An increase in the number of out-of-wedlock births in various parts of the United States is a matter of concern. The study presented here is an analysis of the problem in New York City, and includes social as well as medical data. Needs that involve public health action are clearly indicated. The second and final section will appear in the June issue.

OUT-OF-WEDLOCK BIRTHS IN NEW YORK CITY

I—SOCIOLOGIC ASPECTS


In recent years there has been a steady growth in the number of reported births to unmarried mothers in New York City and nationally. A steady rise has been noted in the United States since 1947, at which time an estimated 131,900 out-of-wedlock births occurred, representing 3.6 per cent of all live births. In 1958, the number increased to 208,700 (5.0 per cent) comprising a 39 per cent increase in the rate. This rising trend has been even sharper in New York City as evidenced by an increase in rate from 3.0 per cent in 1946 to 8.0 per cent in 1959, comprising a 167 per cent increase in the rate. A similar pattern has been noted in other large urban areas where the mounting numbers have served to aggravate the serious health, welfare, and social problems inherent in out-of-wedlock births.

In order to determine the reasons for the sharp rise and to deal adequately with the consequences of out-of-wedlock births, all the available data of the New York City Departments of Health, Welfare, and Education relating to these births were reviewed, analyzed, and correlated.

Answers to the following questions were sought.

1. What is the size of the out-of-wedlock problem and is it related to the changing ethnic composition of the population?
2. What are the characteristics of the unmarried mother such as age, parity, and socioeconomic status?
3. What is the adequacy of protective health and welfare services for the unmarried mother and her child?
4. What maternal complications may affect the unmarried mother?
5. Is loss of life among unmarried mothers greater?
6. Is the unmarried mother more likely to have a prematurely born infant or one born with a malformation?
7. Is the out-of-wedlock infant less likely to survive?

Method of Study

An analysis was made of all live births and matched infant death cert-
certificates in New York City for the years 1955-1959. For the purposes of the study infant deaths were defined as deaths from birth up to one year of age. The ethnic groups analyzed in these data were classified as:

1. White (excluding Puerto Rican)
2. Nonwhite (excluding Puerto Rican)
3. Puerto Rican.

The nonwhite group in New York City is practically all Negro, constituting 99.8 per cent of all nonwhite out-of-wedlock births, but rarely includes Chinese and any other non-Caucasians such as Filipinos, Koreans, and Polynesians. The Puerto Rican group is comprised of all mothers whose nativity is stated on the birth certificate as Puerto Rican. Since there is no designation of out-of-wedlock or in-wedlock on the certificate, the births were considered out-of-wedlock when:

1. No name appeared in the space provided for the name of the father
2. The family name of the father was different from the family name of the child
3. The family name of the child was the same as the maiden family name of the mother (a combination of criteria was employed to determine out-of-wedlock status for the Puerto Rican group, because of their custom of using the mother's maiden family name)
4. The hospital indicated on the back of the birth certificate that the birth was out-of-wedlock
5. A known shelter for unmarried mothers was given as the mother's address.

The true number of out-of-wedlock births is thus probably slightly underestimated in this report, particularly for the white group where the mores and social attitude encourage concealment. On the other hand, it is recognized that there exists among both the Negro and Puerto Rican groups, a tradition of common-law marriage. Since the laws of New York State do not acknowledge such marriages, the births resulting from such unions are reported as out-of-wedlock. This may account in part for the relatively higher proportions of out-of-wedlock births among these two groups.

Scope of the Problem

The number of out-of-wedlock births in New York City has increased each year from 4,622 in 1946 to 13,380 in 1959. The total births rose in the same period from 152,736 to 168,138. The proportion of out-of-wedlock births to total births rose from 3.0 per cent to 8.0 per cent in 1959. A considerable variation in rate was noted among the ethnic groups with 2.1 per cent for the whites, 11.4 per cent for the Puerto Ricans, and 25.0 per cent for the non-whites.

The difference in the pattern of out-of-wedlock births for each ethnic group was even more striking when related to the data for total births. Although the births to nonwhite mothers constituted only 20.1 per cent of the total births in 1959, this group contributed 63.0 per cent of the out-of-wedlock births. Births to Puerto Rican mothers though constituting 13.6 per cent of the total births, contributed 19.5 per cent of out-of-wedlock births. By contrast, births to the white mothers comprising 66.3 per cent of the total births contributed 17.5 per cent of the out-of-wedlock births.

The biggest factor contributing to the increase in the total number of out-of-wedlock births in New York City has been the change in the ethnic composition of its population. In recent years, a substantial number of Negroes and Puerto Ricans of low income have migrated into the city. The adverse environment under which they have been compelled to live when added to a cultural heritage of unmarried mating (see discussion below), has further discouraged stable family life and fostered out-of-wedlock births.
The changes in ethnic composition of the population in the city are clearly reflected in the changing proportions of births by ethnic group. Since 1954, total births to the white group have decreased from 121,704 to 111,539 in 1959, whereas the births to the nonwhite group have increased from 25,465 to 33,705, and births to the Puerto Rican group have increased from 16,891 to 22,894. The ethnic redistribution of the childbearing population in New York City has resulted in a substantial increase in the number of out-of-wedlock births because of the higher percentage of these births among the disadvantaged nonwhite and Puerto Rican groups. If the distribution of births by ethnic group for 1954 had prevailed in 1959, the adjusted rate of out-of-wedlock births would have been 6.6 per cent rather than 8.0 per cent. Changes in ethnic composition thus have accounted for the disproportionately greater increase of out-of-wedlock births in New York City and other large urban centers as compared with the nation as a whole.

The proportion of out-of-wedlock births for the whites, though small as compared to the other ethnic groups, has shown a considerable increase. The rate for this group rose from 1.4 per cent in 1954 to 2.1 per cent in 1959, constituting a 50 per cent increase. For the nonwhites, the rate rose from 21.5 per cent in 1954 to 25.0 per cent in 1959, and for the Puerto Ricans, from 10.5 per cent to 11.4 per cent in this same period. This relatively sharp rise in out-of-wedlock births for the whites may indicate that the problem is becoming more acute for this group.

Out-of-Wedlock Births by Geographic Health Districts

For administrative purposes, the New York City Department of Health has divided the city into 30 geographic health districts. A wide range according to district was found in the percentages of out-of-wedlock births, correlated with percentages of premature births, births on general service as well as the rates of infant mortality. The proportion of out-of-wedlock births was definitely related to the ethnic composition of the childbearing population in each district, with the highest percentage occurring in those districts populated predominantly by the nonwhites and Puerto Ricans. However, when out-of-wedlock births were analyzed by ethnic group in each district, variations associated with socioeconomic differences were disclosed. To illustrate: the percentage of out-of-wedlock births among the nonwhites varied from a high of 37.5 per cent in the Central Harlem district, considered one of the worst slum districts in the city, to a comparative low of 8.9 per cent in the Pelham Bay district, generally regarded as a good residential neighborhood. Similarly, a variation was found among the Puerto Ricans, with a high rate of 21.4 per cent out-of-wedlock births in the Riverside district, where housing conditions for the Puerto Ricans are extremely bad, to a low of 3 per cent in the Westchester district, where housing conditions are much better.

This variation within ethnic groups suggests that socioeconomic factors have a greater influence on the rate of out-of-wedlock births than ethnic background per se.

Characteristics of the Unmarried Mother—Age

The common belief that out-of-wedlock births occur primarily among the very young was not borne out by our data. Though the average age of the unmarried mother was generally less than that of the married mother, the difference was not very large. The average age for the unmarried was 24.6 years compared with 27.6 years for the married mother. The difference in age be-
between the married and unmarried among the nonwhite group was 2.4 years whereas for the whites the difference was four years. There was practically no difference in age between the married Puerto Rican mother (25.6 years) and the unmarried (25.3 years).

For the group of unmarried mothers receiving shelter care, who comprise 8 per cent of the total of unmarried mothers in New York City, the average age was 22.4 years as compared with 24.8 years for those not receiving shelter care. This finding is to be expected since the shelters follow a policy of admitting younger women and primiparas almost exclusively.

It would be a mistake to conclude from these averages that there does not exist a special problem of the very young unmarried mother under 15. From 1955 through 1959, 797 babies were born to mothers under 15 years of age, and of these 707 (88.7 per cent) were born out-of-wedlock. This age group contributed 1.2 per cent of all out-of-wedlock births.

Of the out-of-wedlock births to girls under 15, 543 (77 per cent) were to nonwhites. It is significant that only 55 (10 per cent) of these very young nonwhite mothers under 15 were admitted to shelters, whereas 59 per cent of the white and 37 per cent of the Puerto Rican girls under 15 years of age were admitted to shelters. The next age group of mothers, 15 through 17, a group also regarded as too immature for motherhood, contributed 6,392 or 10.8 per cent of all out-of-wedlock births from 1955-1959.

The unmarried mothers under 18 in New York City were predominantly nonwhites constituting almost three-fourths of the total in this age group. Interestingly, the lowest proportion of unmarried mothers under 18 was found among the Puerto Ricans (5.0 per cent); whereas for the whites it was 13.3 per cent and for the nonwhites 13.8 per cent. Could this finding reflect a greater degree of parental control over the teen-age girl among the Puerto Ricans?

The data indicated that the percentage of unmarried mothers under 18 years of age was comparatively lower in New York City (11.8 per cent in 1958 and in 1959) than for the United States as a whole (21.3 per cent in 1958). Although an increase has occurred nationally for this teen-age group (from 29,500 of a total of 131,900 illegitimate births in 1947 to 44,500 of 208,700 illegitimate births in 1958), the proportion has dropped from 22.3 per cent in 1947 to 21.3 per cent in 1958. The same phenomenon has been noted in New York City. In 1955, of 10,328 out-of-wedlock births, 12.4 per cent (1,282) were to unmarried mothers under 18 years of age. In 1959, of a total of 13,380, 11.8 per cent (1,583) were born to this teen-age group. Though one may seek comfort in this slight drop in the proportion, nevertheless the increase in the absolute numbers is alarming since motherhood can hardly be considered desirable for either mother or child at such an early age. In view of this, community services must be further expanded for this immature group.

In the next older age group, 18-34 years, the proportion of white unmarried mothers (78.7 per cent) was approximately the same as that for the nonwhites (79.2 per cent), while for the Puerto Ricans it was much higher (86.7 per cent). The highest proportion of unmarried mothers aged 35 years and over was found among the Puerto Ricans (8.2 per cent); next came the whites (7.7 per cent); and the lowest was found among the nonwhites (7.0 per cent). The greater preponderance of the older age group for the Puerto Ricans may be associated with the relatively more common pattern of consensual union among them.
Our data indicated that on the average the unmarried mother in New York City was older than the unmarried mother in the United States as a whole. This can be explained by the relatively high proportion of Puerto Rican and nonwhite unmarried mothers in New York City. Whereas in 1957, 40 per cent of the unmarried mothers in the United States were under 20 years of age, in New York City 25.5 per cent were in this age group. In the same year 2 per cent of the unmarried mothers were under 15 years of age for the country as a whole, as compared with 1.2 per cent in New York City. Thirty per cent of the unmarried mothers in the United States were 20-24 years of age as compared with 33.9 per cent for New York City. For the older age group of 25 years and over unwed mothers comprised 30 per cent of the total number in the country as contrasted with 40.6 per cent for New York City.

The Pregnant Girl in School

A review based on data from the Bureau of Attendance of the New York City Board of Education of 259 cases of pregnancy among girls attending school disclosed the following: The girls ranged in age from 12 to 17 years with 80 per cent in the age group of 15 and 16. Although most of these girls were pregnant for the first time, seven girls were pregnant a second time and one for the third time.

The ethnic distribution of these pregnant school girls was 69.5 per cent nonwhites, 17.0 per cent Puerto Ricans, and 11.2 per cent whites. This distribution approximates that of all unmarried mothers under 18 in New York City.

Significantly, two-thirds of these young girls came from broken homes. However, only 13 per cent of the girls were reported as having poor relationships with the parents and 4 per cent of the girls were stated to have poor relationships with their peers or siblings. Twelve per cent were reported as behavior problems. Nine per cent were recorded as having poor health. Testing the intelligence of this group revealed that about one-third was mentally retarded and had an IQ of less than 75, another third was subnormal and had an IQ of 75-90, and the remaining third was classified as normal with an IQ of 90 or over. Two girls included in this group had a high IQ of 125 or over. About 50 per cent of the girls were known for a pattern of truancy and were reported as having an unfavorable attitude toward education.

More than one-third of the girls were in the third trimester of pregnancy at the time of discharge from school. Eleven per cent were stated to be in the eighth month of pregnancy. It was reported that 89 per cent of the girls had prenatal care with the majority receiving such care in a hospital clinic. The comparatively high percentage of girls under care speaks well for the liaison between school and health officials in New York City.

The foregoing description seems to indicate that these pregnant girls could not be characterized as difficult behavior problems when compared with other girls of similar age and ethnic group. The very large proportion, two-thirds, coming from broken homes and the large number, two-thirds, with below normal intelligence may point to causal relationships, with emotional deprivation as a factor on the one hand and lack of intelligence on the other in contributing to sexual delinquency. However, before drawing any conclusions, a comparable analysis is needed for a control group of school girls of similar age, ethnic group, and socio-economic background.
Parity

One of the more important questions that frequently arises in analyzing the out-of-wedlock problem is the extent to which the unmarried mother repeats the experience. Of 59,207 out-of-wedlock births between 1955 and 1959, 25,256 were first births while 33,854 were either a second or a subsequent birth. Thus, more than one-half of the births (58 per cent) were to multiparas.

A variation in the proportion of unmarried primiparas was noted in the different ethnic groups. Whereas 72.2 per cent of the out-of-wedlock births to the whites were first born, only 39.1 per cent of out-of-wedlock births to the nonwhites, and 27.6 per cent of out-of-wedlock births to the Puerto Ricans were first born.

Analysis of parity by marital status showed a marked difference for the white group. Of all births to the married whites, 65.0 per cent were to multiparas, which was more than twice the rate for multiparity among the unmarried whites (27.8 per cent). Differences in parity by marital status for the nonwhites were not as striking. The percentage of multiparas among the married nonwhites (75.4 per cent) was somewhat greater than for the unmarried (60.9 per cent). The reverse was true for the Puerto Rican group, with a slightly lower percentage of multiparas (69.4 per cent) for the married than the unmarried (72.4 per cent). These findings indicate that the Puerto Rican unmarried mothers tend to follow the repetitive pattern of the married and establish families with more than one child. This may be accounted for in part by the frequent practice of common-law marriage among them. This is likewise true for the Negro group although to a lesser degree. Many of these consensual unions are relatively stable and provide an environment for the offspring comparable to that of legally established families in the same socioeconomic group. Therefore, it is not surprising that multiparity among the out-of-wedlock Puerto Rican and Negro mothers approximates that of the married mothers in the same ethnic group.

The data for the unmarried who had three or more children provided additional confirmation of this observation. The differences in the proportions among the ethnic groups were striking. Among the whites, 13.0 per cent of the out-of-wedlock births were to women who had given birth to three or more children, whereas among the nonwhites the proportion was 38.1 per cent. The highest proportion, 49.5 per cent, was found in the Puerto Rican group.

Parity of the Unmarried Mother on Welfare

The allegation frequently made is that welfare programs encourage unmarried mothers to have additional out-of-wedlock children as a means of increasing their welfare grant. Therefore, a comparison was made of the parity of all unmarried mothers in New York City for the five years 1955-1959, with that of the unmarried mothers on the welfare rolls in New York City as of August, 1959, to determine the validity of this statement. If the charge had any basis in fact, parity for the unmarried mother on welfare would be substantially higher than that for the unmarried mother not on welfare. The figures which follow show that parity was not greater for the unmarried mothers receiving welfare, except for the whites. The city-wide figure for all first out-of-wedlock births was 42.7 per cent as compared with 43.8 per cent for those on welfare. Of all out-of-wedlock births in New York City, 21.3 per cent were second births, as compared with 24.3 per cent for those on public assistance. Comparable data for third births
were 13.5 per cent for New York City and 12.9 per cent for those on welfare, and for fourth or more births 22.5 per cent for the city and 19.0 per cent for those on welfare.

Of all out-of-wedlock births to nonwhite women in New York City between 1955 and 1959, 39.1 per cent were first births as compared with 43.8 per cent for the unmarried nonwhites on the welfare rolls; 22.7 per cent were second out-of-wedlock births to nonwhites as compared with 24.6 per cent for those on welfare; 14.2 per cent were third out-of-wedlock births as compared with 12.2 per cent for those on welfare; and 24.0 per cent were fourth or more births as compared with 19.4 per cent for those on welfare.

Of all out-of-wedlock births to Puerto Rican mothers in New York City for the five-year period, 27.6 per cent were first births as compared with 46.5 per cent for those on welfare; 22.8 per cent were second births as compared with 23.7 per cent for those on welfare; 18.2 per cent were third births as compared with 12.1 per cent for those on welfare; and 31.4 per cent were fourth or more births as compared with 17.7 per cent for those on welfare.

It is significant that for both nonwhites and Puerto Ricans, the percentage of unmarried mothers with more than one child on welfare was less than the city-wide percentage. This would indicate that the repetitive pattern for the nonwhite and Puerto Rican unmarried mothers is not confined, as frequently alleged, to those receiving welfare assistance, but is characteristic of all the unmarried in these two ethnic groups.

As for the white unmarried women, the proportion of multiparas was much higher for those receiving welfare than for all white unmarried in the city. This reflects the fact that the unmarried white is more likely to give up her child for adoption or foster care (as established by data below), and thus is personally enabled to stay off the welfare rolls. It follows that the unmarried white women on the welfare rolls are more likely to be multiparas who have kept their children and therefore constitute an atypical group among the unmarried whites.

Welfare Services for the Unmarried

The volume of out-of-wedlock births has reached a point where extensive public medical, hospital, and welfare services are required for a very substantial number of unwed mothers and their children. In New York City there are public welfare and hospital programs available for the support of all indigent persons including the unwed mother and her offspring. The expectant mothers can enter a shelter as a public charge with payments made to the shelter under the Child Welfare Program with costs shared equally by city and state. However, there are only ten such shelters, all of them operating under the auspices of voluntary agencies with a capacity for about 1,100 pregnant girls yearly, practically all of whom are primiparas. In 1955-1959, 41.7 per cent of all white out-of-wedlock births were to women in shelters, whereas only 2.6 per cent of nonwhite, and only 2.3 per cent of the Puerto Rican out-of-wedlock births were to women in shelters. The data indicate that most unmarried mothers remain in their own homes and receive financial assistance. If this is a first pregnancy to an unmarried woman not receiving shelter care, aid is given through the Home Relief Program, the cost of which is also shared equally by city and state. If the expectant mother has previously given birth to a living child or children, aid is furnished through the Federal Aid to Dependent Children Program in which approximately one-half of the funds are derived from the
National Treasury, the balance shared equally by the city and state. These women either go on the welfare rolls because their pregnancies no longer permit them to work or they are already on the welfare rolls in receipt of Aid to Dependent Children. In New York City, of the 13,380 births to unmarried mothers in 1959, about 5,300 out-of-wedlock births occurred to women receiving Aid to Dependent Children, indicating that almost three-fourths (5,300 of a total of 7,300) of the unmarried multiparas were receiving such aid.

In addition about 1,000 out-of-wedlock babies were born to women in receipt of Home Relief. The women receiving this type of assistance generally are single and without a record of previous births. Unable to work because of pregnancy, they turn to the Department of Welfare for support. After the baby is born, the mother and child are transferred to the Program for Aid to Dependent Children. While the standards of assistance are the same for both programs, the substantial federal contributions to the latter program supply much needed financial support for local welfare purposes.

While most unmarried mothers retain their children, there are those who are either unable or unwilling to raise them. Some of these mothers abandon the children. Others may turn to the New York City Department of Welfare which then arranges through its Foster and Institutional Care Program to place the children in an institution under either municipal or voluntary auspices. About one-half of these children are subsequently placed in foster homes with families while the rest remain in institutions. The cost of administering these programs is shared equally by the city and state.

Of the 13,380 births to unmarried mothers in 1959, about 7,300 were cared for at home with welfare assistance. One thousand of the remaining 6,080 were given up for foster care under the supervision and support of the Department of Welfare. An additional 1,000, most of them born to white unmarried women in shelters, were given up for adoption by the mothers who had also received aid at public expense while being sheltered. Thus, there remained approximately 4,000 who were cared for through the resources of their families or by the father in a consensual union.

From the foregoing, it can be concluded that about two-thirds of the unmarried mothers and their offspring require public assistance in one form or another.

Cumulative Effect of Out-of-Wedlock Births on Welfare Services

Another important consideration is the cumulative effect of such out-of-wedlock births on the need for publicly supported health and welfare services. Many of these unmarried mothers and their children must look to the community for subsistence and medical care for many years until the children are old enough to work or to release the mother for work.

A quantitative measure of the impact on the welfare rolls of the rising rate of out-of-wedlock births and the cumulative numbers is to be found in the following: In August, 1959, there were 72,077 out-of-wedlock children on the welfare rolls of whom 62,696 were living at home with the aid of Home Relief or Aid to Dependent Children, and 9,381 were receiving Foster or Institutional Care. The ethnic distribution of the caseload receiving home care (Aid to Dependent Children and Home Relief) differed substantially from the ethnic distribution of the caseload receiving foster or institutional care (Foster and Institutional Care Program).

Statistics revealed that the Puerto
Rican unmarried mother was the most likely to keep her child with the financial assistance of the Department of Welfare, whereas the white unmarried mother was the most likely to give up her child for foster or institutional care or adoption. About one out of every 15 infants born to Puerto Rican mothers on welfare was given up for foster care; one out of every ten for the Negro mothers; but almost one out of every two white infants born out-of-wedlock was given up for foster or institutional care.

Between 1955 and 1959, the number of out-of-wedlock children on the Aid to Dependent Children and Home Relief rolls increased from 41,944 to 63,541, a rise of 51.5 per cent. In the same period the annual cost of such care rose from $30,066,000 to $49,163,000, representing a rise in average annual cost per child from $717 in 1955 to $774 in 1959. This rise of 7.9 per cent in unit cost reflected the rise in living costs. However, it is clear from the foregoing figures that the major reason for the total increase in the cost was the cumulative effect of the growing number of out-of-wedlock births.

In addition, New York City through its Foster and Institutional Care Program cared for about 5,856 out-of-wedlock children in 1955, at an annual cost of $7,545,000 or an average annual cost of $1,288 per child a year. By 1959, the number increased to 9,343 out-of-wedlock children at a cost of $20,112,000 or an average annual cost of $2,153 per child, representing a 67.1 per cent increase in costs per child. The costs in this latter program have mounted much more sharply than those of the Aid to Dependent Children and Home Relief Programs. Thus it is apparent that it is much less expensive to provide for an out-of-wedlock child in his own home since it costs almost three times as much to provide institutional or foster care for a child. The cheapest labor in the world is that of a devoted parent.

Aside from the consideration of cost, the importance of maternal care is recognized and should be given every encouragement. The answer certainly is not to be found in institutionalizing these children. While prohibitive costs constitute one objection, maternal deprivation and its consequences constitute the most serious objection. It is in the public interest to encourage unmarried mothers to raise their own children and to assist them in every way in creating a proper environment for them.

Distribution of Children on Welfare Rolls by Marital Status of Parent

Lest the impression is created that the welfare rolls consist principally of out-of-wedlock children and their unmarried mothers, the facts indicate otherwise. In 1959, whereas 72,077 (37 per cent) of the children on the welfare rolls were born out-of-wedlock, 121,299 (63 per cent) were born in wedlock. It is also significant that of the children receiving foster and institutional care more than one-half were born in wedlock. The single most important factor in causing welfare dependency among children born in wedlock is the broken home. Almost half of the cases receiving Aid to Dependent Children were attributable to this factor. Actually there are more children on the welfare rolls because of broken homes than because of illegitimacy.

Housing Conditions Among the Unmarried on the Welfare Rolls

A fact often overlooked is the fundamental need of the unmarried mother and her child for a satisfactory dwelling place. Among the ethnic groups, the nonwhites and the Puerto Ricans are more often limited to substandard housing unless they have been fortunate
enough to obtain a home in a public housing project. The unmarried mother is even further restricted in her opportunity to secure an adequate home, since she is generally excluded from public housing projects on "moral grounds." This is borne out by an analysis made in August, 1959, by the New York City Welfare Department of housing conditions, under which families receiving welfare assistance lived. The findings indicated that these were substandard for a large proportion. Housing conditions for the married were better than those for the unmarried. More than 30 per cent of the families among the married receiving Aid to Dependent Children lived in public housing projects considered adequate, whereas less than 10 per cent of the unmarried lived in such housing projects. Of the married mothers receiving Aid to Dependent Children, 23.3 per cent lived in rooming houses, whereas 49.5 per cent of the unmarried mothers lived in such accommodations. Rooming houses are generally regarded as undesirable for family living because of shared kitchen and bathroom facilities which are inadequate and lack privacy. Of the married on the welfare rolls, 22.9 per cent lacked one or more of the following: central heat, private toilet, private bath, a private kitchen or mechanical refrigeration, whereas more than 47.1 per cent of the unmarried lacked one or more of these essentials for decent housing. These data support the observation that the unmarried on the welfare rolls are more disadvantaged and more deprived than the married on welfare.

Facilities for Obstetric Care of the Unmarried

Practically all births in New York City occur in hospitals. Home deliveries are rare. Only two-tenths of 1 per cent of the married and four-tenths of 1 per cent of the unmarried are delivered at home.

In New York City, three categories of hospitals render maternity care. Municipal hospitals, under the auspices of the New York City Department of Hospitals, give care to the medically indigent, providing ward service primarily. Proprietary hospitals, privately operated and maintained for profit, admit patients solely for private care. The third category is that of the voluntary hospitals, which are nonprofit and operate under a charter granted by the state. Voluntary hospitals care for both private and ward (service) patients. The latter are for the most part medically indigent, and the cost of their care is reimbursed principally from city funds.

The category of hospital and the type of service (private or ward) utilized by maternity patients appear to be correlated with ethnic group and marital status. Whereas, 85.8 per cent of the births to married white women occurred on the private services of hospitals (61.3 per cent voluntary and 24.5 per cent proprietary), only 12.2 per cent of births to married whites occurred on ward services (9.1 per cent voluntary and 3.1 per cent municipal). By way of contrast, among the unmarried whites, the hospital services utilized were predominantly ward services—81.0 per cent (59.3 per cent voluntary and 21.7 per cent municipal)—and only 17.3 per cent of the unmarried whites received private care (12.2 per cent voluntary and 5.1 per cent proprietary).

Among the nonwhite and Puerto Rican mothers marital status had only a comparatively slight effect upon the type of service used. Married or unmarried, the majority were delivered on the ward services of the municipal and voluntary hospitals, with the unmarried women showing an even higher proportion of utilization of ward services; 82.1 per cent of the married nonwhites and 97.4 per cent of the unmarried nonwhites.
utilized ward services; 90.4 per cent of the Puerto Rican married and 97.5 per cent of the Puerto Rican unmarried were delivered on ward services.

Both married and unmarried nonwhite and Puerto Rican mothers utilized the municipal hospitals more than the voluntary hospital ward services. More than three-fourths of the unmarried and more than half of the married delivered in the municipal hospitals. The fact that a somewhat higher proportion of unmarried white mothers received private care (17.3 per cent) than did the married nonwhites (14.6 per cent) reflects the lower socioeconomic level of the nonwhite group generally.

It is clear from the foregoing that with the exception of the married whites, all expectant mothers depend primarily upon the public services for their maternity care.

Facilities for Obstetric Care of Unmarried Mothers in Shelters

While the foregoing figures include the data for the unmarried women receiving shelter care, this group is sufficiently distinctive to warrant a separate analysis.

The shelters for unmarried mothers utilize the facilities of ward services of voluntary hospitals rather than municipal hospitals. The reason for this is that a number of shelters by traditional arrangement refer the women to designated voluntary hospitals with which the shelters have affiliations. Thus, 91.7 per cent of the expectant mothers in shelters were delivered on the ward services of voluntary hospitals as public charges. An additional 3.9 per cent were delivered in the municipal hospitals. By contrast, 73.9 per cent of the unmarried mothers outside the shelters were delivered in municipal hospitals and 20.6 per cent were delivered on the ward services of the voluntary hospitals.

Obstetric Care of Unmarried Mothers: Mode of Delivery

Data on mode of delivery by marital status and ethnic group showed differences attributable chiefly to the type of hospital service utilized. Spontaneous deliveries are much more frequent on ward services than on private services. On the other hand, deliveries with outlet forceps are more common on private services.

As might be expected, then, spontaneous delivery was the most frequent mode of delivery among the nonwhites, with 71.2 per cent for the unmarried and 67.0 per cent for the married, since these two groups predominantly utilized ward services. The relatively low frequency of spontaneous delivery (49.0 per cent) and the high proportion of outlet forceps (42.3 per cent) for the unmarried whites, despite the fact that 81 per cent of them were delivered on ward services, may be explained by the very high proportion of primiparas in this group, who are more likely to be delivered by outlet forceps.

Spontaneous deliveries were most frequent among the unmarried nonwhites (71.2 per cent), and next for the unmarried Puerto Ricans (70.0 per cent). In both ethnic groups a higher proportion of spontaneous deliveries prevailed among the unmarried than the married. This cannot be explained on the basis of differences in parity since the unmarried nonwhites had a higher proportion of primiparas than the nonwhite married women. The differences in mode of delivery, therefore, were associated with the hospital service utilized, which in turn influenced the type of obstetric care. More than three-fourths of the unmarried nonwhites were delivered in municipal hospitals. This category of hospital generally has a higher proportion of spontaneous deliveries and comparatively lower proportion of deliveries by outlet forceps.
The proportion of breech and version deliveries did not vary significantly among the ethnic groups, married or unmarried. Breech deliveries ranged from 3.2 per cent for the unmarried nonwhites to 3.8 per cent for the unmarried Puerto Ricans and unmarried whites.

Cesarean Section

Deliveries by cesarean section did not follow too consistent a pattern for either marital status or ethnic group. The proportion of cesarean sections was twice as great for the married whites (6.0 per cent) as for the unmarried whites (3.0 per cent), whereas for the nonwhites the reverse was true (4.0 per cent for the unmarried and 1.9 per cent for the married). By way of further variation the cesarean section rate for the Puerto Rican unmarried women was 4.1 per cent as compared with 5.1 per cent for the married.

In 1959, the cesarean section rate was 6.5 per cent for all women delivered on private services and 4.3 per cent for those delivered on ward services. This difference again may reflect differences in type of obstetric care available on the private services compared to the ward services. The comparatively low percentage of cesarean section for the unmarried whites (3.0 per cent) can be explained in part by the high proportion delivering on ward services. Furthermore, the relatively small proportion of multiparas requiring repeat cesarean sections and the absence of elderly primiparas in this group would also tend to reduce the cesarean section rate for the unmarried whites. The unusually low percentage of cesarean section for the married nonwhites (1.9 per cent) was probably related to the professional obstetrical care available to this group who largely deliver on ward services. The differences in the rates in large measure may have reflected differences in standards of obstetric practice rather than variations in indications for cesarean sections. It is difficult to explain the higher proportion of cesarean sections among the unmarried nonwhites (4.0 per cent) as compared with the married nonwhites (1.9 per cent). One possible though not adequate explanation may lie in the higher incidence of toxemia in the unmarried nonwhites which would constitute an indication for a cesarean section as the mode of delivery.

Unmarried Mothers and Private Care

Although the total proportion (4.4 per cent) of unmarried mothers receiving private care was small, the distribution of such private care by type of hospital and ethnic group was revealing. The figures indicated that the private care was limited chiefly to white unmarried mothers outside the shelters. Of this group 26.6 per cent received private care as compared with 1.7 per cent of the nonwhite and 1.8 per cent of the Puerto Rican unmarried mothers outside the shelters. The proportion of white unmarried mothers in the shelters receiving private care was very low (4.2 per cent). Between 1955 and 1959, about nine times as many white unmarried women (1,609) outside the shelters received private care as compared with those (180) in the shelters.

An explanation for the differences in utilization of private services by the unmarried mothers in the three ethnic groups is found in the generally higher economic level of the white population as compared with the nonwhite and Puerto Rican groups. However, this does not explain the greater utilization of private services by the white unmarried mothers outside the shelters as compared with the white unmarried in the shelter group. This difference could be due to the fact that the white unmarried women outside the shelters
may have family or friends to assist them. In other instances, they may have arranged to give up their babies for adoption in the so-called grey market, and their medical and hospital care has been financed by agreement with the adopting parents. The nature and extent of this practice deserves further study and evaluation.

Prenatal Care

An analysis of data from 1955 through 1959 on prenatal care revealed that most unmarried women received prenatal care in the clinics of municipal or voluntary hospitals. However, about half (50.3 per cent) of these women received care too late (after sixth month of pregnancy) or not at all. By contrast most married women—four out of five (80.3 per cent)—received care within the first six months. Whereas only 6.6 per cent of the unmarried women received care in the first trimester, the proportion for the married was much higher—45.7 per cent received care in this period.

Further analysis disclosed that ethnic group as well as marital status played a major role in determining the pattern of prenatal care. Among the whites, 36.7 per cent of the unmarried received care in the first six months as compared with 87.2 per cent of the married. Among the nonwhites, 42.9 per cent of the unmarried received care in the first six months as compared with 61.7 per cent of the married. Among the Puerto Ricans, 43.5 per cent of the unmarried received care in the first six months as compared with 60.4 per cent of the married. These data indicate that the white married women (87.2 per cent) had the highest proportion of timely prenatal care (within the first six months). The unmarried in each ethnic group had a lower proportion of timely prenatal care than the married.

Both unmarried and married non-whites and Puerto Ricans had a better record of timely prenatal care than the unmarried whites. This finding was unusual in that other data generally indicated less favorable conditions for the married nonwhites than for the unmarried whites. This deviation may reflect a greater reticence concerning pregnancy among the unmarried whites than was noted in the other ethnic groups.

Of all expectant mothers, only the married whites appeared to approach the minimum standard of timely prenatal care. It is evident that attention needs to be directed to bettering prenatal care for the married mothers as well as the unmarried. The failure of such a high percentage of unmarried white, and of nonwhite and Puerto Rican women, both married and unmarried, to procure prompt prenatal care suggests the need to improve prenatal services available to them.

When an unmarried expectant mother enters a shelter she is more likely to receive prenatal care than one who remains in the community. Less than 3 per cent of the women in shelters received no prenatal care whereas almost 16 per cent of the nonshelter group were without prenatal care. Interestingly a somewhat higher proportion of nonshelter women (42.5 per cent) received prenatal care in the first six months of pregnancy as compared with the shelter group (35.7 per cent). This may be due to several factors. In a number of shelters early prenatal care may be given by a doctor outside the hospital clinic, and thus may not be reported on the birth certificate by the hospital of delivery. Another possibility may be that the unwed expectant mother delays seeking care due to reticence and does not enter the shelter until relatively late in her pregnancy. This pattern of relatively late prenatal care was found to be true of all receiving shelter care, regardless of ethnic
group. Since girls receiving shelter care are usually attempting to conceal their pregnancy, they are also less likely to seek early prenatal care.

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Dr. Pakter is chief, Maternity and Newborn Division; Dr. Jacobziner is assistant commissioner; and Miss Greenstein is senior statistician; New York City Department of Health; Mr. Rosner is assistant to the commissioner, Department of Welfare, New York, N. Y.

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A Macabre Game

In an evaluation of the much-used phrase, "need for new patterns of health services," Charles K. Kincaid, M.D., health commissioner, Madison, Wis., is quoted as follows:

"This is in error if the implication is made that communicable disease is conquered and can be practically ignored as far as programming is concerned. . . . It is also in error if the implication is made that environmental sanitation is under control . . . ."

"All over the country suburbs are outstripping public sewer services which means many, many septic tanks. . . . Right in the city we found a resident spraying children with septic tank effluent he was pumping out of his dry well on the lawn, making a macabre and hair-raising game out of a serious health hazard. This was going on in the front yard of a $30,000 house . . . ."

"In the last few years over 10,000 new chemicals have appeared on the market for use in homes and businesses. Six hundred alone are sold for use in homes. Little is known about the effect of these chemicals, fungicides, insecticides, cleaners, etc., on people . . . ."

"I am not convinced that new patterns are the answer to the need. . . . if establishing new patterns means hiring different types of workers or establishing new organization. Re-training, re-directing efforts, etc., are still to be encouraged and extended."

(From the Crusader, June, 1960, Wisconsin Antituberculosis Association.)