage, women served by the selected organizations were sampled on a time basis; i.e., all clients of a sampled organization who were served during a specified time period were included. Cooperation was obtained from 84% of the organizations

and from 93% of the women contacted.

Data were obtained through an anonymous, self-administered, standardized questionnaire individually given to subjects, explained, and supervised by research staff.

Among questionnaire items used for the analysis reported here were those concerning race, age, number of children being raised by subject, choice of solution to the pregnancy, birth control usage, reasons for not using contraception, and sexual experience.

Indicators used to measure the relevant variables were as follows:

(1) "Promiscuity" was measured by: (a) an item asking whether the subject's current partner was her first sexual partner, and (b) an item which provided information on whether he was her only current partner.

(2) Birth control usage was measured in different ways by a number of items: (a) whether they ever had used any birth control method; (b) if so, whether they had used either the pill or IUD; (c) if so, how regularly they used it; (d) if so, whether they were using birth control at the time they became pregnant; (e) and a series of seven indices as to reasons for not using birth control at the time they became pregnant. These indices (named as underlined) dealt with: values against birth control, ignorance about birth control or when and how pregnancy occurs, external barriers to obtaining birth control, feelings of purity when not using birth control, ineffective attempts to use birth control, intercourse being unexpected, and wanting to become pregnant.

(3) While the questionnaire had a question about the number of children being raised by the subject, it did not elicit information on whether children of divorced, separated or widowed women had been legitimate

or illegitimate. Therefore, data were used only for the never-married women.

(4) Choice of solution was determined by an item asking that, and coded into categories of keep child, release child for adoption, have an abortion, or not yet sure.

Because the AFDC subjects were significantly older than the non-AFDC subjects ($p < .001$) and because age was significantly related to a number of variables, the analyses were done controlling for age by categories considered to be socially meaningful; i.e., 16 or younger, 17 and 18, 19 through 24, 25 through 29, 30 through 35, and 36 or older. In addition, since much of the ideology has been directed toward blacks, and significantly more ($p < .001$) of the AFDC subjects were black (61%) than was the case for non-AFDC subjects (23%), analyses controlling for race also were done. These include analyses for the group overall, and by age category where significant differences were determined by means of Chi Square and Fisher's Exact Test. Except where noted, significance reported in the findings was equal to or greater than .01. It was felt that with dichotomous variables, percentage comparisons would give a good indication of strength of relationship.³

Findings:

"Promiscuity": Overall, AFDC recipients were significantly more "promiscuous" than non-recipients, as measured by two variables: (1) whether the man involved was their first sexual partner, and (2) whether he was their only current sexual partner. Although, when controlling for age, this was true only for 19-24 year olds ($p < .05$), that age category was the largest for both AFDC subjects (N=170) and non-AFDC subjects (N=240). When race was controlled, the overall difference with regard to first sexual partner was significant only for white women, and, when race was examined by age category, it held only for white women under 25 years old ($p < .05$). Differences were not significant for blacks or whites when current sexual partner was considered, either overall or for the 19-24 year category. In other words, young white women on AFDC had had more sexual experience than had comparable women who were not on AFDC, but

differences in number of current partners were related more to race than to AFDC status or age.

Contraception: By and large, on all measures, AFDC recipients were as good (or better) contraceptors than non-AFDC recipients. (1) (Birthcon) Significantly more AFDC than non-AFDC women had ever used birth control. When controlling by age categories, however, significant differences were found only for the 17-18 year olds, with 66 percent of the AFDC recipients and 47 percent of the non-AFDC having ever used birth control. (See Table 1). When race was controlled, no significant differences were found for white women, but significantly more blacks on AFDC (67%) had used birth control than blacks not on AFDC (44%). This held only for blacks who were 17-18 years old ($p < .02$), however (60% versus 32%). That is, 17-18 year old black women accounted for much of the superiority of AFDC recipients in birth control usage.

(2) A second measure of contraceptive usage (EFC) was whether or not they had ever used the most effective methods, i.e., "the pill" or an intrauterine device. Overall, significantly more AFDC, than non-AFDC, recipients had used one of these methods. When controlling for age, significantly more AFDC women under twenty-five years of age had used either an oral contraceptive or an intrauterine device. (See Table 2). When race was controlled, both blacks and whites on AFDC differed from their non-AFDC counterparts, with significantly more of them having used effective methods. When race was examined by age category, blacks who were 18 or younger were significantly greater users of effective contraception if they were on AFDC ($p < .05$), while whites on AFDC were limited to the 17-18 year old category. In other words, AFDC status was most associated with effective contraceptives for 17-18 year olds, regardless of race, and for black women of 16 or younger.

(3) A third measure (Regcon) questioned women about their regularity of contraceptive usage. Overall, and when controlling for age and race, with one exception there were no significant differences between AFDC and non-AFDC recipients in terms of using contraception all the

time (See Table 3). Significantly more white AFDC recipients, aged 17-18, reported always using contraception than was so for comparable women not on AFDC ($p < .05$).

(4) A fourth measure (Usecon) had to do with whether the subject was using birth control at the time she thought she became pregnant. Overall, there was no significant difference between AFDC and non-AFDC women, although somewhat more non-AFDC women reported using it. When age was controlled, however, a significant difference was found in the 25 to 29 year old category, where 45 percent of the non-AFDC recipients, compared to 22 percent of the AFDC recipients reported that they were using birth control when they became pregnant ($p < .05$). (See Table 4).

Controlling for race, no significant differences were found for either blacks or whites overall. When race was examined by age category, however, significantly fewer black AFDC recipients who were 25-29 were using birth control when they became pregnant than was true for comparable non-AFDC women ($p < .05$). The number of subjects was tiny, however, with three AFDC users and five non-AFDC users. Therefore, these findings are not practically very significant. No significant differences were found for whites in the 25-29 age bracket. In essence, AFDC status did not seem to be related to Usecon.

(5) Seven indices were used to determine reasons for not using birth control at the time the women became pregnant. For three of these indices, Values against birth control, Barriers in obtaining contraceptives, and Ignorance about birth control or when and how pregnancy occurs, there were no significant differences between AFDC and non-AFDC women. (See Table 5). Significantly more concern for Purity was evidenced by non-AFDC than by AFDC women ($p < .05$). However, when controlling for age category, this difference held only for the 19-24 year olds, with 22 percent of the non-AFDC and 12 percent of the AFDC women indicating concern for Purity as a reason for not using birth control ($p < .05$). (See Table 5). When controlling for race, no significant differences were found, except among white women 19-24 years old.

Of these, significantly fewer AFDC than non-AFDC recipients gave Purity as a reason for not using contraceptives ($p < .05$).

A fifth index focused on Ineffective attempts to use birth control. Overall, fewer non-AFDC than AFDC recipients gave this as a reason for not using contraceptives at the time they became pregnant ($p < .02$). When age was controlled, no significant differences were found in any category. (See Table 5). When controlling for race, no significant differences were found, either overall or for any age category.

Overall significantly more non-AFDC than AFDC women indicated that intercourse had been Unexpected, and, therefore, they had been unable to prepare for it. When age and race were controlled, no significant differences were found in any category. (See Table 5).

The seventh index relating to contraceptive usage focused on whether the subject had thought she Wanted to be Pregnant. Overall, significantly more AFDC than non-AFDC answered affirmatively. However, when age was controlled, it was found that this difference was significant only for the 17 and 18 year olds, where 22 percent of those on AFDC and seven percent of those not on AFDC thought they wanted to be pregnant. (See Table 5). However, when race was controlled, no significant differences were found in any age category in terms of Wanting to be pregnant.

Number of children raised: Looking only at the never-married women, as discussed earlier under Procedures, AFDC recipients, overall, raised significantly more children than non-AFDC recipients. Also, in the age categories 17-18, 19-24, and 25-29, AFDC women raised significantly more children than non-AFDC women ($p < .05$). There were no significant differences for those under 17 or over 29 years of age. (See Table 6). When race was controlled, it was found that, overall, AFDC recipients, both black and white, raised significantly more children than did their non-AFDC racial counterparts. When controlling for race by age category, however, significant

differences were found only among those 17-18 and 19-24, with AFDC women of those ages raising significantly more children than comparable non-AFDC women ($p < .02$).

Decision: Overall, there was a significant difference in the decisions made about their problem pregnancy by AFDC recipients, compared to non-AFDC recipients, although a majority of both opted for abortion. A larger proportion of AFDC recipients chose to keep their child. When controlling for age, significant differences were found between AFDC and non-AFDC recipients under 25 years old. Again, a larger proportion of AFDC women chose to keep their child. When controlling for race, significantly more white women on AFDC chose to keep their child than non-AFDC white women, but there was no significant difference between blacks, whether on AFDC or not. When race was examined for each age category, it was found that significant differences between white AFDC and non-AFDC women held only for those less than 25 years old ($p < .02$), while differences between blacks continued to be insignificant.

In other words, significant differences in decision between AFDC recipients and non-recipients actually existed only for young white women (less than 25 years old). Black women and older white women tended to make similar decisions regardless of their AFDC status. For both races in AFDC and non-AFDC categories, however, there was a positive relationship between age and choice of abortion as a solution. (See Table 7).

Discussion:

The impact of the change in conditions since Ryan wrote is clearly evident in the results. The greater availability of contraception to poor people is reflected in the fact that women on AFDC were as good as or better contraceptors than other women with whom they were compared. In addition, the fact that 41 percent of the women on AFDC had used birth control, and, of those, 65 percent had used a medically prescribed method (pill or IUD) indicates that birth control was accessible to many of them.

Also changes in accessibility of abortion are reflected in the proportion of AFDC recipients who were getting abortions as a solution to their pregnancy (55%). Since so few pregnant women today choose to release their babies for adoption, increases in opportunity to choose that solution are not clearly reflected in the results; it just was not a salient option for most when abortion was available.

The fact that a majority of AFDC recipients opted for abortion when it became available also is relevant because it runs counter to the assumption that women on welfare generally welcome the birth of each new illegitimate baby as a means of increasing their welfare payments. Only a little more than a third (37%) of welfare recipients planned to keep their baby, and one cannot generalize to "women on welfare" on the basis of such a minority. In addition, the largest proportion of women planning to keep their child were quite young teenagers (see Table 7), who, according to social workers serving them, tended to have quite romantic and unrealistic ideas of motherhood. Their questionnaire responses also indicated a lack of economic motivation for their decision to keep the child.⁴

Increased availability of birth control also may be relevant to the meaning of "promiscuity" or, as it might more objectively be denoted "sexual permissiveness" in most age categories. The only age category for which AFDC recipients differed significantly from non-recipients was 19-24. Nearly three-fourths of both welfare recipients (79%) and non-recipients (71%) in that age category were sexually experienced (had had more than one sexual partner), and the proportion with more than one current partner was high (59% for AFDC recipients and 47% for non-recipients). Since 81% of the AFDC recipients and 76% of the non-recipients in that age category had used birth control, it seems clear that sexual permissiveness on the part of neither group was tied to hedonistic disregard of consequences. Might it not be that these women felt able to be sexually active with more than one partner because they felt (although incorrectly in their

case) that they could be in control, and could prevent conception.

It is of great interest that where AFDC recipients differ from non-AFDC women in the direction of the ideology--that is, with respect to keeping their child, in terms of sexual experience and in lack of concern for purity (as measured)--it is young white women who differ, rather than the stereotypically expected black women. On the other hand, when AFDC recipients differ from non-AFDC women in a non-stereotypic direction--that is, in greater contraceptive motivation--it is primarily young black women who differ.

Interpretation of the data on number of illegitimate children being raised by AFDC recipients is limited by the nature of the study design. While present pregnancies of previously married subjects were known to be illegitimate, such information was not available with respect to their existing children. Consequently, only never-married women could be used to test this hypothesis, and results are not directly comparable to those for the other hypotheses. Although the results indicated that most AFDC recipients (those in the age categories with the greater proportions of recipients) were raising significantly more illegitimate children than were non-recipients, one cannot infer from this that women on welfare have lots of illegitimate babies, in accord with the stereotype. When one looks at the mean number of children AFDC recipients were raising, it is less than one (.60).

In the relevant age categories, where significant differences existed, one finds that those who were 17 and 18 had .22 children, women 19-24 had an average of one child, and women 25-29 had an average of 1.57 children. This is not impressive evidence that women on welfare are breeding as fast as they can.

All in all, when one considers that the sample of AFDC recipients in this study is biased toward support of the ideology of illegitimacy, it appears that changed

conditions have reinforced the accuracy of Ryan's refutations of that ideology.

FOOTNOTES

1. In 1975, Title II of the Health Revenue Sharing and Health Services Bill was passed over the President's veto, extending family planning legislation for two more years, and adding a number of improvements relevant to welfare recipients or other poor women. The Secretary of Health, Education, and Welfare was directed to define low income so as to ensure that economic status would not be a deterrent to participation in the programs. To assure that participation in family planning programs would be totally voluntary and not tied to receipt of other benefits or services, the legislation provided for strict informed consent rules and stipulated that coercion could be punished by fines and/or imprisonment (Rosoff, 1975). To the extent that it is implemented it seems probable that this new legislation will greatly aid the number of low-income women reached by family planning services.

2. Problem pregnancy was defined operationally as a pregnancy which results in a woman seeking assistance from an organization in deciding how to deal with it or in terminating it.

3. Blalock (1972) has a good discussion of the usefulness of percentage comparisons for that purpose.

4. Respondents' perception of advantages and disadvantages of their decision will be discussed in detail in another paper.

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TABLE 1. BIRTHCON: Percentages of AFDC and non-AFDC recipients, by age category, who have ever used birth control:

Age Category	N (Total=388)	AFDC	N (Total=662)	Non-AFDC	Significance
16 years or younger	74	19%	137	23%	NS
17 and 18 years	70	66	210	47	p<.01
19 through 24 years	170	81	240	76	NS
25 through 29 years	48	85	48	92	NS
30 through 35 years	20	100	19	100	NS
36 years or older	6	83	8	63	NS

TABLE 2. EFC: Percentages of AFDC and non-AFDC recipients, by age category, who have ever used oral contraceptives or an intrauterine device:

Age Category	N (Total=258)	AFDC	N (Total=377)	Non-AFDC	Significance
16 years or younger	14	64%	30	30%	p<.05
17 and 18 years	43	74	99	40	p<.001
19 through 24 years	136	87	181	73	p<.01
25 through 29 years	40	98	44	95	NS
30 through 35 years	20	80	19	100	NS
36 years or older	5	80	4	75	NS

TABLE 3. REGCON: Percentages of AFDC and non-AFDC recipients, by age category, who reported using birth control all the time:

Age Category	N		AFDC	Non-AFDC	Significance
	(Total=250)	(Total=373)			
16 years or younger	14	30	36%	20%	NS
17 and 18 years	41	98	51	34	NS
19 through 24 years	132	178	40	46	NS
25 through 29 years	40	43	33	44	NS
30 through 35 years	19	19	42	47	NS
36 years or older	4	5	50	40	NS

TABLE 4. USECON: Percentages of AFDC and non-AFDC recipients, by age category, who were using birth control at the time they became pregnant:

Age Category	N		AFDC	Non-AFDC	Significance
	(Total=259)	(Total=386)			
16 years or younger	16	34	19%	26%	NS
17 and 18 years	43	105	30	36	NS
19 through 24 years	135	182	26	33	NS
25 through 29 years	41	42	22	45	p<.05
30 through 35 years	19	18	32	33	NS
36 years or older	5	5	0	60	NS

TABLE 5. Reasons for not using birth control. Percentages giving the reasons, by age category and AFDC status.

Age Category	VALUES			IGNORANCE						
	N	AFDC	Non-AFDC	S	N	AFDC	Non-AFDC	S		
Combined Age Categories	295	14%	508	15%	NS	304	39%	521	42%	NS
16 years or younger	65	29	122	24	NS	67	61	126	58	NS
17 and 18 years	50	10	171	16	NS	52	37	177	48	NS
19 through 24 years	128	11	170	9	NS	131	29	171	27	NS
25 through 29 years	35	9	28	11	NS	36	33	30	31	NS
30 through 35 years	11	0	12	0	NS	12	25	12	33	NS
36 years or older	6	0	5	0	NS	6	33	5	0	NS

Age Category	BARRIERS			PURITY						
	N	AFDC	Non-AFDC	S	N	AFDC	Non-AFDC	S		
Combined Age Categories	295	17%	507	20%	NS	295	18%	508	25%	P<.05
16 years or younger	65	31	121	31	NS	65	37	121	34	NS
17 and 18 years	50	25	171	25	NS	50	22	172	26	NS
19 through 24 years	128	13	170	11	NS	128	12	170	22	P<.05
25 through 29 years	35	9	28	11	NS	35	6	28	14	NS
30 through 35 years	11	0	12	0	NS	11	0	12	25	NS
36 years or older	6	0	5	0	NS	6	0	5	0	NS

TABLE 5 (continued)

Age Category	INEFFECTIVE			UNEXPECTED		
	N	AETC	Non-AETC	N	AETC	Non-AETC
Combined Age Categories	295	55%	510	46%	p<.02	S
16 years or younger	65	34	121	28	NS	
17 and 18 years	50	40	172	40	NS	
19 through 24 years	128	63	170	61	NS	
25 through 29 years	15	74	29	59	NS	
30 through 35 years	11	73	13	69	NS	
36 years or older	6	83	5	40	NS	
	295	32%	507	42%	p<.01	S
	65	35	121	47	NS	
	50	32	171	40	NS	
	129	31	170	42	NS	
	35	17	28	32	NS	
	11	18	12	42	NS	
	6	17	5	60	NS	

Age Category	WANTED PREGNANCY				
	N	AETC	Non-AETC		
Combined Age Categories	296	15%	507	9%	p<.02
16 years or younger	66	21	121	14	NS
17 and 18 years	50	22	171	7	p<.01
19 through 24 years	128	9	170	5	NS
25 through 29 years	35	14	28	18	NS
30 through 35 years	11	9	12	16	NS
36 years or older	6	0	5	0	NS

TABLE 6. Percentages of never-married AFDC and non-AFDC recipients who were raising children, by age category and number of children.

Age Category	Number of Children	N	AFDC	N	Non-AFDC	Significance
Combined Age Categories	0	266	642	577	-	
	1	-	20	-	962	p<.001
	2 or more	-	16	-	3	
16 years or younger	0	76	95	150	-	
	1	-	5	-	99	NS
	2 or more	-	0	-	1	
17 and 18 years	0	65	78	208	-	
	1	-	22	-	99	p<.001
	2 or more	-	0	-	1	
19 through 24 years	0	106	41	195	-	
	1	-	27	-	93	p<.001
	2 or more	-	32	-	5	
25 through 29 years	0	14	29	20	-	
	1	-	42	-	85	p<.05
	2 or more	-	29	-	15	
30 through 35 years	0	4	-	3	-	
	1	-	0	-	33	NS
	2 or more	-	25	-	67	
36 years or older	0	1	0	1	-	
	1	-	0	-	100	NS
	2 or more	-	100	0	0	

TABLE 7. Percentages of women choosing to keep child, release it for adoption, or have an abortion, by age, race, and AFDC status.

Age Category	Decision	White		White		Black		Black	
		N	AFDC	N	Non-AFDC	N	AFDC	N	Non-AFDC
Comblted Age Categories	Keep	142	32%	491	14%	225	4%	149	45%
	Adopt		13		12		2		1
	Abort		55		74		56		54
16 years and younger	Keep	20	65	80	32	51	80	50	78
	Adopt		20		29		2		2
	Abort		15		39		18		20
17 and 18 years	Keep	34	47	167	20	35	69	38	58
	Adopt		15		14		0		0
	Abort		38		66		31		42
19 through 24 years	Keep	60	20	190	4	99	21	43	9
	Adopt		15		5		3		2
	Abort		65		91		76		89
25 through 29 years	Keep	19	16	34	6	28	18	11	9
	Adopt		0		6		0		0
	Abort		84		86		82		91
30 through 35 years	Keep	9	22	12	0	9	33	7	14
	Adopt		0		0		0		0
	Abort		78		100		67		86
36 years or older	Keep	0	-	8	0	4	0	0	-
	Adopt		-		13		0		-
	Abort		-		87		100		-