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"To have and to hold" project: a study of twenty-five negro, teenage, unwed mothers in Volusa County, Florida

Ernestine Latson Smith
Atlanta University

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"TO HAVE AND TO HOLD" PROJECT: A STUDY OF TWENTY-FIVE NEGRO, TEENAGE, UNWED MOTHERS IN VOLUSIA COUNTY, FLORIDA

A THESIS
SUBMITTED TO THE FACULTY OF ATLANTA UNIVERSITY IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF SOCIAL WORK

BY
ERNESTINE LATSON SMITH

SCHOOL OF SOCIAL WORK

ATLANTA, GEORGIA
JUNE 1968

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DEDICATION

To My Family
ACKNOWLEDGEMENTS

I wish to acknowledge with deepest gratitude the support and encouragement of the following family members: my husband, Mr. Samuel L. Smith; my mother, Mrs. Mabel L. Eberhardt; and my mother-in-law, Mrs. Eddie Mae Smith. I also wish to express appreciation for guidance and encouragement to the following faculty members of the Atlanta University School of Social Work: Miss Victoria Scott, Mrs. Mamie Darlington and Mr. George Hedgespeth.

E.L.S.
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CHAPTER I

SIGNIFICANCE OF THE STUDY

Introduction

The incidence of illegitimate births among teenagers is steadily increasing. Clark E. Vincent has estimated that by 1970 there will be from 120,000 to 125,000 illegitimate births annually among women aged 15 to 19 years. One hospital whose total program includes a High Risk Maternity and Infant Care Project, estimated that it provided maternity care in 1966 for 368 unmarried mothers, aged 16 and under. For the first six months of 1967, there were 212 more young mothers than had been anticipated for this period. Furthermore, the hospital reported that the number of children per adolescent mother was increasing and in at least one instance, a mother, aged 16, had four children. In light of such statistics, it can be readily seen that this is a serious problem and that services other than medical care are urgently needed for these young mothers.

Social workers have long been concerned with illegitimacy and the problems of the unmarried mother; however, there has been little incentive to look at this problem except in terms of psychological

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2 Atlanta Council on Children and Youth and the Community Chest of Metropolitan Atlanta, "1968 Summer Youth Project Report," Atlanta, 1968. (Mimeographed.)
factors. More often than not, clientele consisted of individuals from middle-income groups who were amenable to "discussing their problem and gaining some insight into it." Little effort has been made to consider problems related specifically to the low-income groups which appear to consist mainly of Negro adolescents. In papers delivered at a meeting sponsored by United Neighborhood Houses Department of Training, Georgia McMurray presented the point of view that these young girls want and need help and are able to utilize a service offering help. McMurray further stated that help is largely denied these young girls from existing public and voluntary social agencies, as witness their exclusion from school, their lack of medical attention, and their remaining at home during pregnancy and keeping their children, usually because of insufficient maternity shelter and child placement facilities and, even more crucial, because of the discriminatory manner in which these services were administered.3

The author worked with Negro teenage, unwed mothers with the Department of Public Welfare of Florida for more than 13 years, and at the Children's Center, Inc. of Atlanta, Georgia, during her first year field placement. As a result of these experiences, the author became aware of the need for additional resources and services for this group of unwed mothers. The author's interest was further increased during her second year placement while working with a group

of representatives from various agencies in Volusia County, Florida. The concerns of the above group in Volusia County centered around several areas: there were few maternity homes which would accept Negro unwed mothers, the Florida AFDC grants of $32 for the mother and one child were inadequate for financial support or for any rehabilitation service and the mother seldom completed her education. These mothers appeared to be deprived of hope for the future and often repeated the out-of-wedlock pregnancy.

Purposes of the Study

This study is designed to:

1. describe the general characteristics of a sample of unmarried mothers in Volusia County, Florida;
2. describe the plans that an unmarried mother has for herself and her child;
3. ascertain the awareness that unmarried mothers have of available resources in Volusia County, Florida; and
4. establish a need for comprehensive services for Negro, teenage, unwed mothers in Volusia County, Florida.

Review of the Literature

In a review of the literature on unmarried mothers there is a great deal of emphasis placed on explaining the reasons for illegitimacy, on understanding the underlying causes of illegitimacy and the need for psychological intervention in behavior which was classified as deviant. In 1964, Clark E. Vincent surveyed the literature
and gave an historical account of various explanations for illegitimacy, which have been given over the past three decades. For instance, he saw mental deficiency, immorality and bad companions emphasized before 1930. During the 1930's, environmental and ecological factors such as poverty, broken homes and disorganized neighborhoods were emphasized. During the 1950's psychological and psychiatric explanations were given.4

As late as the early 1960's, Vincent felt that research in this problem area was being influenced by at least three factors. First, there was growing criticism of the inadequate and biased sampling procedures used in previous studies. Second, there was increasing publicity and criticism of welfare expenditures for illegitimate children and their mothers. Third, the federal government began offering funds for research and demonstration projects dealing specifically with illegitimacy and related problems.5

The literature also reveals numerous reasons for the increase in illegitimacy and the consistent concern about the seriousness of the problem. Norval Dailey sees as significant the general relaxation in sexual standards that followed World War I.6 Daily also brings to attention that some observers feel that the frustrations caused by limited economic, recreational and educational opportunity, confinement in depressed residential areas, physically substandard

5Ibid.
housing and overcrowded living conditions, lack of acceptance by the larger community, may find outlets in sexual laxity, deviant behavior, and may create a higher incidence of illegitimacy among the groups with lower socioeconomic status.7

Needed services and resources for the unwed mother fall under the broad areas of Health, Education and Welfare. Health resources include prenatal clinics and hospitals. Education resources include the public schools and vocational training schools. Welfare resources include Family Service agencies, both public and private, and maternity homes. These agencies provide to varying degrees financial support, shelter, adoption services and counseling.

Health resources include prenatal clinics and hospitals. Many communities have these resources; however, it is noted that these resources are not being fully utilized. This may be due to the lack of information about the resources and the mother's "shame" about her condition.

Dr. Walter Alvarez referred to several medical articles which pointed out that as many as 7,357 girls between the ages of 13 and 16 years had illegitimate babies. The physicians were concerned because very few of the girls had any medical care during their pregnancies. A high percentage of the girls had trouble with a narrow pelvis, toxemia of pregnancy and a prolonged labor.8

Dr. Cattell in a study of fifty-four girls in a privately en-

7Ibid., p.5.

8Times Union and Journal (Jacksonville, Florida,), March 3, 1968, p.4.
dowed maternity home saw these girls as persons who had manifest
evidence of personality difficulty. He also saw the need for more
coordinated service along with psychotherapy.9

Educational resources vary among communities. In some communi-
ties, the teenage unwed mother is permitted to transfer from one pub-
lic school to another or to attend night school following the birth
of her child. In other communities where there is no night school
program, there may be a vocational school program. These resources,
however, are nonexistent when the pregnancy is evident.

Ruth Chaskel points to the fact that most public schools and
even colleges immediately require that the unwed mother withdraws from
school. Some schools do not allow her to return to school until the
baby is one year old, regardless of an adequate child care plan.10

Project Teen Aid, listed as one of the most crucial problems
the lack of education during pregnancy for the teenagers from low-
income families. The project noted that in 1965 in New York City
all such teenagers were excluded from school and received no education
unless they went to maternity shelters.11 Chaskel explains that in
certain communities the girl is allowed to attend special classes, some-
times under programs for the handicapped, and occasionally home teaching
is provided.12

9 James P. Cattell, "Psychogynamic and Clinical Observations in a
Group of Unmarried Mothers," The American Journal of Psychiatry, CXI
(November, 1954), 342.

10 Ruth Chaskel, "The Unmarried Mother: Is She Different?" Child
Welfare, XLVI (February, 1967), 73.


12 Chaskel, "The Unmarried Mother."
Family Agencies, such as those concerned with Adoption, Home Placement and Maternity Shelter, are most often sought by the unwed mother. These are generally less available to Negro unwed mothers. White mothers have no problem of obtaining these services because of the available white adoptive couples and the acceptance policies of some maternity and foster homes. As an example, of 46 Florence Crittendon Homes in 1960, 20 had restrictions against Negroes. In the other 28 homes only one in every 10 women admitted was a Negro.\(^\text{13}\)

The Negro mother, even if she is able to apply for and use medical, shelter and counseling services during her pregnancy, can only rarely get adoption for her baby. Estimates are that about 70 percent of the white babies born out of wedlock are taken in adoption, but only about 5 percent of the Negro babies are adopted.\(^\text{14}\)

In view of the lack of adoptive homes for Negro children, many communities have made a concerted effort to recruit adoptive parents. New York City set up an Adopt-A-Child program in 1955. Dean William S. Jackson, Atlanta University School of Social Work, was the Director of this program. San Francisco organized MARCH -- Minority Adoption Recruitment of Children -- in 1955. Minneapolis set up PAMY--Parents to Adopt Minority Youngsters -- in 1961. This author worked with Adoption Sunday with Children's Center, Inc. and other social agencies of Atlanta, Georgia, in 1967.
Although some of the programs were more successful than others, the overall results have been disappointing. Adopt-A-Child of New York City, according to a midpoint report covering the period of January, 1955, to June, 1956, had placed 31 children after receiving 1,400 inquiries and making 1,400 referrals of applicant adoptive couples. PAMY during its first year and a half of operation succeeded in placing only seven nonwhite children, while 300 nonwhite children awaited adoptive homes in the state of Minnesota. Children's Center, Inc. reports only five homes as a direct result of Adoption Sunday.

Child Welfare Services lists the following factors as limiting the number of Negro adoptive applicants: one half of the Negro population remains below the poverty line of $3,000 annual income; adoption laws in most states require a two-parent family; there is a lower proportion of two-parent families among Negroes, and therefore, proportionately fewer Negro families available to adopt children.

Lois Petit has observed that: "Adoption agency resources specifically organized to serve Negroes are very limited." She further feels that the usual experience of Negroes with official white sponsored agencies has generally made them wary of the probability of something less than a warm cordial reception and they are understandably hesitant about approaching an agency.

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16 Ibid., p. 490.
In view of the above factors, the Negro unwed mother who is unable to place her baby for adoption has no alternative except to keep her child, give it away, or abandon it. If she keeps the child, it must be supported. Often the teenage mother is unprepared for the responsibility of becoming a wage earner. The mother's family or the putative father may provide support. Often the unwed mothers in the lower economic group are forced to apply for Aid to Dependent Children.

The Encyclopedia of Social Work for 1965 gives the estimate of three million children receiving public assistance grants that range from $3.67 to $8.31 a month per recipient (average monthly payment for the nation as a whole is $31.38 per recipient). 18

The inadequate financial assistance provided for the illegitimate child has been further complicated by a freeze on Aid to Dependent Children funds. This freeze would limit the number of children on state welfare funds to the number of children who are on state welfare funds as of January 1, 1968. 19

Helen Harris Perlman mentions the Newburgh, Louisiana, and Illinois attempts to cut off the relief rolls any unmarried mother who had a second child out of wedlock. She interpreted these attempts as eruptions of a continuous under the surface turmoil in political bodies about the cost to the community of supporting unmarried mothers

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and their children. 20

Only recently, Fulton County, Georgia, Superior Court Judge Charles A. Wofford called for compulsory sterilization laws for any parent of more than one illegitimate child.21

Alabama22 and Georgia23 are two of the eighteen states attempting to use "substitute father" laws to cut off welfare payments to fatherless children if the mother is having illicit relations with another man. The federal courts have ruled the "substitute father" law unconstitutional. Both Alabama and Georgia have appeals before the Supreme Court.

The aforementioned illustrations establish the need for legal services for the unwed mother. Chaskel further discusses this need in reference to legal action to establish paternity, obtain support and even retain housing. She states that the unmarried mother and her child are often denied the benefits of public housing and public welfare on the basis of moral turpitude.24

The Planned Parenthood-World Population Association covers the three general areas being considered under Health, Education and Welfare. Its Research Department estimates that less than one third of health departments and only one fifth of hospitals with large maternity services claim to provide any kind of family planning services

21The Atlanta Constitution, April 4, 1968, p.3.
24Chaskel, "The Unmarried Mother," p.70.
to the poor and when it is provided the service is admittedly inade-
quate.25 The lack of "Preventive Education" or contraceptive inform-

ation being given freely to anyone who desires it, is due in part to

the continuing controversy of the use of contraceptives being a sin

against nature even in lawful marriage. "The Pope's Unsolvable Prob-

lem" in Look magazine discusses the magnitude of this controversy.26

Perlman discusses the Planned Parenthood Federation of America

from the standpoint that it is an in-wedlock child spacing agency.

Even though it might extend its services to mothers of illegitimate

children, this has often been blocked by religious, legal and perhaps

unorganized public scruples.27

The teenage girl is therefore never routinely referred for any

contraceptive information and rarely receives any interpretation of

sex other than from a biological standpoint in public school. Chaskel

feels that sex education needs to be related to the total concept of

personality development by assisting young people to achieve the emo-
tional maturity that allows them to make a responsible and meaningful

sex adjustment. With emotional maturity they would be able to handle

the consequences of their own actions.28

Even when necessary resources and services may be available in


27Perlman, "Unmarried Mothers," p.309.

28Chaskel, "The Unmarried Mother," p.70.
a community, the lack of knowledge and coordination of services of agencies often prevent or deter especially the Negro unwed mothers from receiving adequate care. Leontine Young, as early as 1954, recognized this and said that:

Particularly in large cities, our agencies are a patchwork quilt of competing, overlapping and duplicating services which are costly to administer, are obstacles to quick and sound help for the unmarried girl and her baby and diminish the amount of help available to meet the total need. 29

Some communities, aware of the lack of coordinated services, are trying demonstration programs, especially designed to help the low-income, teenaged, unwed mothers. The author found two projects of this type presently in operation in New York City, a third in the planning stage is a project in Atlanta, Georgia, and the project on which this investigator worked in Volusia County, Florida.

The two projects of this type presently in operation in New York City are Project Teen Aid and Harlem Youth Unlimited -- Training and Rehabilitation Center for Young and Unwed Mothers. Statistics show that one of every seven children born in New York is illegitimate, with one in every three among Negroes. 30

Project Teen Aid has been in operation for two years. This is a community action program funded through the Office of Economic Opportunity. Its goal is to develop comprehensive services for pregnant unmarried teenagers. The Willoughby House Settlement, Inc. and


Visiting Nurse Association of Brooklyn, Inc. are the joint sponsors of this project.  

The staff includes two social workers, public health nurses, a vocational counselor, resident nonprofessional workers, who provide specialized activities, such as tutorial help, arts, crafts, and remedial reading. The group therapy program is conducted by a psychiatrist from Cumberland Hospital, who is a volunteer. Through the involvement of community resources, the following services are provided: accredited course of instruction from the Board of Education, maternity education, home visiting, counseling (individual, family and group), vocational and educational guidance, group therapy, homemaking and handicraft instruction, personal grooming and typing instruction.

Harlem Youth Unlimited has a similar program, which was started on January 3, 1967, and is a part of the Drew Hamilton Community Center Program at 1143rd Street and 7th Avenue, New York City. Its program for young and unwed mothers includes homemaking, education, counseling, consumer education, prenatal care, postnatal care, career development, heritage and political science. The Drew Hamilton Center also provides nursery care for pre-school age children as a part of their total program of services and activities for all age groups. The project for young mothers also uses Youth Leaders. These leaders are used to register new girls for the program, to ex-

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plain the program and to lead group discussions. The 1966 program from which these Youth Leaders had emerged had been made up of 40 girls aged 16 to 21 years who were mostly high school dropouts. Some were motivated by Harlem Youth Unlimited to get jobs as telephone operators, waitresses, clerks and nurse's aides.

A project presently in the planning stage is the Summer Youth Project, which is sponsored by the Atlanta Council on Children and Youth and the Community Chest of Metropolitan Atlanta, Georgia. Miss Victoria Scott of Atlanta University School of Social Work is working with this project. Summer Youth Project proposes to give Follow-Up Service to 30 low-income, unmarried mothers, 15 years of age or less, who delivered their first child during the period from June 1, 1967, to May 30, 1968. Each mother and her family will be assigned a team consisting of a graduate social worker and a college aide for the three-month summer period of 1968. The social worker will be responsible for the social planning with the entire family. The college aide will focus on her role as an ego model for the mother in order to provide practical stimulation and assist the mother in using community resources.

The project on which this investigator worked was in Volusia County, Florida. According to Florida Vital Statistics for 1966, there were 13,345 illegitimate births, of which 4,019 were white, and 9,326 were nonwhite. For Volusia County, the total illegitimate births were 393, with 134 white and 259 nonwhite. The 393 illegiti-

33 1968 Summer Youth Project Report.
mate births represented 16.8 percent of all live births in that county. 34

Several community agencies of Volusia County, including Catholic Charities, Children's Home Society and the Department of Public Welfare were concerned with the lack of comprehensive services for the Negro unwed mother who must keep her baby as there were insufficient Negro adoptive couples. In order to study this problem and formulate plans for needed services, the three above mentioned agencies invited other interested agencies in Volusia County, Florida, to attend a discussion meeting prior to September, 1967.

At this meeting, it was decided that the group would be known as the "To Have and To Hold" Committee. Miss Patricia Neus of Catholic Charities was named as the chairman. Participating agencies agreed to share the responsibility of typing and mimeographing material and it was felt that operating funds would not be necessary at this time. At following meetings, additional agencies joined until the committee finally consisted of representatives from the Y.W.C.A., Catholic Charities, Children's Home Society, County Board of Public Instruction, Halifax Hospital, Vocational Rehabilitation, Project Upgrade, Department of Public Welfare and the Guidance Center. This investigator represented the Guidance Center as of November, 1967.

Scope and Limitations

The "To Have and To Hold" Committee decided to interview with the aid of questionnaires all known Negro unwed mothers in Volusia County, Florida, between the ages of 13 and 18 inclusive, who planned to keep their babies. In addition, the study was confined to unwed mothers with their first pregnancy, or if their first illegitimate child was born, it was less than one year old and the mother was not again illegitimately pregnant.

Names and addresses of all known Negro unwed mothers aged 13 to 18 inclusive, with their first illegitimate pregnancy or their first illegitimate child of less than one year of age, were submitted by committee members as being known to their agency. The entire list of 28 unwed mothers were contacted and the questionnaires completed. One questionnaire was disqualified as the mother was older than the age limit. Two questionnaires were disqualified as the unwed mother had more than one illegitimate child. A total of 25 questionnaires was included in the study. A total of 25 second questionnaires was completed by or for one parent (either father or mother) of each of these unwed mothers. The study included a total of 50 questionnaires completed by unwed mothers and their parents.

There were ten investigators involved in the completion of the questionnaires. All investigators had at least a Bachelor of Arts degree. Length of work experience varied from less than one year to more than 15 years with an agency. Length of time necessary to complete the questionnaires varied from one half hour to one
hour and a half. This investigator interviewed four families. All four unwed mothers completed their questionnaires; one unwed mother completed the questionnaire for her mother and the investigator completed the questionnaires for the three other mothers. Length of time in each home varied from one half hour to one hour.

Methodology

All members of "To Have and To Hold" Committee participated in constructing the questionnaires for this study. One questionnaire was to be completed by the teenage unmarried mother and one by this girl's responsible parent (either mother or father). Both questionnaires included questions concerning household composition; occupation of major breadwinners; and total family income per year (see Appendix for copies of the questionnaires). Both questionnaires also asked if the community had a specific agency available to help unwed mothers would the parent have given permission for the teenager to use it and of the teenager, would she have used it? The question was asked if there had been a place in Volusia County where the unmarried mother could live during and after her pregnancy with other girls in her own situation, to have received good medical care, been able to attend school, to have learned how to take care of her baby, to receive day care for her child and recreational activities for herself and child, would she have considered going there?

The parent's questionnaire was interested in knowing what factors the parent felt had contributed to the daughter's pregnancy, how they reacted to knowledge of the pregnancy and their goals for
their daughter. The "To Have and To Hold" Committee decided to restrict the study to first out-of-wedlock pregnancies and to teenagers in order to establish the need for comprehensive service for this age group.
CHAPTER II

ANALYSIS OF DATA COLLECTED

Of the 25 unwed mothers completing the questionnaires, 17 had given birth to their first illegitimate child and 8 were illegitimately pregnant with their first child.

Table 1 shows the total income of the family of the unwed mothers. Eighty percent of the mothers lived in families whose total income was less than the poverty level. With one exception only, the mother and her child remained in the parental home during prenatal and postnatal periods. This one exception went to another state where she received comprehensive services and remained in school. Those remaining in their homes or returning to their homes, lived in families with an average of 7 persons. The size of the families ranged from 3 members to 11 members. Despite the size of these families and economic status, the homes had an average of 6 rooms. Only 4 or 16.0 percent of the families had 3 rooms. One family had a home with 12 rooms.

Table 2 shows that most of the mothers had adequate sleeping space in their parents' home. Over one half of the families had 3 bedrooms each. Four of the families had 2 bedrooms each representing the smallest number, while one family had 7 bedrooms representing the largest number.
TABLE 1

FAMILY INCOME OF TWENTY-FIVE UNMARRIED MOTHERS

<table>
<thead>
<tr>
<th>Income</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,000 or less</td>
<td>10</td>
<td>40.0</td>
</tr>
<tr>
<td>$2,000 to $3,000</td>
<td>10</td>
<td>40.0</td>
</tr>
<tr>
<td>$3,000 and above</td>
<td>5</td>
<td>20.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>25</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

TABLE 2

TOTAL NUMBER OF BEDROOMS IN THE HOMES OF TWENTY-FIVE PARENTS

<table>
<thead>
<tr>
<th>Number of Bedrooms</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>4</td>
<td>16.0</td>
</tr>
<tr>
<td>3</td>
<td>14</td>
<td>56.0</td>
</tr>
<tr>
<td>4</td>
<td>4</td>
<td>16.0</td>
</tr>
<tr>
<td>5</td>
<td>2</td>
<td>8.0</td>
</tr>
<tr>
<td>6</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>7</td>
<td>1</td>
<td>4.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>25</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>
Table 3 shows the age of the 17 mothers who had already given birth to their babies and the age of the 8 pregnant mothers. The largest group, or 44.0 percent, are in the age group of 15 to 16 years of age. The smallest group represented 5 girls, or 20.0 percent of the total.

According to Table 4, 52.0 percent, or thirteen of the mothers were seen or are presently being seen in the prenatal clinic. Forty-four percent, or 11 of the mothers, were seen by private physicians. Only one mother, who is now presently 7 months pregnant, has received no prenatal care.

Unfortunately, this study did not request information as to how much prenatal or postnatal care the mothers had or how often. Also the questionnaire did not ask how many times the babies were seen following delivery. Of the 17 babies delivered, all were seen by physicians a second time except 2. The quantity and quality of the care given those who were seen is not known. It was revealed as a result of this study that there is no pediatric clinic in the Volusia County Halifax Hospital and that children are seen at the hospital only in the Emergency Room. This is the only hospital serving low-income families in Volusia County.

There is a well-baby clinic that meets one day a week in the Daytona Beach area of Volusia County at the Health Department. The questionnaire failed to ask if this facility was being used and, if not, the reason for this.

Of the 17 babies born, all were born in the hospital. Ten
TABLE 3

THE AGE OF UNWED MOTHERS AT BIRTH OF BABY

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Number</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>13 to 14</td>
<td>5</td>
<td>20.0</td>
</tr>
<tr>
<td>15 to 16</td>
<td>11</td>
<td>44.0</td>
</tr>
<tr>
<td>17 to 18</td>
<td>9</td>
<td>36.0</td>
</tr>
<tr>
<td>Total</td>
<td>25</td>
<td>100.0</td>
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</table>

TABLE 4

PREGNATAL CARE RECEIVED BY TWENTY-FIVE UNWED MOTHERS

<table>
<thead>
<tr>
<th>Nature of Medical Service</th>
<th>Number</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Clinic</td>
<td>13</td>
<td>52.0</td>
</tr>
<tr>
<td>Private Physician</td>
<td>11</td>
<td>44.0</td>
</tr>
<tr>
<td>None</td>
<td>1</td>
<td>4.0</td>
</tr>
<tr>
<td>Total</td>
<td>25</td>
<td>100.0</td>
</tr>
</tbody>
</table>

were delivered by private physicians and 7 were delivered by residents.

Prior to pregnancy, 21 mothers, or 84 percent, of the study, were students. Two mothers or 8 percent of the study were employed.
One mother was not employed and not in school, and one mother made no response to this question (see Table 5).

**TABLE 5**

EDUCATIONAL AND VOCATIONAL STATUS OF TWENTY-FIVE UNMARRIED MOTHERS PRIOR TO PREGNANCY

<table>
<thead>
<tr>
<th>Status</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students</td>
<td>21</td>
<td>84.0</td>
</tr>
<tr>
<td>Employed</td>
<td>2</td>
<td>8.0</td>
</tr>
<tr>
<td>Unemployed -- not in school</td>
<td>1</td>
<td>4.0</td>
</tr>
<tr>
<td>No Response</td>
<td>1</td>
<td>4.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>25</td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

It is interesting to note that when the Negro mothers realized that they were pregnant, none of the 25 mothers considered or tried abortion. The largest number, 13, or 52 percent, wanted to rear the baby themselves. Some of these mothers will be eligible to apply for Public Assistance of Aid to Dependent Children. Regardless of their eligibility, most of these mothers will remain in their parents' home because of their age and immaturity. Six mothers, or 24 percent, of the study wanted to marry the father of the child. Eight percent wanted to marry someone other than the father of the child. Three of the mothers, or 12 percent, wanted their mother to rear the baby. Only one mother considered placing
her baby for adoption and this would be with a family member (see Table 6). The 17 mothers who delivered kept their babies. Plans for marriage had not materialized in any of the cases.

**TABLE 6**

**UNWED MOTHERS' PLANS FOR THEIR CHILDREN AT THE BEGINNING OF PREGNANCY**

<table>
<thead>
<tr>
<th>Plans</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>To rear the child themselves</td>
<td>13</td>
<td>52.0</td>
</tr>
<tr>
<td>To marry the father of the child</td>
<td>6</td>
<td>24.0</td>
</tr>
<tr>
<td>To marry someone other than the father of the child</td>
<td>2</td>
<td>8.0</td>
</tr>
<tr>
<td>Grandmother to rear child</td>
<td>3</td>
<td>12.0</td>
</tr>
<tr>
<td>To place for adoption</td>
<td>1</td>
<td>4.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>25</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Table 7 gives the present status of the 25 unwed mothers. Although 17 mothers had given birth to their children at the time of the study, only 10 mothers were enrolled in any kind of formal educational program. After delivery, 2 mothers who returned to their former schools, again dropped out because of social pressure and ridicule by their peers. All 8 of the mothers who were pregnant at the time of the study, are unemployed and out of school. These 8 and the 4 who have delivered, make a total of 12, or 48 percent, of the mothers in the study who have dropped out of school.
TABLE 7

PRESENT STATUS OF THE TWENTY-FIVE UNWED MOTHERS

<table>
<thead>
<tr>
<th>Status</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed</td>
<td>3</td>
<td>12.0</td>
</tr>
<tr>
<td>Returned to school</td>
<td>10</td>
<td>40.0</td>
</tr>
<tr>
<td>Unemployed and not in school</td>
<td>12</td>
<td>48.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>25</td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

and are not employed.

The Volusia County School Board has a ruling that a girl may not remain in day school during pregnancy. Night school is impractical for many mothers in this deprived social, economical and educational group, due to lack of adequate public transportation at night, inadequate protection and the extended time required of night school.

In response to the question: "How did you learn of your daughter's pregnancy?" most of the parents (40.0 percent) answered "from the girl." Nine parents, or 36 percent, suspected it themselves. Three parents, or 12 percent, learned it from the doctor and the remaining 12 percent learned it from friends, neighbors and others (see Table 8).

Twenty-three parents, or 92 percent, had definite goals for their daughters prior to pregnancy. Only one of the parents did not
source of knowledge of unwed mothers' pregnancy according to parental responses

<table>
<thead>
<tr>
<th>Source</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>From the girl</td>
<td>10</td>
<td>40.0</td>
</tr>
<tr>
<td>Parent suspected it</td>
<td>9</td>
<td>36.0</td>
</tr>
<tr>
<td>From the doctor</td>
<td>3</td>
<td>12.0</td>
</tr>
<tr>
<td>From friends and Neighbors</td>
<td>2</td>
<td>8.0</td>
</tr>
<tr>
<td>From others</td>
<td>1</td>
<td>4.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>25</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

respond and one parent was undecided as to a definite career goal for her daughter. Twenty-eight percent of the parents wanted a nursing career for their daughters and 24 percent wanted their daughters to attend college. Sixteen percent wanted a secretarial career. Two, or 8 percent, wanted their daughters to complete high school. The other 4, or 16 percent, chose goals such as typist, singing, art and writer. (See Table 9.)

Although Table 10 shows that 88 percent of the parents wanted their daughters to return to school, Table 7 shows that 48 percent of the mothers were out of school and not employed. Only one of the parents, as shown in Table 10, wanted their daughter to be mainly employed. This parent said she did not see how it was possible for
TABLE 9

TENTATIVE CAREER GOALS CHOSEN BY TWENTY-FIVE PARENTS FOR THEIR DAUGHTERS PRIOR TO PREGNANCY

<table>
<thead>
<tr>
<th>Career</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing</td>
<td>7</td>
<td>28.0</td>
</tr>
<tr>
<td>College</td>
<td>6</td>
<td>24.0</td>
</tr>
<tr>
<td>Secretarial</td>
<td>4</td>
<td>16.0</td>
</tr>
<tr>
<td>Complete High School</td>
<td>2</td>
<td>8.0</td>
</tr>
<tr>
<td>Typist</td>
<td>1</td>
<td>4.0</td>
</tr>
<tr>
<td>Singing</td>
<td>1</td>
<td>4.0</td>
</tr>
<tr>
<td>Art</td>
<td>1</td>
<td>4.0</td>
</tr>
<tr>
<td>Writer</td>
<td>1</td>
<td>4.0</td>
</tr>
<tr>
<td>Undecided</td>
<td>1</td>
<td>4.0</td>
</tr>
<tr>
<td>No Response</td>
<td>1</td>
<td>4.0</td>
</tr>
<tr>
<td>Total</td>
<td>25</td>
<td>100.0</td>
</tr>
</tbody>
</table>
TABLE 10
CAREER GOALS CHOSEN BY TWENTY-FIVE PARENTS FOLLOWING THEIR DAUGHTER'S PREGNANCY

<table>
<thead>
<tr>
<th>Career</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Return to school</td>
<td>22</td>
<td>88.0</td>
</tr>
<tr>
<td>Employment</td>
<td>1</td>
<td>4.0</td>
</tr>
<tr>
<td>College</td>
<td>1</td>
<td>4.0</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>4.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>25</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

her daughter to return to school as she had to work to support the baby. Another parent gave other home responsibilities as the reason her daughter could not return to school. The parent of the one girl who had completed high school wanted her to go to college; however, no arrangements had been made for child care for the baby.

Table 11 shows the responses to the question: "What main factors do you think contributed to your daughter's pregnancy?" Thirteen parents responded "youth." This was the main factor as given by the majority of the parents (52 percent). The next main reason given by 32 percent of the parents was "steady dating." Three parents, or 12 percent, said "poor use of time" and one parent, or 4 percent, said lack of money. Although 80 percent of the families lived below poverty level, only one parent saw this factor as a contri-
TABLE 11

MAIN FACTORS GIVEN BY PARENTS AS CONTRIBUTING TO DAUGHTERS' PREGNANCY

<table>
<thead>
<tr>
<th>Reason</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth</td>
<td>13</td>
<td>52.0</td>
</tr>
<tr>
<td>Steady dating</td>
<td>8</td>
<td>32.0</td>
</tr>
<tr>
<td>Poor use of time</td>
<td>3</td>
<td>12.0</td>
</tr>
<tr>
<td>Lack of money</td>
<td>1</td>
<td>4.0</td>
</tr>
<tr>
<td>Total</td>
<td>25</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Buting cause of her daughter's pregnancy.

The following question was asked: "If there were a place in Volusia County for you to live, during and after pregnancy, with other girls in your own situation, where you would receive good medical care, attend school and learn a trade, learn how to take care of your baby, receive day care for your child and recreational activities for yourself and child, would you have considered going there?" Parents were asked if they would have given permission for the daughters to live in a place of this type in Volusia County, Florida. All mothers and their parents gave an affirmative answer. Two mothers and their parents said they would want all of the services but would want the mothers to remain at home.
CHAPTER III

CONCLUSIONS AND PROPOSALS

As a result of the study in Volusia County, Florida, the "To Have and To Hold" Committee made the following conclusions:

1. The general characteristics of the sample of teenage Negro unmarried mothers are:
   a. These mothers do not marry within the year after delivery.
   b. They are school dropouts with no educational or vocational training.
   c. They have no employable skills.
   d. They continue to be a burden to their families and to the community since their major source of income becomes the Aid to Dependent Children's Grant.

2. Plans that the unmarried mothers have for themselves and their children are:
   a. The majority of mothers planned from the beginning of pregnancy to keep their babies and rear the babies themselves.
   b. Only one mother considered adoption and this was by a family member.
   c. None of the mothers considered abortion.

3. Awareness that these unmarried mothers had of available resources in Volusia County were:
a. The majority of mothers were aware of prenatal services at the Halifax Hospital.

b. Most mothers were not aware of any maternity home services.

4. On the basis of the above conclusions it was felt that the need for comprehensive services for Negro, teenage, unwed mothers was established for Volusia County, Florida.

Proposal

The "To Have and To Hold" Committee decided to submit a request for federal funds to construct a "living-in-facility" responsible for providing comprehensive services for young unwed mothers who must keep their babies. This would be a three-year demonstration project to provide a wide range of services to a group of young unwed girls, with their first pregnancy or recent delivery of a first child. Services would be directed toward enabling the young girl to live away from home in a setting where she could continue her present education, or take vocational training, receive courses in sex education, child care, receive counseling, prenatal care and possibly psychiatric consultation.

The facility would be designed to provide shelter for the young mother and nursery care for her baby. It was hoped that within a year following the birth of her baby, the mother with a feeling of hope and definite plans for the future, could return to her home in the community and continue her schooling or employment. The facility would continue to provide nursery and later day care for the child
until the mother is financially able to assume this responsibility. It was hoped that during this period the mother would be given an opportunity to mature and develop new values and goals.

In order to show the need for such a facility, comprehensive services needed were listed and the project explained in detail. Also the following justification was given — that the problem of the young unwed mother has become a matter of national, state and local concern, for the following reasons:

1. There are inadequate comprehensive services for unwed mothers who keep their babies.
   a. There is a more desperate need for services in the 13 to 18 age group.
   b. There is a lack of adequate financial support within the family or in community resources.
   c. Education is discontinued with the result that these girls become a segment of the school dropout program.
   d. Negro unwed mothers are in the majority because they literally have no choice but to keep their child, as the most limited adoption service is in relation to this group. Adoption agencies have been unable to develop or find permanent homes for these children to any great extent.
   e. The child must be brought up by sometimes reluctant grandparents and other relatives by necessity. Such children have dubious legal status, have confused parental figures as they frequently pass back and forth from the mother to her parents, or to other relatives. The young
mother, through financial necessity and pressure from the family, terminates her education and hope for good job opportunities, and too often repeats the out-of-wedlock pregnancy.

f. The relatives with whom the child grows up, like the young mother, are part of the same problem of emotional, educational, financial and cultural deprivation and have only this to hand on to the child, and thus the pattern for the future is repeated.

g. The young mother, ill prepared for life and now handicapped in the community by reason of her unwed pregnancy, is further exploited, must seek any kind of work or aid. She is literally set adrift and in search of someone to provide a home for herself and the child as she attempts to emancipate from her family.

2. Comprehensive Services Needed: To provide protection, care, education, both for herself in continuing school and in the care of her child, social rehabilitation, recreational facilities, job training and job opportunities for the mother and nursery and day care for the baby.

3. The Project: To plan a living-in center where the following services can be provided:

A. Services:

1. Prenatal care.

2. Continued and continuing appropriate schooling at the Center.
3. Ongoing family life education.

4. Social and recreational facilities.

5. Ongoing casework with the unwed mother, her relatives and the motivated natural father of the child.

6. Psychiatric services as needed.

7. Continued medical care for the mother and her baby.

8. Nursery and later day care for the child with professional help and the mother's own involvement in the baby's care as she learns and executes good child-care methods.

9. Continuing education and preparation for future employment or further training.

10. Day care for her child to permit her full participation in rehabilitation services in all areas.

11. Continuing work with her family, aimed toward the establishment of her own home or return to her family with a good plan for her role as the responsible parent of her child.

B. Provision of Service:

1. Under the sponsorship of local, state and federal, existing public and private agencies and special project supplementation and staff.

2. Through a facility with appropriate small staff and additional help from assigned staff from community agencies.

3. The following agencies are expected to be involved in
service:

Medical -- Board of Health -- Nutritionist

Public Health -- Nursing

Halifax Hospital -- Obstetricians and Pediatricians

Education -- County Board of Public Instruction -- for a teacher assigned to the facility.

Young Women's Christian Association -- for social, recreational and educational activities in group living.

Guidance Center -- Group and individual therapy.

Training -- Volusia County Vocational Schools

Vocational Rehabilitation Service -- Aptitude testing, job evaluation and training.

C. Coordination of Services:

This facility will be responsible for making appointments and providing transportation to the existing agencies, to obtain needed services for the unwed mothers.
CHAPTER IV

RECOMMENDATIONS

Present maternity homes should expand their services to include not only the unwed mother who wishes to place her baby for adoption but any unwed mother who wishes the protection and counseling that is provided in a home away from home. All existing discriminatory practices of maternity homes which bar Negro unwed mothers on the basis of their race should be removed immediately.

Adoption laws of many states need to be changed. Why should only infertile couples be allowed to adopt children? Couples could be encouraged to limit their own natural families and add the care and responsibility of a child already born.

In some states a couple that has been rejected by one agency as an adoptive couple will also be rejected by another agency on this basis. This does not seem fair as the impression that one worker receives of the adoptive couple may not be the same as another worker. The couple is usually instructed to return to the original agency and file another application.

There is also the stipulation couples must remain in the area until the study is completed. There should be more reciprocal help among the counties and states. Some states do not want to reciprocate across state lines because of the remote possibility of the child becoming dependent on the state and wanting the original state to
sign papers saying they will assume the support of the child should it become dependent. Considering that most child-care money is 75 percent federal money, this point is invalid.

The age limit is prohibitive in many states. Why not allow older couples to adopt the older or harder to place child? There should be no label on any child that he is unadoptable. There are people with hearts large enough and money enough to accept these children. There has been some discussion of allowing a single woman to adopt a child. This would be preferable to permanent placement of a child in foster-home care or institutional care.

State laws prohibiting adoption across racial lines should be removed. Many white couples would adopt Negro children if they were legally allowed this privilege.

Use of a national adoption exchange would also be beneficial. On May 1, 1967, the National Adoption Resource Exchange was officially opened, with Miss Clara S. Swan as director. This is a service that has been greatly needed and if used by the various states without too much red tape, should greatly benefit the placement of adoptable children, especially nonwhite children.

Another service needed is involvement of the unwed father. The unwed father should also be encouraged to assume the responsibility of his child. Social agencies are only just beginning to see that involving both parents of the child makes for meaningful service to the child. To treat the father as though he does not exist closes off communication lines for full exploration of relationship problems.
Such discussion may reveal the underlying cause for the relationship which created the out-of-wedlock child and with constructive counseling prevent a reoccurrence of the same type of pregnancy.

In order to prevent repeated illegitimate pregnancies, the teenage unwed mother does need comprehensive services. These include counseling, prenatal care, sex education, hospital care, postnatal care, continued educational or vocational training while pregnant, and day care centers for the babies.

In order to break the cycle of illegitimate pregnancies, families need sufficient money for decent living. Mothers need money for the basic necessities of food, clothing and shelter. How else can a young mother make any realistic plans for the future? Without these basic requirements in life, the mothers have no chance of rehabilitating themselves educationally or vocationally. Mothers also need money for transportation to prenatal clinics and other existing agencies.

The teenage unwed mother often begins her pregnancy with feelings of fear, shame and confusion. In order to obtain necessary services she must visit several agencies and repeat her situation at each agency, often to unsympathetic workers. There should be some central agency in each city where these mothers could make their circumstances known. This agency would have the responsibility of giving necessary information to the other agencies where she is referred. This central agency would also have the responsibility of providing her with basic necessities such as clothing and carfare to enable her to use the services of the other agencies.
If the teenage mother is living in a public housing project, in a public assistance family, her problems are compounded. Due to "regulations" the family may be forced to move. If they are living outside of the project they may be denied the privilege of moving into the project because of the "illegitimacy" clause.

Social workers should be more active in getting unfair laws changed. They should also work constructively to assure the poor of the full benefits from the poverty money provided by the federal government.
QUESTIONNAIRE
(FOR PARENT OR LEGAL GUARDIAN)

Name of girl: ____________________________________________

Parent or legal guardian: ________________________________

Address: _____________________________________________

City: _________________________________________________  Telephone: ______

Interviewer: ___________________  Date: _______________

List number of people living in household: ________________

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Sex</th>
<th>Relationship</th>
<th>Occupation</th>
<th>Earnings</th>
<th>Other School or Work</th>
<th>Employer</th>
</tr>
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</tbody>
</table>

Total family income per year: $2,000  $3,000  $4,000  $5,000  or above ______

1. What main factors do you think contributed to your daughter's pregnancy?

(a) Youth__________

(b) Steady Dating _________

(c) Lack of money _________

(d) Poor use of time _________

(e) Other _________
2. How and when did you learn of your daughter's pregnancy?

(a) From her [__________] When [__________]
(b) I suspected it [__________] When [__________]
(c) From doctor [__________] When [__________]
(d) Friends and neighbors [__________] When [__________]
(e) Others [__________] When [__________]

3. How did you feel when your daughter had to drop out of school?

__________________________________________________________________________

4. How do you feel about her returning to school?

(a) Am in favor [__________]

(b) Do not see how it is possible because:
   1. Must care for baby [__________]
   2. Must work to support baby [__________]
   3. Other family responsibilities [__________]
   4. Other [__________]

5. What career goals did you have for your daughter?

__________________________________________________________________________

6. If there were a place in Volusia County for your daughter to have lived during and after her pregnancy with other girls in her own situation, to have received good medical care, been able to attend school and learned a trade and to have learned how to take care of her baby, to have received day nursery care for her child and had recreational activities for herself and her child, would you as the parent or legal guardian have given permission for her to have gone there?

Yes [__________] No [__________]

Why [____________________________________________________________________]

__________________________________________________________________________

How much would you be willing to contribute weekly to your daughter's support in such a place?

$25.00 [__________] $15.00 [__________] $5.00 [__________]
$20.00 [__________] $10.00 [__________] $0.00 [__________]

(Signature) Parent and/or legal guardian [__________]
Date [__________]
QUESTIONNAIRE
(FOR UNMARRIED MOTHER)

Name ______________________  Date ________________
Address ____________________  Telephone ____________
City _________________________  Race ________________

Interviewer ___________________

1. List Total Number of People Living in Household

<table>
<thead>
<tr>
<th>Name</th>
<th>Relation-</th>
<th>Occupa-</th>
<th>Other School or</th>
<th>Earnings</th>
<th>Income</th>
<th>Employer</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

Total family income per year -- $2,000. ___ $3,000 ___ $4,000 ___
$5,000 ___ or above ___

1. When will/or was baby born? ____________________________

2. Living Situation: (a) Number of rooms ___________________
                    (b) Number of rooms used for sleeping ___________________
(c) Type of housing:
1. Apartment
2. Duplex
3. Family house
4. Housing project
5. Multiple family home

(d) Were there changes in your living situation which occurred due to your pregnancy?

Education:
1. When (will you/ did you) drop out of day school? ____________
   Why? ____________________________________________________________

2. Are you attending any other school? Yes ___ No ___

3. Do you plan to return to any school? ________________
   If so, when? ________________ Where? ________________

4. If there (had been/ were) a place for you to continue schooling during pregnancy, would you have attended? ________________

Medical Information:
1. Age of mother at birth ____________

2. Age of baby (if applicable ____________

3. Any previous pregnancies or miscarriages? ________________
   If so, what happened? __________________________________________

4. What medical care did you have prior to birth?
   (a) Clinic ________________
   (b) Private physician ________________
   (c) None ________________
   (d) Why ________________

5. Where was baby born?
   A. Home ________________
      1. Midwife ________________
      2. Other (specify) ________________

   B. Hospital ________________
      1. Private doctor ________________
      2. Resident ________________
6. Have you seen the doctor since delivery? (If applicable)
      6 weeks checkup ____________
      And/or other ____________

7. Has your baby been seen by physician since birth? (If applicable)
   Yes ____________ No ____________
   (If yes) When? ____________ Why?
      Routine examination ____________
      Immunization ____________
      Illness ____________
      Other ____________

8. If there were a place where you could have obtained good medical care and continued your education during and after your pregnancy, would you have taken advantage of this service?

Vocational:

1. What was your occupation:
   (a) Prior to pregnancy? ____________
   (b) 6 months pregnancy? ____________
   (c) After delivery? ____________

2. While you (are/were) pregnant, what plans (do you/did you) have for yourself after delivery?

   (a) Employment ____________
   (b) Public school ____________
   (c) Marriage ____________
   (d) Vocational Training ____________
   (e) Other education ____________
   (f) Other (specify) ____________

Which of these plans have you worked out for yourself?

   (a) Employment ____________
   (b) Public school ____________
   (c) Marriage ____________
   (d) Vocational Training ____________
   (e) Other education ____________
   (f) Other (specify) ____________

3. With whom did you discuss plans for yourself? (Check all which apply)

   (a) Doctor ____________ (g) Parents
   (b) Lawyer ____________ (h) Relatives
   (c) Minister ____________ (i) School personnel
4. If you had an opportunity to discuss your own plans with someone, who would have listened and had told you what to do, would you have availed yourself of the opportunity?

5. If there were a place for you to have learned a trade during pregnancy, would you have availed yourself of this?

Plans for Child:

1. When you first realized you were pregnant, what were your plans for the child?

(a) Considered abortion?
(b) Tried abortion?
(c) Wanted to raise baby by yourself?
(d) Wanted to get married?

1. To father of child
2. To other

(e) Wanted to have your own mother raise baby?
(f) Wanted to have friend or relative raise baby?
(g) To place for adoption?

1. Via agency
2. With friends or relatives
3. By outside persons (i.e., doctor/attorney/etc.)

2. At 6 months pregnancy?

(a) Considered abortion?
(b) Tried abortion?
(c) Decided to raise baby by yourself?
(d) Decided to get married?

1. To father of child
2. To other

(e) Decided to have own mother raise baby?
(f) Decided to have friend or relative raise baby?
(g) To place for adoption?

1. Via agency
2. With friends or relatives
3. By outside persons (i.e., doctor/attorney/etc.)
3. After delivery?

(a) Decided to raise baby by yourself? __________________
(b) Decided to get married? __________________
   1. To father of child _____
   2. To other ______
(c) Decided to have your own mother raise baby? ______
(d) Decided to have friend or relative raise baby? ______
(e) To place for adoption? ______________________
   1. Via agency ______
   2. With friends or relatives ______
   3. By outside persons (i.e., doctor/attorney/etc.) ______
(h) Other ______

4. With whom did you discuss plans for child?

(a) Doctor ________________  (g) Parents ________________
(b) Lawyer ________________  (h) Relatives ________________
(c) Minister ________________  (i) School personnel ______
(d) Social worker ________________  (j) Girl friends ______
(e) Nurse ________________  (k) Boy friends ______
(f) Father of Baby ________________  (l) Court counselor ______

If there were a place in Volusia County for you to have lived during and after your pregnancy, with other girls in your own situation, to have received good medical care, been able to attend school and learn a trade and to have learned how to take care of your baby, to receive day care for your child and recreational activities for yourself and child, would you have considered going there?

Yes _____  No _____

Why? ____________________________________________

_________________________________________________

_________________________________________________
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